	•	40	10	<b>A</b> 1			
Element			Min.	Usage	_	Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		837-	P 40	10A1			
ISA	INTERCHANGE CONTROL HEADER		1	R		1	
	Authorization Information						
ISA01	Qualifier	ID	2-2	R			00, 03
ISA02	Authorization Information	AN	10-10	R			
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			
ISA05	Interchange ID Qualifier	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			20, 00, 00, 22
							01, 14, 20, 27, 28,
ISA07	Interchange ID Qualifier	ID	2-2	R			29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
ISA11	Interchange Control Standards ID	ID	1-1	R			U
	Interchange Control Version						
ISA12	Number	ID	5-5	R			00401
ISA13	Interchange Control Number	N0	9-9	R			
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1
ISA15	Usage Indicator	ID	1-1	R			P, T
ISA16	Component Element Separator	AN	1-1	R			
GS	FUNCTIONAL GROUP HEADER		1	R		>1	
GS01	Functional Identifier Code	ID	2-2	R			HC
GS02	Application Sender Code	AN	2-15	R			
GS03	Application Receiver Code	AN	2-15	R	,		
GS04	Date	DT	8-8	R			CCYYMMDD
GS05	Time	TM	4-8	R			HHMMSSDD
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			Х
GS08	Version Identifier Code	AN	1-12	R			004010X098A1

		5	01	0			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
identinei	Description	עו	wax.	neg.	гоор	nepeat	values
		83	7-P 5	010			
	INTERCHANGE CONTROL	00	7-1 3	010	I	l	
ISA	HEADER		1	R		1	
	Authorization Information						
ISA01	Qualifier	ID	2-2	R			00, 03
ISA02	Authorization Information	AN	10-10	R			
ISA03	Security Information Qualifier	ID	2-2	R			00, 01
ISA04	Security Information	AN	10-10	R			00, 01
10/104	Coounty Information	AIN	10-10	- ''			
							01, 14, 20, 27, 28,
ISA05	Interchange ID Qualifier	ID	2-2	R			29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	15-15	R			
							01, 14, 20, 27, 28,
ISA07	Interchange ID Qualifier	ID	2-2	R			29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	15-15	R			
ISA09	Interchange Date	DT	6-6	R			YYMMDD
ISA10	Interchange Time	TM	4-4	R			HHMM
	Interchange Control						
ISA11	Standards ID		1-1	R			
10.440	Interchange Control Version Number			_			00504
ISA12	Number	ID	5-5	R			00501
ISA13	Interchange Control Number	N0	9-9	R			
10/110	interestatings control Hamber	140	00				
ISA14	Acknowledgement Requested	ID	1-1	R			0, 1
ISA15	Usage Indicator	ID	1-1	R			P, T
	Component Element						
ISA16	Separator	AN	1-1	R			
	FUNCTIONAL GROUP			_			
GS	HEADER Functional Identifier Code	ID	<b>1</b> 2-2	R R		1	-
GS01 GS02	Application Sender Code	AN	2-2	R R	<del>                                     </del>		<del>                                     </del>
GS02 GS03	Application Receiver Code	AN	2-15	R			
GS04	Date	DT	8-8	R			CCYYMMDD
GS05	Time	TM	4-8	R			HHMM
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R			Х
GS08	Version Identifier Code	AN	1-12	R			005010X222

Code Change

		40	10	<b>A</b> 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
	1	837	P 40	10A1			
	TRANSACTION SET						
ST	HEADER		1	R		>1	
0.704	Transaction Set Identifier			-			007
ST01	Code Transaction Set Control	ID	3-3	R			837
ST02	Number	AN	4-9	R			
0.02		7					
	BEGINNING OF	1	1		ı		ı
	HIERARCHICAL						
внт	TRANSACTION		1	R		1	
BHT01	Hierarchical Structure Code	ID	4-4	R			0019
	Transaction Set Purpose			_			00.40
BHT02	Code Originator Application	ID	2-2	R			00, 18
BHT03	Transaction ID	AN	1-30	R			
Billio	Transaction Set Creation	7.11	1 00				
BHT04	Date	DT	8-8	R			CCYYMMDD
BHT05	Transaction Set Creation Time	тм	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD
BHT06	Claim or Encounter ID	ID	2-2	R			CH, RP
REF	TRANSMISSION TYPE IDENTIFICATION		1	R		1	
REF01	Reference Identification Qualifier	ID	2-3	R			87
NEFUI	Qualifier	טו	2-3	n			004010X098A1.
REF02	Transmission Type Code	AN	1-30	R			004010X098DA1
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	OUDMITTED MALE				10001		
NM1 NM101	SUBMITTER NAME Entity Identifier Code	ID	1 2-3	R R	1000A	1	41
NM101 NM102	Entity Type Qualifier	ID	1-1	R			1. 2
INIVITOR	Submitter Last or	טו	1-1	- ' '			1, 2
NM103	Organization Name	AN	1-35	R			
NM104	Submitter First Name	AN	1-25	S			
NM105	Submitter Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	R			46
NM109	Submitter Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83.	7-P 5	010				
	TRANSACTION SET			010	ſ		1	
ST	HEADER		1	R		>1		
	Transaction Set Identifier							
ST01	Code	ID	3-3	R			837	
	Transaction Set Control							
ST02	Number	AN	4-9	R				
ST03	Implementation Convention Reference	AN	1-35	R				New Element
3103	neierence	AIN	1-33	n				
	BEGINNING OF							
	HIERARCHICAL							
BHT	TRANSACTION		1	R		1		
				_				
BHT01	Hierarchical Structure Code	ID	4-4	R			0019	
BHT02	Transaction Set Purpose Code	ID	2-2	R			00, 18	
БПТО2	Originator Application	טו	2-2	n			00, 10	
BHT03	Transaction ID	AN	1-50	R				
	Transaction Set Creation							
BHT04	Date	DT	8-8	R			CCYYMMDD	
	1						HHMM, HHMMSS,	
DUTOE	Transaction Set Creation Time	T. 4	4.0	_			HHMMSSD, HHMMSSDD	
BHT05 BHT06	Claim or Encounter ID	TM ID	4-8 2-2	R R			31, CH, RP	
БПТОО	Olaini of Effective 1D	טו	2-2	n			31, 011, 111	
					1		•	Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
NM1	SUBMITTER NAME		1	R	1000A	1		Segment Deleted
NM101	Entity Identifier Code	ID	2-3	R	1000A	1	41	Segment Deleted
	Entity Identifier Code Entity Type Qualifier	ID ID			1000A	1	41 1, 2	
NM101 NM102	Entity Identifier Code Entity Type Qualifier Submitter Last or	ID	2-3 1-1	R R	1000A	1		
NM101 NM102 NM103	Entity Identifier Code Entity Type Qualifier Submitter Last or Organization Name	ID AN	2-3 1-1 1-60	R R R	1000A	1		Increase from 35 - 60
NM101 NM102 NM103 NM104	Entity Identifier Code Entity Type Qualifier Submitter Last or	ID AN AN	2-3 1-1 1-60 1-35	R R R S	1000A	1		Increase from 35 - 60
NM101 NM102 NM103	Entity Identifier Code Entity Type Qualifier Submitter Last or Organization Name Submitter First Name	ID AN	2-3 1-1 1-60	R R R	1000A	1		Increase from 35 - 60
NM101 NM102 NM103 NM104 NM105	Entity Identifier Code Entity Type Qualifier Submitter Last or Organization Name Submitter First Name Submitter Middle Name	AN AN AN	2-3 1-1 1-60 1-35 1-25	R R R S S	1000A	1		Increase from 35 - 60
NM101 NM102 NM103 NM104 NM105 NM106 NM107	Entity Identifier Code Entity Type Qualifier Submitter Last or Organization Name Submitter First Name Submitter Middle Name Name Prefix Name Suffix	AN AN AN AN AN	2-3 1-1 1-60 1-35 1-25 1-10 1-10	R R S S N/U N/U	1000A	1	1, 2	Increase from 35 - 60
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108	Entity Identifier Code Entity Type Qualifier Submitter Last or Organization Name Submitter First Name Submitter Middle Name Name Prefix Name Suffix Identification Code Qualifier	AN AN AN AN AN	2-3 1-1 1-60 1-35 1-25 1-10 1-10	R R S S N/U N/U	1000A	1		Increase from 35 - 60 Increase from 25 - 35
NM101 NM102 NM103 NM104 NM105 NM106 NM107	Entity Identifier Code Entity Type Qualifier Submitter Last or Organization Name Submitter First Name Submitter Middle Name Name Prefix Name Suffix	AN AN AN AN AN	2-3 1-1 1-60 1-35 1-25 1-10 1-10	R R S S N/U N/U	1000A	1	1, 2	Increase from 35 - 60

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		837-	P 40	10A1							
PER	SUBMITTER EDI CONTACT INFORMATION		2	R	1000A						
PER01	Contact Function Code	ID	2-2	R			IC				
PER02	Submitter Contact Name	AN	1-60	R							
PER03	Communication Number Qualifier	ID	2-2	R			ED, EM, FX. TE				
PER04	Communication Number	AN	1-80	R							
PER05	Communication Number Qualifier	ID	2-2	S			ED, EM, EX, FX, TE				
PER06	Communication Number	AN	1-80	S							
PER07	Communication Number Qualifier	ID	2-2	S			ED, EM, EX, FX, TE				
PER08	Communication Number	AN	1-80	S							
PER09	Contact Inquiry Reference	AN	1-20	N/U							
NM1	RECEIVER NAME		1	R	1000B	1					
NM101	Entity Identifier Code	ID	2-3	R			40				
NM102	Entity Type Qualifier Receiver Name	ID	1-1	R			2				
NM103	Name First	AN	1-35	R N/U							
NM104 NM105	Name Middle	AN	1-25 1-25	N/U							
NM106	Name Prefix	AN	1-23	N/U							
NM107	Name Suffix	AN	1-10	N/U							
NM108	Identification Code Qualifier	ID	1-2	R			46				
NM109	Receiver Primary Identifier	AN	2-80	R			.0				
NM110	Entity Relationship Code	ID	2-2	N/U							
NM111	Entity Identifier Code	ID	2-3	N/U							
	,										
HL	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		1	R	2000A	>1					
HL01	Hierarchical ID Number	AN	1-12	R							
HL02	Hierarchical Parent ID Number	AN	1-12	N/U							
HL03	Hierarchical Level Code	ID	1-2	R			20				
HL04	Hierarchical Child Code	ID	1-1	R			1				
PRV	BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION		1	s	2000A						
PRV01	Provider Code	ID	1-3	R			BI, PT				
	Reference Identification	Ē	_				·				
PRV02	Qualifier	ID	2-3	R			ZZ				

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
	Name Last or Organization						1	NewElement
NM112	Name	AN	1-60	N/U				- INCWEIGHIGH
PER	SUBMITTER EDI CONTACT INFORMATION		2	R	1000A			
PER01	Contact Function Code	ID	2-2	R			IC	
PER02	Submitter Contact Name	AN	1-60	S				
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX. TE	Code Deleted
PER04	Communication Number	AN	1-256	R			,	Increase from 80 - 2
	Communication Number	- " "	00					Code Deleted
PER05	Qualifier	ID	2-2	s			EM, EX, FX, TE	2220 20.0.00
PER06	Communication Number	AN	1-256	S			, ,,,,	Increase from 80 - 2
	Communication Number							Code Deleted
PER07	Qualifier	ID	2-2	S			EM, EX, FX, TE	
PER08	Communication Number	AN	1-256	S				Increase from 80 - 2
PER09	Contact Inquiry Reference	AN	1-20	N/U				1
NM1	RECEIVER NAME		1	R	1000B	1		
NM101	Entity Identifier Code	ID	2-3	R			40	
NM102	Entity Type Qualifier	ID	1-1	R			2	
NM103	Receiver Name	AN	1-60	R				Increase from 35 - 6
NM104	Name First	AN	1-35	N/U				Increase from 25 - 3
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				_
NM107	Name Suffix	AN	1-10	N/U				4
NM108	Identification Code Qualifier	ID	1-2	R			46	
NM109	Receiver Primary Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Name Last or Organization Name	AN	1-60	N/U				New Element
								Name Change
HL	BILLING PROVIDER HIERARCHICAL LEVEL		1	R	2000A	>1		
HL01	Hierarchical ID Number	AN	1-12	R	2000A	<i>&gt;</i> 1		1
TILUT	Hierarchical Parent ID	AIN	1-12	п				1
HL02	Number	AN	1-12	N/U				
HL03	Hierarchical Level Code	ID	1-2	R			20	1
HL04	Hierarchical Child Code	ID	1-1	R			1	
	DII I INO 2701/775							Name Change
	BILLING PROVIDER		١.					
PRV	Provider Code	-	1	S	2000A		BI	-
PRV01		ID	1-3	R			BI	-
	Reference Identification		ı	i	1		I	1

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			
	PROVIDER SPECIALTY						
PRV05	INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
CUR	FOREIGN CURRENCY INFORMATION		1	s	2000A		
CUR01	Entity Identifier Code	ID	2-3	R			85
CUR02	Currency Code	ID	3-3	R			
CUR03	Exchange Rate	R	4-10	N/U			
CUR04	Entity Identifier Code	ID	2-3	N/U			
CUR05	Currency Code	ID	3-3	N/U			
CUR06	Currency Market/Exchange Code	D	3-3	N/U			
CUR07	Date/Time Qualifier	ID	3-3	N/U			
CUR08	Date	DT	8-8	N/U			
CUR09	Time	TM	4-8	N/U			
CUR10	Date/Time Qualifier	D	3-3	N/U			
CUR11	Date	DT	8-8	N/U			
CUR12	Time	TM	4-8	N/U			
CUR13	Date/Time Qualifier	ID	3-3	N/U			
CUR14	Date	DT	8-8	N/U			
CUR15	Time	TM	4-8	N/U			
CUR16	Date/Time Qualifier	ID	3-3	N/U			
CUR17	Date Time	DT	8-8	N/U			
CUR18	Date/Time Qualifier	TM	4-8	N/U			
CUR19	Date/Time Qualifier  Date	ID DT	3-3 8-8	N/U N/U			
CUR20	Time						
CUR21	rime	TM	4-8	N/U			
	Billing Provider Name						
NM1	Suffix		1	R	2010AA	1	
NM101	Entity Identifier Code	ID	2-3	R	20.07.01		85
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
	Billing Provider Last						
NM103	or Organizational Name	AN	1-35	R			
NM104	Billing Provider First Name	AN	1-25	S			
NM105	Billing Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Billing Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX
NM109	Billing Provider Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			

PRV04 PRV05 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 CUR01 CUR02 CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR09 CUR10 CUR11 CUR12	Provider Taxonomy Code State or Province Code PROVIDER SPECIALTY INFORMATION Provider Organization Code FOREIGN CURRENCY INFORMATION Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code	AN ID ID ID R	Min. Max. 7-P 5 1-50 2-2 3-3	Usage Reg.  010  R N/U N/U N/U S	Loop	Loop Repeat	Values	Increase 30 - 50
PRV04 PRV05 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 CUR01 CUR02 CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR09 CUR10 CUR11 CUR12	State or Province Code PROVIDER SPECIALTY INFORMATION Provider Organization Code FOREIGN CURRENCY INFORMATION Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Code	AN ID ID ID R	1-50 2-2 3-3 1 2-3	R N/U N/U N/U				Increase 30 - 50
PRV04 PRV05 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 CUR01 CUR02 CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR09 CUR10 CUR11 CUR12	State or Province Code PROVIDER SPECIALTY INFORMATION Provider Organization Code FOREIGN CURRENCY INFORMATION Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Code	AN ID ID ID R	1-50 2-2 3-3 1 2-3	R N/U N/U N/U				Increase 30 - 50
PRV04 PRV05 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 PRV06 CUR01 CUR02 CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR09 CUR10 CUR11 CUR12	State or Province Code PROVIDER SPECIALTY INFORMATION Provider Organization Code FOREIGN CURRENCY INFORMATION Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Code	<u>Б</u>	3-3 1 2-3	N/U N/U N/U				Increase 30 - 50
PRV05  PRV06  PRV06  PRV06  CUR  CUR01  CUR02  CUR03  CUR04  CUR05  CUR06  CUR07  CUR08  CUR09  CUR09  CUR10  CUR11  CUR12	PROVIDER SPECIALTY INFORMATION  Provider Organization Code  FOREIGN CURRENCY INFORMATION  Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Code Currency Market/Exchange	ID ID R	3-3 1 2-3	N/U N/U				
PRV05 PRV06 Pr  CUR CUR01 CUR02 CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR10 CUR11 CUR12	Provider Organization Code  FOREIGN CURRENCY INFORMATION  Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Code Currency Code	ID ID R	1 2-3	N/U				
CUR CUR01 CUR02 CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR11 CUR12	FOREIGN CURRENCY INFORMATION Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Code	ID ID R	1 2-3					
CUR CUR01 CUR02 CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR10 CUR11 CUR12	INFORMATION Entity Identifier Code Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Market/Exchange	ID R	2-3	s		-		
CUR02 CUR03 CUR04 CUR05  CUR06 CUR07 CUR08 CUR09 CUR09 CUR11 CUR12	Currency Code Exchange Rate Entity Identifier Code Currency Code Currency Market/Exchange	ID R			2000A			
CUR03 CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR10 CUR11 CUR11	Exchange Rate Entity Identifier Code Currency Code Currency Market/Exchange	R		R			85	
CUR04 CUR05 CUR06 CUR07 CUR08 CUR09 CUR10 CUR11 CUR11	Entity Identifier Code Currency Code Currency Market/Exchange		3-3	R	1			7
CUR05  CUR06  CUR07  CUR08  CUR09  CUR10  CUR11  CUR12	Currency Code Currency Market/Exchange		4-10	N/U				7
CUR06 CUR07 CUR08 CUR09 CUR10 CUR11 CUR11	Currency Market/Exchange	ID	2-3	N/U				
CUR06 CUR07 CUR08 CUR09 CUR10 CUR11 CUR12		ID	3-3	N/U				
CUR07 CUR08 CUR09 CUR10 CUR11 CUR12								
CUR08 CUR09 CUR10 CUR11 CUR12	Code	ID	3-3	N/U				
CUR09 CUR10 CUR11 CUR12	Date/Time Qualifier	ID	3-3	N/U				
CUR10 CUR11 CUR12	Date	DT	8-8	N/U				
CUR11 CUR12	Time	TM	4-8	N/U				
CUR12	Date/Time Qualifier Date	ID DT	3-3 8-8	N/U N/U				
	Time	TM	4-8	N/U				
CUR13	Date/Time Qualifier	ID	3-3	N/U				
CUR14	Date Date	DT	8-8	N/U				_
CUR15	Time	TM	4-8	N/U				
CUR16	Date/Time Qualifier	ID	3-3	N/U				
CUR17	Date	DT	8-8	N/U				
CUR18	Time	TM	4-8	N/U				
CUR19	Date/Time Qualifier	ID	3-3	N/U				
CUR20	Date	DT	8-8	N/U				
CUR21	Time	TM	4-8	N/U				
NM1	Billing Provider Name		1	R	2010AA	1		Name Change
NM101	Entity Identifier Code	ID	2-3	R			85	7
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	7
	Billing Provider Last						· · · · · · · · · · · · · · · · · · ·	Increase from 35 -
NM103	or Organizational Name	AN	1-60	R				
NM104 B	Billing Provider First Name	AN	1-35	S				Increase from 25 -
	illing Provider Middle Name	AN	1-25	S				
NM106	Name Prefix	AN	1-10	N/U				<b>-1</b>
NM107 Bi	Billing Provider Name Suffix	AN	1-10	S				Usage changed to Situational
NM108 Id	dentification Code Qualifier	ID	1-2	S			XX	Code Deleted Usage changed to Situational
	D	اا						Usage changed to
	Billing Provider Identifier Entity Relationship Code	AN ID	2-80 2-2	S N/U				Situational

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		337-	P 40	10A1							
NM111	Entity Identifier Code	ID	2-3	N/U							
				.,,							
N3	BILLING PROVIDER ADDRESS		1	R	2010AA						
N301	Billing Provider Address Line	AN	1-55	R							
N302	Billing Provider Address Line	AN	1-55	S							
N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R	2010AA						
N401	Billing Provider City Name	AN	2-30	R							
N402	Billing Provider State or Province Code	ID	2-2	R							
	Billing Provider Postal Zone or										
N403	ZIP Code	ID	3-15	R							
N404	Country Code	ID	2-3	S							
N405	Location Qualifier	ID	1-2	N/U							
N406	Location Identifier	AN	1-30	N/U							
	BILLING PROVIDER										
	SECONDARY										
REF	IDENTIFICATION		8	s	2010AA						
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5				
	Billing Provider Additional			_							
REF02	Identifier	AN	1-30	R							
REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U	<del>                                     </del>						
MEFU4	THE ENERGE IDENTIFIER			IN/U							
	CREDIT/DEBIT CARD										

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				_
NM111	Entity Identifier Code	ID	2-3	N/U				4
INIVITI	Name Last or Organization	טו	2-3	IN/U				New Element
NM112	Name Name	AN	1-60	N/U				— New Liement
N3	BILLING PROVIDER ADDRESS		1	R	2010AA			
N301	Billing Provider Address Line	AN	1-55	R				
N302	Billing Provider Address Line	AN	1-55	S				
N4	BILLING PROVIDER CITY/STATE/ZIP CODE		1	R	2010AA			
N401	Billing Provider City Name	AN	2-30	R				
N402	Billing Provider State or Province Code	ID	2-2	S				Usage changed to Situational
	Billing Provider Postal Zone or							Usage changed to
N403	ZIP Code	ID	3-15	S				Situational
N404	Country Code	ID	2-3	S				
N405	Location Qualifier	ID	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				—
N407	Country Subdivision Code	ID	1-3	S				New Element
REF	BILLING PROVIDER TAX IDENTIFICATION		1	R	2010AA			Name Change Usage changed to Require
								Code Deleted
REF01	Reference Identification Qualifier	ID	2-3	R			EI, SY	
REF02	Billing Provider Additional Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE04.0	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-3 REF04-4	Reference Identification	AN	1-50	N/U N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
	BILLING PROVIDER							Name Change
REF	UPIN/LICENSE INFORMATION		2	s	2010AA			

	4010A1										
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		837-	P 40	10A1							
	Reference Identification						06, 8U, EM, IJ, LU,				
REF01	Qualifier	ID	2-3	R			RB, ST, TT				
	Billing Provider Credit Card										
REF02	Identifier	AN	1-30	R							
REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U							
REFU4	REFERENCE IDENTIFIER			IN/U							
	I										
PER	BILLING PROVIDER CONTACT INFORMATION		2	s	2010AA						
PER01	Contact Function Code	ID	2-2	R	ZOTOAA		IC				
PER02	Billing Provider Contact Name	AN	1-60	R							
	Communication Number			_			514 EV TE				
PER03 PER04	Qualifier Communication Number	ID AN	2-2 1-80	R R			EM, FX, TE				
FLN04	Communication Number	AIN	1-00	n							
PER05	Qualifier	ID	2-2	S			EM, EX, FX, TE				
PER06	Communication Number	AN	1-80	S							
	Communication Number										
PER07	Qualifier Communication Number	ID	2-2	S			EM, EX, FX, TE				
PER08 PER09	Communication Number Contact Inquiry Reference	AN	1-80 1-20	S N/U							
i LNUS	Contact inquity reference	AIN	1-20	IN/O							
NM1	PAY-TO PROVIDER NAME		1	S	2010AB	1					
NM101	Entity Identifier Code	₽ 9	2-3	R			87				
NM102	Entity Type Qualifier	ID	1-1	R			1, 2				
NM103	Pay-to Provider Last or Organization Name	AN	1-35	R							
NM104	Pay-to Provider First Name	AN	1-25	S							
NM105	Pay-to Provider Middle Name	AN	1-25	S							
NM106	Name Prefix	AN	1-10	N/U							
NM107	Pay-to Provider Name Suffix	AN	1-10	S							

		5	501	0				]
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		83	7-P 5	010				1
	Reference Identification							Code Deleted
REF01	Qualifier	ID	2-3	R			0B, 1G	
	Billing Provider Additional							Increase from 30 - 50
REF02	Identifier	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				New Element
	BILLING PROVIDER							1
PER	CONTACT INFORMATION		2	s	2010AA			
PER01	Contact Function Code	ID	2-2	R			IC	
PER02	Billing Provider Contact Name	AN	1-60	S				Usage changed to Situational
	Communication Number							
PER03	Qualifier	ID	2-2	R			EM, FX, TE	
PER04	Communication Number	AN	1-256	R				Increase from 80 - 2
	Communication Number							
PER05	Qualifier	ID	2-2	S			EM, EX, FX, TE	
PER06	Communication Number	AN	1-256	S				Increase from 80 - 2
	Communication Number							
PER07	Qualifier	ID	2-2	S			EM, EX, FX, TE	
PER08	Communication Number	AN	1-256	S				Increase from 80 - 2
PER09	Contact Inquiry Reference	AN	1-20	N/U				_
NM1	PAY-TO ADDRESS NAME		1	s	2010AB	1		Name Change
NM101	Entity Identifier Code	ID	2-3	R	-0.0AD	-	87	1
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	1
1411102	Pay-to Provider Last or			- 11			., _	Increase from 35 - 6 Usage changed to N
NM103	Organization Name	AN	1-60	N/U				Used
								Increase from 25 - 3 Usage changed to N
NM104	Pay-to Provider First Name	AN	1-35	N/U				Used
NM105	Pay-to Provider Middle Name	AN	1-25	N/U				Usage changed to N Used
NM106	Name Prefix	AN	1-10	N/U				Usage changed to N Used
NM107	Pay-to Provider Name Suffix	AN	1-10	N/U				Usage changed to N Used

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		337-	-P 40	10A1			
		<u> </u>	<u> </u>			<u></u>	
NM108	Identification Code Qualifier	ID	1-2	R		<u> </u>	24, 34, XX
NM109	Pay-to Provider Identifier	AN	2-80	R		<u> </u>	
NM110	Entity Relationship Code	ID	2-2	N/U		<u> </u>	
NM111	Entity Identifier Code	ID	2-3	N/U		<u> </u>	
		$\sqsubseteq$	<u> </u>	<u> </u>		<b></b>	
N3	PAY-TO PROVIDER ADDRESS		1	R	2010AB		
N301	Pay-to Provider Address Line	AN	1-55	R			
N302	Pay-to Provider Address Line	AN	1-55	S		<u> </u>	
	PAY-TO PROVIDER	$\vdash \vdash$	$\vdash \vdash$	<del></del>	+	<del></del>	<del></del>
N4	CITY/STATE/ZIP CODE		1	R	2010AB	l	
N401	Pay-to Provider City Name	AN	2-30	R		<u> </u>	<u> </u>
N402	Pay-to Provider State Code	ID	2-2	R		<u> </u>	
N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	R		<u> </u>	
N404	Pay-to Provider Country Code		2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U	-	<del> </del>	
		$\Box$					
	PAY-TO PROVIDER SECONDARY						
REF	IDENTIFICATION	$\vdash \vdash$	5	S	2010AB	<del></del>	11 1B 10
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5
REF01	Pay-to Provider Identifier	AN	1-30	R	+	<del>                                     </del>	00, 70
REF03	Description	AN	1-80	N/U	<del>     </del>	ſ	<del> </del>
	REFERENCE IDENTIFIER	$\overline{}$	<del>                                     </del>	N/U	<del>                                     </del>		

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
								Code Deleted
NM108	Identification Code Qualifier	ID	1-2	N/U				Usage changed to Used
NM109	Pay-to Provider Identifier	AN	2-80	N/U				Usage changed to Used Usage changed to
NM110	Entity Relationship Code	ID	2-2	N/U				Used Usage changed to
NM111	Entity Identifier Code  Name Last or Organization	ID	2-3	N/U				Used New Element
NM112	Name	AN	1-60	N/U				
N3	PAY-TO PROVIDER ADDRESS		1	R	2010AB			
N301	Pay-to Provider Address Line	AN	1-55	R				
N302	Pay-to Provider Address Line	AN	1-55	S				
N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE		1	R	2010AB			
N401	Pay-to Provider City Name	AN	2-30	R	LOTOAD			1
N402	Pay-to Provider State Code	ID	2-2	S				Usage changed to Situational
N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S				Usage changed to Situational
N404 N405	Pay-to Provider Country Code Location Qualifier	ID ID	2-3 1-2	S N/U				_
N405	Location Identifier	AN	1-30	N/U				1
N407	Country Subdivision Code	ID	1-3	S				New Element
			<u> </u>		<u> </u>	<u> </u>		Segment Deleted
NM1	PAY TO PLAN NAME		1	s	2010AC	1		New Segment
NM101	Entity Identifier Code	ID	2-3	R			PE	1
NM102	Entity Type Qualifier	ID	1-1	R			2	]
	Pay to Plan Organizational	Ì	1	ı	1			1
NM103	Name	AN	1-60	R				

		40	10	A1			
ement ntifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837	P 40	10A1	,		

		5	01	0				7
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	1
		83	7-P 5	010				1
NM105	Name Middle	AN	1-25	N/U				-
NM106	Name Prefix	AN	1-10	N/U				+
NM107	Name Suffix	AN	1-10	N/U				
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV	
NM109	Identification Code	AN	2-80	R			· · · · · · · · · · · · · · · · · · ·	
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Name Last or Organization Name	AN	1-60	N/U				
N3	PAY-TO PLAN ADDRESS		1	R	2010AC			New Segment
N301	Pay-to Plan Address Line	AN	1-55	R	_0.040			oogment
N302	Pay-to Plan Address Line	AN	1-55	S				
	PAY-TO PLAN							New Segment
N4	CITY/STATE/ZIP CODE		1	R	2010AC			
N401	Pay-to Plan City Name	AN	2-30	R				
N402	Pay-to Plan State Code	ID	2-2	S				
N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	s				
N404	Pay-to Plan Country Code	ID	2-3	S				
N405	Location Qualifier	ID	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				
N407	Country Subdivision Code	ID	1-3	S				
REF	PAY-TO PLAN SECONDARY IDENTIFICATION		1	s	2010AC			New Segment
	Reference Identification							
REF01	Qualifier	ID	2-3	R			2U, FY, NF	
REF02	Reference Identification	AN	1-50 1-80	R N/U				_
REF03 REF04	Description REFERENCE IDENTIFIER	AIN	1-80	N/U N/U				_
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				1
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				
REF04-3	Reference Identification  Qualifier	ID	2-3	N/U				
REF04-3 REF04-4	Reference Identification	AN	1-50	N/U				-1
111104-4	Reference Identification	AIN	1-30	14/0				1
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				
REF	PAY-TO PLAN TAX IDENTIFICATION		1	R	2010AC			New Segment
	Reference Identification			_				
REF01	Qualifier  Peterson Identification	ID	2-3	R			EI	-1
REF02	Reference Identification	AN	1-50	R				J

4010A1											
Element			Min.	Usage		Loop					
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values				
		837-	P 40	10A1							
	T	1			1		1				
	SUBSCRIBER										
HL	HIERARCHICAL LEVEL		1	R	2000B	>1					
HL01	Hierarchical ID Number	AN	1-12	R							
	Hierarchical Parent ID			_							
HL02 HL03	Number Hierarchical Level Code	AN ID	1-12 1-2	R R			22				
HL03	Hierarchical Child Code	ID	1-2	R			0, 1				
TILOT	Theraremeat emia code	טו	1-1	- 11			0, 1				
	SUBSCRIBER										
SBR	INFORMATION		1	R	2000B						
	Payer Responsibility			_							
SBR01	Sequence Number Code	ID	1-1	R			P, S, T				
SBR02	Individual Relationship Code	ID	2-2	S			18				
OBITOL	Insured Group or Policy	-10									
SBR03	Number	AN	1-30	S							
SBR04	Insured Group Name	AN	1-60	S							
							40.40.4				
SBR05	Inquirance Type Code	ID	1-3	S			12, 13, 14, 15, 16, 41, 42, 43, 47				
SBRUS	Insurance Type Code	טו	1-3	0			41, 42, 43, 47				
SBR06	Coordination of Benefits Code	ID	1-1	N/U							
	Yes/No Condition or										
SBR07	Response Code	ID	1-1	N/U							
SBR08	Employment Status Code	ID	2-2	N/U							
							09, 10, 11, 12, 13,				
							14, 15, 16, AM, BL, CH, CI, DS,				
							HM, LI, LM, MB,				
							MC, OF, TV, VA,				
SBR09	Claim Filing Indicator Code	ID	1-2	S			WC, ZZ				
PAT	PATIENT INFORMATION		1	S	2000B						
FAI	I ATIENT INFORMATION		-	3	20000						
DATE	Individual Relationship Code	ID	2-2	N/U							
PAT01							1				
PAT01 PAT02	Patient Location Code Employment Status Code	ID	1-1	N/U							

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				
HL	SUBSCRIBER HIERARCHICAL LEVEL		1	R	2000B	>1		
HL01	Hierarchical ID Number	AN	1-12	R				
	Hierarchical Parent ID							
HL02	Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			22	
HL04	Hierarchical Child Code	ID	1-1	R			0, 1	
SBR	SUBSCRIBER INFORMATION		1	R	2000B			
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R			A, B, C, D, E, F, G, H, P, S, T, U	Code Deleted
SBR02	Individual Relationship Code	ID	2-2	s			18	
SBR03	Insured Group or Policy Number	AN	1-50	S				Increase from 30 - 50
SBR04	Insured Group Name	AN	1-60	S				
SBR05	Insurance Type Code	ID	1-3	S			12, 13, 14, 15, 16, 41, 42, 43, 47	
SBR06	Coordination of Benefits Code	ID	1-1	N/U				
02.100	Yes/No Condition or			.,,,				
SBR07	Response Code	ID	1-1	N/U				
SBR08	Employment Status Code	ID	2-2	N/U				
SBR09	Claim Filing Indicator Code	ID	1-2	S			11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Code Change
PAT	PATIENT INFORMATION		1	S	2000B			
PAT01	Individual Relationship Code	ID	2-2	N/U				
PAT02	Patient Location Code	ID	1-1	N/U	1			
PAT03	Employment Status Code	ID	2-2	N/U				

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	•	837.	-P 40	10Δ1			
PAT04	Student Status Code	ID.	1-1	N/U	1		
171104	Date Time Period Format	٠		14/0			
PAT05	Qualifier	ID	2-3	S			D8
PAT06	Insured Individual Death Date	AN	1-35	S			CCYYMMDD
DAT07	Unit or Basis for						0.4
PAT07	Measurement Code	ID	2-2	S			01
PAT08 PAT09	Patient Weight 9(6)V99 Pregnancy Indicator	R ID	1-10 1-1	S			Y
PATU9	Fregnancy indicator	טו	1-1	5			ı
NM1	SUBSCRIBER NAME		1	R	2010BA	1	
NM101	Entity Identifier Code	ID	2-3	R			IL
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103	Subscriber Last Name	AN	1-35	R			
NM104	Subscriber First Name	AN	1-25	S			
NM105	Subscriber Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Subscriber Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ
NM109	Subscriber Primary Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	SUBSCRIBER ADDRESS		1		201254		
N301	Subscriber Address Line	AN	1 1-55	S R	2010BA		
N301	Subscriber Address Line Subscriber Address Line	AN	1-55	S			
11302	Subscriber Address Line	AIN	1-55	3			
N4	SUBSCRIBER CITY/STATE/ZIP CODE		1	s	2010BA		
N401	Subscriber City Name	AN	2-30	R			
N402	Subscriber State Code	ID	2-2	R			
N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R			
N404	Subscriber Country Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
DMC	SUBSCRIBER DEMOGRAPHIC INFORMATION				2010BA		
DMG	Date Time Period Format		1	S	∠UIUBA		
DMG01	Qualifier	ID	2-3	R			D8 CCYYMMDD
DMG02	Subscriber Birth Date	AN	1-35	R			CCYYMMDD

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				-
PAT04	Student Status Code	ID	1-1	N/U				1
	Date Time Period Format							
PAT05	Qualifier	ID	2-3	S			D8	_
PAT06	Insured Individual Death Date	AN	1-35	S			CCYYMMDD	
PAT07	Unit or Basis for Measurement Code	ID	2-2	S			01	
PAT08	Patient Weight 9(6)V99	R	1-10	S				
PAT09	Pregnancy Indicator	ID	1-1	S			Y	
NM1	SUBSCRIBER NAME		1	R	2010BA	1		-
NM101	Entity Identifier Code	ID	2-3	R	2010271	·	IL	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Subscriber Last Name	AN	1-60	R			,	Increase from 35 - 60
NM104	Subscriber First Name	AN	1-35	S				Increase from 25 - 35
NM105	Subscriber Middle Name	AN	1-25	S				1
NM106	Name Prefix	AN	1-10	N/U				
NM107	Subscriber Name Suffix	AN	1-10	S				
								Code Change
								Usage changed to Reqired
NM108	Identification Code Qualifier	ID	1-2	R			II, MI	Use and the Branches
NM109	Subscriber Primary Identifier	AN	2-80	R				Usage changed to Require
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
	Name Last or Organization							New Element
NM112	Name	AN	1-60	N/U				_
N3	SUBSCRIBER ADDRESS		1	S	2010BA			_
N301	Subscriber Address Line	AN	1-55	R	ZUTUBA			-
N302	Subscriber Address Line	AN	1-55	S				1
14002	Cabbonibon / Idan Goo Emile	7114	1 00					1
	SUBSCRIBER							1
N4	CITY/STATE/ZIP CODE		1	S	2010BA			
N401	Subscriber City Name	AN	2-30	R				
N402	Subscriber State Code	ID	2-2	s				Usage changed to Situational
11402	Subscriber Postal Zone or	טו	2-2	3				Usage changed to
N403	ZIP Code	ID	3-15	s				Situational
N404	Subscriber Country Code	ID	2-3	S				]
N405	Location Qualifier	ID	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				
N407	Country Subdivision Code	ID	1-3	S				New Element
	SUBSCRIBER							1
	DEMOGRAPHIC							
DMG	INFORMATION		1	S	2010BA			4
DMCC4	Date Time Period Format	I.C.	0.0	-			Do	
DMG01	Qualifier	ID	2-3	R			D8	Ī

Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
						-	
	8	837-	P 40	10A1			
DMG03	Subscriber Gender Code	ID	1-1	R			F, M, U
DMG04	Marital Status Code	ID	1-1	N/U			
DMG05	Race or Ethnicity Code	ID	1-1	N/U			
DMG06	Citizenship Status Code	ID	1-2	N/U			
DMG07	Country Code	ID	2-3	N/U			
DMG08	Basis of Verification Code	ID	1-2	N/U			
DMG09	Quantity	R	1-15	N/U			
	SUBSCRIBER SECONDARY						
REF	IDENTIFICATION		4	S	2010BA		
	Reference Identification						
REF01	Qualifier	ID	2-3	R			1W, 23, IG, S
	Subscriber Supplemental						
REF02	Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
				N/U			
REF04	REFERENCE IDENTIFIER		l	14/0			
REF04							
REF04	PROPERTY AND CASUALTY CLAIM			100			
REF04	PROPERTY AND		1	s	2010BA		
	PROPERTY AND CASUALTY CLAIM		1		2010BA		
	PROPERTY AND CASUALTY CLAIM NUMBER	ID	1 2-3		2010BA		Y4
REF	PROPERTY AND CASUALTY CLAIM NUMBER Reference Identification Qualifier	ID		S	2010BA		<b>Y</b> 4
REF	PROPERTY AND CASUALTY CLAIM NUMBER Reference Identification	ID AN		S	2010BA		Y4
REF REF01	PROPERTY AND CASUALTY CLAIM NUMBER Reference Identification Qualifier Property Casualty Claim		2-3	S R	2010BA		Y4

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
DMG03	Subscriber Gender Code	ID	1-1	R			F, M, U	1
DMG04	Marital Status Code	ID	1-1	N/U				
DMG05	Race or Ethnicity Code	ID	1-1	N/U				
DMG06	Citizenship Status Code	ID	1-2	N/U				
DMG07	Country Code	ID	2-3	N/U				
DMG08 DMG09	Basis of Verification Code Quantity	ID R	1-2 1-15	N/U N/U				
DMG10	Code List Qualifier Code	ID	1-15	N/U				New Element
DMG10 DMG11	Industry Code	AN	1-30	N/U				New Element
REF	SUBSCRIBER SECONDARY IDENTIFICATION		1	s	2010BA			
DEFO	Reference Identification			-			0)/	Code Removed
REF01	Qualifier	ID	2-3	R			SY	Increase from 30 - 50
REF02	Subscriber Supplemental Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				4
REF04	REFERENCE IDENTIFIER			N/U				New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	PROPERTY AND CASUALTY CLAIM NUMBER		1	s	2010BA			
REF01	Reference Identification Qualifier	ID	2-3	R			Y4	
	Property Casualty Claim							Increase from 30 - 50
REF02	Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				4
REF04	REFERENCE IDENTIFIER			N/U				Name Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
. ILI 07-0	. ISIGISIAS IGGIRINGGIOTI	/ (I N	. 50	11/0				Lionioni

	4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
		837-	P 40	10A1								
NM1	PAYER NAME		1	R	2010BB	1						
NM101	Entity Identifier Code	ID	2-3	R			PR					
NM102	Entity Type Qualifier	ID	1-1	R			2					
NM103	Payer Name	AN	1-35	R								
NM104	Name First	AN	1-25	N/U								
NM105	Name Middle	AN	1-25	N/U								
NM106	Name Prefix	AN	1-10	N/U								
NM107	Name Suffix	AN	1-10	N/U								
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV					
NM109	Payer Identifier	AN	2-80	R								
NM110	Entity Relationship Code	ID	2-2	N/U								
NM111	Entity Identifier Code	ID	2-3	N/U								
		l										
No	PAYER ADDRESS	<u> </u>			001000	-						
N301	Payer Address Line	AN	<b>1</b>	S R	2010BB							
N301 N302	Payer Address Line Payer Address Line	AN	1-55	S								
N3U2	r ayer Address Lifte	AIN	1-33	3		-						
	PAYER CITY/STATE/ZIP	-				+						
N4	CODE	ĺ	1	s	2010BB							
N401	Payer City Name	AN	2-30	R	201000							
INTUI	r ayor only reame	AIN	2-30	п								
	Davis Otata Oada	ID	2-2	R								
N402	Paver State Code	ני		• • •								
N402	Payer State Code Payer Postal Zone or ZIP											
	Payer Postal Zone or ZIP	חו	3-15	R								
N403	Payer Postal Zone or ZIP Code	ID ID	3-15 2-3	R S								
N403 N404	Payer Postal Zone or ZIP	ID ID	2-3	R S N/U								
N403 N404 N405	Payer Postal Zone or ZIP Code Payer Country Code	ID ID	2-3 1-2	S N/U								
N403 N404	Payer Postal Zone or ZIP Code Payer Country Code Location Qualifier	ID	2-3	S								

		5	501	U				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				-
	PROPERTY AND CASUALTY SUBSCRIBER							New Segment
PER	CONTACT INFORMATION  Contact Function Code	ID	<b>1</b> 2-2	S R	2010BA		IC	
PER01	Contact Function Code	טו	2-2	К			IC .	
PER02	Billing Provider Contact Name	AN	1-60	s				
1 LITOL	Communication Number	7.11	1 00					
PER03	Qualifier	ID	2-2	R			TE	
PER04	Communication Number	AN	1-256	R				
	Communication Number							
PER05	Qualifier	ID	2-2	S			EX	
PER06	Communication Number	AN	1-256	S				
	Communication Number							
PER07	Qualifier	ID	2-2	N/U				
PER08	Communication Number	AN	1-256	N/U				
PER09	Contact Inquiry Reference	AN	1-20	N/U				
NIMA	PAYER NAME		-	_	0010BB			_
NM1 NM101	Entity Identifier Code	ID	1 2-3	R R	2010BB	1	PR	_
NM102	Entity Type Qualifier	ID	1-1	R			2	_
NM103	Payer Name	AN	1-60	R				Increase from 35 - 60
NM104	Name First	AN	1-35	N/U				Increase from 25 - 35
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Name Suffix	AN	1-10	N/U				
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV	
NM109	Payer Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
	Name Last or Organization		l					New Element
NM112	Name	AN	1-60	N/U				
N3	PAYER ADDRESS		1	s	2010BB			_
N301	Payer Address Line	AN	1-55	R	201000	+		_
N302	Payer Address Line	AN	1-55	S		+		_
14002	1 dyel 7 dalees Ellie	AIN	1-33					
	PAYER CITY/STATE/ZIP							Usage changed to Required
N4	CODE		1	R	2010BB			
N401	Payer City Name	AN	2-30	R				
N402	Payer State Code	ID	2-2	S				Usage changed to Situational
	Payer Postal Zone or ZIP							Usage changed to
N403	Code	ID	3-15	S				Situational
N404	Payer Country Code	ID	2-3	S				
	1 " 0 ""	ID	1-2	N/U	1			Ī
N405	Location Qualifier							
N405 N406 N407	Location Qualifier  Location Identifier  Country Subdivision Code	AN ID	1-2 1-30 1-3	N/U S				New Element

REF REF01 REF02 REF03 REF04	Description	ID	Min. Max. -P 40 3 2-3 1-30 1-80	Usage Reg.	2010BB	Loop Repeat	Values 2U, FY, NF, TJ
REF REF01 REF02 REF03	PAYER SECONDARY IDENTIFICATION Reference Identification Qualifier Payer Additional Identifier Description	337- ID AN	<b>P 40</b> 3 2-3 1-30	10A1 s R R N/U		Repeat	
REF01 REF02 REF03	PAYER SECONDARY IDENTIFICATION Reference Identification Qualifier Payer Additional Identifier Description	ID AN	<b>3</b> 2-3 1-30	S R R N/U	2010BB		2U, FY, NF, TJ
REF01 REF02 REF03	PAYER SECONDARY IDENTIFICATION Reference Identification Qualifier Payer Additional Identifier Description	ID AN	<b>3</b> 2-3 1-30	S R R N/U	2010BB		2U, FY, NF, TJ
REF01 REF02 REF03	IDENTIFICATION  Reference Identification Qualifier  Payer Additional Identifier Description	AN	2-3 1-30	R R N/U	2010BB		2U, FY, NF, TJ
REF01 REF02 REF03	Reference Identification Qualifier Payer Additional Identifier Description	AN	2-3 1-30	R R N/U	2010BB		2U, FY, NF, TJ
REF02 REF03	Qualifier Payer Additional Identifier Description	AN	1-30	R N/U			2U, FY, NF, TJ
REF02 REF03	Payer Additional Identifier  Description	AN	1-30	R N/U			20,11,141,10
REF03	Description			N/U			
REF04	REFERENCE IDENTIFIER			N/U			
					1 1		
NIA	RESPONSIBLE PARTY				201070		
NM1 NM101	NAME	חו	1 2-3	<b>S</b>	2010BC	1	OD
NM101	NAME Entity Identifier Code	ID ID	2-3	<b>S</b> R	2010BC	1	QD 1, 2
	NAME			R	2010BC	1	QD 1, 2
NM101	NAME Entity Identifier Code Entity Type Qualifier		2-3	R	2010BC	1	
NM101 NM102 NM103	NAME Entity Identifier Code Entity Type Qualifier Responsible Party Last or Organization Name	ID AN	2-3 1-1 1-35	R R R	2010BC	1	
NM101 NM102 NM103	NAME Entity Identifier Code Entity Type Qualifier Responsible Party Last or Organization Name Responsible Party First Name	ID	2-3 1-1	R R	2010BC	1	
NM101 NM102 NM103 NM104 F	NAME Entity Identifier Code Entity Type Qualifier Responsible Party Last or Organization Name  Responsible Party First Name Responsible Party Middle	ID AN AN	2-3 1-1 1-35 1-25	R R R	2010BC	1	
NM101 NM102 NM103	NAME Entity Identifier Code Entity Type Qualifier Responsible Party Last or Organization Name Responsible Party First Name	ID AN	2-3 1-1 1-35	R R R	2010BC	1	

Element Identifier	Description							
	·	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		83	7-P 5	010				1
REF	PAYER SECONDARY IDENTIFICATION		3	s	2010BB			1
DEEO	Reference Identification Qualifier	5	0.0	-			OU EL EV NE	Code Change
REF01 REF02	Payer Additional Identifier	ID AN	2-3 1-50	R R			2U, EI, FY, NF	Increase from 30 -
REF03	Description	AN	1-80	N/U				increase nom 50 -
REF04	REFERENCE IDENTIFIER	74	. 00	N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	BILLING PROVIDER SECONDARY IDENTIFICATION		2	s	2010BB			New Segment
REF01	Reference Identification Qualifier	ID	2-3	R			G2, LU	
REF02	Payer Additional Identifier	AN	1-50	R			GL, LO	
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				
REF04-3	Reference Identification  Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				1
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				1
REF04-5 REF04-6	Reference Identification	AN	1-50	N/U				1
	·							Segment Deleted

	•	40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		337-	P 40	10A1			
NM108	Identification Code Qualifier	ID	1-2	N/U			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	RESPONSIBLE PARTY						
N3	ADDRESS		1	R	2010BC		
N3	Responsible Party Address		'	ĸ	201060		
N301	Line	AN	1-55	R			
10301		AIN	1-55	ĸ			
N302	Responsible Party Address Line	AN	1-55	s			
N302	Line	AIN	1-55	5			
	RESPONSIBLE PARTY						
N4	CITY/STATE/ZIP CODE		1	R	2010BC		
114	CITT/STATE/ZIF CODE			n	201060		
N401	Responsible Party City Name	AN	2-30	R			
N402	Responsible Party State Code	ID	2-2	R			
	Responsible Party Postal						
N403	Zone or ZIP Code	ID	3-15	R			
	Responsible Party Country						
N404	Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
	CREDIT/DEBIT CARD						
NM1	HOLDER NAME		1	S	2010BD	1	
NM101	Entity Identifier Code	ID	2-3	R			AO
NM102	Entity Type Qualifier	ID	1-1	R			1,2
	Credit or Debit Card Holder						
NM103	Last or Organizational Name	AN	1-35	R			
	Credit or Debit Card Holder			_			
NM104	First Name	AN	1-25	S			
	Credit or Debit Card Holder			_			
NM105	Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
N. 440=	Credit or Debit Card Holder						
NM107	Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			MI
NM109	Credit or Debit Card Number	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
14141111		טו		14/0			
	CREDIT/DEBIT CARD						
REF	INFORMATION		2	s	2010BD		

		501	0			
Element Identifier	Description	Min. ID Max.	Usage Reg. Lo	Loop op Repeat	Values	
		837-P 5	010			Ⅎ
•		•	•			
						Segment Delete
						Segment Delete
						Segment Delet

Segment Deleted

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		007	D 40	1041			
		837	P 40	IUAI			1
DEE0.4	Reference Identification			_			AD DD
REF01	Qualifier Credit or Debit Card	ID	2-3	R			AB, BB
REF02	Authorization Number	AN	1-30	_			
REF03	Description	AN	1-80	R N/U			
REF04	REFERENCE IDENTIFIER	AIN	1-00	N/U			
TILIOT	THE EXERCISE IDENTIFIER			14/0			
	PATIENT HIERARCHICAL						
HL	LEVEL		1	s	2000C	>1	
HL01	Hierarchical ID Number	AN	1-12	R			
	Hierarchical Parent ID						
HL02	Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R			23
HL04	Hierarchical Child Code	ID	1-1	R			0
PAT	PATIENT INFORMATION		1	R	2000C		
							01, 04, 05, 07, 09, 10, 15, 17, 19, 20, 21, 22, 23, 24, 29, 32, 33, 34, 36, 39,
PAT01	Individual Relationship Code	ID	2-2	R			40, 41, 43, 53, G8
PAT02	Patient Location Code	ID	1-1	N/U			
PAT03	Employment Status Code	ID	2-2	N/U			
PAT04	Student Status Code	ID	1-1	N/U			
	Date Time Period Format						
PAT05	Qualifier	ID	2-3	S			D8
PAT06	Patient Death Date Unit or Basis for	AN	1-35	S			CCYYMMDD
PAT07	Measurement Code	ID	0.0	s			01
PAT07 PAT08	Patient Weight 9(6)V99	R	2-2 1-10	S			UI
PAT08 PAT09	Pregnancy Indicator	ID	1-10	S			Y
171100	r regnancy maleator	٠.		3			<u>'</u>
NM1	PATIENT NAME		1	R	2010CA	1	
NM101	Entity Identifier Code	ID	2-3	R			QC
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Patient Last Name	AN	1-35	R			
NM104	Patient First Name	AN	1-25	R			
NM104 NM105	Patient Middle Name	AN	1-25	S			<del> </del>
NM106	Name Prefix	AN	1-10	N/U			
NM107	Patient Name Suffix	AN	1-10	S			1
-	Identification Code Overlife						MI 77
NM108	Identification Code Qualifier	ID	1-2	S			MI, ZZ
NM109	Patient Primary Identifier	AN	2-80	S			

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
	PATIENT HIERARCHICAL							
HL	LEVEL		1	s	2000C	>1		
HL01	Hierarchical ID Number	AN	1-12	R				1
	Hierarchical Parent ID							
HL02	Number	AN	1-12	R				
HL03	Hierarchical Level Code	ID	1-2	R			23	
HL04	Hierarchical Child Code	ID	1-1	R			0	
PAT	PATIENT INFORMATION		1	R	2000C			
FAI	FATILITI IN ORMATION		-	n	20000			Code Deleted
PAT01 PAT02	Individual Relationship Code Patient Location Code	ID ID	2-2	R N/U			01, 19, 20, 21, 39, 40, 53, G8	
PAT03	Employment Status Code	ID	2-2	N/U				
PAT04	Student Status Code	ID	1-1	N/U				
DATOS	Date Time Period Format						D0	
PAT05 PAT06	Qualifier Patient Death Date	ID AN	2-3 1-35	S			D8 CCYYMMDD	
FAIU	Unit or Basis for	AIN	1-33	3			CCTTWWDD	•
PAT07	Measurement Code	ID	2-2	S			01	
PAT08	Patient Weight 9(6)V99	R	1-10	S				1
PAT09	Pregnancy Indicator	ID	1-1	S			Y	
NM1	PATIENT NAME		1	R	2010CA	1	00	
NM101 NM102	Entity Identifier Code Entity Type Qualifier	ID ID	2-3 1-1	R R	-		QC 1	1
NM102	Patient Last Name	AN	1-60	R			'	Increase from 35 - 60
14141700	. addin Zaot Haino	7.114	1 00	- 11				Increase from 25 - 35
								Usage changed to
NM104	Patient First Name	AN	1-35	S				Situational
NM105	Patient Middle Name	AN	1-25	S				]
NM106	Name Prefix	AN	1-10	N/U				
NM107	Patient Name Suffix	AN	1-10	S				O. d. D. lated
NM108	Identification Code Qualifier	ID	1-2	N/U				Code Deleted Usage changed to N Used
NM109	Patient Primary Identifier Entity Relationship Code	AN	2-80	N/U				Usage changed to N Used
NM110	I Entity Polationahin Code	ID	2-2	N/U			1	

	4010A1													
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values							
		837-	P 40	10A1										
NM111	Entity Identifier Code	ID	2-3	N/U										
	,													
N3	PATIENT ADDRESS		1	R	2010CA									
N301	Patient Address Line	AN	1-55	R										
N302	Patient Address Line	AN	1-55	S										
	PATIENT CITY/STATE/ZIP			_										
N4	CODE		1	R	2010CA									
N401	Patient City Name	AN	2-30	R										
N402	Patient State Code	ID	2-2	R										
11402	Patient Postal Zone or ZIP	טו	2-2	ĸ										
N403	Code	ID	3-15	R										
N404	Patient Country Code	ID	2-3	S										
N405	Location Qualifier	ID	1-2	N/U										
N406	Location Identifier	AN	1-30	N/U										
		7	. 00	.,,0										
	PATIENT DEMOGRAPHIC													
DMG	INFORMATION		1	R	2010CA									
	Date Time Period Format													
DMG01	Qualifier	ID	2-3	R			D8							
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD							
DMG03	Patient Gender Code	ID	1-1	R			F, M, U							
DMG04	Marital Status Code	ID	1-1	N/U										
DMG05	Race or Ethnicity Code	ID	1-1	N/U										
DMG06	Citizenship Status Code	ID	1-2	N/U										
DMG07	Country Code	ID	2-3	N/U										
DMG08	Basis of Verification Code	ID	1-2	N/U										
DMG09	Quantity	R	1-15	N/U										
		-												
	PATIENT SECONDARY													
REF	IDENTIFICATION		5	s	2010CA									
	Reference Identification		۰		20.004									
REF01	Qualifier	ID	2-3	R			1W, 23, IG, SY							
	34	<u> </u>					, -,, - '							
REF02	Patient Secondary Identifier	AN	1-30	R										
REF03	Description	AN	1-80	N/U										
REF04	REFERENCE IDENTIFIER			N/U										
	PROPERTY AND													
	CASUALTY CLAIM													
REF	NUMBER	L	1	s	2010CA	<u></u>								
	Reference Identification													
REF01	Qualifier	ID	2-3	R			Y4							

		5	01	U				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		02	7-P 5	010				
	Fath Martifes Oads							_
NM111	Entity Identifier Code	ID	2-3	N/U				N 51
NM112	Name Last or Organization Name	AN	1-60	N/U				New Element
N3	PATIENT ADDRESS		1	R	2010CA			=
N301	Patient Address Line	AN	1-55	R				
N302	Patient Address Line	AN	1-55	S				
	PATIENT CITY/STATE/ZIP							
N4	CODE		1	R	2010CA			
N401	Patient City Name	AN	2-30	R	2010011			-
	,							Usage changed
N402	Patient State Code	ID	2-2	S				Situational
	Patient Postal Zone or ZIP			_				Usage changed
N403	Code	ID	3-15	S				Situational
N404 N405	Patient Country Code Location Qualifier	ID ID	2-3 1-2	S N/U				
	Location Qualifier  Location Identifier			N/U N/U				
N406 N407	Country Subdivision Code	AN ID	1-30 1-3	N/U S				New Element
11407	Country Subdivision Code	טו	1-3	5				New Element
	PATIENT DEMOGRAPHIC							1
DMG	INFORMATION		1	R	2010CA			
	Date Time Period Format							
DMG01	Qualifier	ID	2-3	R			D8	
DMG02	Patient Birth Date	AN	1-35	R			CCYYMMDD	
DMG03	Patient Gender Code	ID	1-1	R			F, M, U	
DMG04	Marital Status Code	ID	1-1	N/U				
DMG05	Race or Ethnicity Code Citizenship Status Code	ID ID	1-1	N/U N/U				-
DMG06 DMG07	Country Code	ID	2-3	N/U N/U				4
DMG07	Basis of Verification Code	ID	1-2	N/U				4
DMG09	Quantity	R	1-15	N/U				
DMG10	Code List Qualifier Code	ID	1-3	N/U				New Element
DMG11	Industry Code	AN	1-30	N/U				New Element
								Segment Delet
	1							
	PROPERTY AND	-	<u> </u>					
	CASUALTY CLAIM							
DEE	NUMBER		1	s	2010CA			
REF		1			_0.004			
REF	Reference Identification				l l			

Element	4010A1											
Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
		837-	P 40	10A1								
	Property Casualty Claim											
REF02	Number	AN	1-30	R								
REF03	Description	AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER			N/U								
CLM	CLAIM INFORMATION		1	R	2300	100						
CLM CLM01	Patient Account Number	AN	1 1-38	<b>R</b> R	2300	100						
CLM01	Patient Account Number Total Claim Charge Amount		1-38	R	2300	100						
CLM01	Patient Account Number Total Claim Charge Amount S9(7)V99	R	1-38	R R	2300	100						
CLM01	Patient Account Number Total Claim Charge Amount S9(7)V99 Claim Filing Indicator Code		1-38	R	2300	100						
CLM01 CLM02	Patient Account Number Total Claim Charge Amount S9(7)V99	R	1-38	R R	2300	100						
CLM01 CLM02 CLM03	Patient Account Number Total Claim Charge Amount S9(7)V99 Claim Filing Indicator Code Non-Institutional Claim Type	R ID	1-38 1-18 1-2	R R N/U	2300	100						
CLM01 CLM02 CLM03	Patient Account Number Total Claim Charge Amount S9(7)V99 Claim Filing Indicator Code Non-Institutional Claim Type Code	R ID	1-38 1-18 1-2	R R N/U	2300	100						

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				-
	Property Casualty Claim							Increase from 30 - 5
REF02	Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE0.4.0	Reference Identification Qualifier							New Element
REF04-3 REF04-4	Reference Identification	ID AN	2-3 1-50	N/U N/U				N 51
REFU4-4	Reference Identification	AN	1-50	N/U				New Element New Element
REF04-5	Qualifier	ID	2-3	N/U				New Element
REF04-5	Reference Identification	AN	1-50	N/U				New Element
11L1 U4-0	Totalanca identification	AIN	1-50	IV/U				146W FIGHIGH
	PROPERTY AND CASUALTY PATIENT							New Segment
PER	CONTACT INFORMATION		1	s	2010CA			
PER01	Contact Function Code	ID	2-2	R	20100/1		IC	
PER02	Billing Provider Contact Name	AN	1-60	S				
	Communication Number							
PER03	Qualifier	ID	2-2	R			TE	
PER04	Communication Number	AN	1-256	R				
	Communication Number							
PER05	Qualifier	ID	2-2	S			EX	
PER06	Communication Number	AN	1-256	S				
	Communication Number							
PER07	Qualifier	ID	2-2	N/U				
PER08	Communication Number	AN	1-256	N/U				_
PER09	Contact Inquiry Reference	AN	1-20	N/U				
CLM	CLAIM INFORMATION		1	R	2300	100		
CLM01	Patient Account Number	AN	1-38	R	2300	100		-
OLIVIOT	Total Claim Charge Amount	7111	1 00	- ''				
CLM02	S9(7)V99	R	1-18	R				
CLM03	Claim Filing Indicator Code	ID	1-2	N/U		<u> </u>		1
	Non-Institutional Claim Type							
CLM04	Code	ID	1-2	N/U				
	HEALTH CARE SERVICE							
CLM05	LOCATION INFORMATION			R				
								Code Deleted
CLM05-1	Facility Type Code	AN	1-2	R				

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
	8	337-	P 40	10A1							
CLM05-2	Facility Code Qualifier	ID	1-2	N/U							
CLM05-3	Claim Frequency Code	ID	1-1	R			Refer to Code Source 235				
CLM06	Provider or Supplier Signature Indicator	ID	1-1	R			N, Y				
CLM07	Medicare Assignment Code	ID	1-1	R			A, B, C, P				
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R			N, Y				
CLM09	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y				
CLM10	Patient Signature Source Code	ID	1-1	S			B, C, M, P, S				
CLM11	RELATED CAUSES INFORMATION			S							
CLM11-1 CLM11-2	Related Causes Code Related Causes Code	ID ID	2-3 2-3	R S			AA, AP, EM, OA AA, AP, EM, OA				
CLM11-3	Related Causes Code Auto Accident State or	ID	2-3	S			AA, AP, EM, OA				
CLM11-4	Province Code	ID	2-2	S							
CLM11-5 CLM12	Country Code  Special Program Indicator	ID ID	2-3	S S			01, 02, 03, 05, 07, 08, 09				
CLM13	Yes/No Condition or Response Code	ID	1-1	N/U							
CLM14	Level of Service Code	ID	1-3	N/U							
CLM15	Yes/No Condition or Response Code	ID	1-1	N/U			_				
CLM16 CLM17	Participation Agreement Claim Status Code	ID ID	1-1 1-2	S N/U			Р				
CLM17	Yes/No Condition or Response Code	ID	1-2	N/U							
CLM19	Claim Submission Reason Code	ID	2-2	N/U							
CLM20	Delay Reason Code	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11				

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
CLM05-2	Facility Code Qualifier	ID	1-2	R			В	Usage changed to Required
CLM05-3	Claim Frequency Code	ID	1-1	R				Code Deleted
CLM06	Provider or Supplier Signature Indicator	ID	1-1	R			N, Y	_
CLM07	Medicare Assignment Code	ID	1-1	R			A, B, C	Code Deleted
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R			N, W, Y	Code Added
CLM09	Release of Information Code	ID	1-1	R			I, Y	Code Deleted
CLM10	Patient Signature Source Code	ID	1-1	S			Р	Code Deleted
CLM11	RELATED CAUSES INFORMATION			S				]
CLM11-1	Related Causes Code	ID	2-3	R			AA, EM, OA	Code Deleted
CLM112	Related Causes Code	ID	2-3	S			AA, EM, OA	Code Deleted
CLM11-3	Related Causes Code Auto Accident State or Province Code	ID ID	2-3	N/U S				Code Deleted Usage changed to Not Used
CLM11-5	Country Code	ID	2-3	S				-
CLM12	Special Program Indicator	ID	2-3	s			02, 03, 05, 09	Code Deleted
CLM13	Yes/No Condition or Response Code	ID	1-1	N/U				
CLM14	Level of Service Code	ID	1-3	N/U				
	Yes/No Condition or							
CLM15	Response Code	ID	1-1	N/U				
CLM16	Participation Agreement	D	1-1	N/U				Coe Deleted
CLM17 CLM18	Claim Status Code Yes/No Condition or Response Code	ID ID	1-2	N/U N/U				-
CLM19	Claim Submission Reason Code	ID	2-2	N/U				1
CLM20	Delay Reason Code	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15	Code Added
								1
	DATE - ONSET OF CURRENT							New Segment
DTP	ILLNESS/SYMPTOM		1	S	2300			]
DTP01	Date Time Qualifier	ID	3-3	R			431	]
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8	_
DTP03	Onset of Current Illness or Injury Date	AN	1-35	R			CCYYMMDD	_
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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
identinier	Besonption	טו	mux.	ricg.	СООР	Hopout	Values
	•	837-	P 40	10A1			
	DATE - INITIAL						
DTP	TREATMENT		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			454
DTDOO	Date Time Period Format  Qualifier			-			D8
DTP02 DTP03	Initial Treatment Date	ID AN	2-3 1-35	R R			CCYYMMDD
DIFUS	miliai freatment Date	AIN	1-00	п			OOTTIVIIVIDD
DTP	DATE - DATE LAST SEEN		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			304
	Date Time Period Format						
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD
	DATE - ONSET OF CURRENT						
DTP	ILLNESS/SYMPTOM		1	s	2300		
DTP01	Date Time Qualifier	ID	3-3	R	2300		431
2	Date Time Period Format						
DTP02	Qualifier	ID	2-3	R			D8
	Onset of Current Illness or						
DTP03	Injury Date	AN	1-35	R			CCYYMMDD
	DATE - ACUTE		_	_			
DTP	MANIFESTATION  Date Time Qualifier	2	5	S	2300		453
DTP01	Date Time Qualifier  Date Time Period Format	ID	3-3	R			453
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Acute Manifestation Date	AN	1-35	R			CCYYMMDD
	DATE - SIMILAR						
DTP	ILLNESS/SYMPTOM ONSET	2	10	S	2300		400
DTP01	Date Time Qualifier  Date Time Period Format	ID	3-3	R			438
DTP02	Qualifier Qualifier	ID	2-3	R			D8
D11 02	Similar Illness or Symptom	יטו	2-0	- 11			50
DTP03	Date	AN	1-35	R			CCYYMMDD
DTP	DATE - ACCIDENT		10	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			439
	Date Time Period Format			_			Do
DTP02	Qualifier	ID	2-3	R			D8, DT
		l					CCYYMMDD, CCYYMMDDHHM
DTP03	Accident Date	AN	1-35	R			M M
טורטט	Accident Date	AIN	1-33	רו			141
	DATE - LAST MENSTRUAL						
DTP	PERIOD	l	1	s	2300		
DTP01	Date Time Qualifier	ID	3-3	R			484

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		83	7-P 5	010				
	DATE - INITIAL							
DTP	TREATMENT		1	S	2300			
DTP01	Date Time Qualifier	ID	3-3	R			454	
	Date Time Period Format			_				
DTP02	Qualifier	ID	2-3	R			D8 CCYYMMDD	
DTP03	Initial Treatment Date	AN	1-35	R			CCYYMMDD	_
DTP	DATE - DATE LAST SEEN		1	s	2300			
DTP01	Date Time Qualifier	ID	3-3	R	2300		304	-
DITOI	Date Time Period Format		00				001	
DTP02	Qualifier	ID	2-3	R			D8	
DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD	
	DATE - ACUTE							-
DTP	MANIFESTATION		1	S	2300			
DTP DTP01	MANIFESTATION  Date Time Qualifier	ID	<b>1</b> 3-3	<b>S</b>	2300		453	
DTP01	MANIFESTATION Date Time Qualifier Date Time Period Format		3-3	R	2300			
DTP01	MANIFESTATION  Date Time Qualifier  Date Time Period Format  Qualifier	ID	3-3 2-3	R R	2300		D8	
DTP01	MANIFESTATION Date Time Qualifier Date Time Period Format		3-3	R	2300			
DTP01	MANIFESTATION  Date Time Qualifier  Date Time Period Format  Qualifier	ID	3-3 2-3	R R	2300		D8	Segment Delet
DTP01  DTP02  DTP03  DTP03	MANIFESTATION  Date Time Qualifier  Date Time Period Format Qualifier  Acute Manifestation Date  DATE - ACCIDENT	ID AN	3-3 2-3 1-35	R R R	2300		D8 CCYYMMDD	Segment Delet
DTP01 DTP02 DTP03	MANIFESTATION  Date Time Qualifier  Date Time Period Format Qualifier  Acute Manifestation Date  DATE - ACCIDENT  Date Time Qualifier	ID	3-3 2-3 1-35	R R R			D8	Segment Delet
DTP01  DTP02  DTP03  DTP03	MANIFESTATION  Date Time Qualifier  Date Time Period Format Qualifier  Acute Manifestation Date  DATE - ACCIDENT  Date Time Qualifier  Date Time Period Format	ID AN	3-3 2-3 1-35 1-35	R R R			D8 CCYYMMDD	Segment Delet
DTP01  DTP02  DTP03  DTP03	MANIFESTATION  Date Time Qualifier  Date Time Period Format Qualifier  Acute Manifestation Date  DATE - ACCIDENT  Date Time Qualifier	ID AN	3-3 2-3 1-35	R R R			D8 CCYYMMDD	
DTP01  DTP02  DTP03  DTP03	MANIFESTATION  Date Time Qualifier  Date Time Period Format Qualifier  Acute Manifestation Date  DATE - ACCIDENT  Date Time Qualifier  Date Time Period Format	ID AN	3-3 2-3 1-35 1-35	R R R			D8 CCYYMMDD	Segment Delet
DTP01  DTP02  DTP03  DTP03	MANIFESTATION  Date Time Qualifier  Date Time Period Format Qualifier  Acute Manifestation Date  DATE - ACCIDENT  Date Time Qualifier  Date Time Period Format	ID AN	3-3 2-3 1-35 1-35	R R R			D8 CCYYMMDD	
DTP01  DTP02  DTP03  DTP03  DTP  DTP  DTP01  DTP01	MANIFESTATION  Date Time Qualifier  Date Time Period Format Qualifier  Acute Manifestation Date  DATE - ACCIDENT  Date Time Qualifier  Date Time Qualifier  Date Time Period Format Qualifier	ID AN	3-3 2-3 1-35 1-35 1 3-3 2-3	R R R			D8 CCYYMMDD  439 D8,	Segment Delet

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loon	Loop Repeat	Values
identinei	Description	טו	wax.	neg.	Loop	переаг	values
		837-	P 40	10A1			
	Date Time Period Format						
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Last Menstrual Period Date	AN	1-35	R			CCYYMMDD
DTP	DATE - LAST X-RAY		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			455
DTDOO	Date Time Period Format		0.0	-			Do
DTP02 DTP03	Qualifier Last X-Ray Date	ID AN	2-3 1-35	R R			D8 CCYYMMDD
DTP03	Last X-Ray Date	AN	1-35	К			CCTTMINIDD
	DATE - HEARING AND						
	VISION PRESCRIPTION						
DTP	DATE		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			471
	Date Time Period Format			_			
DTP02	Qualifier	ID	2-3	R			D8 CCYYMMDD
DTP03	Prescription Date	AN	1-35	R			CCYYMMDD
	_	-					
DTP	DATE - DISABILITY BEGIN		5	s	2300		
DTP01	Date Time Qualifier	ID	3-3	R	2000		360
DITO	Date Time Period Format		0.0				
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Disability From Date	AN	1-35	R			CCYYMMDD
	T						
DTP	DATE - DISABILITY END		5	S	2300		
DTP DTP01	Date Time Qualifier	ID	<b>5</b> 3-3	S R	2300		361
DTP01	Date Time Qualifier  Date Time Period Format		3-3	R	2300		
DTP01	Date Time Qualifier  Date Time Period Format  Qualifier	ID	3-3 2-3	R R	2300		D8
DTP01	Date Time Qualifier  Date Time Period Format		3-3	R	2300		
DTP01 DTP02 DTP03	Date Time Qualifier  Date Time Period Format Qualifier  Disability To Date	ID	3-3 2-3 1-35	R R R			D8
DTP01 DTP02 DTP03 DTP	Date Time Qualifier Date Time Period Format Qualifier Disability To Date  DATE - LAST WORKED	ID AN	3-3 2-3 1-35	R R R	2300		D8 CCYYMMDD
DTP01 DTP02 DTP03	Date Time Qualifier  Date Time Period Format Qualifier  Disability To Date  DATE - LAST WORKED  Date Time Qualifier	ID	3-3 2-3 1-35	R R R			D8
DTP01 DTP02 DTP03 DTP DTP01	Date Time Qualifier  Date Time Period Format Qualifier  Disability To Date  DATE - LAST WORKED Date Time Qualifier  Date Time Period Format	ID AN ID	3-3 2-3 1-35 1 3-3	R R R			D8 CCYYMMDD 297
DTP01  DTP02  DTP03  DTP  DTP01  DTP02	Date Time Qualifier Date Time Period Format Qualifier Disability To Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier	ID AN ID	3-3 2-3 1-35 1 3-3	R R R R			D8 CCYYMMDD 297 D8
DTP01 DTP02 DTP03 DTP DTP01	Date Time Qualifier  Date Time Period Format Qualifier  Disability To Date  DATE - LAST WORKED Date Time Qualifier  Date Time Period Format	ID AN ID	3-3 2-3 1-35 1 3-3	R R R			D8 CCYYMMDD 297
DTP01  DTP02  DTP03  DTP  DTP01  DTP02	Date Time Qualifier Date Time Period Format Qualifier Disability To Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date	ID AN ID	3-3 2-3 1-35 1 3-3	R R R R			D8 CCYYMMDD 297 D8
DTP01  DTP02  DTP03  DTP  DTP01  DTP01  DTP02  DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability To Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date  DATE - AUTHORIZED	ID AN ID	3-3 2-3 1-35 1 3-3 2-3 1-35	R R R R	2300		D8 CCYYMMDD 297 D8
DTP01  DTP02  DTP03  DTP  DTP01  DTP02  DTP03  DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability To Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date	ID AN ID	3-3 2-3 1-35 1 3-3 2-3 1-35	R R R R			D8 CCYYMMDD 297 D8
DTP01  DTP02  DTP03  DTP  DTP01  DTP01  DTP02  DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability To Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date  DATE - AUTHORIZED RETURN TO WORK	ID AN ID ID	3-3 2-3 1-35 1 3-3 2-3 1-35	R R R S R R	2300		D8 CCYYMMDD  297  D8 CCYYMMDD
DTP01  DTP02  DTP03  DTP  DTP01  DTP01  DTP02  DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability To Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date  DATE - AUTHORIZED RETURN TO WORK Date Time Qualifier	ID AN ID ID	3-3 2-3 1-35 1 3-3 2-3 1-35	R R R S R R	2300		D8 CCYYMMDD  297  D8 CCYYMMDD

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
	Date Time Period Format							1
DTP02	Qualifier	ID	2-3	R			D8	
DTP03	Last Menstrual Period Date	AN	1-35	R			CCYYMMDD	
	DATE - LAST X-RAY							
DTP	Date Time Qualifier	-	1	S	2300		455	4
DTP01	Date Time Qualifier  Date Time Period Format	ID	3-3	R			400	4
DTP02	Qualifier	ID	2-3	R			D8	
DTP03	Last X-Ray Date	AN	1-35	R			CCYYMMDD	
DTP	DATE - HEARING AND VISION PRESCRIPTION DATE			s	2300			
DTP01	Date Time Qualifier	ID	<b>1</b> 3-3	R	2300		471	-
DII 01	Date Time Period Format	טו	0-0	- ' '			771	1
DTP02	Qualifier	ID	2-3	R			D8	
DTP03	Prescription Date	AN	1-35	R			CCYYMMDD	1
								New Seament
DTP	DATE - DISABILITY DATES		1	s	2300			New Segmen
DTP DTP01	Date Time Qualifier	ID	1 3-3	S R	2300		314, 360, 361	New Segmen
DTP01	Date Time Qualifier Date Time Period Format		3-3	R	2300			New Segmen
DTP01	Date Time Qualifier  Date Time Period Format  Qualifier	ID	3-3 2-3	R R	2300		D8, RD8	New Segmen
DTP01	Date Time Qualifier Date Time Period Format		3-3	R	2300			New Segmen
DTP01	Date Time Qualifier  Date Time Period Format  Qualifier	ID	3-3 2-3	R R	2300		D8, RD8	
DTP01	Date Time Qualifier  Date Time Period Format  Qualifier	ID	3-3 2-3 1-35	R R R			D8, RD8	New Segmen
DTP01 DTP02 DTP03	Date Time Qualifier  Date Time Period Format  Qualifier  Disability From Date	ID	3-3 2-3	R R	2300		D8, RD8	
DTP01 DTP02 DTP03 DTP03	Date Time Qualifier  Date Time Period Format Qualifier  Disability From Date  DATE - LAST WORKED	ID AN	3-3 2-3 1-35	R R R			D8, RD8 CCYYMMDD	
DTP01  DTP02  DTP03  DTP  DTP  DTP  DTP01	Date Time Qualifier Date Time Period Format Qualifier Disability From Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Qualifier	ID AN	3-3 2-3 1-35 1-35	R R R			D8, RD8 CCYYMMDD  297 D8	
DTP01 DTP02 DTP03 DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability From Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format	ID AN	3-3 2-3 1-35	R R R			D8, RD8 CCYYMMDD	
DTP01  DTP02  DTP03  DTP  DTP  DTP  DTP01	Date Time Qualifier Date Time Period Format Qualifier Disability From Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Qualifier	ID AN	3-3 2-3 1-35 1-35	R R R			D8, RD8 CCYYMMDD  297 D8	
DTP01  DTP02  DTP03  DTP  DTP  DTP01  DTP02  DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability From Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date  DATE - AUTHORIZED RETURN TO WORK Date Time Qualifier	ID AN	3-3 2-3 1-35 1-35 1-35	R R R	2300		D8, RD8 CCYYMMDD  297 D8	
DTP01  DTP02  DTP03  DTP  DTP01  DTP02  DTP03  DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability From Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date  DATE - AUTHORIZED RETURN TO WORK Date Time Qualifier Date Time Qualifier	ID AN ID	3-3 2-3 1-35 1 3-3 2-3 1-35 1 3-3	R R R	2300		D8, RD8 CCYYMMDD  297 D8 CCYYMMDD	
DTP01  DTP02  DTP03  DTP  DTP  DTP01  DTP01  DTP02  DTP03	Date Time Qualifier Date Time Period Format Qualifier Disability From Date  DATE - LAST WORKED Date Time Qualifier Date Time Period Format Qualifier Last Worked Date  DATE - AUTHORIZED RETURN TO WORK Date Time Qualifier	ID AN	3-3 2-3 1-35 1 3-3 2-3 1-35	R R R	2300		D8, RD8 CCYYMMDD  297  D8 CCYYMMDD	

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
							I.
		837	-P 40	10A1			
DTD	DATE - ADMISSION				0000		
DTP DTP01	Date Time Qualifier	ID	<b>1</b> 3-3	S R	2300		435
DIFUI	Date Time Period Format	טו	3-3	п			400
DTP02	Qualifier	ID	2-3	R			D8
502	Related Hospitalization						
DTP03	Admission Date	AN	1-35	R			CCYYMMDD
DTP	DATE - DISCHARGE		1	S	2300		
DTP01	Date Time Qualifier	ID	3-3	R			096
	Date Time Period Format						
DTP02	Qualifier	ID	2-3	R			D8
	Related Hospitalization						
DTP03	Discharge Date	AN	1-35	R			CCYYMMDD
	DATE - ASSUMED AND RELINQUISHED CARE DATES						
DTP DTP01	Date Time Qualifier	ID	<b>2</b> 3-3	S R	2300		090, 091
DIPUI	Date Time Period Format	טו	3-3	R			090, 091
DTP02	Qualifier	ID	2-3	R			D8
DIFUZ	Assumed or Relinquished	טו	2-3	п			50
DTP03	Care Date	AN	1-35	R			CCYYMMDD
D11 00	04.0 24.0	7.0.4	1 00	- ' '			001111111111111111111111111111111111111
PWK	CLAIM SUPPLEMENTAL INFORMATION		10	s	2300		

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
DTP	DATE - ADMISSION		1	S	2300			
DTP01	Date Time Qualifier	ID	3-3	R	2300		435	-
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8	1
DTP03	Related Hospitalization Admission Date	AN	1-35	R			CCYYMMDD	
DTP	DATE - DISCHARGE		1	S	2300			1
DTP01	Date Time Qualifier	ID	3-3	R			096	4
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8	
DTP03	Related Hospitalization Discharge Date	AN	1-35	R			CCYYMMDD	
DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES		2	s	2300			
DTP01	Date Time Qualifier	ID	3-3	R			090, 091	1
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8	
DTP03	Assumed or Relinquished Care Date	AN	1-35	R			CCYYMMDD	
DTP	DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT		1	s	2300			New Segment
DTP01	Date Time Qualifier	ID	3-3	R			444	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8	
DTP03	Order Date	AN	1-35	R			CCYYMMDD	
	DATE - REPRICER							New Segment
DTP	RECEIVED DATE		1	S	2300			4
DTP01	Date Time Qualifier	ID	3-3	R			050	4
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8	1
DTP03	Order Date	AN	1-35	R			CCYYMMDD	4
PWK	CLAIM SUPPLEMENTAL INFORMATION		10	s	2300			

		40	10	<b>A1</b>			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
	{	837-	-P 40	10A1			
i							
							77, AS, B2, B3,
							B4, CT, DA, DG, DS, EB, MT, NN,
	Attachment Report Type						OB, OZ, PN, PO,
PWK01	Code	ID	2-2	R			PZ, RB, RR, RT
	Attachment Transmission			_			AA, BM, EL, EM,
PWK02 PWK03	Code Report Copies Needed	ID N0	1-2 1-2	R N/U			FX
PWK04	Entity Identifier Code	ID	2-3	N/U			
	.,						
PWK05	Identification Code Qualifier	ID	1-2	S			AC
DWIZOC	Attachment Control Number	481	0.00				
PWK06 PWK07	Description	AN	2-80 1-80	S N/U			
PWK08	ACTIONS INDICATED			N/U			
PWK09	Request Category Code	ID	1-2	N/U			
CN1	CONTRACT INFORMATION		1	s	2300		
							02, 03, 04, 05, 06,
CN101	Contract Type Code	ID	2-2	R			09
CNI10C	Contract Amount CO/7\\/00	_	1 10				
CN102	Contract Amount S9(7)V99	R	1-18	S			
CN103	Contract Percentage 9(2)V99	R	1-6	S			
CN104	Contract Code	AN	1-30	S			
CNITOE	Terms Discount Percent	_	1.0				
CN105 CN106	9(2)V99 Contract Version Identifier	R AN	1-6 1-30	S			
011100	Community Volument Tabliffiller	AIN	1-00	- 5			
	CREDIT/DEBIT CARD						
AMT	MAXIMUM AMOUNT	L	1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			
	Credit or Debit Card Maximum						
AMT02	Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	PATIENT AMOUNT PAID		1	S	2300		
AMI	FATIENT AWOUNT PAID			ુ	∠300	l	

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
								Code Added
							03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, IS, IR, LA, M1, MT, NN, OB, OC, OD,	
	Attachment Report Type						OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG,	
PWK01	Code	ID	2-2	R			V5, XP	Orde Beleved
PWK02	Attachment Transmission Code	ID	1-2	R			AA, BM, EL, EM, FT, FX	Code Deleted
PWK03	Report Copies Needed	N0	1-2	N/U			,	
PWK04	Entity Identifier Code	ID	2-3	N/U				
PWK05	Identification Code Qualifier	ID	1-2	S			AC	
PWK06	Attachment Control Number	AN	2-80	s				
PWK07	Description	AN	1-80	N/U				]
PWK08	ACTIONS INDICATED	ın	4.0	N/U				
PWK09	Request Category Code	ID	1-2	N/U				-
CN1	CONTRACT INFORMATION		1	s	2300			
CN101	Contract Type Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 09	Code Deleted
CN102	Contract Amount S9(7)V99	R	1-18	S				
CN103	Contract Percentage 9(2)V99	R	1-6	S				
CN104	Contract Code	AN	1-50	S				Increase from 30 - 5
CN105	Terms Discount Percent 9(2)V99	R	1-6	S				
CN105 CN106	Contract Version Identifier	AN	1-30	S				1
0.1.00		7	. 00	Ů				1
								Segment Deleted
								]
AMT	PATIENT AMOUNT PAID		1	S	2300			

Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
	8	337-	P 40	10A1			
AMT01	Amount Qualifier Code	ID	1-3	R			F5
	Patient Amount Paid						
AMT02	S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
	TOTAL PURCHASED						
AMT	SERVICE AMOUNT		1	S	2300		
AMT01	Amount Qualifier Code	ID	1-3	R			NE
	Total Purchased Service	_		_			
AMT02	Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
	1						
	SERVICE AUTHORIZATION		_	_			
REF	EXCEPTION CODE		1	S	2300		
REF01	Reference Identification Qualifier	ID	2-3	R			4N
REFUI	Service Authorization	טו	2-3	R			411
REF02	Exception Code	AN	1-30	R			1, 2, 3, 4, 5, 6,
REF03	Description	AN	1-80	N/U			1, 2, 3, 4, 3, 0,
REF04	REFERENCE IDENTIFIER	AIN	1-00	N/U			
	MANDATORY MEDICARE						
	MANDATORY MEDICARE (SECTION 4081)						
REF			1	s	2300		
REF	(SECTION 4081) CROSSOVER INDICATOR Reference Identification		1	S	2300		
REF	(SECTION 4081) CROSSOVER INDICATOR Reference Identification Qualifier	ID	1 2-3	S R	2300		F5
REF01	(SECTION 4081) CROSSOVER INDICATOR Reference Identification Qualifier Medicare Section 4081		2-3	R	2300		
REF01	(SECTION 4081) CROSSOVER INDICATOR Reference Identification Qualifier Medicare Section 4081 Indicator	AN	2-3 1-30	R R	2300		F5 Y,N
REF01 REF02 REF03	(SECTION 4081) CROSSOVER INDICATOR Reference Identification Qualifier Medicare Section 4081 Indicator Description		2-3	R R N/U	2300		
REF01	(SECTION 4081) CROSSOVER INDICATOR Reference Identification Qualifier Medicare Section 4081 Indicator	AN	2-3 1-30	R R	2300		

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
AMT01	Amount Qualifier Code	ID	1-3	R			F5	1
	Patient Amount Paid							1
AMT02	S9(7)V99	R	1-18	R				
AMT03	Credit/Debit Flag Code	ID	1-1	N/U				
								Segment Deleted
REF	SERVICE AUTHORIZATION EXCEPTION CODE		1	s	2300			
REF01	Reference Identification Qualifier	ID	2-3	R			4N	
	Service Authorization							Increase from 30 - 50
REF02	Exception Code	AN	1-50	R			1, 2, 3, 4, 5, 6, 7	
REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element  New Element
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				New Element
REF04-3	Qualifier	ID	2-3	N/U				Non Ziomoni
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR		1	s	2300			
	Reference Identification							1
REF01	Qualifier	ID	2-3	R			F5	
REF02	Medicare Section 4081 Indicator	AN	1-50	R			Y,N	Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				New Element
REF04-3	Reference Identification  Qualifier	ID	2-3	N/U				INEW EleITIENT
REF04-3	Reference Identification	AN	1-50	N/U			<u> </u>	New Element
	Reference Identification	<del></del>	. 55	.,,			t	New Element

Identifier			Min.	Usage		Loop	
	Description	ID	Max.	Reg.	Loop	Repeat	Values
		227	P 40	10.01			
-		337-	7 40	IUAI			
	MAMMOGRAPHY						
REF	CERTIFICATION NUMBER		1	s	2300		
	Mammography Certification						
REF01	Number	ID	2-3	R			EW
	Mammography Certification						
REF02	Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	PRIOR AUTHORIZATION						
REF	OR REFERRAL NUMBER		2	s	2300		
	OR REFERRAL NUMBER Reference Identification				2300		9E G1
REF	OR REFERRAL NUMBER Reference Identification Qualifier	ID	<b>2</b> 2-3	<b>S</b>	2300		9F, G1
REF01	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or		2-3	R	2300		9F, G1
REF01	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number	AN	2-3	R R	2300		9F, G1
REF01 REF02 REF03	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number Description		2-3	R R N/U	2300		9F, G1
REF01	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number	AN	2-3	R R	2300		9F, G1
REF01 REF02 REF03	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number Description REFERENCE IDENTIFIER ORIGINAL REFERENCE NUMBER (ICN/DCN)	AN	2-3	R R N/U	2300		9F, G1
REF01  REF02  REF03  REF04  REF	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number Description REFERENCE IDENTIFIER ORIGINAL REFERENCE NUMBER (ICN/DCN) Reference Identification	AN AN	2-3 1-30 1-80	R R N/U N/U			
REF01 REF02 REF03 REF04	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number Description REFERENCE IDENTIFIER ORIGINAL REFERENCE NUMBER (ICN/DCN) Reference Identification Qualifier	AN	2-3 1-30 1-80	R R N/U N/U			9F, G1 F8
REF02 REF03 REF04 REF REF	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number Description REFERENCE IDENTIFIER ORIGINAL REFERENCE NUMBER (ICN/DCN) Reference Identification Qualifier Claim Original Reference	AN AN ID	2-3 1-30 1-80 1	R R N/U N/U S			
REF01 REF02 REF03 REF04 REF REF01 REF01	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number Description REFERENCE IDENTIFIER ORIGINAL REFERENCE NUMBER (ICN/DCN) Reference Identification Qualifier Claim Original Reference Number	AN AN ID	2-3 1-30 1-80 1 2-3	R R N/U N/U S R			
REF01 REF02 REF03 REF04 REF	OR REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or Referral Number Description REFERENCE IDENTIFIER ORIGINAL REFERENCE NUMBER (ICN/DCN) Reference Identification Qualifier Claim Original Reference	AN AN ID	2-3 1-30 1-80 1	R R N/U N/U S			

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
REF04-6	Reference Identification	AN	1-50	N/U				New Element
NET 04-0	Hererence identification	AIN	1-30	IN/O				INEW LIGHTERIT
	MAMMOGRAPHY ERTIFICATION NUMBER		1	S	2300			
REF01	Mammography Certification Number	ID	2-3	R			EW	
	Mammography Certification Number	AN	1-50	R			LVV	Increase from 30
REF03	Description	AN	1-80	N/U				
REF04 F	REFERENCE IDENTIFIER			N/U				
REF04-1 Re	eference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2 Ot	ther Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE04.0	Reference Identification Qualifier	ID	0.0	NI/LI				New Element
REF04-3 REF04-4	Reference Identification	ID AN	2-3 1-50	N/U N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
								Segment Deleted
DEE	DEFERDAL MILIMOED			- e	2200			
REF	REFERRAL NUMBER Reference Identification		1	S	2300			Segment Deleted
REF	REFERRAL NUMBER Reference Identification Qualifier Prior Authorization or	ID	1 2-3	S R	2300		9F	
	Reference Identification Qualifier	ID AN			2300		9F	
REF01 REF02 REF03	Reference Identification Qualifier  Prior Authorization or Referral Number Description		2-3	R R N/U	2300		9F	
REF01 REF02 REF03	Reference Identification Qualifier Prior Authorization or Referral Number	AN	2-3 1-50	R R	2300		9F	
REF01 REF02 REF03 REF04 F	Reference Identification Qualifier  Prior Authorization or Referral Number Description	AN	2-3 1-50	R R N/U	2300		9F	

	4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
		837-	P 40	10A1								
		I										
	CLINICAL LABORATORY IMPROVEMENT											
REF	AMENDMENT (CLIA) NUMBER		3	s	2300							
REF01	Reference Identification Qualifier	ID	2-3	R			X4					

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
	Reference Identification	-						1
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				1
	Reference Identification							1
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				
REF	PRIOR AUTHORIZATION		1	S	2300			Nam Cammant
KEF	Reference Identification		1	5	2300			New Segment
REF01	Qualifier	ID	2-3	R			G1	
TILIOI	Prior Authorization or	10				<del></del>	<u> </u>	1
REF02	Referral Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				1
REF04	REFERENCE IDENTIFIER			N/U				1
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
DEE0.4.0	Otto - Borrow Britano Ida - 1416 - 1							
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				4
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				-
TILLIUTT	Reference Identification	7111	1 00	14/0		<b></b>		1
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				1
								1
	PAYER CLAIM CONTROL							New Segment
REF	NUMBER		1	S	2300			
REF01	Reference Identification Qualifier	ID	2-3	R			F8	
	Claim Original Reference							
REF02	Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				4
REF04	REFERENCE IDENTIFIER			N/U		L		4
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				
	Reference Identification							
REF04-3	Qualifier	ID	2-3	N/U				4
REF04-4	Reference Identification	AN	1-50	N/U				4
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				-
1121 04-0	c.oronoo idonanodilon	AIN	1-50	14/0				1
	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA)							
REF	NUMBER		1	s	2300			
REF01	Reference Identification Qualifier	ID	2-3	R			X4	1

Element dentifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
				11-9-	2006		
		337-	P 40	10A1			
	Clinical Laboratory						
	Improvement Amendment						
REF02	Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER	i		N/U			
DEE	REPRICED CLAIM NUMBER				2000		
REF	Reference Identification		1	S	2300		
REF01	Qualifier	ID	2-3	R			9A
	Repriced Claim Reference						
REF02	Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	T						
REF	ADJUSTED REPRICED CLAIM NUMBER		1	s	2300		
	CLAIM NUMBER  Reference Identification  Qualifier	ID	1 2-3	S R	2300		9C
REF01	CLAIM NUMBER  Reference Identification Qualifier  Adjusted Repriced Claim		2-3	R	2300		9C
REF01	CLAIM NUMBER  Reference Identification Qualifier  Adjusted Repriced Claim Reference Number	AN	2-3	R R	2300		9C
REF01	CLAIM NUMBER  Reference Identification Qualifier  Adjusted Repriced Claim		2-3	R	2300		9C

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
	Clinical Laboratory							Increase from 30 - 50
	Improvement Amendment							
REF02	Number	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE040	Reference Identification	ın	0.0	N1/1.1				New Element
REF04-3	Qualifier Reference Identification	ID	2-3	N/U				Naw Flament
REF04-4	Reference Identification	AN	1-50	N/U				New Element New Element
REF04-5	Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U		-		New Element
HLI 04-0	Tielerence identification	AIN	1-30	IN/O				INEW LIGHTERIT
REF	REPRICED CLAIM NUMBER		1	S	2300			
	Reference Identification							
REF01	Qualifier	ID	2-3	R			9A	
	Repriced Claim Reference			_				Increase from 30 - 50
REF02	Number	AN	1-50	R				_
REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U				_
REFU4	REFERENCE IDENTIFIER	-		IN/U		-		New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Lientent
	Reference Identification	7	. 00	1470				New Element
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	ADJUSTED REPRICED CLAIM NUMBER		1		2300			
KEF	Reference Identification		-	S	2300			_
REF01	Qualifier	ID	2-3	R			9C	
TILIOI	Adjusted Repriced Claim	ID	2-5	- 11				Increase from 30 - 50
REF02	Reference Number	AN	1-50	R				111016436 110111 30 - 30
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER	<u> </u>		N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
								New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				
	Reference Identification							New Element
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				New Element

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Element			Min.	Usage		Loop						
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values					
		837-	P 40	10A1								
	<del> </del>											
REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER		1	s	2300							
REF01	Reference Identification Qualifier	ID	2-3	R			LX					
TILIOI	Investigational Device	טו	2-5	- 11			EX.					
REF02	Exemption Number	AN	1-30	R								
REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U								
NEFU4	THE ENLINGE IDENTIFIER	<u> </u>		IV/U	<u> </u>	I						
	CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER											
	TRANSMISSION		_									
REF	INTERMEDIARIES		1	S	2300							
REF		ID	1 2-3	<b>S</b>	2300		D9					
REF01	INTERMEDIARIES  Reference Identification  Qualifier		2-3	R	2300		D9					
	INTERMEDIARIES  Reference Identification Qualifier  Clearinghouse Trace Number Description				2300		D9					
REF01	INTERMEDIARIES  Reference Identification Qualifier  Clearinghouse Trace Number	AN	2-3 1-30	R R	2300		D9					
REF01 REF02 REF03	INTERMEDIARIES  Reference Identification Qualifier  Clearinghouse Trace Number Description	AN	2-3 1-30	R R N/U	2300		D9					
REF01 REF02 REF03	INTERMEDIARIES  Reference Identification Qualifier  Clearinghouse Trace Number Description  REFERENCE IDENTIFIER	AN	2-3 1-30	R R N/U	2300		D9					
REF01 REF02 REF03	INTERMEDIARIES  Reference Identification Qualifier  Clearinghouse Trace Number Description	AN	2-3 1-30	R R N/U	2300		D9					

1		Loop		Usage	Min.			Element
	Values	Repeat	Loop	Reg.	Max.	ID	Description	Identifier
1				010	7-P 5	837		
New Element							Reference Identification	
				N/U	2-3	ID	Qualifier	REF04-5
New Element				N/U	1-50	AN	Reference Identification	REF04-6
			2300	s	1		INVESTIGATIONAL DEVICE EXEMPTION NUMBER	REF
	LX			R	2-3	ID	Reference Identification Qualifier	REF01
Increase from 30				,			Investigational Device	DEE-00
4				R N/U	1-50 1-80	AN	Exemption Number  Description	REF02 REF03
-				N/U	1-00	AIN	REFERENCE IDENTIFIER	REF04
New Element					0.0	ID	Reference Identifier Qualifier	
New Element				N/U	2-3			REF04-1
New Element				N/U	1-50	AN	Other Payer Primary Idenitifer Reference Identification	REF04-2
New Liement				N/U	2-3	ID	Qualifier	REF04-3
New Element				N/U	1-50	AN	Reference Identification	REF04-4
New Element							Reference Identification	
N 51				N/U	2-3	ID	Qualifier	REF04-5
New Element				N/U	1-50	AN	Reference Identification	REF04-6
Name Change								
							CLAIM IDENTIFIER FOR	
			2300	s	1		TRANSMISSION INTERMEDIARIES	REF
=			2300	3	-		Reference Identification	NEF
	D9			R	2-3	ID	Qualifier	REF01
Increase from 30								
4				R	1-50		Clearinghouse Trace Number	REF02
4				N/U N/U	1-80	AN	Description REFERENCE IDENTIFIER	REF03 REF04
New Element				IN/U		$\vdash$	NEI ERENGE IDENTIFIER	NEFU4
				N/U	2-3	ID	Reference Identifier Qualifier	REF04-1
New Element				N/U	1-50	AN	Other Payer Primary Idenitifer	REF04-2
New Element							Reference Identification	
N 51				N/U	2-3	ID AN	Qualifier Reference Identification	REF04-3
New Element New Element				N/U	1-50	AN	Reference Identification	REF04-4
INOW FIGHTERIN				N/U	2-3	ID	Qualifier	REF04-5
New Element				N/U	1-50	AN	Reference Identification	REF04-6
]								
Segment Delete								

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		837-	P 40	10A1							
	Ambulatory Patient Group										
REF02	Number	AN	1-30	R							
REF03	Description	AN	1-80	N/U							
REF04	REFERENCE IDENTIFIER			N/U							
	MEDICAL RECORD										
REF	NUMBER		1	S	2300						
	Reference Identification										
REF01	Qualifier	ID	2-3	R			EA				
REF02	Medical Record Number	AN	1-30	R							
REF03	Description	AN	1-80	N/U							
REF04	REFERENCE IDENTIFIER			N/U							
	DEMONSTRATION				2200						
REF04			1	N/U	2300						
	DEMONSTRATION PROJECT IDENTIFIER Reference Identification Qualifier	ID	1 2-3		2300		P4				
REF	DEMONSTRATION PROJECT IDENTIFIER Reference Identification Qualifier Demonstration Project	ID		s	2300		P4				
REF REF01 REF02	DEMONSTRATION PROJECT IDENTIFIER Reference Identification Qualifier Demonstration Project Identifier	AN	2-3 1-30	S R	2300		P4				
REF REF01	DEMONSTRATION PROJECT IDENTIFIER Reference Identification Qualifier Demonstration Project		2-3	S R	2300		P4				

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		83	7-P 5	010				1
	MEDICAL RECORD							
REF	NUMBER Reference Identification		1	S	2300			-
REF01	Qualifier	ID	2-3	R			EA	
REF02	Medical Record Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				New Element New Element
REF04-3	Qualifier	ID	2-3	N/U				INEW LIGHTERIL
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	DEMONSTRATION PROJECT IDENTIFIER		1	s	2300			-
REF01	Reference Identification Qualifier	ID	2-3	R			P4	]
	Demonstration Project			_				Increase from 30 - 50
REF02 REF03	Identifier Description	AN	1-50 1-80	R N/U		<u> </u>		
REF03	REFERENCE IDENTIFIER	AIN	1-80	N/U		<del>                                     </del>		4
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE0.4.0	Reference Identification							New Element
REF04-3 REF04-4	Qualifier Reference Identification	ID AN	2-3 1-50	N/U N/U	-	<del>                                     </del>		New Element
REFU4-4	Reference Identification	AIN	1-50	IN/U		+		New Element
REF04-5	Qualifier	ID	2-3	N/U				LIOINGIIL
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	CARE PLAN OVERSIGHT		1	S	2300			New Segment
REF01	Reference Identification Qualifier	ID	2-3	R			1J	_
REF02 REF03	Care Plan Oversight Number Description	AN	1-50 1-80	R N/U				1
	REFERENCE IDENTIFIER	AN	1-80					-
REF04	DEFERENCE IDENTIFIER			N/U	1	1		J

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		337-	P 40	10A1		-					
1/0	FILE INCODMATION		- 10								
<b>K3</b> K301	FILE INFORMATION Fixed Format Information	AN	<b>10</b> 1-80	S R	2300						
K301	Record Format Code	ID	1-80	N/U							
11002	COMPOSITE UNIT OF	ں.	1.2	14/0							
K303	MEASURE			N/U							
NTE	CLAIM NOTE		1	S	2300						
							ADD, CER,				
				_			DCP,DGN,PMT,T				
NTE01	Note Reference Code	ID	3-3	R			PO				
NTE02	Claim Note Text	AN	1-80	R							
	AMBULANCE TRANSPORT										
CR1	INFORMATION		1	s	2300						
	Unit or Basis for										
CR101	Measurement Code	ID	2-2	S			LB				
CR102	Patient Weight 9(3)	R	1-10	S							
CR103	Ambulance Transport Code	ID	1-1	R			I, R, T, X				
311100	Ambulance Transport Reason	יוו		- 11			.,,.,.				
CR104	Code	ID	1-1	R			A, B, C, D, E				
	Unit or Basis for										
CR105	Measurement Code	ID	2-2	R			DH				
CR106	Transport Distance 9(4)	R	1-15	R							
CR107	Address Information Address Information	AN	1-55	N/U							
CR108	Round Trip Purpose	AN	1-55	N/U							
CR109	Description	AN	1-80	S							
311100	2000.1000.	7.114	1 00								
CR110	Stretcher Purpose Description	AN	1-80	s							
CR2	SPINAL MANIPULATION SERVICE INFORMATION		1	s	2300						
CR201	Treatment Series Number 9(3)	N0	1-9	N/U							
UNZUI	a(3)	INU	1-9	IV/U			ļ				

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification Reference Identification	AN	1-50	N/U				
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				ł
КЗ	FILE INFORMATION		10	S	2300			
K301 K302	Fixed Format Information Record Format Code	AN ID	1-80 1-2	R N/U				
K303	COMPOSITE UNIT OF MEASURE			N/U				
NTE	CLAIM NOTE		1	S	2300			
							ADD, CER, DCP,	Code Deleted
NTE01	Note Reference Code	ID	3-3	R			DGN, TPO	
NTE02	Claim Note Text	AN	1-80	R				ł
CR1	AMBULANCE TRANSPORT INFORMATION		1	s	2300			
CR101	Unit or Basis for Measurement Code	ID	2-2	S			LB	
CR102	Patient Weight 9(3)	R	1-10	S				
CR103	Ambulance Transport Code	ID	1-1	N/U				Code Deleted Usage changed to No Used
CR104	Ambulance Transport Reason Code	ID	1-1	R			A, B, C, D, E	
CR105	Unit or Basis for Measurement Code	ID	2-2	R			DH	
CR106	Transport Distance 9(4)	R	1-15	R				
CR107	Address Information	AN	1-55	N/U				
CR108	Address Information Round Trip Purpose	AN	1-55	N/U				
CR109	Description Description	AN	1-80	S				
CR110	Stretcher Purpose Description	AN	1-80	S				
CR2	SPINAL MANIPULATION SERVICE INFORMATION		1	s	2300			
CR201	Treatment Series Number 9(3)	N0	1-9	N/U				
CR202	Treatment Count 9(3)	R	1-15	N/U				

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	1	837	-P 40	10A1		1	
CR203	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, C0, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
CR204	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, C0, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
CR205	Unit or Basis for Measurement Code	ID	2-2	N/U			DA, MO, WK, YR
CR206	Treatment Period Count 9(3)	R	1-15	N/U			
CR207	Monthly Treatment Count 9(2)	R	1-15	N/U			
CR208	Patient Condition Code	ID	1-1	R			A, C, D, E, F, G, M
CR209	Complication Indicator	ID	1-1	N/U			N, Y
CR210	Patient Condition Description	AN	1-80	S			
CR211	Patient Condition Description	AN	1-80	S			
CR212	X-ray Availability Indicator	ID	1-1	S			N, Y
	AMBULANCE						
CRC CRC01	CERTIFICATION  Code Category	ID	<b>3</b>	S R	2300		07
CRC02	Certification Condition Indicator	ID	1-1	R			07 N, Y
011002	maiodioi	טו	1-1	п			,
CRC03	Condition Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC04	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC05	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC06	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60

	5010												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		83	7-P 5	010									
								Code Deleted					
CR203	Subluxation Level Code	ID	2-3	N/U				Code Deleted					
CR204	Subluxation Level Code Unit or Basis for	ID	2-3	N/U				Code Deleted					
CR205	Measurement Code	ID	2-2	N/U									
CR206	Treatment Period Count 9(3)	R	1-15	N/U									
CR207	Monthly Treatment Count 9(2)	R	1-15	N/U									
CR208	Patient Condition Code	ID	1-1	R			A, C, D, E, F, G, M	Code Deleted					
CR209	Complication Indicator	ID	1-1	N/U									
CR210	Patient Condition Description	AN	1-80	S									
CR211	Patient Condition Description	AN	1-80	S				Code Deleted					
CR212	Yes/No Condition or Response Code	ID	1-1	N/U				Usage changed to Not Used					
-	AMBULANCE												
CRC	CERTIFICATION		3	S	2300		0.7						
CRC01	Code Category Certification Condition	ID	2-2	R			07						
CRC02	Indicator	ID	1-1	R			N, Y	Code Deleted					
CRC03	Condition Code	ID	2-3	R			01, 04, 05, 06, 07, 08, 09, 12	Increase from 2 - 3					
CRC04	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3					
CRC05	Condition Code	ID	2-3	S				Code Deleted Increase from 2 - 3					
CRC06	Condition Code	ID	2-3	s				Code Deleted Increase from 2 - 3					
UNUU	Condition Code	טו	2-3		l		00, 00, 12						

	•	40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		337-	P 40	10A1			
00007	O a sadition of O and a						01, 02, 03, 04, 05,
CRC07	Condition Code	ID	2-2	S			06, 07, 08, 09, 60
CRC	PATIENT CONDITION INFORMATION: VISION		3	s	2300		
CRC01	Code Category	ID	2-2	R			E1, E2, E3
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-2	R			L1, L2, L3, L4, L5
CRC04	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC05	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC06	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC07	Condition Code	ID	2-2	S			L1, L2, L3, L4, L5
CRC	HOMEBOUND INDICATOR		1	S	2300		
CRC01	Code Category	ID	2-2	R			75
CRC02	Certification Condition Indicator	ID	1-1	R			Υ
CRC03	Homebound Indicator	ID	2-2	R			IH
CRC04	Condition Indicator	ID	2-2	N/U			
CRC05	Condition Indicator	ID	2-2	N/U			
CRC06	Condition Indicator	ID	2-2	N/U			
CRC07	Condition Indicator	ID	2-2	N/U			
CRC	EPSDT REFERRAL		1	S	2300		
CRC01	Code Category	ID	2-2	R	2300		ZZ
5501	Certification Condition	٠.					
CRC02	Indicator	ID	1-1	R			N, Y
CRC03	Condition Code	ID	2-2	R			AV, NU, S2, ST
CRC04	Condition Code	ID	2-2	S			AV, NU, S2, ST
CRC05	Condition Code	ID	2-2	S			AV, NU, S2, ST
CRC06	Condition Indicator	ID	2-2	N/U			
CRC07	Condition Indicator	ID	2-2	N/U			
	HEALTH CARE DIAGNOSIS						<del> </del>
н	CODE		1	s	2300		
	HEALTH CARE CODE		<del>- '-</del>		2000		<del> </del>
HI01	INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R			BK
HI01-2	Diagnosis Code	AN	1-30	R			İ
	Date Time Period Format						
HI01-3	Qualifier	ID	2-3	N/U			1
HI01-4	Date Time Period	AN	1-35	N/U			
HI01-5	Monetary Amount	R	1-18	N/U			

		5	01	0				]
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
								Code Deleted
CRC07	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12	Increase from 2 - 3
CRC	PATIENT CONDITION INFORMATION: VISION		3	s	2300			
CRC01	Code Category	ID	2-2	R			E1, E2, E3	
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y	
CRC03	Condition Code	ID	2-3	R			L1, L2, L3, L4, L5	Increase from 2 - 3
CRC04	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5	
CRC05	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5	Increase from 2 - 3
CRC06	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5	
CRC07	Condition Code	ID	2-3	S			L1, L2, L3, L4, L5	Increase from 2 - 3
CRC	HOMEBOUND INDICATOR		1	S	2300			-
CRC01	Code Category	ID	2-2	R			75	1
	Certification Condition							
CRC02	Indicator	ID	1-1	R			Υ	
CRC03	Homebound Indicator	ID	2-3	R			IH	Increase from 2 - 3
CRC04	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC05	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC06	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC07	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC	EPSDT REFERRAL		1	S	2300			-
CRC01	Code Category	ID	2-2	R	2000		ZZ	1
	Certification Condition							
CRC02	Indicator	ID	1-1	R			N, Y	
CRC03	Condition Code	ID	2-3	R			AV, NU, S2, ST	Increase from 2 - 3
CRC04	Condition Code	ID	2-3	S			AV, NU, S2, ST	Increase from 2 - 3
CRC05	Condition Code	ID	2-3	S			AV, NU, S2, ST	Increase from 2 - 3
CRC06	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC07	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
	HEALTH CARE DIAGNOSIS							Usage changed to Required
н	CODE		1	R	2300			Osage changed to Hequired
HI01	HEALTH CARE CODE INFORMATION			R				
HI01-1	Diagnosis Type Code	ID	1-3	R			ABK, BK	Code Added
HI01-2	Diagnosis Code	AN	1-30	R			,	1
HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U				1
HI01-4	Date Time Period	AN	1-35	N/U				1
HI01-5	Monetary Amount	R	1-18	N/U				1

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
HI01-6	Quantity	R	1-15	N/U			
HI01-7	Version Identifier	AN	1-30	N/U			
	HEALTH CARE CODE						
HI02	INFORMATION			S			
HI02-1	Diagnosis Type Code	ID	1-3	R			BF
HI02-2	Diagnosis Code	AN	1-30	R			
	Date Time Period Format						
HI02-3	Qualifier	ID	2-3	N/U			
HI02-4	Date Time Period	AN	1-35	N/U			
HI02-5	Monetary Amount	R	1-18	N/U			
HI02-6	Quantity	R	1-15	N/U			
HI02-7	Version Identifier	AN	1-30	N/U			
	HEALTH CARE CODE						
HI03	INFORMATION			S			
HI03-1	Diagnosis Type Code	ID	1-3	R			BF
HI03-2	Diagnosis Code	AN	1-30	R			
	Date Time Period Format						
HI03-3	Qualifier	ID	2-3	N/U			
HI03-4	Date Time Period	AN	1-35	N/U			
HI03-5	Monetary Amount	R	1-18	N/U			
HI03-6	Quantity	R	1-15	N/U			
HI03-7	Version Identifier	AN	1-30	N/U			
	HEALTH CARE CODE						
HI04	INFORMATION			S			
HI04-1	Diagnosis Type Code	ID	1-3	R			BF
HI04-2	Diagnosis Code	AN	1-30	R			
	Date Time Period Format						
HI04-3	Qualifier	ID	2-3	N/U			
HI04-4	Date Time Period	AN	1-35	N/U			
HI04-5	Monetary Amount	R	1-18	N/U			
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
	HEALTH CARE CODE	t			1		
HI05	INFORMATION			S			
HI05-1	Diagnosis Type Code	ID	1-3	R			BF
HI05-2	Diagnosis Code	AN	1-30	R			
	Date Time Period Format	1	. 55	· · ·			
HI05-3	Qualifier	ID	2-3	N/U			

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				-
HI01-6	Quantity	R	1-15	N/U				-1
HI01-7	Version Identifier	AN	1-30	N/U		-		-
HI01-8	Industry code	AN	1-30	N/U				New Eleme
	Yes/No Condition or response							New Eleme
HI01-9	Code	ID	1-1	N/U				
HI02	HEALTH CARE CODE INFORMATION			S				
HI02-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	Code Added
HI02-2	Diagnosis Code	AN	1-30	R				
	Date Time Period Format							
HI02-3	Qualifier	ID	2-3	N/U				
HI02-4	Date Time Period	AN	1-35	N/U				
HI02-5	Monetary Amount	R	1-18	N/U				
HI02-6	Quantity	R	1-15	N/U				
HI02-7	Version Identifier	AN	1-30	N/U				
HI02-8	Industry code	AN	1-30	N/U				New Eleme
HI02-9	Yes/No Condition or response Code	ID	1-1	N/U				New Eleme
	HEALTH CARE CODE							
HI03	INFORMATION			S				
HI03-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	Code Adde
HI03-2	Diagnosis Code	AN	1-30	R				
	Date Time Period Format							
HI03-3	Qualifier	ID	2-3	N/U				
HI03-4	Date Time Period	AN R	1-35	N/U				_
HI03-5	Monetary Amount Quantity	R	1-18 1-15	N/U N/U				_
HI03-6 HI03-7	Version Identifier	AN	1-15	N/U		-		
HI03-7	Industry code	AN	1-30	N/U		-		New Eleme
11103-0	Yes/No Condition or response	AIN	1-30	IN/O				New Eleme
HI03-9	Code	ID	1-1	N/U				New Eleme
11100 0	HEALTH CARE CODE			14/0				
HI04	INFORMATION			S				
HI04-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	Code Added
HI04-2	Diagnosis Code	AN	1-30	R				
	Date Time Period Format							
HI04-3	Qualifier	ID	2-3	N/U				
HI04-4	Date Time Period	AN	1-35	N/U				
HI04-5	Monetary Amount	R	1-18	N/U				
HI04-6	Quantity	R	1-15	N/U				
HI04-7	Version Identifier	AN	1-30	N/U				
HI04-8	Industry code	AN	1-30	N/U				New Eleme
	Yes/No Condition or response							New Eleme
HI04-9	Code	ID	1-1	N/U				_
11105	HEALTH CARE CODE			6				
HI05	INFORMATION			S			ADE DE	<b>–</b> ]
HI05-1	Diagnosis Type Code Diagnosis Code	ID AN	1-3 1-30	R R		-	ABF, BF	Code Adde
			1-30	. н				
HI05-2	Date Time Period Format	AIN	. 00			-		-

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837	P 40	10A1			
HI05-4	Date Time Period	AN	1-35	N/U			
HI05-5	Monetary Amount	R	1-18	N/U			
HI05-6	Quantity	R	1-15	N/U			
HI05-7	Version Identifier	AN	1-30	N/U			
	HEALTH CARE CODE						
HI06	INFORMATION			S			
HI06-1	Diagnosis Type Code	ID	1-3	R			BF
HI06-2	Diagnosis Code	AN	1-30	R			
	Date Time Period Format						
HI06-3	Qualifier	ID	2-3	N/U			
HI06-4	Date Time Period	AN	1-35	N/U	ļ		
HI06-5	Monetary Amount Quantity	R	1-18	N/U			
HI06-6	Version Identifier	R	1-15	N/U			
HI06-7	version identilier	AN	1-30	N/U			
11107	HEALTH CARE CODE			0			
HI07 HI07-1	INFORMATION Diagnosis Type Code	ID	1-3	S R			BF
HI07-1	Diagnosis Type Code  Diagnosis Code	AN	1-30	R			DF
HIU7-2	Date Time Period Format	AIN	1-30	R			
HI07-3	Qualifier	ID	2-3	N/U			
HI07-4	Date Time Period	AN	1-35	N/U			
HI07-4	Monetary Amount	R	1-33	N/U			
HI07-6	Quantity	R	1-15	N/U			
HI07-6	Version Identifier	AN	1-13	N/U			
11107-7	version identiner	AIN	1-30	IN/O			
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Diagnosis Type Code	ID	1-3	R			BF
HI08-2	Diagnosis Code	AN	1-30	R			
	Date Time Period Format	1					
HI08-3	Qualifier	ID	2-3	N/U			
HI08-4	Date Time Period	AN	1-35	N/U			
HI08-5	Monetary Amount	R	1-18	N/U	1		
HI08-6	Quantity	R	1-15	N/U			
HI08-7	Version Identifier	AN	1-30	N/U			
HI09	HEALTH CARE CODE INFORMATION			N/U			

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				†
HI05-4	Date Time Period	AN	1-35	N/U				
HI05-5	Monetary Amount	R	1-18	N/U				
HI05-6	Quantity	R	1-15	N/U				
HI05-7	Version Identifier	AN	1-30	N/U				
HI05-8	Industry code	AN	1-30	N/U				New Element
HI05-9	Yes/No Condition or response Code	ID	1-1	N/U				New Element
	HEALTH CARE CODE							
HI06	INFORMATION			S				
HI06-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	Code Added
HI06-2	Diagnosis Code	AN	1-30	R				
	Date Time Period Format							
HI06-3	Qualifier	ID	2-3	N/U				
HI06-4	Date Time Period	AN	1-35	N/U				
HI06-5	Monetary Amount	R	1-18	N/U				
HI06-6	Quantity	R	1-15	N/U				
HI06-7	Version Identifier	AN	1-30	N/U				-l
HI06-8	Industry code	AN	1-30	N/U				New Element
	Yes/No Condition or response							New Element
HI06-9	Code	ID	1-1	N/U				
	HEALTH CARE CODE			_				
HI07	INFORMATION			S			4DE DE	
HI07-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	Code Added
HI07-2	Diagnosis Code	AN	1-30	R				
	Date Time Period Format							
HI07-3	Qualifier Date Time Period	ID	2-3	N/U				
HI07-4	Monetary Amount	AN R	1-35	N/U				_
HI07-5			1-18	N/U				_
HI07-6 HI07-7	Quantity Version Identifier	R AN	1-15 1-30	N/U N/U				_
	Industry code	AN		N/U N/U				New Element
HI07-8	Yes/No Condition or response	AN	1-30	IN/U				New Element
HI07-9	Code	ID	1-1	N/U				New Element
11107-3	HEALTH CARE CODE	טו	1-1	IN/O		1		
HI08	INFORMATION			S				
HI08-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	Code Added
HI08-2	Diagnosis Code	AN	1-30	R			7,01,01	Oode Added
11100-2	Date Time Period Format	AIN	1-50	- 11				_
HI08-3	Qualifier	ID	2-3	N/U				
HI08-4	Date Time Period	AN	1-35	N/U				1
HI08-5	Monetary Amount	R	1-18	N/U				1
HI08-6	Quantity	R	1-15	N/U				1
HI08-7	Version Identifier	AN	1-30	N/U				1
HI08-8	Industry code	AN	1-30	N/U				New Element
HI08-9	Yes/No Condition or response Code	ID	1-1	N/U				New Element
HI09	HEALTH CARE CODE INFORMATION			S				Usage changed to Situational
HI09-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	New Element
HI09-2	Diagnosis Code	AN	1-30	R				New Element

		40	10				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837	D 40	10A1			
		037	- 140	IUAI	•	•	•
	HEALTH CARE CODE	1	1	Π	Π	ı	T
HI10	INFORMATION			N/U			
HI11	HEALTH CARE CODE INFORMATION			N/U			
				•	•		
11140	HEALTH CARE CODE INFORMATION			NUL			
HI12	INFORMATION	1	<u> </u>	N/U		<u> </u>	l
	Ī					l	
	1			·	·	·	1

		5	<b>i01</b>	U				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		00.	7 D 5	010				4
		ဝ၁	7-P 5	010	,			4
	Date Time Period Format							New Element
HI09-3	Qualifier	ID	2-3	N/U				1
HI09-4	Date Time Period	AN	1-35	N/U				New Element
HI09-5	Monetary Amount	R	1-18	N/U				New Element
HI09-6	Quantity	R	1-15	N/U				New Element
HI09-7	Version Identifier	AN	1-30	N/U				New Element
HI09-8	Industry code	AN	1-30	N/U				New Element
HI09-9	Yes/No Condition or response Code	ID	1-1	N/U				New Element
	HEALTH CARE CODE							Usage changed
HI10	INFORMATION			S				Situational
HI10-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	New Element
HI10-2	Diagnosis Code	AN	1-30	R				New Element
	Date Time Period Format							New Element
HI10-3	Qualifier	ID	2-3	N/U				
HI10-4	Date Time Period	AN	1-35	N/U				New Element
HI10-5	Monetary Amount	R	1-18	N/U				New Element
HI10-6	Quantity	R	1-15	N/U				New Element
HI10-7	Version Identifier	AN	1-30	N/U				New Element
HI10-8	Industry code	AN	1-30	N/U				New Element
	Yes/No Condition or response			.,,,				New Element
HI10-9	Code	ID	1-1	N/U				
	HEALTH CARE CODE							Usage changed
HI11	INFORMATION			S				Situational
HI11-1	Diagnosis Type Code	ID	1-3	R			ABF, BF	New Element
HI11-2	Diagnosis Code	AN	1-30	R			,	New Element
	Date Time Period Format							New Element
HI11-3	Qualifier	ID	2-3	N/U				New Element
HI11-4	Date Time Period	AN	1-35	N/U		1		New Element
HI11-5	Monetary Amount	R	1-18	N/U		1		New Element
HI11-6	Quantity	R	1-15	N/U				New Element
HI11-7	Version Identifier	AN	1-30	N/U				New Element
HI11-8	Industry code	AN	1-30	N/U		<del>                                     </del>		New Element
	Yes/No Condition or response	7114	1 00	14/0		<b> </b>		New Element
HI11-9	Code	ID	1-1	N/U	1			. 1011 LIGHTIGHT
11111-9	HEALTH CARE CODE	ر.	<u> </u>	14/0				Usage changed
HI12	INFORMATION			s	1			Situational
HI12-1	Diagnosis Type Code	ID	1-3	R	-	+	ABF, BF	New Element
HI12-1	Diagnosis Type Code  Diagnosis Code	AN	1-30	R	-	+	אטו , טו	New Element
11112-2	Date Time Period Format	AIN	1-30	ח	-	<b> </b>		New Element
HI12-3	Oualifier	ID	2-3	N/U	1			ivew ⊏ieiliei)[
HI12-3 HI12-4	Date Time Period	AN	1-35	N/U N/U	-	<b> </b>		New Element
HI12-4 HI12-5	Monetary Amount	R		N/U N/U				
	Quantity		1-18	N/U N/U				New Element
HI12-6	,	R	1-15			<b> </b>		New Element
HI12-7	Version Identifier	AN	1-30	N/U		<b> </b>		New Element
HI12-8	Industry code	AN	1-30	N/U				New Element
	Yes/No Condition or response Code	ID	1-1	N/U	1	]		New Element

New Segment

		40	10	<b>A</b> 1						5	01	0			
ement entifier	Description	ID	Min.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Valu
		837	'-P 40	10A1				<b>ऻ</b>		83	7-P 5	010			
		-							ANESTHESIA RELATED						
								HI	PROCEDURE		1	s	2300		
									HEALTH CARE CODE						
								HI01	INFORMATION			R			
								HI01-1	Code List Qualifier	ID	1-3	R			В
									Anesthesia Related Surgical						
								HI01-2	Procedure	AN	1-30	R			
									Date Time Period Format						
								HI01-3	Qualifier	ID	2-3	N/U			
								HI01-4	Date Time Period	AN	1-35	N/U			
								HI01-5	Monetary Amount	R	1-18	N/U			
								HI01-6	Quantity	R	1-15	N/U			
								HI01-7	Version Identifier	AN	1-30	N/U			
								HI01-8	Industry code	AN	1-30	N/U			
									Yes/No Condition or response						
								HI01-9	Code	ID	1-1	N/U			
								l I	HEALTH CARE CODE						
								HI02	INFORMATION			S			D.
								HI02-1	Code List Qualifier	ID	1-3	R			В
								1,1100.0	Anesthesia Related Surgical Procedure		4.00	_			
								HI02-2	Date Time Period Format	AN	1-30	R			
								шоэ э	Qualifier	ID	2.2	N/U			
								HI02-3 HI02-4	Date Time Period	AN	2-3 1-35	N/U			
									Monetary Amount			N/U			
								HI02-5 HI02-6	Quantity	R R	1-18 1-15	N/U			
								HI02-6	Version Identifier	AN	1-13	N/U			
								HI02-7	Industry code	AN	1-30	N/U	<del>                                     </del>		
								11102-0	Yes/No Condition or response	AIN	1-00	14/0			
								HI02-9	Code	ID	1-1	N/U			
								11102-0	HEALTH CARE CODE	<u>ں،</u>	1.7	14/0	<b> </b>		
								HI03	INFORMATION	l		N/U			
								HI03-1	Code List Qualifier	ID	1-3	N/U			
									Anesthesia Related Surgical	Ē		, ,			
								HI03-2	Procedure	AN	1-30	N/U			
									Date Time Period Format				1		
								HI03-3	Qualifier	ID	2-3	N/U			
								HI03-4	Date Time Period	AN	1-35	N/U			
								HI03-5	Monetary Amount	R	1-18	N/U			
								HI03-6	Quantity	R	1-15	N/U			
								HI03-7	Version Identifier	AN	1-30	N/U			
								HI03-8	Industry code	AN	1-30	N/U			
									Yes/No Condition or response						
								HI03-9	Code	ID	1-1	N/U			
									HEALTH CARE CODE						
								HI04	INFORMATION			N/U			
								HI04-1	Code List Qualifier	ID	1-3	N/U			
								1 1	Anaethacia Ralatad Surgical	i i			ı	1	

HI04-2

Anesthesia Related Surgical

Procedure

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4010A1											
Element   Min. Usage   Loop   Identifier   Description   ID Max. Reg. Loop   Repeat   Values											
			-P 40								
		837	-P 40	10A1							

		5	501	0			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		83	7-P 5	010			
	Date Time Period Format						
HI04-3	Qualifier	ID	2-3	N/U			
HI04-4	Date Time Period	AN	1-35	N/U			
HI04-5	Monetary Amount	R	1-18	N/U			
HI04-6	Quantity	R	1-15	N/U			
HI04-7	Version Identifier	AN	1-30	N/U			
HI04-8	Industry code	AN	1-30	N/U			
HI04-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI05	HEALTH CARE CODE INFORMATION			N/U			
HI05-1	Code List Qualifier	ID	1-3	N/U			
50 1	Anesthesia Related Surgical	۰	. 0	. ,, 0			
HI05-2	Procedure	AN	1-30	N/U			
HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI05-4	Date Time Period	AN	1-35	N/U			
HI05-5	Monetary Amount	R	1-18	N/U			
HI05-6	Quantity	R	1-15	N/U			
HI05-7	Version Identifier	AN	1-30	N/U			
HI05-8	Industry code	AN	1-30	N/U			
HI05-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI06	HEALTH CARE CODE INFORMATION			N/U			
HI06-1	Code List Qualifier	ID	1-3	N/U			
	Anesthesia Related Surgical						
HI06-2	Procedure	AN	1-30	N/U			
HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI06-4	Date Time Period	AN	1-35	N/U			
HI06-5	Monetary Amount	R	1-18	N/U			
HI06-6	Quantity	R	1-15	N/U			
HI06-7	Version Identifier	AN	1-30	N/U			
HI06-8	Industry code	AN	1-30	N/U			
HI06-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI07	HEALTH CARE CODE INFORMATION			N/U			
HI07-1	Code List Qualifier	ID	1-3	N/U			
,	Anesthesia Related Surgical	ت	. 0	. ,, 0			
HI07-2	Procedure	AN	1-30	N/U			
HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI07-4	Date Time Period	AN	1-35	N/U			
HI07-5	Monetary Amount	R	1-18	N/U			
HI07-6	Quantity	R	1-15	N/U			
HI07-7	Version Identifier	AN	1-30	N/U			
HI07-8	Industry code	AN	1-30	N/U			

		40	10	<b>A</b> 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		837-	-P 40	10A1			
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		5	01	0			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		83	7-P 5	010			
HI07-9	Yes/No Condition or response Code	ID	1-1	N/U			
11107-9	HEALTH CARE CODE	טו	1-1	IN/O			
HI08 HI08-1	INFORMATION Code List Qualifier	ID	1-3	N/U N/U			
HIU8-1	Anesthesia Related Surgical	טו	1-3	IN/U			
HI08-2	Procedure	AN	1-30	N/U			
	Date Time Period Format						
HI08-3	Qualifier	ID	2-3	N/U			
HI08-4	Date Time Period  Monetary Amount	AN	1-35	N/U			
HI08-5 HI08-6	Quantity	R R	1-18 1-15	N/U N/U			
HI08-6	Version Identifier	AN	1-15	N/U			
HI08-8	Industry code	AN	1-30	N/U			
11100-0	Yes/No Condition or response	AIN	1-30	14/0			
HI08-9	Code	ID	1-1	N/U			
	HEALTH CARE CODE						
HI09	INFORMATION			N/U			
HI09-1	Code List Qualifier	ID	1-3	N/U			
HI09-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U			
П109-2	Date Time Period Format	AIN	1-30	IN/U			
HI09-3	Qualifier	ID	2-3	N/U			
HI09-4	Date Time Period	AN	1-35	N/U			
HI09-5	Monetary Amount	R	1-18	N/U			
HI09-6	Quantity	R	1-15	N/U			
HI09-7	Version Identifier	AN	1-30	N/U			
HI09-8	Industry code	AN	1-30	N/U			
HI09-9	Yes/No Condition or response Code	ID	1-1	N/U			
	HEALTH CARE CODE						
HI10	INFORMATION	15	1.0	N/U			
HI10-1	Code List Qualifier  Anesthesia Related Surgical	ID	1-3	N/U			
HI10-2	Procedure	AN	1-30	N/U			
HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U			
HI10-3	Date Time Period	AN	1-35	N/U			
HI10-5	Monetary Amount	R	1-18	N/U			
HI10-6	Quantity	R	1-15	N/U			
HI10-7	Version Identifier	AN	1-30	N/U			
HI10-8	Industry code	AN	1-30	N/U			
111400	Yes/No Condition or response			NIAI			
HI10-9	Code HEALTH CARE CODE	ID	1-1	N/U			
HI11	INFORMATION	l		N/U			
HI11-1	Code List Qualifier	ID	1-3	N/U			
<u> </u>	Anesthesia Related Surgical			.,,0			
HI11-2	Procedure	AN	1-30	N/U			

		4010A1	1	
Element dentifier	Description	Min. Usa	ige Loop	Values
				- L
		837-P 4010A	.1	

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
	Date Time Period Format							
HI11-3	Qualifier	ID	2-3	N/U				
HI11-4	Date Time Period	AN	1-35	N/U				
HI11-5	Monetary Amount	R	1-18	N/U				
HI11-6	Quantity	R	1-15	N/U				
HI11-7	Version Identifier	AN	1-30	N/U				
HI11-8	Industry code	AN	1-30	N/U				
HI11-9	Yes/No Condition or response Code	ID	1-1	N/U				
HI12	HEALTH CARE CODE INFORMATION			N/U				
HI12-1	Code List Qualifier	ID	1-3	N/U				
HI12-2	Anesthesia Related Surgical Procedure	AN	1-30	N/U				
HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U				
HI12-3	Date Time Period	AN	1-35	N/U				-
HI12-5	Monetary Amount	R	1-18	N/U				-
HI12-6	Quantity	R	1-15	N/U				+
HI12-7	Version Identifier	AN	1-30	N/U				-
HI12-8	Industry code	AN	1-30	N/U				-
HI12-9	Yes/No Condition or response Code	ID	1-1	N/U				
11112-9	Oode	טו	1-1	N/O				
			_					
н	CONDITION INFORMATION		2	s	2300			New Segme
	CONDITION INFORMATION HEALTH CARE CODE INFORMATION		2		2300			New Segme
HI01	HEALTH CARE CODE	ID	<b>2</b>	S R R	2300		BG	New Segme
	HEALTH CARE CODE INFORMATION	ID AN	_	R	2300		BG	New Segm
HI01 HI01-1	HEALTH CARE CODE INFORMATION Code List Qualifier		1-3	R R	2300		BG	New Segmi
HI01 HI01-1	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code		1-3	R R	2300		BG	New Segme
HI01 HI01-1 HI01-2	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period	AN	1-3 1-30	R R R	2300		BG	New Segme
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount	ID AN R	1-3 1-30 2-3 1-35 1-18	R R R N/U N/U N/U	2300		BG	New Segme
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity	ID AN R R	1-3 1-30 2-3 1-35 1-18 1-15	R R R N/U N/U N/U N/U	2300		BG	New Segme
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier	ID AN R R AN	1-3 1-30 2-3 1-35 1-18 1-15 1-30	R R R N/U N/U N/U N/U N/U	2300		BG	New Segme
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code	ID AN R R	1-3 1-30 2-3 1-35 1-18 1-15	R R R N/U N/U N/U N/U	2300		BG	New Segm
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code	ID AN R R AN	1-3 1-30 2-3 1-35 1-18 1-15 1-30	R R R N/U N/U N/U N/U N/U	2300		BG	New Segm
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response	ID AN R R AN AN	1-3 1-30 2-3 1-35 1-18 1-15 1-30	R R R N/U N/U N/U N/U N/U N/U	2300		BG	New Segmi
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code HEALTH CARE CODE	ID AN R R AN AN	1-3 1-30 2-3 1-35 1-18 1-15 1-30	R R R N/U N/U N/U N/U N/U N/U	2300		BG BG	New Segm
HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8 HI01-9	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code HEALTH CARE CODE INFORMATION	ID AN R R AN AN ID	1-3 1-30 2-3 1-35 1-18 1-15 1-30 1-30	R R R N/U N/U N/U N/U N/U N/U N/U N/U	2300			New Segm
HI01-1 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8 HI01-9 HI02-1	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code HEALTH CARE CODE INFORMATION Code List Qualifier	ID AN R AN AN ID	1-3 1-30 2-3 1-35 1-18 1-15 1-30 1-30	R R R N/U N/U N/U N/U N/U N/U N/U N/U S R	2300			New Segm
HI01-1 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8 HI01-9 HI02-1	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Qualifier	ID AN R AN AN ID	1-3 1-30 2-3 1-35 1-18 1-15 1-30 1-30	R R R N/U N/U N/U N/U N/U N/U N/U N/U S R	2300			New Segm
HI01 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8 HI01-9 HI02-1 HI02-1 HI02-2	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period	ID AN R R AN AN ID ID AN	1-3 1-30 2-3 1-35 1-18 1-15 1-30 1-30 1-3	R R R N/U N/U N/U N/U N/U N/U S R R	2300			New Segm
HI01-1 HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8 HI01-9 HI02-1 HI02-1 HI02-2 HI02-3 HI02-4 HI02-4	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount	ID R AN ID ID AN ID AN ID AN R	1-3 1-30 2-3 1-35 1-18 1-15 1-30 1-30 1-1 1-3 1-30 2-3 1-35 1-18	R R R N/U N/U N/U N/U N/U N/U N/U N/U N/U N/U	2300			New Segm
HI01-1 HI01-2 HI01-3 HI01-4 HI01-5 HI01-6 HI01-7 HI01-8 HI01-9 HI02-1 HI02-1 HI02-2 HI02-3 HI02-4	HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry code Yes/No Condition or response Code HEALTH CARE CODE INFORMATION Code List Qualifier Condition Code Date Time Period Format Qualifier Date Time Period	ID R AN AN ID ID AN AN ID AN	1-3 1-30 2-3 1-35 1-18 1-15 1-30 1-30 1-1	R R R N/U N/U N/U N/U N/U N/U N/U N/U N/U N/U	2300			New Segmi

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837	P 40	10A1			

			5	01	0			
Eleme		Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
			83	7-P 5	010			
		Yes/No Condition or response						
HI02	2-9	Code	ID	1-1	N/U			
		HEALTH CARE CODE						
HI0:		INFORMATION			S			
HI03		Code List Qualifier	ID	1-3	R			BG
HI03	3-2	Condition Code  Date Time Period Format	AN	1-30	R			
HI03		Qualifier	ID	2-3	N/U			
HI03		Date Time Period	AN	1-35	N/U			
HI03		Monetary Amount	R	1-18	N/U			
HI03		Quantity	R	1-15	N/U			
HI03		Version Identifier	AN	1-30	N/U			
HI03		Industry code	AN	1-30	N/U			
1.100	, 0	Yes/No Condition or response	7	. 00	.,,0			
HI03	3-9	Code	ID	1-1	N/U			
		HEALTH CARE CODE						
HI0-	4	INFORMATION			S			
HI04	l-1	Code List Qualifier	ID	1-3	R			BG
HI04	l-2	Condition Code	AN	1-30	R			
		Date Time Period Format						
HI04	I-3	Qualifier	ID	2-3	N/U			
HI04	l-4	Date Time Period	AN	1-35	N/U			
HI04	l-5	Monetary Amount	R	1-18	N/U			
HI04	l-6	Quantity	R	1-15	N/U			
HI04		Version Identifier	AN	1-30	N/U			
HI04	I-8	Industry code	AN	1-30	N/U			
HI04	l-9	Yes/No Condition or response Code	ID	1-1	N/U			
		HEALTH CARE CODE						
HI0:		INFORMATION			S			
HI05		Code List Qualifier	ID	1-3	R			BG
HI05	5-2	Condition Code	AN	1-30	R			
11105		Date Time Period Format  Qualifier	15	0.0	NZ			
HI05		Qualifier  Date Time Period	ID AN	2-3 1-35	N/U N/U			
HI05		Monetary Amount	R	1-35	N/U			
HI05		Quantity	R	1-18	N/U N/U			
HI05		Version Identifier	AN	1-13	N/U			
HI05		Industry code	AN	1-30	N/U			
11103	7-0	Yes/No Condition or response	AIN	1-30	14/0			
HI05	5-9	Code	ID	1-1	N/U			
	-	HEALTH CARE CODE						
HIO	6	INFORMATION			S			
HI06		Code List Qualifier	ID	1-3	R			BG
HI06	6-2	Condition Code	AN	1-30	R			
		Date Time Period Format						
HI06	6-3	Qualifier	ID	2-3	N/U			
HI06	6-4	Date Time Period	AN	1-35	N/U			
HI06		Monetary Amount	R	1-18	N/U			
HI06	6-6	Quantity	R	1-15	N/U			

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			

		5	501	0			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		83	7-P 5	010			
HI06-7	Version Identifier	AN	1-30	N/U			
HI06-8	Industry code	AN	1-30	N/U			
	Yes/No Condition or response						
HI06-9	Code	ID	1-1	N/U			
	HEALTH CARE CODE						
HI07	INFORMATION			S			
HI07-1	Code List Qualifier	ID	1-3	R			BG
HI07-2	Condition Code	AN	1-30	R			
	Date Time Period Format						
HI07-3	Qualifier	ID	2-3	N/U			
HI07-4	Date Time Period	AN	1-35	N/U			
HI07-5	Monetary Amount	R	1-18	N/U			
HI07-6	Quantity	R	1-15	N/U			
HI07-7	Version Identifier	AN	1-30	N/U			
HI07-8	Industry code	AN	1-30	N/U			
HI07-9	Yes/No Condition or response Code	ID	1-1	N/U			
HI08	HEALTH CARE CODE INFORMATION			S			
HI08-1	Code List Qualifier	ID	1-3	R			BG
HI08-2	Condition Code	AN	1-30	R			
	Date Time Period Format						
HI08-3	Qualifier	ID	2-3	N/U			
HI08-4	Date Time Period	AN	1-35	N/U			
HI08-5	Monetary Amount	R	1-18	N/U			
HI08-6	Quantity	R	1-15	N/U			
HI08-7	Version Identifier	AN	1-30	N/U			
HI08-8	Industry code	AN	1-30	N/U			
	Yes/No Condition or response						
HI08-9	Code	ID	1-1	N/U			
	HEALTH CARE CODE						
HI09	INFORMATION			S			
HI09-1	Code List Qualifier	D	1-3	R			BG
HI09-2	Condition Code	AN	1-30	R			
	Date Time Period Format						
HI09-3	Qualifier	ID	2-3	N/U			
HI09-4	Date Time Period	AN	1-35	N/U			
HI09-5	Monetary Amount	R	1-18	N/U			
HI09-6	Quantity	R	1-15	N/U			
HI09-7	Version Identifier	AN	1-30	N/U			
HI09-8	Industry code	AN	1-30	N/U			
	Yes/No Condition or response				1		
HI09-9	Code	ID	1-1	N/U			
	HEALTH CARE CODE						
HI10	INFORMATION		L	S			
HI10-1	Code List Qualifier	ID	1-3	R			BG
HI10-2	Condition Code	AN	1-30	R			
	Date Time Period Format		١		1		
HI10-3 HI10-4	Qualifier Date Time Period	ID AN	2-3 1-35	N/U N/U			

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		227	P 40	10.01			
		007	F 40	IUAI		•	,
	CLAIM PRICING/REPRICING						
HCP	INFORMATION		1	S	2300		
							00, 01, 02, 03, 04, 05, 07, 08, 09, 10
HCP01	Pricing Methodology Repriced Allowed Amount	ID	2-2	R			,11, 12, 13, 14
HCP02	S9(7)V99	R	1-18	R			
HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-30	S			
HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			
погоз	Hate Amount 35(3) V99	n	1-8	3	l	<u> </u>	

		5	<b>i01</b>	0			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		83	7-P 5	010			
HI10-5	Monetary Amount	R	1-18	N/U			
HI10-6	Quantity	R	1-15	N/U			
HI10-7	Version Identifier	AN	1-30	N/U			
HI10-8	Industry code	AN	1-30	N/U			
HI10-9	Yes/No Condition or response Code	ID	1-1	N/U			
	HEALTH CARE CODE						
HI11	INFORMATION			S			
HI11-1	Code List Qualifier	ID	1-3	R			BG
HI11-2	Condition Code	AN	1-30	R			
	Date Time Period Format						
HI11-3	Qualifier	ID	2-3	N/U			
HI11-4	Date Time Period	AN	1-35	N/U			
HI11-5	Monetary Amount	R	1-18	N/U			
HI11-6	Quantity	R	1-15	N/U			
HI11-7	Version Identifier	AN	1-30	N/U			
HI11-8	Industry code	AN	1-30	N/U			
	Yes/No Condition or response						
HI11-9	Code	ID	1-1	N/U			
	HEALTH CARE CODE			_			
HI12	INFORMATION			S			
HI12-1	Code List Qualifier Condition Code	ID	1-3	R			BG
HI12-2		AN	1-30	R			
	Date Time Period Format						
HI12-3 HI12-4	Qualifier Date Time Period	ID	2-3	N/U N/U			
		AN	1-35				
HI12-5	Monetary Amount Quantity	R R	1-18	N/U			
HI12-6	Version Identifier		1-15	N/U			
HI12-7		AN	1-30	N/U			
HI12-8	Industry code	AIN	1-30	N/U			
HI12-9	Yes/No Condition or response Code	ID	1-1	N/U			
	CLAIM PRICING/REPRICING						
HCP	INFORMATION		1	S	2300		
							00, 01, 02, 03,
	<b>.</b>	١	١	_			05, 07, 08, 09,
HCP01	Pricing Methodology	ID	2-2	R			,11, 12, 13, 14
ЦСВОО	Repriced Allowed Amount	ь	1 10	Р			
HCP02	S9(7)V99	R	1-18	R			
HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			
	Repricing Organization						
HCP04	Identifier	AN	1-50	S			
	Repricing Per Diem or Flat						
HCP05	Rate Amount S9(5)V99	R	1-9	S			

Increase from 30 - 50

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
	Repriced Approved						
	Ambulatory Patient Group			_			
HCP06	Code	AN	1-30	S			
	Repriced Approved Ambulatory Patient Group						
HCP07	Amount S9(7)V99	R	1-18	S			
HCP08	Product/Service ID	AN	1-48	N/U			
HCP09	Product/Service ID Qualifier	ID	2-2	N/U			
HCP10	Product/Service ID	AN	1-48	N/U			
	Unit or Basis for						
HCP11	Measurement Code	ID	2-2	N/U			
HCP12	Quantity 9(3)V9	R	1-15	N/U			T1, T2, T3, T4, T
HCP13	Reject Reason Code	ID	2-2	S			T6
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6
	HOME HEALTH CARE						
CR7	PLAN INFORMATION		1	S	2305	6	
CR701	Discipline Type Code	ID	2-2	R			AI, MS, OT, PT, SN, ST
CR702	Total Visits Rendered Count	N0	1-9	R			
0.0700	Certification Period Projected Visit Count	N0	4.0	-			
CR703	VISIL Count	NU	1-9	R			
	HEALTH CARE SERVICES						
HSD	DELIVERY		3	s	2305		
HSD01	Visits	ID	2-2	S			VS
HSD02	Number of Visits 9(3)	R	1-15	S			
HSD03	Frequency Period	ID	2-2	S			DA, MO, Q1, Wh
HSD04	Frequency Count 9(2)V9	R	1-6	S			
HSD05	Duration of Visits Units	ID	1-2	S			7, 35
LICDOC	Duration of Visits, Number of Units	NC	1-3	S			
HSD06	Units	N0	1-3	S			
	Ship, Delivery or Calendar						1-7, A-H, J-L, N, O, S, SA, SB, SC SD, SG, SL, SP,
HSD07	Pattern Code	ID	1-2	S			SX, SY, SZ, W
HSD08	Delivery Pattern Time Code	ID	1-1	S			D, E, F
	REFERRING PROVIDER						
NM1	NAME		1	s	2310A	2	
NM101	Entity Identifier Code	ID	2-3	R	2010A		DN, P3
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
	, .,						
NM103	Referring Provider Last Name	AN	1-35	R	L		<u> </u>

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
	Repriced Approved							Increase from 30
HCP06	Ambulatory Patient Group Code	AN	1-50	S				
	Repriced Approved Ambulatory Patient Group							
HCP07	Amount S9(7)V99	R	1-18	S				
HCP08	Product/Service ID	AN	1-48	N/U				1
HCP09	Product/Service ID Qualifier	ID	2-2	N/U				
HCP10	Product/Service ID	AN	1-48	N/U				1
	Unit or Basis for							
HCP11 HCP12	Measurement Code Quantity 9(3)V9	ID R	2-2 1-15	N/U N/U				
HUF 12	Quantity 9(3)V9	n	1-13	IN/U			T1, T2, T3, T4, T5,	1
HCP13	Reject Reason Code	ID	2-2	S			T6	
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5	
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6	
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
								Segment Deleted
	REFERRING PROVIDER							Segment Deleted
NM1	NAME		1	S	2310A	2		Segment Deleted
NM101	NAME Entity Identifier Code		2-3	R	2310A	2	DN, P3	
	NAME	ID ID			2310A	2	DN, P3 1	Segment Deleted  Code Deleted  Increase from 35

ovider First Name Provider Middle Name Provider Name Suffix Provider Name Suffix Or Code Qualifier Provider Identifier ationship Code Identifier Code Information Ider Code Identification Valualifier Information Valualifier Valualifier Information Valualifier	AN AN AN ID AN ID ID ID	1-25 1-25 1-10 1-10 1-2 2-80 2-2 2-3 1 1-3 2-3	\$ S S N/U S S S N/U N/U S S R R	2310A	Loop Repeat	Values  24, 34, XX
ovider First Name Provider Middle Name Prefix Provider Name Suffix on Code Qualifier Provider Identifier ationship Code dentifier Code  NG PROVIDER I INFORMATION ider Code e Identification dualifier	AN AN AN ID AN ID ID ID	1-25 1-10 1-10 1-2 2-80 2-2 2-3	\$ S S N/U S S S N/U N/U S S R R	2310A		
ovider First Name Provider Middle Name Prefix Provider Name Suffix on Code Qualifier Provider Identifier ationship Code dentifier Code  NG PROVIDER I INFORMATION ider Code e Identification dualifier	AN AN AN ID AN ID ID ID	1-25 1-10 1-10 1-2 2-80 2-2 2-3	\$ S S N/U S S S N/U N/U S S R R	2310A		
Provider Middle Name ne Prefix Provider Name Suffix Provider Name Provider Name Suffix Provider Identifier ationship Code Identifier Code Identification Identification Identification Identification Identifier Code Identification Identification Identification Identification	AN AN ID ID ID ID	1-25 1-10 1-10 1-2 2-80 2-2 2-3 1 1-3	\$ N/U \$ \$ \$ N/U N/U \$ \$ R	2310A		
Name me Prefix Provider Name Suffix on Code Qualifier Provider Identifier ationship Code Identifier Code  NG PROVIDER / INFORMATION ider Code ide Identification qualifier	AN AN ID AN ID ID ID ID	1-10 1-10 1-2 2-80 2-2 2-3 1 1-3	N/U S S S N/U N/U S R	2310A		
ne Prefix Provider Name Suffix on Code Qualifier Provider Identifier ationship Code Jentifier Code  NG PROVIDER / INFORMATION ider Code je Identification dualifier	AN AN ID AN ID ID ID ID	1-10 1-10 1-2 2-80 2-2 2-3 1 1-3	N/U S S S N/U N/U S R	2310A		
Provider Name Suffix on Code Qualifier Provider Identifier ationship Code dentifier Code  NG PROVIDER INFORMATION ide Identification dualifier	AN ID ID ID ID	1-10 1-2 2-80 2-2 2-3 1 1-3	S S N/U N/U S R	2310A		
Suffix on Code Qualifier Provider Identifier ationship Code dentifier Code  NG PROVIDER / INFORMATION ide Identification qualifier	AN ID ID ID	1-2 2-80 2-2 2-3 1 1-3	S N/U N/U S R	2310A		
on Code Qualifier Provider Identifier ationship Code Identifier Code  NG PROVIDER / INFORMATION ider Code le Identification	AN ID ID ID	1-2 2-80 2-2 2-3 1 1-3	S N/U N/U S R	2310A		
ationship Code Jentifier Code  NG PROVIDER / INFORMATION ider Code le Identification qualifier	ID ID ID	2-2 2-3 1 1-3	N/U N/U S R	2310A		RF
ationship Code Jentifier Code  NG PROVIDER / INFORMATION ider Code le Identification qualifier	ID ID	2-2 2-3 1 1-3	N/U N/U S R	2310A		RF
NG PROVIDER / INFORMATION ider Code e Identification qualifier	ID	2-3 1 1-3	N/U S R	2310A		RF
NG PROVIDER / INFORMATION ider Code e Identification	ID	<b>1</b> 1-3	S R	2310A		RF
r INFORMATION rider Code e Identification qualifier	ID	1-3	R	2310A		RF
r INFORMATION rider Code e Identification qualifier	ID	1-3	R	2310A		RF
rider Code e Identification Qualifier	ID	1-3	R	2310A		RF
e Identification Qualifier	ID					
Qualifier		2-3	_			
			R			ZZ
	AN	1-30	R			
Province Code	ID	2-2	N/U			
R SPECIALTY						
RMATION			N/U			
rganization Code	ID	3-3	N/U			
ONDARY		_		20124		
IFICATION		5	5	2310A		0D 4D 40 4D
e Identification						0B, 1B, 1C, 1D, 1G, 1H, EI, G2,
	ID	2-3	R			LU, N5, SY, X5
	יוי	2-0	п			20, 110, 01, 70
lentifier	AN	1-30	R			
scription	AN		N/U			1
CE IDENTIFIER			N/U			1
	NG PROVIDER ONDARY 'IFICATION  e Identification rualifier ovider Secondary lentifier scription	NG PROVIDER ONDARY 'IFICATION  e Identification tualifier ovider Secondary tentifier AN scription AN	NG PROVIDER ONDARY TIFICATION 5 e Identification tualifier ovider Secondary tentifier AN 1-30 scription AN 1-80	NG PROVIDER   ONDARY   TIFICATION   5   S	NG PROVIDER   ONDARY   TIFICATION   5   S   2310A	NG PROVIDER   ONDARY

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
								Increase from 25 - 35
NM104	Referring Provider First Name	AN	1-35	S				
NIMA	Referring Provider Middle Name	AN	4.05	0				
NM105 NM106	Name Prefix	AN	1-25 1-10	S N/U				
INIVITOO	Referring Provider Name	AIN	1-10	IN/O				_
NM107	Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	S			XX	Code Deleted
14141100	identineation dada qualific	-					7.01	=
NM109	Referring Provider Identifier	AN	2-80	S				
NM110	Entity Relationship Code	ID	2-2	N/U				1
NM111	Entity Identifier Code	ID	2-3	N/U				
	Name Last or Organization							New Element
NM112	Name	AN	1-60	N/U				
			l		l			Segment Deleted
								_
	REFERRING PROVIDER							
REF	SECONDARY		3	S.	2310A			
REF			3	S	2310A			Code Deleted
REF	SECONDARY		3	S	2310A			Code Deleted
REF	SECONDARY IDENTIFICATION	ID	<b>3</b>	S R	2310A		0B, 1G, G2	Code Deleted
	SECONDARY IDENTIFICATION  Reference Identification	ID			2310A		0B, 1G, G2	
REF01	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier	AN	2-3	R R	2310A		0B, 1G, G2	
REF01 REF02 REF03	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description		2-3	R R N/U	2310A		0B, 1G, G2	
REF01	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier	AN	2-3	R R	2310A		0B, 1G, G2	Increase from 30 - 50
REF01 REF02 REF03 REF04	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description	AN	2-3	R R N/U N/U	2310A		0B, 1G, G2	
REF01  REF02  REF03  REF04  REF04-1	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description REFERENCE IDENTIFIER Reference Identifier Qualifier	AN AN ID	2-3 1-50 1-80	R R N/U N/U	2310A		0B, 1G, G2	Increase from 30 - 5i
REF01 REF02 REF03 REF04	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description REFERENCE IDENTIFIER  Reference Identifier Qualifier Other Payer Primary Identifier	AN	2-3 1-50 1-80	R R N/U N/U	2310A		0B, 1G, G2	Increase from 30 - 5
REF01  REF02  REF03  REF04  REF04-1	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description REFERENCE IDENTIFIER Reference Identifier Qualifier Other Payer Primary Identifier Reference Identification	AN AN ID AN	2-3 1-50 1-80 2-3 1-50	R R N/U N/U N/U N/U	2310A		0B, 1G, G2	Increase from 30 - 50
REF01  REF02  REF03  REF04  REF04-1  REF04-2	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description REFERENCE IDENTIFIER  Reference Identifier Qualifier  Other Payer Primary Identifier Reference Identification Qualifier	AN AN ID AN	2-3 1-50 1-80 2-3 1-50	R R N/U N/U N/U N/U	2310A		0B, 1G, G2	New Element  New Element
REF01  REF02  REF03  REF04  REF04-1	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description  REFERENCE IDENTIFIER  Reference Identifier Qualifier  Other Payer Primary Identifier Reference Identification Qualifier  Reference Identification	AN AN ID AN	2-3 1-50 1-80 2-3 1-50	R R N/U N/U N/U N/U	2310A		0B, 1G, G2	Increase from 30 - 50  New Element  New Element  New Element  New Element
REF01  REF02  REF03  REF04  REF04-1  REF04-2  REF04-3	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description REFERENCE IDENTIFIER  Reference Identifier Qualifier  Other Payer Primary Identifier Reference Identification Qualifier	AN AN ID AN	2-3 1-50 1-80 2-3 1-50 2-3 1-50	R R N/U N/U N/U N/U N/U N/U N/U	2310A		0B, 1G, G2	Increase from 30 - 50  New Element  New Element  New Element
REF01  REF02  REF03  REF04  REF04-1  REF04-2	SECONDARY IDENTIFICATION  Reference Identification Qualifier  Referring Provider Secondary Identifier Description REFERENCE IDENTIFIER  Reference Identifier Qualifier Other Payer Primary Identifier Reference Identification Qualifier Reference Identification Reference Identification	AN AN ID AN ID	2-3 1-50 1-80 2-3 1-50	R R N/U N/U N/U N/U	2310A		0B, 1G, G2	Increase from 30 - 50  New Element  New Element  New Element  New Element

Element			10 Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		837-	P 40	10A1			
	RENDERING PROVIDER						
NM1	NAME		1	S	2310B	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
	Rendering Provider Last or						
NM103	Organization Name	AN	1-35	R			
	Rendering Provider First						
NM104	Name	AN	1-25	S			
	Rendering Provider Middle						
NM105	Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
<b>NIL 1 1 1 2</b>	Rendering Provider Name			•			
NM107	Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R			24, 34, XX
NIVITU8	Identification Code Qualifier	טו	1-2	n			24, 34, 11
NM109	Rendering Provider Identifier	AN	2-80	R			
NM110	Entity Relationship Code	ID	2-00	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
INIVITI	Littly identifier code	יוו	2-3	IN/O			
	RENDERING PROVIDER						
PRV	SPECIALTY INFORMATION		1	S	2310B		
PRV01	Provider Code	ID	1-3	R			PE
	Reference Identification						
PRV02	Qualifier	ID	2-3	R			ZZ
PRV03	Provider Taxonomy Code	AN	1-30	R			
PRV04	State or Province Code	ID	2-2	N/U			
	PROVIDER SPECIALTY						
PRV05	INFORMATION			N/U			
PRV06	Provider Organization Code	ID	3-3	N/U			
	RENDERING PROVIDER						
DEE	SECONDARY IDENTIFICATION		_		00405		
REF	IDENTIFICATION		5	S	2310B		0D 4D 40 15
	Reference Identification						0B, 1B, 1C, 1D 1G, 1H, EI, G2
REF01	Qualifier	ID	2-3	R			LU, N5, SY, X5
n∟r'01	Rendering Provider	טו	۷-۵	וז			LO, 140, O1, A
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER	AIN	1-00	N/U			
	THE ETTENOL IDENTIFIED	ľ	1	IV/U		l	

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		0.2	7-P 5	010				-
	T	၀ၖ	/-P 3	010	, ,		r	
	RENDERING PROVIDER				2242	_		
NM1	NAME Entity Identifier Code	ID	<b>1</b> 2-3	S R	2310B	1	82	_
NM101 NM102	Entity Type Qualifier	ID	1-1	R			1, 2	4
NIVITUZ	Rendering Provider Last or	טו	1-1	n			1, 2	Increase from 35 - 6
NM103	Organization Name	AN	1-60	R				increase nom 55 - c
14141100	Rendering Provider First	7.0.4	1 00					Increase from 25 - 3
NM104	Name	AN	1-35	S				
	Rendering Provider Middle							1
NM105	Name	AN	1-25	S				
NM106	Name Prefix	AN	1-10	N/U				
	Rendering Provider Name							
NM107	Suffix	AN	1-10	S				
								Code Deleted
				_			207	Usage Changed to
NM108	Identification Code Qualifier	ID	1-2	S			XX	Situational
NM109	Rendering Provider Identifier	AN	2-80					Usage Canged to Situational
NM110	Entity Relationship Code	ID	2-80	S N/U				Situational
NM111	Entity Identifier Code	ID	2-3	N/U				
14141111	Name Last or Organization			14/0				New Element
NM112	Name	AN	1-60	N/U				
	RENDERING PROVIDER							
PRV	SPECIALTY INFORMATION Provider Code	-	1	S	2310B		PE	
PRV01	Reference Identification	ID	1-3	R			PE	Code Change
PRV02	Qualifier	ID	2-3	R			PXC	Code Change
PRV03	Provider Taxonomy Code	AN	1-50	R			FAC	Increase from 30 - 5
PRV04	State or Province Code	ID	2-2	N/U				morease nom so
	PROVIDER SPECIALTY			1470				
PRV05	INFORMATION			N/U				
PRV06	Provider Organization Code	ID	3-3	N/U				
	RENDERING PROVIDER							
REF	SECONDARY IDENTIFICATION		4	s	2310B			
KEF	IDENTIFICATION		4	3	23100			-
	Reference Identification							
REF01	Qualifier	ID	2-3	R			0B, 1G, G2, LU	
<u> </u>	Rendering Provider		T -				, , , , , , ,	Increase from 30 - 5
REF02	Secondary Identifier	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				1
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
								New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U			Ī	

		40	10	<b>A</b> 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		837.	P 40	10Δ1			
	•	037	F 40	IUAI			•
	T				1		1
	PURCHASED SERVICE						
NM1	PROVIDER NAME		1	s	2310C	1	
NM101	Entity Identifier Code	ID	2-3	R			QB
NM102	Entity Type Qualifier	ID	1-1	R			1,2
	Name Last or Organization			_			
NM103	Name	AN	1-35	R			
NM104	Name First	AN	1-25	S			
NM105 NM106	Name Middle Name Prefix	AN	1-25 1-10	S N/U			
NM106 NM107	Name Suffix	AN	1-10	N/U N/U			
INIVITO7	Name Sumx	AIN	1-10	IN/U			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
	Purchased Service Provider						= 1, 7 1, 1
NM109	Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	PURCHASED SERVICE						
	PROVIDER SECONDARY						
REF	IDENTIFICATION		5	S	2310C		
	Defense a Identification						0B,1A,1B,1C,1D,1
REF01	Reference Identification Qualifier	ID	2-3	R			G,1H,EI,G2,LU,N5 ,SY,U3,X5
REFUI	Qualifier	טו	2-3	n			,51,05,75
	Purchased Service Provider						
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER	7 4	. 00	N/U			
	SERVICE FACILITY						
NM1	LOCATION		1	S	2310D	1	
NM101	Entity Identifier Code	ID	2-3	R			77, FA, LI, TL
NM102	Entity Type Qualifier	ID	1-1	R			2
		l					
1114400	Laborator of Facility St		4.05				
NM103	Laboratory or Facility Name Name First	AN	1-35	S N/U			
NM104 NM105	Name First Name Middle	AN	1-25 1-25	N/U N/U			
NM105 NM106	Name Prefix	AN	1-25	N/U N/U			
NM106	Name Suffix	AN	1-10	N/U			
INIVITO/	INGINE GUIIX	AIN	1-10	IN/ U			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83.	7-P 5	010				7
	Reference Identification	00	7-1 3	010				New Element
REF04-3	Qualifier	ID	2-3	N/U				Non Ziomont
REF04-4	Reference Identification	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				New Element
								Segment Deleted
								Segment Deleted
NM1	SERVICE FACILITY		1	9	23100	1		Segment Deleted  Loop Change
NM1 NM101	LOCATION	ID	1 23	S R	2310C	1	77	Loop Change
NM1 NM101 NM102		ID ID			2310C	1	77 2	
NM101 NM102	Entity Identifier Code Entity Type Qualifier	ID	2-3 1-1	R R	2310C	1		Loop Change
NM101	LOCATION Entity Identifier Code		2-3	R	2310C	1		Loop Change Code Deleted Increase from 35 - 60
NM101 NM102 NM103	Entity Identifier Code Entity Type Qualifier  Laboratory or Facility Name Name First Name Middle	ID AN	2-3 1-1 1-60	R R R	2310C	1		Loop Change  Code Deleted  Increase from 35 - 60 Usage changed to require
NM101 NM102 NM103 NM104	Entity Identifier Code Entity Type Qualifier  Laboratory or Facility Name Name First Name Middle Name Prefix	AN AN	2-3 1-1 1-60 1-35	R R R N/U	2310C	1		Loop Change  Code Deleted  Increase from 35 - 60 Usage changed to require
NM101 NM102 NM103 NM104 NM105	Entity Identifier Code Entity Type Qualifier  Laboratory or Facility Name Name First Name Middle	AN AN AN	2-3 1-1 1-60 1-35 1-25	R R R N/U N/U	2310C	1		Loop Change  Code Deleted  Increase from 35 - 60 Usage changed to require

		40	10	<b>A</b> 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		337	P 40	10A1			
NIMAGO	Laboratory or Facility Primary Identifier		0.00	0			
NM109 NM110	Entity Relationship Code	AN ID	2-80 2-2	S N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
N3	SERVICE FACILITY LOCATION ADDRESS		1	R	2310D		
N301	Laboratory or Facility Address Line	AN	1-55	R			
N302	Laboratory or Facility Address Line	AN	1-55	S			
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2310D		
	Laboratory or Facility City						
N401	Name	AN	2-30	R			
N402	Laboratory or Facility State or Province Code	ID	2-2	R			
N402	Laboratory or Facility	טו	2-2	К			
N403	Postal Zone ZIP Code	ID	3-15	R			
11100	Laboratory/Facility Country		0.0				
N404	Code	ID	2-3	S			
N405	Location Qualifier	ID	1-2	N/U			
N406	Location Identifier	AN	1-30	N/U			
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		5	s	2310D		
REF01	Reference Identification Qualifier	ID	2-3	R			0B,1A,1B,1C,1D, G,1H,G2,LU,N5,T ,X4,X5
	Laboratory or Facility						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description REFERENCE IDENTIFIER	AN	1-80	N/U			ļ
REF04	NEFERENCE IDENTIFIER		l	N/U			1

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				†
	Laboratory or Facility Primary							
NM109	Identifier	AN	2-80	S				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Name Last or Organization Name	AN	1-60	N/U				New Element
	0551/105 540/151/			1				
N3	SERVICE FACILITY LOCATION ADDRESS Laboratory or Facility Address		1	R	2310C			Loop Change
N301	Line	AN	1-55	R				
11301	Laboratory or Facility Address	AIN	1-55	n				-
N302	Line	AN	1-55	s				
14002	Ellio	AIN	1-55					=
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2310C			Loop Change
	Laboratory or Facility City							1
N401	Name	AN	2-30	R				
	Laboratory or Facility State or							Usage changed to
N402	Province Code	ID	2-2	S				Situational
N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S				Usage changed to Situational
	Laboratory/Facility Country			_				
N404	Code	ID	2-3	S				
N405	Location Qualifier	ID :	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				Now Floren
N407	Country Subdivision Code	ID	1-3	S				New Element
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		3	s	2310C			Loop Change
					20.00			Code Deleted
REF01	Reference Identification Qualifier	ID	2-3	R			0B, G2, LU	
	Laboratory or Facility							Increase from 30 - 50
REF02	Secondary Identifier	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
1111 04-2	Reference Identification	AIN	1-30	IN/U	1	1		New Element
REF04-3	Qualifier	ID	2-3	N/U				14044 Element
REF04-4	Reference Identification	AN	1-50	N/U	1			New Element
	Reference Identification	7114	1 55	14/0	1			New Element
REF04-5	Qualifier	ID	2-3	N/U				Liomont
REF04-6	Reference Identification	AN	1-50	N/U				New Element
								1

		40	10	<b>A</b> 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		337-	P 40	10A1			
	1				1		
	SUPERVISING PROVIDER						
NM1	NAME		1	s	2310E	1	
NM101	Entity Identifier Code	ID	2-3	R	2310L	'	DQ
NM102	Entity Type Qualifier	ID	1-1	R			1
THITTOL	Supervising Provider Last			- ''			
NM103	Name	AN	1-35	R			
	Supervising Provider First						
NM104	Name	AN	1-25	R			
	Supervising Provider Middle						
NM105	Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
	Supervising Provider Name Suffix						
NM107	Sumix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
TAINLLOO	Tachtinoation Gode Qualiner	יוו	1-2	3			24, 54, 77
NM109	Supervising Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
DEE	SUPERVISING PROVIDER	l	_	_	00405		
REF	SECONDARY IDENTIFIER		5	S	2310E		0D 1D 10 15
	Reference Identification						0B, 1B, 1C, 1D, 1G, 1H, El, G2,
		1	0.0	R			LU, N5, SY, X5
REF01		ID.					25, 145, 51, 76
REF01	Qualifier	ID	2-3	- 11			
REF01		AN	1-30	R			
	Qualifier Supervising Provider						

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
								New Segment
PER	SERVICE FACILITY CONTACT INFORMATION		1	R	2310C			
PER01	Contact Function Code	ID	2-2	R			IC	
PER02	Submitter Contact Name	AN	1-60	S				1
PER03	Communication Number Qualifier	ID	2-2	R			TE	
PER04	Communication Number	AN	1-256	R				
	Communication Number							
PER05	Qualifier	ID	2-2	S			EX	
PER06	Communication Number	AN	1-256	S				1
	Communication Number							
PER07	Qualifier	ID	2-2	N/U				
PER08	Communication Number	AN	1-256	N/U				
PER09	Contact Inquiry Reference	AN	1-20	N/U				
	SUPERVISING PROVIDER							Loop Change
NM1	NAME		1	s	2310D	1		
NM101	Entity Identifier Code	ID	2-3	R			DQ	
NM102	Entity Type Qualifier	ID	1-1	R			1	
	Supervising Provider Last		l	_				Increase from 35 - 6
NM103	Name	AN	1-60	R				
NIMAGA	Supervising Provider First		4.05	0				Increase from 25 - 39 Usage changed to Situational
NM104	Name	AN	1-35	S				Situational
NM105	Supervising Provider Middle Name	AN	1-25	s				
NM105	Name Prefix	AN	1-25	N/U				
INIVITUO	Supervising Provider Name	AIN	1-10	IN/U				
NM107	Suffix	AN	1-10	S				_
NM108	Identification Code Qualifier	ID	1-2	S			XX	Code Deleted
NM109	Supervising Provider Identifier	AN	2-80	S				1
NM110	Entity Relationship Code	ID	2-2	N/U				1
NM111	Entity Identifier Code	ID	2-3	N/U				1
	Name Last or Organization			140				New Element
NM112	Name	AN	1-60	N/U				
	SUPERVISING PROVIDER							Loop Change
REF	SECONDARY IDENTIFIER		4	S	2310D			
								Code Deleted
	Reference Identification							
REF01	Qualifier	ID	2-3	R			0B, 1G, G2, LU	4
	Supervising Provider			_				Increase from 30 - 5
REF02	Secondary Identifier	AN	1-50	R				4
REF03	Description	AN	1-80	N/U				4
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element

		4010	<b>A</b> 1			
lement lentifier	Description	ID Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-P 40	10Δ1			
•		037-F 4U	IVAI		•	

		5	501	0				
ent ifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83.	7-P 5	010				_
		03	/-F 3	010				<b></b>
)4-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Elemen
04-3	Reference Identification Qualifier	ID	2-3	N/U				New Elemen
)4-4	Reference Identification	AN	1-50	N/U				New Elemen
	Reference Identification							New Elemen
)4-5	Qualifier	ID	2-3	N/U				
04-6	Reference Identification	AN	1-50	N/U				New Elemen
	AMBULANCE PICK UP							New Segmen
11	LOCATION		1	S	2310E	1		
01	Entity Identifier Code	ID	2-3	R			PW	
02	Entity Type Qualifier	ID	1-1	R			2	
	Name Last or Organization							
03	Name	AN	1-60	N/U				
04	Name First	AN	1-35	N/U				
05	Name Middle	AN	1-25	N/U				
06	Name Prefix	AN	1-10	N/U				
07	Name Suffix	AN	1-10	N/U				
07	Traine Summ	7114	1 10	14/0		-		=
08	Identification Code Qualifier	ID	1-2	N/U				
09	Identification Code	AN	2-80	N/U				
10	Entity Relationship Code	ID	2-2	N/U				_
11	Entity Identifier Code	ID	2-3	N/U				-
	Name Last or Organization	יוו	2-5	TV/O				-
12	Name Name	AN	1-60	N/U				
				.,,,				
	AMBULANCE PICK UP							New Segmer
3	LOCATION ADDRESS		1	R	2310E			
	Ambulance Pick Up Address							
01	Line	AN	1-55	R				
<i>,</i> .	Ambulance Pick Up Address	7.114	. 00					
02	Line	AN	1-55	S				
								New Segmer
	AMBULANCE PICK UP							
4	LOCATION CITY/STATE/ZIP		1	R	2310E			
	Ambulance Pick Up City							
01	Name	AN	2-30	R				
	Ambulance Pick Up State or							
)2	Province Code	ID	2-2	S				
	Ambulance Pick Up Postal			-				
03	Zone ZIP Code	ID	3-15	S		1		1
	Ambulance Pick Up Country					Ì		
04	Code	ID	2-3	S				1
05	Location Qualifier	ID	1-2	N/U				
,,,								
06	Location Identifier	AN	1-30	N/U				
	Location Identifier Country Subdivision Code	AN ID	1-30 1-3	N/U S				

	4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
							<u> </u>					
		837-	P 40	10A1	-	-						
	OTHER SUBSCRIBER											
SBR	INFORMATION Payer Responsibility		1	S	2320	10						
SBR01	Sequence Number Code	ID	1-1	R			P, S, T					
							01, 04, 05, 07, 10,					
							15, 17, 18, 19, 20, 21, 22, 23, 24, 29,					
00000	ladicidual Daleticostic C			-			32, 33, 36, 39, 40,					
SBR02	Individual Relationship Code	ID	2-2	R			41, 43, 53, G8					

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
	AMBULANCE DROP OFF							New Segmen
NM1	LOCATION		1	S	2310F	1		
NM101	Entity Identifier Code	ID	2-3	R			45	
NM102	Entity Type Qualifier	ID	1-1	R			2	
NM103	Ambulance Drop Off Location	AN	1-60	S				
NM104	Name First	AN	1-80	N/U				-
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Name Suffix	AN	1-10	N/U				
NM108	Identification Code Qualifier	ID	1-2	N/U			ļ	_
NM109	Identification Code	AN	2-80	N/U				
NM110	Entity Relationship Code Entity Identifier Code	ID ID	2-2	N/U				
NM111	Name Last or Organization	טו	2-3	N/U				_
NM112	Name Name	AN	1-60	N/U				
		7	. 00	.,,,				
	AMBULANCE DROP OFF							New Segmen
N3	LOCATION ADDRESS		1	R	2310F			
	Ambulance Drop Off Address							
N301	Line	AN	1-55	R				
	Ambulance Drop Off Address			_				
N302	Line	AN	1-55	S				
								New Segmen
N4	AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP		1	R	2310F			New Geginen
	Ambulance Drop Off City							
N401	Name	AN	2-30	R				
	Ambulance Drop Off State or							
N402	Province Code	ID	2-2	S				
NIAOO	Ambulance Drop Off Postal Zone ZIP Code		0.45					
N403	Ambulance Drop Off Country	ID	3-15	S				_
N404	Code	ID	2-3	s				
N405	Location Qualifier	ID	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				
N407	Country Subdivision Code	ID	1-3	S				
	OTHER SUBSCRIBER			_				
SBR	INFORMATION		1	S	2320	10	4 B 0 B 5 5	
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R			A, B, C, D, E, F G, H, P, S, T, U	
SDNOT	Sequence (variber Sode	ID	1-1	п			G, 11, 1 , 5, 1, 0	Code Deleted
								5040 2010100
							01, 18, 19, 20, 2	.
SBR02	Individual Relationship Code	ID	2-2	R			39, 40, 53, G8	

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		337-	P 40	10A1			
	Insured Group or Policy						
SBR03	Number	AN	1-30	S			
SBR04	Other Insured Group Name	AN	1-60	S			
SBR05	Insurance Type Code	ID	1-3	R			AP, C1, CP, GP, HM, IP, LD, LT, MB, MC, MI, MP, OT, PP, SP
SBR06	Coordination of Benefits Code	ID	1-1	N/U			
	Yes/No Condition or						
SBR07	Response Code	ID	1-1	N/U			
SBR08	Employment Status Code	ID	2-2	N/U			
SBR09	Claim Filing Indicator Code	ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, Cl, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ
	CLAIM LEVEL						
CAS	ADJUSTMENTS		5	s	2320		
CAS01	Claim Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR
CAS02	Adjustment Reason Code	ID	1-5	R			
	,						
CAS03	Adjustment Amount S9(7)V99	R	1-18	R			
CAS04	Adjustment Quantity 9(7)	R	1-15	S			
CAS05	Adjustment Reason Code	ID	1-5	S			
04000	Adjustment Amount S9(7)V99	Б	1 10	S			
CAS06 CAS07	Adjustment Quantity 9(7)	R R	1-18 1-15	S			
CAS07	Adjustment Reason Code	ID	1-15	S			
UN300	. ajaotinoni i teasori oode	יטי	1-0	J			1
CAS09	Adjustment Amount S9(7)V99	R	1-18	S			
CAS10	Adjustment Quantity 9(7)	R	1-15	S			
CAS11	Adjustment Reason Code	ID	1-5	S			
CAS12	Adjustment Amount S9(7)V99	R	1-18	S			
CAS13	Adjustment Quantity 9(7)	R	1-15	S			
CAS14	Adjustment Reason Code	ID	1-5	S			
CAS15	Adjustment Amount S9(7)V99	R	1 10	0			
CAS15 CAS16	Adjustment Amount 59(7)v99 Adjustment Quantity 9(7)	R	1-18 1-15	S S			
CAS16 CAS17	Adjustment Quantity 9(7) Adjustment Reason Code	ID	1-15	S		-	<del> </del>
	,						
CAS18	Adjustment Amount S9(7)V99	R	1-18	S			<del> </del>
CAS19	Adjustment Quantity 9(7)	R	1-15	S			-
AMT	COB PAYER PAID AMOUNT		1	s	2320		

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		00	7 D C	010				
	•	83	7-P 5	010	•	1		
	Insured Group or Policy		l					Increase from 30 - 5
SBR03	Number Other Insured Group Name	AN	1-50	S				
SBR04 SBR05	Insurance Type Code	ID	1-60	S			12, 13, 14, 15, 16, 41, 42, 43, 47	Code Change Usage changed to Situational
SBR06	Coordination of Benefits Code	ID	1-1	N/U				
SDNOO	Yes/No Condition or	ID	1-1	IN/O				
SBR07	Response Code	ID	1-1	N/U				
SBR08	Employment Status Code	ID	2-2	N/U				1
SBR09	Claim Filing Indicator Code	ID	1-2	S			11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI ,HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Code Change
	CLAIM LEVEL							1
CAS	ADJUSTMENTS		5	s	2320			
	Claim Adjustment Group						CO, CR, OA, PI,	1
CAS01	Code	ID	1-2	R			PR	
CAS02	Adjustment Reason Code	ID	1-5	R				1
CAS03	Adjustment Amount S9(7)V99	R	1-18	R				
CAS04	Adjustment Quantity 9(7)	R	1-15	S				
CAS05	Adjustment Reason Code	ID	1-5	S				
	A II	_						
CAS06	Adjustment Amount S9(7)V99	R	1-18	S				
CAS07	Adjustment Quantity 9(7)	R ID	1-15	S				
CAS08	Adjustment Reason Code	טו	1-5	S				
CAS09	Adjustment Amount S9(7)V99	R	1-18	s				
CASU9 CAS10	Adjustment Quantity 9(7)	R	1-15	S				
CAS10	Adjustment Reason Code	ID	1-15	S				
CASTI	Adjustment rieason dode	ID	1-5	3				
CAS12	Adjustment Amount S9(7)V99	R	1-18	S				
CAS13	Adjustment Quantity 9(7)	R	1-15	S			1	1
CAS14	Adjustment Reason Code	ID	1-5	S				1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1
CAS15	Adjustment Amount S9(7)V99	R	1-18	S				
CAS16	Adjustment Quantity 9(7)	R	1-15	S				1
CAS17	Adjustment Reason Code	ID	1-5	S				1
CAS18	Adjustment Amount S9(7)V99	R	1-18	S				
CAS19	Adjustment Quantity 9(7)	R	1-15	S	1	1	<del> </del>	1
5, 15 10	ejeemen daaming o(1)		. 10	J				

	•	40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		337-	P 40	10A1			
AMT01	Amount Qualifier Code	ID	1-3	R			D
AMT02	Payer Paid Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB APPROVED AMOUNT		1	s	2320		
AMT01	Amount Qualifier Code	ID	1-3	R	2320	-	AAE
AWITOT	Amount Qualiner Code	יוו	1-5	п			AAL
AMT02	Approved Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
AMT	COB ALLOWED AMOUNT		1	S	2320		
AMT	COB ALLOWED AMOUNT		1	S	2320		
AMT01	Amount Qualifier Code	ID	1-3	R			B6
AMT02	Allowed Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
	1					I I	
AMT	COB PATIENT RESPONSIBILITY AMOUNT		1	s	2320		
AMT AMT01	COB PATIENT RESPONSIBILITY AMOUNT Amount Qualifier Code	ID	<b>1</b>	<b>S</b>	2320		F2
	RESPONSIBILITY AMOUNT	ID			2320		F2
AMT01	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount		1-3	R	2320		F2
AMT01	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)V99	R	1-3	R R	2320		F2
AMT01	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount		1-3	R	2320		F2
AMT01  AMT02  AMT03	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)V99 Credit/Debit Flag Code	R	1-3 1-18 1-1	R R N/U			F2
AMT01	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)V99	R	1-3	R R	2320		F2
AMT01  AMT02  AMT03	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)V99 Credit/Debit Flag Code	R ID	1-3 1-18 1-1	R R N/U			
AMT02 AMT03	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)V99 Credit/Debit Flag Code  COB COVERED AMOUNT Amount Qualifier Code	R ID	1-3 1-18 1-1	R R N/U			
AMT02 AMT03 AMT AMT01	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)/99 Credit/Debit Flag Code  COB COVERED AMOUNT Amount Qualifier Code Other Payer Covered Amount	R ID	1-3 1-18 1-1 <b>1</b> 1-3	R R N/U			
AMT02 AMT03 AMT AMT01 AMT01	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)/99 Credit/Debit Flag Code  COB COVERED AMOUNT Amount Qualifier Code Other Payer Covered Amount S9(7)/99	R ID ID R	1-3 1-18 1-1 1 1-3	R R N/U S R			
AMT02 AMT03  AMT AMT01  AMT01	RESPONSIBILITY AMOUNT Amount Qualifier Code Other Payer Patient Responsibility Amount S9(7)/99 Credit/Debit Flag Code  COB COVERED AMOUNT Amount Qualifier Code Other Payer Covered Amount S9(7)/99	R ID ID R	1-3 1-18 1-1 1 1-3	R R N/U S R			

				0	<b>i01</b>	ļ		
1	Values	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier
1				010	7-P 5	81		
4	D			R	1-3	ID	Amount Qualifier Code	AMT01
	D			н	1-3	טו	Amount Qualifier Code	AWITUT
				R	1-18	R	Payer Paid Amount S9(7)V99	AMT02
1				N/U	1-1	ID	Credit/Debit Flag Code	AMT03
Segment Dele								
New Segment			2320	s	1		COB TOTAL NON- COVERED AMOUNT	AMT
	A8			R	1-3	ID	Amount Qualifier Code	AMT01
				R	1 10	_	Non-Covered Amount S9(7)V99	AMTOO
				N/U	1-18 1-1	R ID	Credit/Debit Flag Code	AMT02 AMT03
New Segment							REMAINING PATIENT	
New Degment			2320	s	1		LIABILITY	AMT
	EAF			R	1-3	ID	Amount Qualifier Code	AMT01
							Remaining Patient Liability	
				R	1-18	R	Amount S9(7)V99	AMT02
				R N/U	1-18 1-1	R ID		
Segment Dele							Amount S9(7)V99	AMT02
Segment Dele							Amount S9(7)V99	AMT02

	4010A1												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		837	-P 40	10A1									
	Other Payer Discount Amount												
AMT02	S9(7)V99	R	1-18	R									
AMT03	Credit/Debit Flag Code	ID	1-1	N/U									
	COB PER DAY LIMIT												
AMT	AMOUNT		1	S	2320								
AMT01	Amount Qualifier Code	ID	1-3	R			DY						
	Other Payer Per Day Limit	_		_									
AMT02	Amount S9(7)V99	R	1-18	R									
AMT03	Credit/Debit Flag Code	ID	1-1	N/U									
	OOD DATIENT DATE				ļ								
	COB PATIENT PAID		_	_	0000								
AMT	AMOUNT	15	1	S	2320		C.F.						
AMT01	Amount Qualifier Code	ID	1-3	R			F5						
ANATOO	Other Payer Patient Paid	_	4.40	_									
AMT02 AMT03	Amount S9(7)V99 Credit/Debit Flag Code	R ID	1-18 1-1	R N/U									
AMT03	Credit/Debit Flag Code	טו	1-1	N/U									
AMT	COB TAX AMOUNT		1	S	2320								
AMT01	Amount Qualifier Code	ID	1-3	R	2320		Т						
AWITUT	Other Payer Tax Amount	טו	1-3	n			'						
AMT02	S9(7)V99	R	1-18	R									
AMT03	Credit/Debit Flag Code	ID	1-10	N/U									
AWITOS	Gredit/Debit Flag Gode	ID	1-1	IN/O									
	COB TOTAL CLAIM												
AMT	BEFORE TAXES AMOUNT		1	s	2320								
AMT01	Amount Qualifier Code	ID	1-3	R	LOLU		T2						
7	Other Payer Pre-Tax Claim			- ''									
AMT02	Total Amount S9(7)V99	R	1-18	R									
AMT03	Credit/Debit Flag Code	ID	1-1	N/U									
7	ordens of the state of the stat			.,,,									
	SUBSCRIBER												
	DEMOGRAPHIC												
DMG	INFORMATION		1	s	2320								
	Date Time Period Format												
DMG01	Qualifier	ID	2-3	R			D8						
DMG02	Other Insured Birth Date	AN	1-35	R			CCYYMMDD						
DMG03	Other Insured Gender Code	ID	1-1	R			F, M, U						
DMG04	Marital Status Code	ID	1-1	N/U									
DMG05	Race or Ethnicity Code	ID	1-1	N/U									
DMG06	Citizenship Status Code	ID	1-2	N/U									
DMG07	Country Code	ID	2-3	N/U									
DMG08	Basis of Verification Code	ID	1-2	N/U									
DMG09	Quantity	R	1-15	N/U									
	OTHER INSURANCE												
OI	COVERAGE INFORMATION		1	R	2320								
OI01	Claim Filing Indicator Code	ID	1-2	N/U									

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		837	'-P 5	010				
								Segment Deleted
								Segment Deleted
								Segment Deletet
								Segment Deleted
								Segment Deleted
								Segment Deleted
	OTHER INSURANCE							1
OI OI01	COVERAGE INFORMATION Claim Filing Indicator Code	I ID	<b>1</b>	R N/U	2320			4

	4010A1												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		337-	-P 40	10A1									
	Claim Submission Reason												
OI02	Code	ID	2-2	N/U									
OI03	Benefits Assignment Certification Indicator	ID	1-1	R			N, Y						
	Patient Signature Source												
OI04	Code	ID	1-1	S			B, C, M, P, S						
OI05	Provider Agreement Code	ID	1-1	N/U									
OI06	Release of Information Code	ID	1-1	R			A, I, M, N, O, Y						
	MEDICARE OUTPATIENT ADJUDICATION												
MOA	INFORMATION		1	S	2320								
MOA01	Reimbursement Rate 9(3)V99	R	1-10	S									
MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S									
MOA03	Remark Code	AN	1-30	S									
MOA04	Remark Code	AN	1-30	S									
MOA05	Remark Code	AN	1-30	S									
MOA06	Remark Code	AN	1-30	S									
MOA07	Remark Code	AN	1-30	S									
MOA08	End Stage Renal Disease Payment Amount S9(7)V99 Non-Payable Professional	R	1-18	S									
MOA09	Component Billed Amount S9(7)V99	R	1-18	S									
NM1	OTHER SUBSCRIBER NAME		1	R	2330A	1							
NM101	Entity Identifier Code	ID	2-3	R	1		IL						
NM102	Entity Type Qualifier	ID	1-1	R			1, 2						
NM103	Other Insured Last Name	AN	1-35	R									
NM104	Other Insured First Name	AN	1-25	S									
NM105	Other Insured Middle Name	AN	1-25	S									
NM106	Name Prefix	AN	1-10	N/U	ļ								
NM107	Other Insured Name Suffix	AN	1-10	S									
NM108	Identification Code Qualifier	ID	1-2	R			MI, ZZ						
NM109	Other Insured Identifier	AN	2-80	R									
NM110	Entity Relationship Code	ID	2-2	N/U									
NM111	Entity Identifier Code	ID	2-3	N/U									
N3	OTHER SUBSCRIBER ADDRESS		1	s	2330A								
N301	Other Insured Address Line	AN	1-55	R	20007								

		5	<del>501</del>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		83	7-P 5	010				-
	Claim Submission Reason							1
OI02	Code	ID	2-2	N/U				
	Benefits Assignment							Code Added
OI03	Certification Indicator	ID	1-1	R			N, W, Y	
	Patient Signature Source						_	Code Deleted
OI04	Code	ID	1-1	S			Р	
OI05	Provider Agreement Code	ID	1-1	N/U				On de Beleved
OI06	Release of Information Code	ID	1-1	R			I, Y	Code Deleted
MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION		1	s	2320			
MOAG	Daimhuraamant Data 0(0)\/00	_	4 40	0				
MOA01	Reimbursement Rate 9(3)V99 HCPCS Payable Amount	R	1-10	S				_
MOA02	S9(7)V99	R	1-18	s				
MOA03	Remark Code	AN	1-50	S		-		Increase from 30 - 5
MOA04	Remark Code	AN	1-50	S				Increase from 30 - 5
MOA05	Remark Code	AN	1-50	S				Increase from 30 - 5
MOA06	Remark Code	AN	1-50	S				Increase from 30 - 5
MOA07	Remark Code	AN	1-50	S				Increase from 30 - 5
MOA08	End Stage Renal Disease Payment Amount S9(7)V99 Non-Payable Professional	R	1-18	S				
MOA09	Component Billed Amount S9(7)V99	R	1-18	S				
	OTHER SUBSCRIBER							
NM1	NAME		1	R	2330A	1		
NM101	Entity Identifier Code	ID	2-3	R			IL .	_
NM102 NM103	Entity Type Qualifier Other Insured Last Name	ID AN	1-1 1-60	R R			1, 2	languages from OF C
NM103	Other Insured First Name	AN	1-80	S		-		Increase from 35 - 6 Increase from 25 - 3
NM105	Other Insured Middle Name	AN	1-25	S		-		Increase nom 25 - 5
NM106	Name Prefix	AN	1-10	N/U				
NM107	Other Insured Name Suffix	AN	1-10	S				
								Code Change
NM108	Identification Code Qualifier	ID	1-2	R			II, MI	
NM109	Other Insured Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				_
NM111	Entity Identifier Code	ID	2-3	N/U				-1
NM112	Name Last or Organization Name	AN	1-60	N/U				New Element
INIVITIZ	INAILIC	AIN	1-00	IN/U				
N3	OTHER SUBSCRIBER ADDRESS		1	s	2330A			
	I	ı	1-55	R				

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		837-	P 40	10A1							
N302	Other Insured Address Line	AN	1-55	s							
N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	s	2330A						
N401	Other Insured City Name	AN	2-30	s							
N402	Other Insured State Code	ID	2-2	S							
N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S							
N404	Subscriber Country Code	ID	2-3	S							
N405	Location Qualifier	ID	1-2	N/U							
N406	Location Identifier	AN	1-30	N/U							
	OTHER SUBSCRIBER										
	SECONDARY		_	_							
REF	IDENTIFICATION  Reference Identification		3	S	2330A						
REF01	Qualifier	ID	2-3	R			1W, 23, IG, SY				
REFUI	Other Insured Additional	טו	2-3	ĸ			100, 23, 10, 31				
BEE02		ΔΝ	1-30	R							
REF02	Identifier	AN	1-30	R N/U							
REF02 REF03 REF04		AN	1-30 1-80	R N/U N/U							
REF03 REF04	Identifier Description REFERENCE IDENTIFIER		1-80	N/U N/U							
REF03 REF04	Identifier Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U	2330B	1					
REF03 REF04 NM1 NM101	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code	ID	1-80 1 2-3	N/U N/U	2330B	1	PR				
REF03 REF04	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier	AN	1-80	N/U N/U	2330B	1	PR 2				
REF03 REF04 NM1 NM101 NM102	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or	ID ID	1-80 1 2-3 1-1	R R R	2330B	1					
NM1 NM101 NM102 NM103	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or Organization Name	ID ID AN	1-80 1 2-3 1-1 1-35	N/U N/U R R R R	2330B	1					
NM1 NM101 NM102 NM103 NM104	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or Organization Name Name First	ID ID AN AN	1-80 1 2-3 1-1 1-35 1-25	N/U N/U R R R R R	2330B	1					
NM1 NM101 NM102 NM103 NM104 NM105	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or Oganization Name Name First Name Middle	ID ID AN AN AN	1-80 1 2-3 1-1 1-35 1-25 1-25	R R R R R	2330B	1					
NM1 NM101 NM102 NM103 NM104 NM105 NM106	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or Organization Name Name First Name Middle Name Prefix	ID ID AN AN AN AN	1-80 1 2-3 1-1 1-35 1-25 1-25 1-10	R R R R R N/U N/U	2330B	1					
NM1 NM101 NM102 NM103 NM104 NM105	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or Oganization Name Name First Name Middle	ID ID AN AN AN	1-80 1 2-3 1-1 1-35 1-25 1-25	R R R R R	2330B	1					
NM1 NM1 NM101 NM102 NM103 NM104 NM105 NM106 NM107	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or Organization Name Name First Name Middle Name Prefix Name Suffix	ID ID AN AN AN AN	1 2-3 1-1 1-35 1-25 1-10 1-10	R R R R R N/U N/U N/U	2330B	1	2				
NM1 NM101 NM102 NM103 NM104 NM105 NM106 NM107	Identifier Description REFERENCE IDENTIFIER  OTHER PAYER NAME Entity Identifier Code Entity Type Qualifier Other Payer Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	ID ID AN AN AN AN ID	1 2-3 1-1 1-35 1-25 1-10 1-10 1-2	R R R R R N/U N/U N/U N/U	2330B	1	2				

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
N302	Other Insured Address Line	AN	1-55	S				
N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE		1	R	2330A			Usage changed to Required
N401	Other Insured City Name	AN	2-30	R				Usage changed to Required
N402	Other Insured State Code	ID	2-2	S				
N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S				
N404	Subscriber Country Code	ID	2-3	S				
N405	Location Qualifier	ID	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				
N407	Country Subdivision Code	ID	1-3	S				New Element
REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION		1	s	2330A			1
	Reference Identification		•		LOOUA			Code Deleted
REF01	Qualifier	ID	2-3	R			SY	
REF02	Other Insured Additional Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U		1		_
REF04	REFERENCE IDENTIFIER	7.11	1 00	N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-3	Qualifier	ID	2-3	N/U				—
REF04-4	Reference Identification Reference Identification	AN	1-50	N/U				New Element New Element
REF04-5	Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
				- 1,10				
NM1	OTHER PAYER NAME		1	R	2330B	1		
NM101	Entity Identifier Code	ID	2-3	R			PR	
NM102	Entity Type Qualifier	ID	1-1	R			2	
	Other Payer Last or							Increase from 35 - 60
NM103	Organization Name	AN	1-60	R				
NM104	Name First	AN	1-35	N/U				Increase from 25 - 35
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				-
NM107 NM108	Name Suffix  Identification Code Qualifier	AN ID	1-10	N/U R			PI, XV	
NM109	Other Payer Primary Identifier	AN	2-80	R				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				

Description			40	10	<b>A</b> 1			
S					Usage			
PER         OTHER PAYER CONTACT INFORMATION         2         S         2330B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         ID         2-2         R         ED, EM, FX, TE           PER03         Qualifier         ID         2-2         R         ED, EM, EX, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         TE         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         ED, EM, EX, FX, TE           DTP01         Date Time Qualifier         ID         2-2         S         TE           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Date Time Period Format         D         2-	Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
PER         OTHER PAYER CONTACT INFORMATION         2         S         2330B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           PER03         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Communication Number         ID         2-2         S         TE         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-20         N/U         Interpretation N/U           DTP         DATE         1         S         2330B         2330B           DTP01         Date Time Qualifier         ID         2-3         R         573           DTP0								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         Inc         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         Inc           PER07         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         Inc           PER09         Contact Inquiry Reference         AN         1-20         N/U         Inc           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8		{	837-	P 40	10A1			
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         ID           Communication Number         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           Communication Number         ID         2-2         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-20         N/U         ID         I								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         ID           Communication Number         ID         2-2         R         ED, EM, FX, TE           PER03         Communication Number         AN         1-80         R           PER04         Communication Number         AN         1-80         R           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-20         N/U         Include A STA           DTP01         Date Time Qualifier         ID         3-3         R         573								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           PER03         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         IC           PER05         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         IC           PER07         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-20         N/U         IC           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           PER03         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         IC           PER05         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         IC           PER07         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-20         N/U         IC           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           PER03         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         IC           PER05         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         IC           PER07         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-20         N/U         IC           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           PER03         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         IC           PER05         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         IC           PER07         Qualifier         ID         2-2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-80         S         IC           PER09         Contact Inquiry Reference         AN         1-20         N/U         IC           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         ID           Communication Number         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           Communication Number         ID         2-2         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-20         N/U         ID         I								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           PER03         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         Inc           PER05         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         Inc           PER07         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         Inc           PER09         Contact Inquiry Reference         AN         1-80         S         Inc           PER09         Contact Inquiry Reference         AN         1-20         N/U         Inc           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Date Time Period Format         Dualifier								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         R           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         DATE         1         S         2330B         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         R           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         DATE         1         S         2330B         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         R           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         DATE         1         S         2330B         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         R           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         DATE         1         S         2330B         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         R           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         DATE         1         S         2330B         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         R           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         DATE         1         S         2330B         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         R           Communication Number         Communication Number         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         DATE         1         S         2330B         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8								
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           Communication Number Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number AN         1-80         R         ED, EM, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number AN         1-80         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number Qualifier         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           PER09         Contact Inquiry Reference         AN         1-20         N/U         Incommunication Annumber           DTP         DATE         1         S         2330B         S           DTP01         Date Time Period Format Date Time Period Format Qualifier         ID			1					1
PER         INFORMATION         2         S         230B           PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R         IC           Communication Number Outliffer         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number AN         1-80         R         ED, EM, FX, TE           PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number AN         1-80         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         S         PED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         PED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-20         N/U         Incommunication All Properties of Communication All Properties of Communication All Properties		OTHER DAVED CONTACT						
PER01         Contact Function Code         ID         2-2         R         IC           PER02         Other Payer Contact Name         AN         1-60         R           Communication Number         Communication Number         D         PER05         R         ED, EM, FX, TE           PER05         Communication Number         AN         1-80         R         ED, EM, EX, FX, TE           PER06         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         TE         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           DTP         CLAIM ADJUDICATION DATE         AN         1-80         S         S           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8	DED					2220B		
PER02			ID			2330B		IC
Communication Number								10
PER03         Qualifier         ID         2-2         R         ED, EM, FX, TE           PER04         Communication Number         AN         1-80         R           Communication Number         ID         2-2         S         ED, EM, EX, FX, TE           PER05         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER06         Communication Number         ID         2-2         S         ED, EM, EX, FX, TE           PER07         Qualifier         ID         2-2         S         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S         ED, EM, EX, FX, TE           PER09         Contact Inquiry Reference         AN         1-80         S         TE           PER09         Contact Inquiry Reference         AN         1-20         N/U         N/U           CLAIM ADJUDICATION DATE         1         S         2330B         2330B           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8	PERU2		AIN	1-60	R			
PER04	DEDOS		ın	2.2	В			ED EM EV TE
Communication Number								LD, LIVI, I X, IL
PER05         Qualifier         ID         2-2         S         TE           PER06         Communication Number         AN         1-80         S           Communication Number         D         Communication Number         ED, EM, EX, FX, TE           PER08         Communication Number         AN         1-80         S           PER09         Contact Inquiry Reference         AN         1-20         N/U           DTP         DATE         1         S         2330B           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8	FLN04		AIN	1-00	п			ED EM EY EY
PER06   Communication Number   AN   1-80   S	PER05	I .	ID	2-2	S			
Communication Number   Cualifier   ID   2-2   S   ED, EM, EX, FX, TE								1,5
PER07         Qualifier         ID         2-2         S         TE           PER08         Communication Number         AN         1-80         S           PER09         Contact Inquiry Reference         AN         1-20         N/U           CLAIM ADJUDICATION DATE         1         S         2330B           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8	1 LITOU		AIN	1-00				ED EM EX EX
PER08         Communication Number         AN         1-80         S           PER09         Contact Inquiry Reference         AN         1-20         N/U           CLAIM ADJUDICATION DATE         1         S         2330B           DTP01         Date Time Qualifier         ID         3-3         R         573           DTP02         Qualifier         ID         2-3         R         D8	PER07		ID	2-2	S			
PER09   Contact Inquiry Reference   AN   1-20   N/U								
DTP         CLAIM ADJUDICATION DATE         1         S         2330B           DTP01         Date Time Qualifier         ID         3-3         R         573           Date Time Period Format DTP02         Qualifier         ID         2-3         R         D8								
DTP         DATE         1         S         2330B           DTP01         Date Time Qualifier         ID         3-3         R         573           Date Time Period Format DTP02         Qualifier         ID         2-3         R         D8				. 20	.,,			
DTP         DATE         1         S         2330B           DTP01         Date Time Qualifier         ID         3-3         R         573           Date Time Period Format DTP02         Qualifier         ID         2-3         R         D8		CLAIM ADJUDICATION						
Date Time Qualifier   ID   3-3   R     573	DTP			1	s	2330B		
DTP02 Date Time Period Format Qualifier ID 2-3 R D8		Date Time Qualifier	ID					573
DTP03 Adjudication or Payment Date AN 1-35 R CCYYMMDD	DTP02	Qualifier	ID	2-3	R			D8
DTP03 Adjudication or Payment Date AN 1-35 R CCYYMMDD								
	DTP03	Adjudication or Payment Date	AN	1-35	R			CCYYMMDD
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		5	<b>i01</b>	0				
ement entifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83.	7-P 5	010				
	Name Last or Organization	03	/-F J	010				New Element
M112	Name Name	AN	1-60	N/U				- New Liement
N3	OTHER PAYER ADDRESS		1	S	2330B			New Segment
V301	Other Payer Address Line	AN	1-55	R				Ĭ
V302	Other Payer Address Line	AN	1-55	S				
	OTHER PAYER							New Segment
N4	CITY/STATE/ZIP CODE		1	R	2330B			
N401	Other Payer City Name	AN	2-30	R				
V402	Other Payer State Code	ID	2-2	S				
	Other Payer Postal Zone or							
N403	ZIP Code	ID	3-15	S				
N404	Other Payer Country Code	ID	2-3	S				
N405	Location Qualifier	ID	1-2	N/U				
V406	Location Identifier	AN	1-30	N/U				
N407	Country Subdivision Code	ID	1-3	S				
								Segment Dele
<b>DTP</b>	DATE - CLAIM CHECK OR		1	9	2330B			
<b>DTP</b>	DATE - CLAIM CHECK OR REMITTANCE DATE Date Time Qualifier	ID	1 3-3	S R	2330B		573	
<b>DTP</b>	REMITTANCE DATE	ID ID			2330B		573 D8	Segment Dele
TP01	REMITTANCE DATE  Date Time Qualifier  Date Time Period Format	ID	3-3	R	2330B			

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
	•					-	•
		837	P 40	10A1	1		
REF	OTHER PAYER SECONDARY IDENTIFIER		2	s	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			2U, F8, FY, NF, T
DEEGO	Other Payer Secondary	4.5.1	4 00	_			
REF02 REF03	Identifier Description	AN	1-30 1-80	R N/U			
REF04	REFERENCE IDENTIFIER	AIN	1-00	N/U			
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	s	2330B		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1
REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
								_
	_	83	7-P 5	010				_
REF	OTHER PAYER SECONDARY IDENTIFICATION		2	s	2330B			Name Change
REF01	Reference Identification Qualifier	ID	2-3	R			2U, EI, FY, NF	Code Deleted
REF02	Other Payer Secondary Identifier	AN	1-50	R				Increase from 30 -
REF03	Description	AN	1-80	N/U				1
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE0.4.0	Reference Identification							New Element
REF04-3 REF04-4	Qualifier Reference Identification	ID AN	2-3 1-50	N/U N/U				New Element
NLI 04-4	Reference Identification	AIN	1-30	IN/O				New Element
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	OTHER PAYER PRIOR AUTHORIZATION NUMBER		1	s	2330B			Name Change
REF01	Reference Identification Qualifier	ID	2-3	R			G1	Code Deleted
REF02	Other Payer Prior Authorization Number	AN	1-50	R				Increase from 30 -
REF03	Description REFERENCE IDENTIFIER	AN	1-80	N/U				
REF04				N/U				New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				New Element
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	OTHER PAYER REFERRAL NUMBER		1	s	2330B			New Segment
REF01	Reference Identification Qualifier	ID	2-3	R	23300		9F	]
REF02	Other Payer Referral Number		1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				

	•	<b>4</b> U	10	<b>A</b> 1			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		837.	P 40	10Δ1			
	•	037	7 40	IVAI	•		-
	OTHER PAYER CLAIM						
REF	ADJUSTMENT INDICATOR		2	s	2330B		
DEE:	Reference Identification	15	0.0	-			Τ.
REF01	Qualifier Other Payer Claim	ID	2-3	R			T4
	Adjustment Indicator	AN	1-30	R			Υ
RFF02							
REF02 REF03			1-80	N/U			
REF02 REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U			
REF03	Description		1-80				
REF03	Description REFERENCE IDENTIFIER		1-80				
REF03 REF04	Description REFERENCE IDENTIFIER OTHER PAYER PATIENT			N/U	23200	1	
REF03 REF04	Description REFERENCE IDENTIFIER  OTHER PAYER PATIENT INFORMATION	AN	1	N/U	2330C	1	QC
REF03 REF04	Description REFERENCE IDENTIFIER  OTHER PAYER PATIENT INFORMATION Entity Identifier Code			N/U	2330C	1	QC 1
REF03 REF04 NM1 NM101	Description REFERENCE IDENTIFIER  OTHER PAYER PATIENT INFORMATION	AN	1 2-3	N/U S R	2330C	1	
REF03 REF04 NM1 NM101 NM102	OTHER PAYER PATIENT INFORMATION Entity Identifier Code Entity Type Qualifier	ID ID	1 2-3 1-1	N/U S R R	2330C	1	
NM1 NM101 NM102 NM103 NM104 NM105	OTHER PAYER PATIENT INFORMATION Entity Identifier Code Entity Type Qualifier Patient Last Name Name First Name Middle	ID ID AN	1 2-3 1-1 1-35	S R R N/U	2330C	1	
NM1 NM101 NM102 NM103 NM104 NM105 NM106	OTHER PAYER PATIENT INFORMATION Entity Identifier Code Entity Type Qualifier Patient Last Name Name First Name Middle Name Prefix	ID ID AN AN AN AN	1 2-3 1-1 1-35 1-25 1-25	\$ R R N/U N/U N/U N/U	2330C	1	
NM1 NM101 NM102 NM103 NM104 NM105	OTHER PAYER PATIENT INFORMATION Entity Identifier Code Entity Type Qualifier Patient Last Name Name First Name Middle	ID ID AN AN AN	1 2-3 1-1 1-35 1-25 1-25	S R R N/U	2330C	1	
NM1 NM101 NM102 NM103 NM104 NM105 NM106 NM107	OTHER PAYER PATIENT INFORMATION Entity Identifier Patient Last Name Name First Name Middle Name Prefix Name Suffix	ID ID AN AN AN AN	1 2-3 1-1 1-35 1-25 1-25 1-10 1-10	S R R N/U N/U N/U N/U N/U N/U	2330C	1	
NM1 NM101 NM102 NM103 NM104 NM105 NM106	OTHER PAYER PATIENT INFORMATION Entity Identifier Code Entity Type Qualifier Patient Last Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	ID ID AN AN AN AN	1 2-3 1-1 1-35 1-25 1-25	\$ R R N/U N/U N/U N/U	2330C	1	1
NM1 NM101 NM102 NM103 NM104 NM105 NM106 NM107	OTHER PAYER PATIENT INFORMATION Entity Identifier Patient Last Name Name First Name Middle Name Prefix Name Suffix	ID ID AN AN AN ID	1 2-3 1-1 1-35 1-25 1-10 1-10 1-10	\$ R R N/U N/U N/U N/U R	2330C	1	1
NM1 NM101 NM102 NM103 NM104 NM105 NM106 NM107	Description REFERENCE IDENTIFIER  OTHER PAYER PATIENT INFORMATION Entity Identifier Code Entity Type Qualifier Patient Last Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier Other Payer Patient Primary	ID ID AN AN AN AN	1 2-3 1-1 1-35 1-25 1-25 1-10 1-10	S R R N/U N/U N/U N/U N/U N/U	2330C	1	1

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				4
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				1
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				]
REF04-6	Reference Identification	AN	1-50	N/U				
REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR		1	s	2330B			
REF01	Reference Identification Qualifier	ID	2-3	R			T4	
	Other Payer Claim			_				Code Deleted
REF02	Adjustment Indicator	AN	1-50	R				Increase from 30 - 50
REF03	Description REFERENCE IDENTIFIER	AN	1-80	N/U				_
REF04	REFERENCE IDENTIFIER			N/U				New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				Tow Element
	Reference Identification							New Element
REF04-3	Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				New Element
								Segment Deleted
	OTHER PAYER CLAIM							New Segment
	• · · · · · · · · · · · · · · · · · · ·							

Company   Comp	es
NM1   PROVIDER   1   S   2330D   2   S   233	es
NM1   No.	
NM1   No.	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF02         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF02         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF02         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF02         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF         IDENTIFICATION         3         S         2330C           Reference Identification Qualifier         ID         2-3         R         1W, 23,           REF01         Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         N/U           REF04         REFERENCE IDENTIFIER         N/U         N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
REF01	
REF01         Qualifier         ID         2-3         R         1W, 23,           Other Payer Patient Secondary Identifier         AN         1-30         R         R           REF03         Description         AN         1-80         N/U         Image: N/U           REF04         REFERENCE IDENTIFIER         N/U         Image: N/U         Image: N/U           OTHER PAYER REFERRING PROVIDER         1         S         2330D         2	
Other Payer Patient   Secondary Identifier   AN   1-30   R   REF03   Description   AN   1-80   N/U   REF04   REFERENCE IDENTIFIER   N/U   OTHER PAYER REFERRING   NM1   PROVIDER   1   S   2330D   2	IC SV
REF02   Secondary Identifier   AN   1-30   R	IG, 31
REF03   Description   AN   1-80   N/U	
OTHER PAYER REFERRING NM1 PROVIDER 1 S 2330D 2	
NM1 PROVIDER 1 S 2330D 2	
NM1 PROVIDER 1 S 2330D 2	
NM101   Entity Identifier Code   ID   2-3   R         DN,	DO
NM102 Entity Type Qualifier ID 1-1 R 1,	
NMT02 Entity Type Qualifier   ID   1-1   R   1, 4	
NM103 Referring Provider Last Name AN 1-35 N/U	
NM104 Name First AN 1-25 N/U	
NM105 Name Middle AN 1-25 N/U	
NM106 Name Prefix AN 1-10 N/U	
NM107 Name Suffix AN 1-10 N/U	
NIMAGO   Identification Code Qualificat   ID   1 0   NIM	
NM108 Identification Code Qualifier ID 1-2 N/U	
NM109 Identification Code AN 2-80 N/U	
NM110 Entity Relationship Code ID 2-2 N/U	
NM111 Entity Identifier Code ID 2-3 N/U	
OTHER PAYER REFERRING PROVIDER	
REF IDENTIFICATION 3 R 2330D	
Reference Identification 1B, 1C,	
REF01 Qualifier ID 2-3 R G2, LL	ID, EI.

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
	Reference Identification			_				
REF01	Qualifier	ID	2-3	R			F8	
DEEOO	Other Payer Claim Control Number	AN	1-50	R				
REF02 REF03	Description	AN	1-80	N/U				-
REF04	REFERENCE IDENTIFIER	AIN	1-00	N/U				1
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				
DEE04.0	Reference Identification	ID	0.0	NI/LI				
REF04-3 REF04-4	Qualifier  Reference Identification	ID AN	2-3 1-50	N/U N/U				4
NLI 04-4	Reference Identification	AIN	1-30	IN/O				=
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				
								Segment Deleted
	OTHER PAYER REFERRING							Loop Change
NM1	PROVIDER		1	S	2330C	2		Loop Change
NM101	PROVIDER Entity Identifier Code	ID	2-3	R	2330C	2	DN, P3	
	PROVIDER Entity Identifier Code Entity Type Qualifier	ID ID			2330C	2	DN, P3 1	Code Deleted
NM101 NM102	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization	ID	2-3 1-1	R R	2330C	2		Code Deleted
NM101 NM102 NM103	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name	ID AN	2-3 1-1 1-60	R	2330C	2		Code Deleted Increase from 35 -
NM101 NM102	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization	ID	2-3 1-1	R R N/U	2330C	2		Code Deleted Increase from 35 -
NM101 NM102 NM103 NM104	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First	ID AN AN	2-3 1-1 1-60 1-35	R R N/U N/U	2330C	2		Code Deleted Increase from 35 -
NM101 NM102 NM103 NM104 NM105	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First Name Middle	AN AN AN	2-3 1-1 1-60 1-35 1-25	R R N/U N/U N/U	2330C	2		
NM101 NM102 NM103 NM104 NM105 NM106	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First Name Middle Name Prefix	AN AN AN AN	2-3 1-1 1-60 1-35 1-25 1-10	R R N/U N/U N/U N/U	2330C	2		Code Deleted Increase from 35 -
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix  Identification Code Qualifier  Other Payer Primary Identifier	AN AN AN AN ID	2-3 1-1 1-60 1-35 1-25 1-10 1-10 1-2	R R N/U N/U N/U N/U N/U N/U	2330C	2		Code Deleted Increase from 35 -
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM108	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix  Identification Code Qualifier  Other Payer Primary Identifier Entity Relationship Code	AN AN AN ID AN ID	2-3 1-1 1-60 1-35 1-25 1-10 1-10 1-2 2-80 2-2	R R N/U N/U N/U N/U N/U N/U	2330C	2		Code Deleted Increase from 35 -
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix  Identification Code Qualifier  Other Payer Primary Identifier Entity Relationship Code Entity Identifier Code	AN AN AN AN ID	2-3 1-1 1-60 1-35 1-25 1-10 1-10 1-2	R R N/U N/U N/U N/U N/U N/U	2330C	2		Code Deleted Increase from 35 - Increase from 25 -
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM108 NM109 NM110 NM111	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix  Identification Code Qualifier  Other Payer Primary Identifier Entity Relationship Code Entity Identifier Code Name Last or Organization	AN AN AN ID ID ID	2-3 1-1 1-60 1-35 1-25 1-10 1-10 1-2 2-80 2-2 2-3	R R N/U N/U N/U N/U N/U N/U N/U N/U	2330C	2		Code Deleted Increase from 35 -
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM108	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix  Identification Code Qualifier  Other Payer Primary Identifier Entity Relationship Code Entity Identifier Code	AN AN AN ID AN ID	2-3 1-1 1-60 1-35 1-25 1-10 1-10 1-2 2-80 2-2	R R N/U N/U N/U N/U N/U N/U	2330C	2		Code Deleted Increase from 35 - Increase from 25 -
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM109 NM110 NM111	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name  Name First Name Middle Name Prefix Name Suffix  Identification Code Qualifier  Other Payer Primary Identifier Entity Relationship Code Entity Identifier Code Name Last or Organization Name  OTHER PAYER REFERRING PROVIDER SECONDARY	AN AN AN ID ID ID	2-3 1-1 1-60 1-35 1-25 1-10 1-10 1-2 2-80 2-2 2-3 1-60	R R N/U N/U N/U N/U N/U N/U N/U N/U N/U N/U		2		Code Deleted Increase from 35 - Increase from 25 -
NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM108 NM109 NM110 NM111	PROVIDER  Entity Identifier Code Entity Type Qualifier  Name Last or Organization Name  Name First Name Middle Name Prefix Name Suffix  Identification Code Qualifier  Other Payer Primary Identifier Entity Relationship Code Entity Identifier Code Name Last or Organization Name  OTHER PAYER REFERRING	AN AN AN ID ID ID	2-3 1-1 1-60 1-35 1-25 1-10 1-10 1-2 2-80 2-2 2-3	R R N/U N/U N/U N/U N/U N/U N/U N/U	2330C	2		Code Deleted Increase from 35 - Increase from 25 -

Element   Min. Usage   Loop   Identifier   Description   ID   Max. Reg. Loop   Repeat   Values							
	Description	ID			Loop		Values
		337-	P 40	10A1			
	Other Payer Referring						
REF02	Provider Identification	AN	1-30	R			
REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U			
1121 04	THE ENERGY IS ENTIRE IN			14/0			
	OTHER PAYER						
NM1	RENDERING PROVIDER		1	S	2330E	1	
NM101	Entity Identifier Code	ID	2-3	R			82
NM102	Entity Type Qualifier	ID	1-1	R			1, 2
	Rendering Provider Last or						
NM103	Organization Name	AN	1-35	N/U			
NM104	Name First	AN	1-25	N/U			
NM105	Name Middle	AN	1-25	N/U			
NM106	Name Prefix Name Suffix	AN	1-10	N/U			
NM107	Name Suffix	AN	1-10	N/U			
NM108	Identification Code Qualifier	ID	1-2	N/U			
TVIVITOO	identinoation odde Quainer	טו	1-2	14/0			
NM109	Identification Code	AN	2-80	N/U			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	OTHER PAYER						
	OTHER PAYER RENDERING PROVIDER						
	_						
REF	RENDERING PROVIDER		3	R	2330E		
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION Reference Identification		3	R	2330E		
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	ID	<b>3</b> 2-3	R R	2330E		1B, 1C, 1D, E G2, LU, N5
	RENDERING PROVIDER SECONDARY IDENTIFICATION Reference Identification Qualifier	ID			2330E		
REF01	RENDERING PROVIDER SECONDARY IDENTIFICATION Reference Identification Qualifier Other Payer Rendering		2-3	R	2330E		
REF01	RENDERING PROVIDER SECONDARY IDENTIFICATION  Reference Identification Qualifier  Other Payer Rendering Provider Secondary Identifier	AN	2-3	R R	2330E		
REF01	RENDERING PROVIDER SECONDARY IDENTIFICATION Reference Identification Qualifier Other Payer Rendering		2-3	R	2330E		

		5	501	0				]
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				<u> </u>
								Increase from 30 - 50
REF02	Other Payer Referring Provider Secondary Identifier	AN	4.50	_				
REF02	Description	AN	1-50	R N/U				
REF03	REFERENCE IDENTIFIER	AIN	1-80	N/U N/U				4
REFU4	REFERENCE IDENTIFIER			IN/U				New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE0.4.0	Reference Identification							New Element
REF04-3	Qualifier Reference Identification	ID	2-3	N/U				N
REF04-4		AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
NLI 04-0	Tiererence identification	AIN	1-30	IN/U				INEW LIGHTERIT
	OTHER PAYER							Loop Change
NM1	RENDERING PROVIDER		1	s	2330D	1		Loop onango
NM101	Entity Identifier Code	ID	2-3	R			82	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
	Name Last or Organization						,	Increase from 35 - 60
NM103	Name	AN	1-60	N/U				
NM104	Name First	AN	1-35	N/U				Increase from 25 - 3
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Name Suffix	AN	1-10	N/U				
NM108	Identification Code Qualifier	ID	1-2	N/U				]
NM109	Other Payer Primary Identifier	AN	2-80	N/U				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U				
	Name Last or Organization							New Element
NM112	Name	AN	1-60	N/U				1
REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER		3	R	2330D			Loop Change Name Change
	Reference Identification							Code Change
REF01	Qualifier	ID	2-3	R			0B, 1G, G2, LU	•
	Other Payer Rendering							Increase from 30 - 50
REF02	Provider Secondary Identifier	AN	1-50	R				4
REF03	Description	AN	1-80	N/U				1
REF04	REFERENCE IDENTIFIER			N/U				4
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837	-P 40	10A1			
			•			•	•
	Г	1	1	Π	Π		Τ
			<u> </u>	<u>I</u>	<u>I</u>		<u> </u>
	OTHER PAYER						
NM1	PURCHASED SERVICE PROVIDER		1	s	2330F	1	

		Loop		Usage	Min.			Element
	Values	Repeat	Loop	Reg.	Max.	ID	Description	Identifier
4				040				
<b>-</b> I				010	7-P 5	83	T = 4	
New Elemen				N/U	2-3	ID	Reference Identification Qualifier	REF04-3
New Elemen				N/U	1-50	AN	Reference Identification	REF04-4
New Elemen				,0	. 00	74	Reference Identification	
				N/U	2-3	ID	Qualifier	REF04-5
New Elemen				N/U	1-50	AN	Reference Identification	REF04-6
New Segme							OTHER PAYER SERVICE	
New Degine		1	2330E	s	1		FACILITY LOCATION	NM1
-	77			R	2-3	ID	Entity Identifier Code	NM101
1	2			R	1-1	ID	Entity Type Qualifier	NM102
7							Name Last or Organization	
				N/U	1-60	AN	Name	NM103
				N/U	1-35	AN	Name First	NM104
				N/U	1-25	AN	Name Middle	NM105
_				N/U	1-10	AN	Name Prefix	NM106
_				N/U	1-10	AN	Name Suffix	NM107
				N/U	1-2	ID	Identification Code Qualifier	NM108
				N/U	2-80	AN	Other Payer Primary Identifier	NM109
-				N/U	2-2	ID	Entity Relationship Code	NM110
1				N/U	2-3	ID	Entity Identifier Code	NM111
7							Name Last or Organization	
4				N/U	1-60	AN	Name	NM112
New Segme							OTHER PAYER SERVICE	
							FACILITY LOCATION	
			2330E	R	3		SECONDARY IDENTIFIER	REF
				_			Reference Identification	
_	0B, G2, LU			R	2-3	ID	Qualifier	REF01
							Other Payer Service Facility	
				R	1-50	AN	Location Secondary Identifier	REF02
_				N/U	1-80	AN	Description	REF03
_				N/U			REFERENCE IDENTIFIER	REF04
				N/U	2-3	ID	Reference Identifier Qualifier	REF04-1
				N/U	1-50	AN	Other Payer Primary Idenitifer	REF04-2
				N/U	2-3	ID	Reference Identification Qualifier	REF04-3
-				N/U	1-50	AN	Reference Identification	REF04-3
┨				IN/U	1-30	AIN	Reference Identification	n⊑FU4-4
				N/U	2-3	ID	Qualifier	REF04-5
7				N/U	1-50	AN	Reference Identification	REF04-6

NM102	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
NM102			837-	P 40	10A1			
NM103	NM101	Entity Identifier Code	ID	2-3	R			QB
NM103	NM102	Entity Type Qualifier	ID	1-1	R			1, 2
NM103								,
NM104	NM103	Name	AN	1-35	N/U			
NM106	NM104	Name First			N/U			
NM107   Name Suffix	NM105	Name Middle	AN	1-25	N/U			
NM108   Identification Code Qualifier   ID   1-2   N/U   NM109   Identification Code   AN   2-80   N/U   NM110   Entity Relationship Code   ID   2-2   N/U   NM111   Entity Identifier Code   ID   2-3   N/U		Name Prefix	AN		N/U			
NM109	NM107	Name Suffix	AN	1-10	N/U			
NM109	NM108	Identification Code Qualifier	ID	1-2	N/LI			
NM110								
NM111								
OTHER PAYER								
PURCHASED SERVICE					14/0			
Reference Identification		PURCHASED SERVICE PROVIDER						
REF01         Qualifier         ID         2-3         R         G2, LU           Other Payer Purchased         ID         2-3         R         ID         G2, LU	REF			3	R	2330F		
Other Payer Purchased								1A, 1B, 1C, 1D, E
	REF01		ID	2-3	R			G2, LU, N5
REF02   Service Provider Identifier   AN   1-30   R		1						
REF03 Description AN 1-80 N/U			AN	1-80				
REF04 REFERENCE IDENTIFIER N/U	REF04	REFERENCE IDENTIFIER			N/U			
		<u> </u>						

				_				7
		5	501	U				
Element Identifier	December		Min. Max.	Usage		Loop	Values	
identiller	Description	ID	wax.	Reg.	Loop	Repeat	values	-
		83	7-P 5	010				
	•			0.0	•	•		1
								Segment Deleted
								1
	OTHER PAYER							New Segment
NM1	SUPERVISING PROVIDER		1	S	2330F	1		
NM101	Entity Identifier Code	ID	2-3	R			DQ	4
NM102	Entity Type Qualifier  Name Last or Organization	ID	1-1	R			1	1
NM103	Name Name	AN	1-60	N/U				
NM104	Name First	AN	1-35	N/U				1
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				4
NM107	Name Suffix	AN	1-10	N/U				1
NM108	Identification Code Qualifier	ID	1-2	N/U				
	+					1		-1
NM109	Other Payer Primary Identifier		2-80	N/U				
NM110	Entity Relationship Code	ID	2-2	N/U				
	Entity Relationship Code Entity Identifier Code							
NM110	Entity Relationship Code	ID	2-2	N/U				
NM110 NM111	Entity Relationship Code Entity Identifier Code Name Last or Organization Name	ID ID	2-2 2-3	N/U N/U				
NM110 NM111	Entity Relationship Code Entity Identifier Code Name Last or Organization Name OTHER PAYER	ID ID	2-2 2-3	N/U N/U				New Segment
NM110 NM111	Entity Relationship Code Entity Identifier Code Name Last or Organization Name OTHER PAYER SUPERVISING PROVIDER	ID ID	2-2 2-3	N/U N/U				New Segment
NM110 NM111	Entity Relationship Code Entity Identifier Code Name Last or Organization Name OTHER PAYER	ID ID	2-2 2-3	N/U N/U	2330F			New Segment
NM110 NM111 NM112	Entity Relationship Code Entity Identifier Code Name Last or Organization Name  OTHER PAYER SUPERVISING PROVIDER SECONDARY	ID ID	2-2 2-3 1-60	N/U N/U	2330F		0B, 1G, G2, LU	New Segment

	,	40	10	<b>A</b> 1						5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
																]
		837	-P 40	10A1		-	-		T	83	7-P 5	010		1	1	4
								REF02	Other Payer Supervising Provider Secondary Identifier	AN	1-50	R				
								REF03	Description	AN		N/U				1
								REF04	REFERENCE IDENTIFIER			N/U				-
								REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				_
								REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				_
								REF04-3	Reference Identification Qualifier	ID	2-3	N/U				
								REF04-4	Reference Identification	AN	1-50	N/U	1			1
								REF04-5	Reference Identification Qualifier	ID	2-3	N/U				1
	Γ		1	1	1			REF04-6	Reference Identification	AN	1-50	N/U				
	OTHER PAYER SERVICE							┨ ├───		<u> </u>	<u> </u>		<u> </u>		<u> </u>	Segment Delete
NM1	FACILITY LOCATION		1	S	2330G	1	77 54 11 71	11								
NM101 NM102	Entity Identifier Code Entity Type Qualifier	ID	2-3	R R			77, FA, LI, TL 2	4 1								
NM102	Service Facility Name	ID AN	1-1 1-35	N/U				11								
NM104	Name First	AN	1-25	N/U				1								
NM105	Name Middle	AN	1-25	N/U				1								
NM106	Name Prefix	AN	1-10	N/U	1			1 1								
NM107	Name Suffix	AN		N/U				1								
NM108	Identification Code Qualifier	ID	1-2	N/U				11								
NM109	Identification Code	AN		N/U				1								
NM110	Entity Relationship Code	ID	2-2	N/U				1								
NM111	Entity Identifier Code	ID	2-3	N/U				11								
DEE	OTHER PAYER SERVICE FACILITY LOCATION				2222											Segment Delete
REF	IDENTIFICATION  Reference Identification		3	R	2330G		1A, 1B, 1C,	11								
REF01	Qualifier	ID	2-3	R	<u> </u>		1D,G2, LU, N5	] [								
	Other Payer Service Facility							11								
REF02	Location Identifier	AN		R				11								
REF03	Description	AN	1-80	N/U	1			11								
REF04	REFERENCE IDENTIFIER			N/U	<del>                                     </del>			<b>∤ ├</b> ──	-		ı	1		1	1	4
	ļ	<u> </u>		!	1			1	OTHER PAYER BILLING		1					New Segment
								NM1	PROVIDER		1	s	2330G	1		223311
								NM101	Entity Identifier Code	ID	2-3	R			85	1
								NM102	Entity Type Qualifier	ID	1-1	R			1, 2	1
									Name Last or Organization							
								NM103	Name	AN	1-60	N/U			<u> </u>	
								NM104	Name First	AN	1-35	N/U				
								NM105	Name Middle	AN	1-25	N/U				4
								NM106	Name Prefix	AN	1-10	N/U			<u> </u>	

		40	10	<b>A1</b>						Ę	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		837	-P 40	10A1				1		83	7-P 5	010				
	•			•	•			NM107	Name Suffix	AN		N/U				1
								NM108	Identification Code Qualifier	ID	1-2	N/U				
								NM109	Other Payer Primary Identifier	AN	2-80	N/U				
								NM110	Entity Relationship Code	ID	2-2	N/U				-
								NM111	Entity Identifier Code	ID	2-3	N/U				1
									Name Last or Organization			.,,0				1
								NM112	Name	AN	1-60	N/U				
								REF	OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION		2	R	2330G			New Segment
									Reference Identification							
								REF01	Qualifier	ID	2-3	R			G2, LU	
								REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R				
								REF03	Description	AN		N/U				1
								REF04	REFERENCE IDENTIFIER			N/U				1
								REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
								REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				
									Reference Identification							
								REF04-3	Qualifier	ID	2-3	N/U				
								REF04-4	Reference Identification	AN	1-50	N/U				4
								DEE045	Reference Identification		0.0	N1/1.1				
								REF04-5 REF04-6	Qualifier Reference Identification	ID AN	2-3 1-50	N/U N/U				4
		1	l					REF04-6	heleferice identification	AIN	1-50	IN/U				-
<b>-</b>	OTHER PAYER	1	<b> </b>		<del>                                     </del>			1 ⊨	<u> </u>	<u> </u>	1		1	1	1	Segment Deleted
NM1	SUPERVISING PROVIDER		1	s	2330H	1										3 = 5.0.00
NM101	Entity Identifier Code	ID	2-3	R			DQ	1 I								
NM102	Entity Type Qualifier	ID	1-1	R			1	] [								
	Supervising Provider Last							1 1								
NM103	Name	AN		N/U				J								
NM104	Name First	AN		N/U				1 I								
NM105	Name Middle	AN	1-25	N/U				l I								
NM106	Name Prefix	AN	1-10	N/U				<b>!</b>								
NM107	Name Suffix	AN	1-10	N/U	-			ł I								
NM108	Identification Code Qualifier	ID	1-2	N/U												
NM108	Identification Code Qualifier	AN		N/U	1			1								
NM110	Entity Relationship Code	ID	2-30	N/U	-			11								
NM111	Entity Identifier Code	ID	2-3	N/U				1								
	,							1								
REF	OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION		3	R	2330H	_										Segment Deleted

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
	Reference Identification						1B, 1C, 1D,EI,
REF01	Qualifier	ID	2-3	R			G2, N5
	Other Payer Supervising						
REF02	Provider Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
LX	SERVICE LINE		1	R	2400	50	
LX01	Assigned Number	N0	1-6	R	2400	50	
LXUI	Assigned Number	INU	1-6	n			
SV1	PROFESSIONAL SERVICE		1	R	2400		
<u> </u>	COMPOSITE MEDICAL						1
SV101	PROCEDURE IDENTIFIER			R			
	Product or Service ID						
SV101-1	Qualifier	ID	2-2	R		<u> </u>	HC, IV, ZZ
SV101-2	Procedure Code	AN	1-48	R			
SV101-3	Procedure Modifier	AN	2-2	S	,		
SV101-4	Procedure Modifier	AN	2-2	S			
SV101-5	Procedure Modifier	AN	2-2	S			
SV101-6	Procedure Modifier	AN	2-2	S			
SV101-7	Description	AN	1-80	N/U			
	Line Henry Observed Assessment						
SV102	Line Item Charge Amount S9(7)V99	R	1-18	R			
3 1 1 1 2	Unit or Basis for	n	1-10	n			
		ID	2-2	-			F2,MJ,UN
SV103	Measurement Code						
SV103	Measurement Code Service Unit Count "F2" -		2-2	R			
SV103	Service Unit Count "F2" =		2-2	К			
	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" =						
SV103 SV104	Service Unit Count "F2" =	R	1-15	R			
	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" =						11 12 21 22 23
	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" =						
	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" =						24, 25, 26, 31, 32
	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" =						24, 25, 26, 31, 32 33, 34, 41, 42, 50
	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" =						24, 25, 26, 31, 32 33, 34, 41, 42, 50 51, 52, 53, 54, 55
	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" =						24, 25, 26, 31, 32 33, 34, 41, 42, 50 51, 52, 53, 54, 55
SV104	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code	R	1-15	R			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS	R	1-15	R			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105 SV106 SV107	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER	R AN ID	1-15	R S N/U S			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105 SV106 SV107 SV107-1	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Diagnosis Code Pointer	R AN ID	1-15 1-2 1-2	R S N/U S R			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105 SV106 SV107 SV107-1 SV107-2	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Diagnosis Code Pointer Diagnosis Code Pointer	R AN ID NO NO	1-15 1-2 1-2 1-2	R S N/U S R			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105 SV106 SV107 SV107-1 SV107-2 SV107-3	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Diagnosis Code Pointer Diagnosis Code Pointer	R AN ID NO NO NO NO	1-15 1-2 1-2 1-2 1-2	R S N/U S R S S			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105 SV106 SV107-1 SV107-2 SV107-3 SV107-4	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Diagnosis Code Pointer Diagnosis Code Pointer Diagnosis Code Pointer	R AN ID NO NO NO NO NO	1-15 1-2 1-2 1-2 1-2 1-2	R S N/U S R S S S			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105 SV106 SV107-1 SV107-2 SV107-3 SV107-4 SV108	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Diagnosis Code Pointer Diagnosis Code Pointer Diagnosis Code Pointer Monetary Amount	R AN ID NO NO NO NO R	1-15 1-2 1-2 1-2 1-2 1-2 1-18	S N/U S R S S S N/U			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99
SV104 SV105 SV106 SV107-1 SV107-2 SV107-3 SV107-4 SV108 SV109	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Monetary Amount Emergency Indicator	R AN ID NO NO NO NO R ID	1-15 1-2 1-2 1-2 1-2 1-2 1-18 1-1	R S N/U S R S S S S S S S S S S S S S S S S S			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65,
SV104 SV105 SV106 SV107-1 SV107-2 SV107-3 SV107-4 SV108 SV109 SV110	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Monetary Amount Emergency Indicator Multiple Procedure Code	R AN ID NO NO NO NO ID ID	1-15  1-2  1-2  1-2  1-2  1-2  1-18  1-1  1-2	S N/U S S S V/U S S N/U S N/U			24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99
SV104 SV105 SV106 SV107-1 SV107-2 SV107-3 SV107-4 SV108 SV109	Service Unit Count "F2" = 9(7)V999 "MJ" = 9(4) "UN" = 9(3)V9  Place of Service Code Service Type Code COMPOSITE DIAGNOSIS CODE POINTER Monetary Amount Emergency Indicator	R AN ID NO NO NO NO R ID	1-15 1-2 1-2 1-2 1-2 1-2 1-18 1-1	R S N/U S R S S S S S S S S S S S S S S S S S			51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
1.V	CEDVICE LINE			-	0400	50		
LX01	SERVICE LINE Assigned Number	N0	<b>1</b>	R R	2400	50		
SV1	PROFESSIONAL SERVICE		1	R	2400			
	COMPOSITE MEDICAL			_				
SV101	PROCEDURE IDENTIFIER Product or Service ID			R				Coo Chango
SV101-1	Qualifier	ID	2-2	R			ER, HC, IV, WK	Coe Change
SV101-1 SV101-2	Procedure Code	AN	1-48	R			LH, HU, IV, WK	ĺ
SV101-2	Procedure Modifier	AN	2-2	S				
SV101-4	Procedure Modifier	AN	2-2	S				1
SV101-5	Procedure Modifier	AN	2-2	S				1
SV101-6	Procedure Modifier	AN	2-2	S				1
SV101-7	Description	AN	1-80	S				
SV101-8	Product/Service ID	AN	1-48	N/U				New Element
	Line Item Charge Amount							1
SV102	S9(7)V99	R	1-18	R				
	Unit or Basis for							1
SV103	Measurement Code	ID	2-2	R			MJ, UN	
SV104	Service Unit Count "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R				
SV105	Place of Service Code	AN	1-2	S				
SV106	Service Type Code	ID	1-2	N/U				<b>.</b>
0)//07	COMPOSITE DIAGNOSIS							Usage changed to Required
SV107	CODE POINTER	NIC	4.0	R				1
SV107-1	Diagnosis Code Pointer Diagnosis Code Pointer	N0	1-2	R		-		-
SV107-2 SV107-3	Diagnosis Code Pointer  Diagnosis Code Pointer	N0 N0	1-2 1-2	S				ĺ
SV107-3 SV107-4	Diagnosis Code Pointer  Diagnosis Code Pointer	N0	1-2	S		-		ł
SV107-4 SV108	Monetary Amount	R	1-18	N/U				ĺ
	Emergency Indicator	ID	1-18	S S			Y	ĺ
		יוו	171	J		i	'	
SV109		ID	1 2	NI/LI				1
SV109 SV110	Multiple Procedure Code	ID	1-2	N/U			٧	
SV109		ID ID	1-2 1-1 1-1	N/U S S			Y	

Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
	8	337-	P 40	10A1			
	National or Local Assigned						
SV114	Review Value	AN	1-2	N/U			
SV115	Co-Pay Status Code	ID	1-1	S			0
	Health Care Professional						
SV116	Shortage Area Code	ID	1-1	N/U			
SV117	Reference Identification	AN	1-30	N/U			
SV118	Postal Code	ID	3-15	N/U			
SV119	Monetary Amount	R	1-18	N/U			
SV120	Level of Care Code	ID	1-1	N/U			
SV121	Provider Agreement Code	ID	1-1	N/U			
	DURABLE MEDICAL						
SV5	EQUIPMENT SERVICE		1	s	2400		
	COMPOSITE MEDICAL						
SV501	PROCEDURE			R			
SV501-1	Procedure Identifier	ID	2-2	R			HC
SV501-2	Procedure Code	AN	1-48	R			
SV501-3	Procedure Modifier	AN	2-2	N/U			
SV501-4	Procedure Modifier	AN	2-2	N/U			
SV501-5	Procedure Modifier	AN	2-2	N/U			
SV501-6	Procedure Modifier	AN	2-2	N/U			
SV501-7	Desription	AN	1-80	N/U			
0 7 0 0 1 7	Beenpaen.	7.0.4	1 00	14/0			
	Unit or Basis for						
SV502	Measurement Code	ID	2-2	R			DA
J V JUL	Length of Medical Necessity	טו	~-c	- 11			D/1
SV503	9(3)	R	1-15	R			
3 7 303	3(0)	п	1-13	п			
SV504	DME Rental Price S9(7)V99	R	1-18	S			
3 7 307	DME Purchase Price	- 11	1-10	U			
SV505	S9(7)V99	R	1-18	S			
3 7 303	39(1) 499	n	1-16	3			
SV506	Rental Unit Price Indicator	ID	1-1	S			1, 4, 6
SV506 SV507	Prognosis Code	ID	1-1	N/U			1, 4, 0
3 7 3 0 7	Flugilusis Code	טו	1-1	IN/U			

		5	01	0				
Element			Min.	Usage	_	Loop		
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values	
		83	7-P 5	010				₫
	National or Local Assigned							
SV114	Review Value	AN	1-2	N/U				
SV115	Co-Pay Status Code	ID	1-1	S			0	
	Health Care Professional							
SV116	Shortage Area Code	ID	1-1	N/U				
SV117	Reference Identification	AN	1-30	N/U				
SV118	Postal Code	ID	3-15	N/U				
SV119	Monetary Amount	R	1-18	N/U				
SV120	Level of Care Code	ID	1-1	N/U				_
SV121	Provider Agreement Code	ID	1-1	N/U				
	DURABLE MEDICAL							
SV5	EQUIPMENT SERVICE		1	S	2400			
	COMPOSITE MEDICAL							
SV501	PROCEDURE			R				
SV501-1	Procedure Identifier	D	2-2	R			HC	
SV501-2	Procedure Code	AN	1-48	R				
SV501-3	Procedure Modifier	ΑN	2-2	N/U				
SV501-4	Procedure Modifier	AN	2-2	N/U				
SV501-5	Procedure Modifier	ΑN	2-2	N/U				
SV501-6	Procedure Modifier	AN	2-2	N/U				
SV501-7	Desription	AN	1-80	N/U				
SV501-8	Product/Service ID	AN	1-48	N/U				New Element
	Unit or Basis for							
SV502	Measurement Code	ID	2-2	R			DA	
	Length of Medical Necessity							
SV503	9(3)	R	1-15	R				
								Usage changed to Required
SV504	DME Rental Price S9(7)V99	R	1-18	R				
	DME Purchase Price							Usage changed to Required
SV505	S9(7)V99	R	1-18	R				
								Usage changed to Required
SV506	Rental Unit Price Indicator	ID	1-1	R			1, 4, 6	
SV507	Prognosis Code	ID	1-1	N/U				_
PWK	LINE SUPPLEMENTAL INFORMATION		10	s	2400			New Segment

	4	40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		007	D 40	1001			
	-	837-	P 40	10A1			•
							Γ
	-						
DWK	DMERC CMN INDICATOR		1	9	2400		
PWK	DMERC CMN INDICATOR Attachment Report Type		1	S	2400		
PWK PWK01	Attachment Report Type Code	ID	1 2-2	S R	2400		CT
PWK01	Attachment Report Type Code Attachment Transmission		2-2	R	2400		AB, AD, AF, AG,
PWK01	Attachment Report Type Code Attachment Transmission Code	ID	2-2 1-2	R R	2400		
PWK01	Attachment Report Type Code Attachment Transmission		2-2	R	2400		AB, AD, AF, AG,
PWK01 PWK02 PWK03 PWK04	Attachment Report Type Code Attachment Transmission Code Report Copies Needed Entity Identifier Code	ID N0 ID	2-2 1-2 1-2 2-3	R R N/U N/U	2400		AB, AD, AF, AG,
PWK01 PWK02 PWK03 PWK04 PWK05	Attachment Report Type Code Attachment Transmission Code Report Copies Needed Entity Identifier Code  Identification Code Qualifier	ID N0 ID	2-2 1-2 1-2 2-3	R R N/U N/U N/U	2400		AB, AD, AF, AG,
PWK01  PWK02  PWK03  PWK04  PWK05  PWK06	Attachment Report Type Code Attachment Transmission Code Report Copies Needed Entity Identifier Code Identification Code Qualifier Identification Code	ID N0 ID ID	2-2 1-2 1-2 2-3 1-2 2-80	R R N/U N/U N/U	2400		AB, AD, AF, AG,
PWK01  PWK02  PWK03  PWK04  PWK05  PWK06  PWK07	Attachment Report Type Code Attachment Transmission Code Report Copies Needed Entity Identifier Code  Identification Code Qualifier	ID N0 ID	2-2 1-2 1-2 2-3	R R N/U N/U N/U N/U N/U	2400		AB, AD, AF, AG,
PWK01  PWK02  PWK03  PWK04  PWK05  PWK06	Attachment Report Type Code  Attachment Transmission Code Report Copies Needed Entity Identifier Code  Identification Code Qualifier Identification Code Description	ID N0 ID ID	2-2 1-2 1-2 2-3 1-2 2-80	R R N/U N/U N/U	2400		AB, AD, AF, AG,
PWK02 PWK03 PWK04 PWK05 PWK06 PWK07 PWK08	Attachment Report Type Code  Attachment Transmission Code Report Copies Needed Entity Identifier Code  Identification Code Qualifier Identification Code Description ACTIONS INDICATED	ID N0 ID ID AN AN	2-2 1-2 1-2 2-3 1-2 2-80 1-80	R R N/U N/U N/U N/U N/U N/U	2400		AB, AD, AF, AG,
PWK02 PWK03 PWK04 PWK05 PWK06 PWK07 PWK08	Attachment Report Type Code  Attachment Transmission Code Report Copies Needed Entity Identifier Code  Identification Code Qualifier Identification Code Description ACTIONS INDICATED Request Category Code	ID N0 ID ID AN AN	2-2 1-2 1-2 2-3 1-2 2-80 1-80	R R N/U N/U N/U N/U N/U N/U	2400		AB, AD, AF, AG,
PWK02 PWK03 PWK04 PWK05 PWK06 PWK07 PWK08	Attachment Report Type Code  Attachment Transmission Code Report Copies Needed Entity Identifier Code  Identification Code Qualifier Identification Code Description ACTIONS INDICATED	ID N0 ID ID AN AN	2-2 1-2 1-2 2-3 1-2 2-80 1-80	R R N/U N/U N/U N/U N/U N/U N/U	2400		AB, AD, AF, AG,
PWK01  PWK02  PWK03  PWK04  PWK05  PWK06  PWK07  PWK08  PWK09	Attachment Report Type Code  Attachment Transmission Code Report Copies Needed Entity Identifier Code  Identification Code Qualifier Identification Code Description ACTIONS INDICATED Request Category Code  AMBULANCE TRANSPORT	ID N0 ID ID AN AN	2-2 1-2 1-2 2-3 1-2 2-80 1-80	R R N/U N/U N/U N/U N/U N/U			AB, AD, AF, AG,

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
								1
Duve	Attachment Report Type						03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, A8, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG,	
PWK01	Code Attachment Transmission	ID	2-2	R			V5, XP AA, BM, EL, EM,	
PWK02	Code	ID	1-2	R			FT, FX	
PWK03	Report Copies Needed	N0	1-2	N/U				1
PWK04	Entity Identifier Code	ID	2-3	N/U				
PWK05 PWK06	Identification Code Qualifier Identification Code	ID AN	1-2 2-80	S S			AC	
PWK07	Description	AN	1-80	N/U				
PWK08	ACTIONS INDICATED	7	. 00	N/U				1
PWK09	Request Category Code	ID	1-2	N/U				
PWK	DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR		1	s	2400			Name Chang
PWK01	Attachment Report Type Code	ID	2-2	R			СТ	
PWK02	Attachment Transmission Code	ID	1-2	R			AB, AD, AF, AG, NS	
PWK03 PWK04	Report Copies Needed Entity Identifier Code	N0 ID	1-2 2-3	N/U N/U				
PWK05	Identification Code Qualifier	ID	1-2	N/U				
PWK05 PWK06	Identification Code Qualifier	AN	2-80	N/U			1	1
PWK07	Description	AN	1-80	N/U				
PWK08	ACTIONS INDICATED	/ 114	1 00	N/U				1
PWK09	Request Category Code	ID	1-2	N/U				1
CR1	AMBULANCE TRANSPORT		1	s	2400			
CR101	Unit or Basis for Measurement Code	ID	2-2	s			LB	

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
CR102	Patient Weight 9(3)	R	1-10	S			
CR103	Ambulance Transport Code Ambulance Transport Reason	ID	1-1	R			I, R, T, X
CR104	Code Unit or Basis for	ID	1-1	R			A, B, C, D, E
CR105	Measurement Code	ID	2-2	R			DH
CR106	Transport Distance 9(4)	R	1-15	R			5
CR107	Address Information	AN	1-55	N/U			
CR108	Address Information	AN	1-55	N/U			
	Round Trip Purpose						
CR109	Description	AN	1-80	S			
CR110	Stretcher Purpose Description	AN	1-80	S			
	ODINAL MANUDUL ATION						
CR2	SPINAL MANIPULATION SERVICE INFORMATION		5	s	2400		
	Treatment Series Number						
CR201 CR202	9(3) Treatment Count 9(3)	N0 R	1-9 1-15	N/U N/U			
CR203	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, C0, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
CR204	Subluxation Level Code	ID	2-3	N/U			C1, C2, C3, C4, C5, C6, C7, C0, IL, L1, L2, L3, L4, L5, OC, SA, T1, T10, T11, T12, T2, T3, T4, T5, T6, T7, T8, T9
	Unit or Basis for						
CR205	Measurement Code	ID	2-2	N/U			DA, MO, WK, YR
CR206	Treatment Period Count 9(3)	R	1-15	N/U			
CR207	Monthly Treatment Count 9(2)	R	1-15	N/U			
CDooc	Potiont Condition Code	ın		_			A C D E E C M
CR208 CR209	Patient Condition Code Complication Indicator	ID ID	1-1	R N/U		-	A, C, D, E, F, G, M N, Y
CR210	Patient Condition Description	AN	1-80	S			14, 1
	1						
CR211	Patient Condition Description	AN	1-80	S			
CR212	X-ray Availability Indicator	ID	1-1	S			N, Y

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	<u> </u>
		00	7 D C	010				4
00400	Dations Wainles 0(0)		7-P 5		1	ı		
CR102	Patient Weight 9(3)	R	1-10	S				Code Deleted
								Usage changed to
CR103	Ambulance Transport Code	ID	1-1	N/U				Used
011100	Ambulance Transport Reason			140				
CR104	Code	ID	1-1	R			A, B, C, D, E	
	Unit or Basis for							
CR105	Measurement Code	ID	2-2	R			DH	
CR106	Transport Distance 9(4)	R	1-15	R				
CR107	Address Information	AN	1-55	N/U				
CR108	Address Information	AN	1-55	N/U				
00400	Round Trip Purpose		4 00					
CR109	Description	AN	1-80	S				=
CR110	Stretcher Purpose Description	AN	1-80	s				
CHITO	Otteterier i dipose Description	AIN	1-00	3				-

Blement   Identifier		•	40	10	<b>A1</b>			
DURABLE MEDICAL EQUIPMENT CERTIFICATION   1 S 2400		Description	ID			Loop		Values
CR3			337	-P 40	10A1			
CR3         CERTIFICATION         1         S         2400           CR301         Certification Type Code         ID         1-1-1         R         I,R,S           CR302         Measurement Code         ID         2-2-2         R         MO           CR303         Durable Medical Equipment Duration 9(2)         R         1-15         R           CR304         Insulin Dependent Code         ID         1-1         N/U           CR305         Description         AN         1-80         N/U           CR501         HOME OXYGEN THERAPY INFORMATION         1         S         2400           CR501         Certification Type Code         ID         1-1         R           CR501         Certification Type Code         ID         1-1         R           CR502         Treatment Period Count 9(2)         R         1-15         R           CR503         Coygen Equipment Type         Code         ID         1-1         N/U           CR504         Code         ID         1-1         N/U         D           CR505         Description         AN         1-80         N/U         D           CR506         Quantity <td></td> <td>DURABLE MEDICAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		DURABLE MEDICAL						
CR301   Certification Type Code		EQUIPMENT						
Unit or Basis for Measurement Code						2400		
CR302   Measurement Code   ID   2-2   R   MO	CR301		ID	1-1	R			I,R,S
CR303					_			
CR303	CR302	II.	ID	2-2	R			МО
CR304	CDOO		В	1 15	_			
CR305   Description							-	
CR5							+	
CR5         INFORMATION         1         S         2400           CR501         Certification Type Code         ID         1-1         R         I,R,S           CR502         Treatment Period Count 9(2)         R         1-15         R         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CH303	Description	AIN	1-00	IN/O		+	
CR5         INFORMATION         1         S         2400           CR501         Certification Type Code         ID         1-1         R         I,R,S           CR502         Treatment Period Count 9(2)         R         1-15         R         III           CR503         Code         ID         1-1         N/U         III         III         N/U         III         III<		HOME OXYGEN THERAPY					<del>                                     </del>	
CR501         Certification Type Code         ID         1-1         R         I,R,S           CR502         Treatment Period Count 9(2)         R         1-15         R         I,R,S           CR502         Treatment Period Count 9(2)         R         1-15         R         I,R,S           CR503         Cxygen Equipment Type Code         ID         1-1         N/U         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CR5			1	s	2400		
CR502   Treatment Period Count 9(2)   R   1-15   R			ID					I.R.S
Oxygen Equipment Type	011001	- The state of the			- ''			.,,-
Oxygen Equipment Type	CR502	Treatment Period Count 9(2)	R	1-15	R			
Oxygen Equipment Type		Oxygen Equipment Type						
CR504         Code         ID         1-1         N/U           CR505         Description         AN         1-80         N/U           CR506         Quantity         R         1-15         N/U           CR507         Quantity         R         1-15         N/U           CR508         Quantity         R         1-15         N/U           CR509         Description         AN         1-80         N/U           CR510         Arterial Blood Gas Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR511         9(2)V9         R         1-15         S           CR512         Oxygen Test Condition Code         ID         1-1         R         E,R,S           CR512         Oxygen Test Findings Code         ID         1-1         S         1           CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Delivery System code         ID         1-1         N/U           CR517         Oxygen Delivery System code         ID         1-1         N/U           CR5	CR503		ID	1-1	N/U			
CR505         Description         AN         1-80         N/U           CR506         Quantity         R         1-15         N/U           CR507         Quantity         R         1-15         N/U           CR508         Quantity         R         1-15         N/U           CR509         Description         AN         1-80         N/U           CR510         Arterial Blood Gas Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Test Condition Code ID         ID         1-1         R         E.R.S           CR512         Oxygen Test Findings Code ID         ID         1-1         S         1           CR513         Oxygen Test Findings Code ID         ID         1-1         S         2           CR514         Oxygen Test Findings Code ID         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         ID           CR517         Oxygen Delivery System code ID         ID         1-1         N/U         ID           CR518         Code         ID <t< td=""><td></td><td>Oxygen Equipment Type</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		Oxygen Equipment Type						
CR506         Quantity         R         1-15         N/U           CR507         Quantity         R         1-15         N/U           CR508         Quantity         R         1-15         N/U           CR509         Description         AN         1-80         N/U           CR510         Arterial Blood Gas Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR512         Oxygen Test Condition Code ID         ID         1-1         R         E,R,S           CR512         Oxygen Test Findings Code ID         ID         1-1         S         1           CR513         Oxygen Test Findings Code ID         ID         1-1         S         2           CR514         Oxygen Test Findings Code ID         ID         1-1         S         3           CR515         Oxygen Test Findings Code ID         ID         1-1         N/U           CR517         Oxygen Delivery System code ID         ID         1-1         N/U           CR518         Code         ID         1-1         N/U	CR504	Code	ID	1-1	N/U			
CR507         Quantity         R         1-15         N/U           CR508         Quantity         R         1-15         N/U           CR509         Description         AN         1-80         N/U           CR510         Arterial Blood Gas Quantity 9(2)V9         R         1-15         S           CR510         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Test Condition Code ID         ID         1-1         R         E,R,S           CR512         Oxygen Test Findings Code ID         ID         1-1         S         1           CR513         Oxygen Test Findings Code ID         ID         1-1         S         2           CR514         Oxygen Test Findings Code ID         ID         1-1         S         3           CR515         Oxygen Test Findings Code ID         ID         1-1         S         3           CR517         Oxygen Delivery System code ID         ID         1-1         N/U           CR518         Code ID         ID         I-1         N/U	CR505	Description	AN	1-80	N/U			
CR508         Quantity         R         1-15         N/U           CR509         Description         AN         1-80         N/U           CR510         Arterial Blood Gas Quantity 9(2)V9         R         1-15         S           CR510         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Test Condition Code ID         ID         1-1         R         E,R,S           CR512         Oxygen Test Findings Code ID         ID         1-1         S         1           CR513         Oxygen Test Findings Code ID         ID         1-1         S         2           CR514         Oxygen Test Findings Code ID         ID         1-1         S         3           CR515         Oxygen Test Findings Code ID         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         0           CR517         Oxygen Delivery System code ID         ID         1-1         N/U         0           CR518         Code         ID         1-1         N/U         0         0           CR518         CR516         CR516         Test Findings Code ID         Test Findings Code I	CR506	Quantity	R	1-15	N/U			
CR508         Quantity         R         1-15         N/U           CR509         Description         AN         1-80         N/U           CR510         Arterial Blood Gas Quantity 9(2)V9         R         1-15         S           CR510         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Test Condition Code ID         ID         1-1         R         E,R,S           CR512         Oxygen Test Findings Code ID         ID         1-1         S         1           CR513         Oxygen Test Findings Code ID         ID         1-1         S         2           CR514         Oxygen Test Findings Code ID         ID         1-1         S         3           CR515         Oxygen Test Findings Code ID         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         0           CR517         Oxygen Delivery System code ID         ID         1-1         N/U         0           CR518         Code         ID         1-1         N/U         0         0           CR518         CR516         CR516         Test Findings Code ID         Test Findings Code I	CB507	Quantity	R	1-15	N/U			
CR509         Description         AN         1-80         N/U           CR510         Arterial Blood Gas Quantity 9(2)V9         R         1-15         S           CR511         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR512         Oxygen Test Condition Code         ID         1-1         R         E,R,S           CR513         Oxygen Test Findings Code         ID         1-1         S         1           CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U           CR517         Oxygen Delivery System code         ID         1-1         N/U           CR518         Code         ID         1-1         N/U           AMBULANCE CETIFICATION         3         S         2400								
Arterial Blood Gas Quantity 9(2)V9 R 1-15 S   Oxygen Saturation Quantity 9(2)V9 R 1-15 S   Oxygen Test Condition Code ID 1-1 R   E,R,S								
CR510         9(2)V9         R         1-15         S           CR511         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR512         Oxygen Test Condition Code         ID         1-1         R         E,R,S           CR513         Oxygen Test Findings Code         ID         1-1         S         1           CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         0           CR517         Oxygen Delivery System code         ID         1-1         N/U         0           CR518         Code         ID         1-1         N/U         0         0           AMBULANCE CETIFICATION         3         S         2400         2400         0	011303		AIN	1-00	14/0		1	
CR511         Oxygen Saturation Quantity 9(2)V9         R         1-15         S           CR512         Oxygen Test Condition Code         ID         1-1         R         E,R,S           CR513         Oxygen Test Findings Code         ID         1-1         S         1           CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         ID           CR517         Oxygen Delivery System code         ID         1-1         N/U         ID           CR518         Code         ID         1-1         N/U         ID         ID           CRC         CERTIFICATION         3         S         2400         2400	CB510		R	1-15	S			
CR511         9(2)V9         R         1-15         S           CR512         Oxygen Test Condition Code         ID         1-1         R         E,R,S           CR513         Oxygen Test Findings Code         ID         1-1         S         1           CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         ID         ID <td>011010</td> <td></td> <td></td> <td>1 10</td> <td></td> <td></td> <td><del>                                     </del></td> <td></td>	011010			1 10			<del>                                     </del>	
CR512         Oxygen Test Condition Code         ID         1-1         R         E,R,S           CR513         Oxygen Test Findings Code         ID         1-1         S         1           CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         1-15         N/U         0           CR517         Oxygen Delivery System code         ID         1-1         N/U         1-1         N/U         0           CR518         Code         ID         1-1         N/U         1-1         N/U         0           CRC         CERTIFICATION         3         S         2400         2400         0	CR511		R	1-15	S			
CR513         Oxygen Test Findings Code         ID         1-1         S         1           CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         ID           CR517         Oxygen Delivery System code         ID         1-1         N/U         ID           CR518         Code         ID         1-1         N/U         ID         ID           CRC         CERTIFICATION         3         S         2400         2400		` ′						
CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         ID           CR517         Oxygen Delivery System code         ID         1-1         N/U           Oxygen Equipment Type         Code         ID         1-1         N/U           CR518         Code         ID         1-1         N/U           AMBULANCE         CERTIFICATION         3         S         2400	CR512	Oxygen Test Condition Code	ID	1-1	R			E,R,S
CR514         Oxygen Test Findings Code         ID         1-1         S         2           CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U         ID           CR517         Oxygen Delivery System code         ID         1-1         N/U           Oxygen Equipment Type         Code         ID         1-1         N/U           CR518         Code         ID         1-1         N/U           AMBULANCE         CERTIFICATION         3         S         2400								* *
CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U           CR517         Oxygen Delivery System code         ID         1-1         N/U           Oxygen Equipment Type         ID         1-1         N/U           CR518         Code         ID         1-1         N/U           AMBULANCE         CERTIFICATION         3         S         2400	CR513	Oxygen Test Findings Code	ID	1-1	S			1
CR515         Oxygen Test Findings Code         ID         1-1         S         3           CR516         Quantity         R         1-15         N/U           CR517         Oxygen Delivery System code         ID         1-1         N/U           Oxygen Equipment Type         ID         1-1         N/U           CR518         Code         ID         1-1         N/U           AMBULANCE         CERTIFICATION         3         S         2400								
CR516         Quantity         R         1-15         N/U           CR517         Oxygen Delivery System code         ID         1-1         N/U           Oxygen Equipment Type         Code         ID         1-1         N/U           CR518         Code         ID         1-1         N/U           AMBULANCE         CERTIFICATION         3         S         2400	CR514	Oxygen Test Findings Code	ID	1-1	S			2
CR516         Quantity         R         1-15         N/U           CR517         Oxygen Delivery System code         ID         1-1         N/U           Oxygen Equipment Type         Code         ID         1-1         N/U           CR518         Code         ID         1-1         N/U           AMBULANCE         CERTIFICATION         3         S         2400								
CR517         Oxygen Delivery System code         ID         1-1         N/U           Oxygen Equipment Type COde         ID         1-1         N/U           AMBULANCE CRC         CERTIFICATION         3         S         2400						ļ		3
Oxygen Equipment Type	CR516	Quantity	R	1-15	N/U			
Oxygen Equipment Type		0 0						
CR518	CR517		ID	1-1	N/U			
AMBULANCE CRC CERTIFICATION 3 S 2400	00510	, , , , , , , , , , , , , , , , , , , ,	15		NI/LI			
CRC CERTIFICATION 3 S 2400	UH518	Code	ıυ	1-1	IN/U			
CRC CERTIFICATION 3 S 2400		AMDIII ANCE				-	-	
	CBC			,		2400		
Chool I Code Category   ID   2-2   K			ΙD			2400	+	07
Certification Condition	CHCUI		טו	2-2	К		-	07
CRC02 Indicator ID 1-1 R N, Y	CBC02		ID	11	ь			N V

5010											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		83	7-P 5	010							
CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION		1	s	2400						
CR301	Certification Type Code	ID	1-1	R	2400		I,R,S				
CR302	Unit or Basis for Measurement Code	ID	2-2	R			МО				
CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R							
CR304 CR305	Insulin Dependent Code Description	ID AN	1-1 1-80	N/U N/U							

Segment Deleted

	AMBULANCE					
CRC	CERTIFICATION		3	s	2400	
CRC01	Code Category	ID	2-2	R		07
CRC02	Certification Condition Indicator	ID	1-1	R		N, Y

		<b>4</b> 0	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
CRC03	Condition Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC04	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC05	Condition Code	ID	2-2	s			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC06	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC07	Condition Code	ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60
CRC	HOSPICE EMPLOYEE INDICATOR		1	s	2400		
CRC01	Code Category	ID	2-2	R			70
CRC02	Hospice Employed Provider Indicator	ID	1-1	R			N, Y
CRC03	Condition Indicator	ID	2-2	R			65
CRC04	Condition Indicator	ID	2-2	N/U			
CRC05	Condition Indicator	ID	2-2	N/U			
CRC06	Condition Indicator	ID	2-2	N/U			
CRC07	Condition Indicator	ID	2-2	N/U			
CRC	DMERC CONDITION INDICATOR		2	s	2400		
CRC01	Code Category	ID	2-2	R			09,11
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y
CRC03	Condition Indicator	ID	2-2	R			37,38,AL,P1, ZV
CRC04	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
CRC05	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
CRC06	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
CRC07	Condition Indicator	ID	2-2	S			37,38,AL,P1, ZV
DTP	DATE - SERVICE DATE		1	R	2400		
DTP01	Date Time Qualifier	ID	3-3	R			472
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
CRC03	Condition Code	ID	2-3	R			01, 04, 05, 06, 07, 08, 09, 12	Code Deleted
CRC04	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12	Code Deleted
CRC05	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12	Code Deleted
CRC06	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12	Code Deleted
CRC07	Condition Code	ID	2-3	S			01, 04, 05, 06, 07, 08, 09, 12	Code Deleted
CRC	HOSPICE EMPLOYEE INDICATOR		1	s	2400			
CRC01	Code Category	ID	2-2	R			70	
CRC02	Hospice Employed Provider Indicator	ID	1-1	R			N, Y	
CRC03	Condition Indicator	ID	2-3	R			65	Increase from 2 - 3
CRC04	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC05	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC06	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC07	Condition Indicator	ID	2-3	N/U				Increase from 2 - 3
CRC	CONDITION INDICATOR DURABLE MEDICAL EQUIPMENT		1	s	2400			
CRC01	Code Category	ID	2-2	R			09	Code Deleted
CRC02	Certification Condition Indicator	ID	1-1	R			N, Y	
CRC03	Condition Indicator	ID	2-3	R			38, ZV	Code Deleted Increase from 2 - 3 Code Deleted
CRC04	Condition Indicator	ID	2-3	S			38, ZV	Increase from 2 - 3 Usage changed to Not
CRC05	Condition Indicator	ID	2-3	N/U				Used
CRC06	Condition Indicator	ID	2-3	N/U				Usage changed to Not Used
CRC07	Condition Indicator	ID	2-3	N/U				Usage changed to Not Used
DTP	DATE - SERVICE DATE		1	R	2400			1
DTP01	Date Time Qualifier	ID	3-3	R	2400		472	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8, RD8	

	ı	40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
							,
	1	837-	P 40	10A1			
							CYYMMDD, CCYYMMDDCCY
DTP03	Service Date	AN	1-35	R			YMMDD
	DATE - CERTIFICATION			_			
DTP	REVISION DATE	10	1	S	2400		607
DTP01	Date Time Qualifier  Date Time Period Format	ID	3-3	R			607
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Certification Revision Date	AN	1-35	R			CCYYMMDD
	DATE - BEGIN THERAPY						
DTP	DATE		1	s	2400		
DTP01	Date Time Qualifier	ID	3-3	R			463
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Begin Therapy Date	AN	1-35	R			CCYYMMDD
211 00	=======================================	7	. 00	.,			
	DATE - LAST						
DTP	CERTIFICATION DATE		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			461
DTDag	Date Time Period Format			-			D0
DTP02 DTP03	Qualifier  Last Certification Date	ID AN	2-3 1-35	R R			D8 CCYYMMDD
D1P03	Last Certification Date	AIN	1-35	н			CCTTIVIIVIDD
DTP	DATE - DATE LAST SEEN		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R	2-700		304
5	Date Time Period Format	<u> </u>					
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD
DTD	DATE TEST			-	0400		
DTP	DATE - TEST  Date Time Qualifier	15	2	S	2400		700 700
DTP01	Date Time Qualifier  Date Time Period Format	ID	3-3	R			738, 739
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Test Performed Date	AN	1-35	R			CCYYMMDD

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		83	7-P 5	010				1
							CYYMMDD,	1
DTP03	Service Date	AN	1-35	R			CCYYMMDDCCY YMMDD	
DTP	DATE - PRESCRIPTION DATE		1	s	2400			New Segme
DTP01	Date Time Qualifier	ID	3-3	R	2400		471	-
DIFUI	Date Time Period Format	טו	3-3	n			4/1	-
DTP02	Qualifier	ID	2-3	R			D8	
DTP03	Prescription Date	AN	1-35	R			CCYYMMDD	1
2 00		7	. 00					1
	DATE - CERTIFICATION REVISION/RECERTIFICATIO							
DTP	N DATE		1	S	2400			
DTP01	Date Time Qualifier	ID	3-3	R			607	
	Date Time Period Format							
DTP02	Qualifier	ID	2-3	R			D8	
DTDaa	Certification Revision			-			00)0/44400	
DTP03	Recertification Date	AN	1-35	R			CCYYMMDD	
	DATE - BEGIN THERAPY							-
DTP	DATE - BEGIN THERAPT		1	s	2400			
DTP01	Date Time Qualifier	ID	3-3	R	2400		463	1
DIFUI	Date Time Period Format	ID	3-3	п			403	1
DTP02	Qualifier	ID	2-3	R			D8	
DTP03	Begin Therapy Date	AN	1-35	R			CCYYMMDD	1
500		7	. 00	•••				
DTP	DATE - LAST CERTIFICATION DATE		1	s	2400			
DTP01	Date Time Qualifier	ID	3-3	R			461	
	Date Time Period Format							
DTP02	Qualifier	ID	2-3	R			D8	1
DTP03	Last Certification Date	AN	1-35	R			CCYYMMDD	1
	B			-				1
DTP	DATE - DATE LAST SEEN		1	S	2400			4
DTP01	Date Time Qualifier	ID	3-3	R			304	1
DTD00	Date Time Period Format Qualifier	ID	2-3	R			D8	
DTP02 DTP03	Last Seen Date	AN	1-35	R			CCYYMMDD	1
D1P03	Lasi Seen Dale	AIN	1-35	н			CCTTIVIIVIDD	1
DTP	DATE - TEST		2	S	2400			1
DTP01	Date Time Qualifier	ID	3-3	R	2400		738, 739	1
חורטו	Date Time Qualifier  Date Time Period Format	טו	ა-ა	n			130, 138	1
DTP02	Qualifier	ID	2-3	R			D8	
DTP03	Test Performed Date	AN	1-35	R			CCYYMMDD	1
00			. 55			l	1	4

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837	P 40	10 <b>Δ</b> 1			
	DATE - OXYGEN		<del>.</del>	10/11			
	SATURATION/ARTERIAL						
DTP	BLOOD GAS TEST		3	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			119, 480, 481
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Oxygen Saturation Test Date	AN	1-35	R			CCYYMMDD
DTD	DATE CHIRDED		_	_	0400		
DTP	DATE - SHIPPED		1	S	2400		011
DTP01	Date Time Qualifier  Date Time Period Format	ID	3-3	R			011
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Shipped Date	AN	1-35	R			CCYYMMDD
200		- " "	. 00				
	DATE - ONSET OF CURRENT						
DTP	SYMPTOM/ILLNESS		1	s	2400		
DTP01	Date Time Qualifier	ID	3-3	R			431
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Onset Date	AN	1-35	R			CCYYMMDD
DTP	DATE - LAST X-RAY		1	S	2400		
DTP01	Date Time Qualifier	ID	3-3	R			455
	Date Time Period Format						
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Last X-Ray Date	AN	1-35	R			CCYYMMDD
	DATE ASSET						
DTP	DATE - ACUTE MANIFESTATION	l	1	s	2400		
DTP01	Date Time Qualifier	ID	3-3	R	2400		453
511 01	Date Time Period Format	-5	- 5 5	- ' '			
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Acute Manifestation Date	AN	1-35	R			CCYYMMDD
DTP	DATE - INITIAL TREATMENT		1	s	2400		
DTP01	Date Time Qualifier	ID	3-3	R			454
	Date Time Period Format						
DTP02	Qualifier	ID	2-3	R			D8
DTP03	Initial Treatment Date	AN	1-35	R			CCYYMMDD
DTP	DATE - SIMILAR ILLNESS/SYMPTOM ONSET		1	s	2400		
DTP01	Date Time Qualifier	ID	3-3	R			438

	5010									
	Values	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier		
				010	7-P 5	83				
		-					•			
Segmen										
	044		2400	S	1		DATE - SHIPPED	DTP		
	011			R	3-3	ID	Date Time Qualifier  Date Time Period Format	DTP01		
	D8			R	2-3	ID	Qualifier	DTP02		
DD	CCYYMMDD			R	1-35	AN	Shipped Date	DTP03		
						+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Segmen										
Segmen										
Segmen			2400	s	1		DATE - LAST X-RAY	DTP		
Segmen	455		2400	<b>S</b>	<b>1</b> 3-3	ID	Date Time Qualifier	DTP DTP01		
Segmen			2400	R	3-3		Date Time Qualifier Date Time Period Format	DTP01		
	D8		2400	R R	3-3 2-3	ID	Date Time Qualifier Date Time Period Format Qualifier	DTP01		
			2400	R	3-3		Date Time Qualifier Date Time Period Format	DTP01		
DD	D8		2400	R R	3-3 2-3	ID	Date Time Qualifier Date Time Period Format Qualifier	DTP01		
	D8		2400	R R	3-3 2-3	ID	Date Time Qualifier Date Time Period Format Qualifier	DTP01		
DD	D8		2400	R R	3-3 2-3	ID	Date Time Qualifier Date Time Period Format Qualifier	DTP01		
DD	D8		2400	R R	3-3 2-3	ID	Date Time Qualifier Date Time Period Format Qualifier	DTP01		
DD	D8		2400	R R	3-3 2-3	ID	Date Time Qualifier  Date Time Period Format Qualifier  Last X-Ray Date	DTP01		
DD	D8		2400	R R	3-3 2-3	ID	Date Time Qualifier Date Time Period Format Qualifier	DTP01		
DD	D8			R R R	3-3 2-3 1-35	ID	Date Time Qualifier Date Time Period Format Qualifier Last X-Ray Date  DATE - INITIAL	DTP01 DTP02 DTP03		
DD	D8 CCYYMMDD			R R R	3-3 2-3 1-35 1-35	ID AN	Date Time Qualifier Date Time Period Format Qualifier Last X-Ray Date  DATE - INITIAL TREATMENT Date Time Qualifier Date Time Period Format	DTP01  DTP02  DTP03  DTP03		
DD Segmen	D8 CCYYMMDD 454 D8			R R R	3-3 2-3 1-35 1-35 1 3-3 2-3	ID AN ID ID	Date Time Qualifier Date Time Period Format Qualifier Last X-Ray Date  DATE - INITIAL TREATMENT Date Time Qualifier Date Time Period Format Qualifier Qualifier	DTP01  DTP02  DTP03  DTP  DTP  DTP01  DTP01  DTP02		
DD Segmen	D8 CCYYMMDD			R R R	3-3 2-3 1-35 1-35	ID AN	Date Time Qualifier Date Time Period Format Qualifier Last X-Ray Date  DATE - INITIAL TREATMENT Date Time Qualifier Date Time Period Format	DTP01  DTP02  DTP03  DTP03		
DD Segmen	D8 CCYYMMDD 454 D8			R R R	3-3 2-3 1-35 1-35 1 3-3 2-3	ID AN ID ID	Date Time Qualifier Date Time Period Format Qualifier Last X-Ray Date  DATE - INITIAL TREATMENT Date Time Qualifier Date Time Period Format Qualifier Qualifier	DTP01  DTP02  DTP03  DTP  DTP  DTP01  DTP01  DTP02		
DD Segmen	D8 CCYYMMDD 454 D8			R R R	3-3 2-3 1-35 1-35 1 3-3 2-3	ID AN ID ID	Date Time Qualifier Date Time Period Format Qualifier Last X-Ray Date  DATE - INITIAL TREATMENT Date Time Qualifier Date Time Period Format Qualifier Qualifier	DTP01  DTP02  DTP03  DTP  DTP  DTP01  DTP01  DTP02		

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8
DTP03	Similar Illness or Symptom Date	AN	1-35	R			CCYYMMDD
MEA	TEST RESULTS		20	S	2400		
	Measurement Reference						
MEA01	Identification Code	ID	2-2	R			OG, TR
MEA02	Measurement Qualifier	ID	1-3	R			GRA, HT, R1, R2,
	Test Result 9(3) "GRA", "R1",						R3, R4, ZO
MEA03	"R2", "R4", & "ZO" = 9(2)V9	R					R3, R4, ZO
MEA04	112, 114, 6 20 - 3(2) 13		1-20	R			R3, R4, ZO
MEA05	COMPOSITE UNIT OF MEASURE		1-20	R N/U			R3, R4, ZO
	COMPOSITE UNIT OF	R	1-20				R3, R4, ZO
MEA06	COMPOSITE UNIT OF MEASURE Range Minimum Range Maximum			N/U			R3, R4, ZO
MEA06 MEA07	COMPOSITE UNIT OF MEASURE Range Minimum	R	1-20	N/U N/U			R3, R4, ZO
	COMPOSITE UNIT OF MEASURE Range Minimum Range Maximum Measurement Significance	R R	1-20 1-20	N/U N/U N/U			R3, R4, ZO
MEA07	COMPOSITE UNIT OF MEASURE Range Minimum Range Maximum Measurement Significance Code Measurement Attribute Code Surface/Layer/Position Code	R R ID	1-20 1-20 2-2	N/U N/U N/U			R3, R4, ZO
MEA07 MEA08	COMPOSITE UNIT OF MEASURE Range Minimum Range Maximum Measurement Significance Code Measurement Attribute Code	R R ID	1-20 1-20 2-2 2-2	N/U N/U N/U N/U			R3, R4, ZO
MEA07 MEA08 MEA09	COMPOSITE UNIT OF MEASURE Range Minimum Range Maximum Measurement Significance Code Measurement Attribute Code Surface/Layer/Position Code Measurement Method or	R R ID ID	1-20 1-20 2-2 2-2 2-2	N/U N/U N/U N/U N/U			R3, R4, ZO

				0	01	5			
	Values	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier	
]									
Segment A			2400	s	1		AMBULANCE PATIENT COUNT	QTY	
	PT			R	2-2	ID	Quantity Qualifier	QTY01	
				R	1-15	R	Ambulance Patient Count 9(2) COMPOSITE UNIT OF	QTY02	
				N/U			MEASURE	QTY03	
				N/U	1-30	AN	Fee-Form Message	QTY04	
Segment A			2400	s	1		OBSTETRIC ANESTHESIA ADDITIONAL UNITS	QTY	
	FL			R	2-2	ID	Quantity Qualifier	QTY01	
				R	1-15	R	Obstetric Additional Units 9(2) COMPOSITE UNIT OF	QTY02	
				N/U			MEASURE	QTY03	
				N/U	1-30	AN	Fee-Form Message	QTY04	
_			0400		-	<b> </b>	TECT DECULTS	145.4	
			2400	S	5		TEST RESULTS  Measurement Reference	MEA	
	OG, TR			R	2-2	ID	Identification Code	MEA01	
3, Code Delete	HT, R1, R2, R3, R4			R	1-3	ID	Measurement Qualifier	MEA02	
				R	1-20	R	Test Result "HT" 9(2), "R1", "R2", "R3", "R4" = 9(2)V9 COMPOSITE UNIT OF	MEA03	
				N/U			MEASURE	MEA04	
				N/U	1-20	R	Range Minimum	MEA05	
	<u> </u>			N/U	1-20	R	Range Maximum	MEA06	
_				N/U	2-2	ID	Measurement Significance Code	MEA07	
				N/U	2-2	ID	Measurement Attribute Code	MEA08	
				N/U	2-2	ID	Surface/Layer/Position Code Measurement Method or	MEA09	
				N/U	2-4	ID	Device	MEA10	
New Eleme				N/U	1-3	ID	Code List Qualifier Code	MEA11	
New Eleme				N/U	1-30	AN	Industry Code	MEA12	
1			2400	s	1		CONTRACT INFORMATION	CN1	

	•	40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
				•		•	•
		337-	-P 40	10A1			
CN101	Contract Type Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 09
CN102	Contract Amount S9(7)V99	R	1-18	S			
CN103 CN104	Contract Percentage 9(2)V99 Contract Code	R AN	1-6 1-30	S S			
CN104 CN105	Terms Discount Percent 9(2)V99	R	1-30	S			
CN106	Contract Version Identifier	AN	1-30	S			
REF	REPRICED LINE ITEM REFERENCE NUMBER		1	s	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			9B
REF02	Repriced Line Item Reference Number	AN	1-30	R			
REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U			
	<u> </u>						
	ADJUSTED REPRICED LINE						
REF	ITEM REFERENCE NUMBER		1	s	2400		
REF	ITEM REFERENCE NUMBER  Reference Identification Qualifier	ID	1 2-3	<b>S</b>	2400		9D
REF01	ITEM REFERENCE NUMBER  Reference Identification Qualifier  Adjusted Repriced Line Item Reference Number	AN	2-3 1-30	R R	2400		9D
REF01	ITEM REFERENCE NUMBER  Reference Identification Qualifier  Adjusted Repriced Line Item		2-3	R	2400		9D

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
CN101	Contract Type Code	ID	2-2	R			01, 02, 03, 04, 05, 06, 09	
CN102	Contract Amount S9(7)V99	R	1-18	S				
CN103	Contract Percentage 9(2)V99	R	1-6	S				
CN104	Contract Code	AN	1-50	S				Increase from 30 - 50
CN105	Terms Discount Percent 9(2)V99	R	1-6	S				
CN106	Contract Version Identifier	AN	1-30	S				1
REF	REPRICED LINE ITEM REFERENCE NUMBER		1	s	2400			
REF01	Reference Identification Qualifier	ID	2-3	R			9B	
REF02	Repriced Line Item Reference Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER		1	s	2400			
REF01	Reference Identification Qualifier	ID	2-3	R			9D	
REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			N/U				1
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-5	Qualifier	ID	2-3	N/U	-			Now Florent
REF04-6	Reference Identification	AN	1-50	N/U				New Element

Element	1		10 Min.	Usage	I	Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		337-	-P 40	10A1			
			1				
REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	s	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1
REF02	Prior Authorization or Referral Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	T		ı		Ī	I I	
	LINE ITEM CONTROL						
	NUMBER		1	s	2400		
REF	HOMBEH						
	Reference Identification						
REF01	Reference Identification Qualifier	ID	2-3	R			6R
REF01 REF02	Reference Identification Qualifier Line Item Control Number	AN	1-30	R			6R
REF01	Reference Identification Qualifier						6R
REF01 REF02 REF03	Reference Identification Qualifier Line Item Control Number Description	AN	1-30	R N/U			6R
REF01 REF02 REF03	Reference Identification Qualifier Line Item Control Number Description	AN	1-30	R N/U			6R
REF01 REF02 REF03	Reference Identification Qualifier Line Item Control Number Description REFERENCE IDENTIFIER  MAMMOGRAPHY CERTIFICATION NUMBER	AN	1-30	R N/U	2400		6R
REF01 REF02 REF03 REF04	Reference Identification Qualifier Line Item Control Number Description REFERENCE IDENTIFIER  MAMMOGRAPHY CERTIFICATION NUMBER Reference identification Qualifier	AN	1-30	R N/U N/U	2400		6R
REF01 REF02 REF03 REF04 REF04 REF04	Reference Identification Qualifier Line Item Control Number Description REFERENCE IDENTIFIER  MAMMOGRAPHY CERTIFICATION NUMBER Reference identification Qualifier Mammography Certification Number	AN AN ID AN	1-30 1-80 1-80	R N/U N/U	2400		
REF01 REF02 REF03 REF04 REF04	Reference Identification Qualifier Line Item Control Number Description REFERENCE IDENTIFIER  MAMMOGRAPHY CERTIFICATION NUMBER Reference identification Qualifier Mammography Certification	AN AN	1-30 1-80	R N/U N/U	2400		

		5	01	0		<u>-</u>		
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
								1
REF	PRIOR AUTHORIZATION		5	s	2400			
REF01	Reference Identification Qualifier	ID	2-3	R			G1	Code Deleted
REF02	Prior Authorization or Referral Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER							1
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	LINE ITEM CONTROL NUMBER		1	s	2400			
REF01	Reference Identification Qualifier	ID	2-3	R			6R	
REF02	Line Item Control Number	AN	1-50	R			0.1	Increase from 30 - 50
REF03	Description	AN	1-80	N/U				1
REF04	REFERENCE IDENTIFIER			N/U				
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
	Reference Identification							New Element
REF04-3	Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification Reference Identification	AN	1-50	N/U				New Element
REF04-5	Qualifier	ID	2-3	N/U				New Liement
REF04-6	Reference Identification	AN	1-50	N/U				New Element
								1
REF	MAMMOGRAPHY CERTIFICATION NUMBER		1	s	2400			
REF01	Reference identification Qualifier	ID	2-3	R			EW	1
REF02	Mammography Certification Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				1
REF04	REFERENCE IDENTIFIER		. 55	N/U				1
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element

		40	10	<b>A1</b>			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
			D 40	10.84			
		837-	P 40	10A1			
	CLINICAL LABORATORY IMPROVEMENT						
	AMENDMENT (CLIA)						
REF	IDENTIFICATION		1	S	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			X4
	Clinical Laboratory						
DEFOO	Improvement Amendment Number		4.00	Б			
REF02 REF03	Number Description	AN	1-30 1-80	R N/U			
REF04	REFERENCE IDENTIFIER	AIN	1-00	N/U			
TILI OT			l .	14/0	l		
	REFERRING CLINICAL						
	LABORATORY						
	IMPROVEMENT						
DEE	AMENDMENT (CLIA) FACILITY IDENTIFICATION				0400		
REF	Reference Identification		1	S	2400		
REF01	Qualifier	ID	2-3	R			F4
REF02	Referring CLIA Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION Reference Identification		1	s	2400			
REF01	Qualifier	ID	2-3	R			X4	
REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				1
REF04	REFERENCE IDENTIFIER	7.11	1 00	N/U				1
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	N/U				New Element  New Element
REF04-3	Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION		1	S	2400			
REF01	Reference Identification Qualifier	ID	2-3	R			F4	
REF02	Referring CLIA Number	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				1
REF04	REFERENCE IDENTIFIER			N/U				1
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-3	Reference Identification	AN	1-50	N/U N/U	1	+		New Element
MEFU4-4	neterence identification	AIN	1-50	IN/U	1			TOW LIGHTSHE

	,	TU	10				
lement dentifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
REF	IMMUNIZATION BATCH NUMBER		1	s	2400		
REF01	Reference Identification Qualifier	ID	2-3	R			ВТ
REF02	Immunization Batch Number	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			<u> </u>
	AMBIII ATORY PATIENT						
REF	AMBULATORY PATIENT GROUP (APG)		4	s	2400		
	GROUP (APG) Reference Identification	ID			2400		15
REF	GROUP (APG)	ID	4 2-3	S R	2400		18
REF01	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number	AN	2-3 1-30	R R	2400		18
REF01 REF02 REF03	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description		2-3	R R N/U	2400		18
REF01	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number	AN	2-3 1-30	R R	2400		18
REF01 REF02 REF03	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description	AN	2-3 1-30	R R N/U N/U	2400		18
REF01 REF02 REF03 REF04	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE Reference Identification	AN AN	2-3 1-30 1-80	R R N/U			
REF01 REF02 REF03 REF04 REF	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier	AN AN ID	2-3 1-30 1-80 1	R R N/U N/U S			1S TP
REF01 REF02 REF03 REF04 REF REF01 REF02	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number Description REFERENCE IDENTIFIER  OXYGEN FLOW RATE Reference Identification Qualifier Oxygen Flow Rate	AN AN ID AN	2-3 1-30 1-80 1 1 2-3 1-30	R R N/U N/U S R R			
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier  Oxygen Flow Rate Description	AN AN ID	2-3 1-30 1-80 1	R R N/U N/U S R R N/U			
REF01 REF02 REF03 REF04 REF REF01 REF02	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number Description REFERENCE IDENTIFIER  OXYGEN FLOW RATE Reference Identification Qualifier Oxygen Flow Rate	AN AN ID AN	2-3 1-30 1-80 1 1 2-3 1-30	R R N/U N/U S R R			
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier  Oxygen Flow Rate  Description  REFERENCE IDENTIFIER	AN AN ID AN	2-3 1-30 1-80 1 1 2-3 1-30	R R N/U N/U S R R N/U			
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier  Oxygen Flow Rate Description	AN AN ID AN	2-3 1-30 1-80 1 1 2-3 1-30	R R N/U N/U S R R N/U			
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03 REF04 REF	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier  Oxygen Flow Rate Description  REFERENCE IDENTIFIER  UNIVERSAL PRODUCT NUMBER (UPN)  Reference Identification	AN AN ID AN AN	2-3 1-30 1-80 1 2-3 1-30 1-80	R R N/U N/U S R R N/U N/U S S S S S S S S S S S S S S S S S S S	2400		TP
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03 REF04 REF REF01	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier  Oxygen Flow Rate Description  REFERENCE IDENTIFIER  UNIVERSAL PRODUCT NUMBER (UPN)  Reference Identification Qualifier	AN AN ID AN AN ID	2-3 1-30 1-80 1 2-3 1-30 1-80	R R N/U N/U S R R N/U N/U S R R R R R R R R R R R R R R R R R R	2400		
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03 REF04 REF REF01 REF04	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier  Oxygen Flow Rate  Description  REFERENCE IDENTIFIER  UNIVERSAL PRODUCT NUMBER (UPN)  Reference Identification Qualifier  Universal Product Number	AN AN ID AN	2-3 1-30 1-80 1 2-3 1-30 1-80	R R N/U N/U S R R N/U N/U S R R R R R R R	2400		TP
REF01 REF02 REF03 REF04 REF REF01 REF02 REF03 REF04 REF	GROUP (APG)  Reference Identification Qualifier  Ambulatory Patient Group Number  Description  REFERENCE IDENTIFIER  OXYGEN FLOW RATE  Reference Identification Qualifier  Oxygen Flow Rate Description  REFERENCE IDENTIFIER  UNIVERSAL PRODUCT NUMBER (UPN)  Reference Identification Qualifier	AN AN ID AN AN ID	2-3 1-30 1-80 1 2-3 1-30 1-80	R R N/U N/U S R R N/U N/U S R R R R R R R R R R R R R R R R R R	2400		TP

			0	501	5		
	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier
			010	7-P 5	83		
Ne			0.0			Reference Identification	
			N/U	2-3	ID	Qualifier	REF04-5
Ne			N/U	1-50	AN	Reference Identification	REF04-6
		2400	s	1		IMMUNIZATION BATCH NUMBER	REF
ВТ			R	2-3	ID	Reference Identification Qualifier	REF01
Inc			R	1-50	AN	Immunization Batch Number	REF02
			N/U	1-80	AN	Description	REF03
Ne			N/U N/U	2-3	ID	REFERENCE IDENTIFIER  Reference Identifier Qualifier	REF04-1
Ne			N/U	1-50		Other Payer Primary Idenitifer	REF04-2
Ne			N// I	2.0	ID	Reference Identification Qualifier	DEE040
Ne			N/U N/U	2-3 1-50	AN	Reference Identification	REF04-3 REF04-4
Ne			N/U	2-3	ID	Reference Identification  Qualifier	REF04-5
Ne			N/U	1-50	AN	Reference Identification	REF04-6
Se							
Se							

		40	10	<b>A1</b>			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		227	D 40	10.01			
	-	03/-	P 40	IUAI		•	
AMT	SALES TAX AMOUNT		1	s	2400		
AMT01	Amount Qualifier Code	ID	1-3	R			Т
AMT02	Sales Tax Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-10	N/U			
AWITUS	Oredit/Debit Flag Gode	טו	1-1	IV/O			
AMT	APPROVED AMOUNT		1	s	2400		
AMT01	Amount Qualifier Code	ID	1-3	R			AAE
AMT02	Approved Amount S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
	2007405 01 48452						
AMT	POSTAGE CLAIMED  AMOUNT		1	s	2400		
AMT01	Amount Qualifier Code	ID	1-3	R	2400		F4
	Postage Claimed Amount	-10	10				
AMT02	S9(7)V99	R	1-18	R			
AMT03	Credit/Debit Flag Code	ID	1-1	N/U			
	FILE INFORMATION		10	S	2400		
К3							
K301	Fixed Format Information	AN	1-80	R			
	Fixed Format Information Record Format Code	AN ID	1-80 1-2	R N/U			
K301 K302	Fixed Format Information Record Format Code COMPOSITE UNIT OF			N/U			
K301	Fixed Format Information Record Format Code						
K301 K302 K303	Fixed Format Information Record Format Code COMPOSITE UNIT OF MEASURE		1-2	N/U N/U	2400		
K301 K302	Fixed Format Information Record Format Code COMPOSITE UNIT OF			N/U	2400		ADD, DCP, PMT
K301 K302 K303	Fixed Format Information Record Format Code COMPOSITE UNIT OF MEASURE		1-2	N/U N/U	2400		ADD, DCP, PMT, TPO

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		00	7 D C	010				4
	1	83	7-P 5	010				
DEEO4	Reference Identification Qualifier	ID	0.0	Б			9F	
REF01 REF02	Referral Number	AN	2-3 1-50	R R			9F	-
REF03	Description	AN	1-80	N/U				-
REF04	REFERENCE IDENTIFIER	AIN	1-00	14/0				-
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	
REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				
REF04-4	Reference Identification	AN	1-50	N/U				_
DEE: -	Reference Identification							
REF04-5	Qualifier  Reference Identification	ID	2-3	N/U				-
REF04-6	Reference identification	AN	1-50	N/U				-
AMT	SALES TAX AMOUNT		1	S	2400			-
AMT01	Amount Qualifier Code	ID	1-3	R	2400		Т	
AWITOT	Amount Quainer oode	טו	1-5	n				-
AMT02	Sales Tax Amount S9(7)V99	R	1-18	R				
AMT02 AMT03	Sales Tax Amount S9(7)V99 Credit/Debit Flag Code	R ID	1-18 1-1	R N/U				
								Segment Dele
								Segment Dele
	Credit/Debit Flag Code							Segment Dele
AMT03	Credit/Debit Flag Code  POSTAGE CLAIMED  AMOUNT	ID	1-1	N/U	2400			Segment Dele
AMT03	Credit/Debit Flag Code  Credit/Debit Flag Code  POSTAGE CLAIMED		1-1	N/U	2400		F4	Segment Dele
AMT03  AMT  AMT01  AMT02	Credit/Debit Flag Code  POSTAGE CLAIMED AMOUNT Amount Qualifier Code  Sales Tax Amount S9(7)V99	ID ID R	1-1 1 1-3 1-18	N/U  S R	2400		F4	Segment Dele
AMTO3  AMT  AMTO1	Credit/Debit Flag Code  POSTAGE CLAIMED AMOUNT  Amount Qualifier Code	ID	1-1 1 1-3	N/U S R	2400		F4	Segment Dele
AMT03  AMT  AMT01  AMT02  AMT03	POSTAGE CLAIMED AMOUNT Amount Qualifier Code Sales Tax Amount S9(7)V99 Credit/Debit Flag Code	ID ID R	1-1 1-3 1-18 1-1	N/U  S R R N/U			F4	Segment Dele
AMT03  AMT  AMT01  AMT02  AMT03	Credit/Debit Flag Code  POSTAGE CLAIMED AMOUNT  Amount Qualifier Code  Sales Tax Amount S9(7)V99  Credit/Debit Flag Code  FILE INFORMATION	ID ID R ID	1-1 1-3 1-18 1-1	\$ R R N/U	2400		F4	Segment Dele
AMT03  AMT  AMT01  AMT02  AMT03  K3  K301	POSTAGE CLAIMED AMOUNT Amount Qualifier Code Sales Tax Amount S9(7)V99 Credit/Debit Flag Code FILE INFORMATION Fixed Format Information	ID ID R ID AN	1-1  1 1-3  1-18  1-1  10  1-80	S R R N/U S R			F4	Segment Dele
AMT03  AMT  AMT01  AMT02  AMT03	Credit/Debit Flag Code  POSTAGE CLAIMED AMOUNT  Amount Qualifier Code  Sales Tax Amount S9(7)V99  Credit/Debit Flag Code  FILE INFORMATION	ID ID R ID	1-1 1-3 1-18 1-1	\$ R R N/U			F4	Segment Dele
AMT03  AMT AMT01  AMT02  AMT03  K3  K301  K302	POSTAGE CLAIMED AMOUNT Amount Qualifier Code Sales Tax Amount S9(7)V99 Credit/Debit Flag Code  FILE INFORMATION Fixed Format Information Record Format Code COMPOSITE UNIT OF	ID ID R ID AN	1-1  1 1-3  1-18  1-1  10  1-80	S R R N/U			F4	Segment Dele
AMT03  AMT AMT01  AMT02  AMT03  K3  K301  K302	POSTAGE CLAIMED AMOUNT Amount Qualifier Code Sales Tax Amount S9(7)V99 Credit/Debit Flag Code  FILE INFORMATION Fixed Format Information Record Format Code COMPOSITE UNIT OF	ID ID R ID AN	1-1  1 1-3  1-18  1-1  10  1-80	S R R N/U			F4	
AMT03  AMT  AMT01  AMT02  AMT03  K3  K301  K302  K303	POSTAGE CLAIMED AMOUNT Amount Qualifier Code Sales Tax Amount S9(7)V99 Credit/Debit Flag Code  FILE INFORMATION Fixed Format Information Record Format Code COMPOSITE UNIT OF MEASURE	ID ID R ID AN	1 1-1 1-1 1-1 10 1-80 1-2	S R R N/U S R N/U N/U	2400		F4 ADD, DCP	Segment Dele

		40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
		Ī					
PS1	PURCHASED SERVICE INFORMATION		1	s	2400		
PS101	Purchased Service Provider Identifier	AN	1-30	R			
PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R			
PS103	State or Province Code	ID	2-2	N/U			
HSD	HEALTH CARE SERVICES DELIVERY		1	s	2400		
HSD01	Visits	ID	2-2	S			VS
HSD02	Number of Visits 9(3)	R	1-15	S			
HSD03	Frequency Period	ID	2-2	S			DA, MO, Q1, WK
HSD04	Frequency Count 9(2)V9	R	1-6	S			
HSD05	Duration of Visits Units	ID	1-2	S			7, 34, 35
HSD06	Duration of Visits, Number of Units	N0	1-3	S			
HSD07 HSD08	Ship, Delivery or Calendar Pattern Code Delivery Pattern Time Code	ID ID	1-2 1-1	S S			1, 2, 3, 4, 5, 6, 7, A, B, C, D, E, F, G, H, J, K, L, N, O, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W D, E, F
	LINE PRIORIS PERSONS						
HCP	LINE PRICING/REPRICING INFORMATION		1	s	2400		
HCP01	Pricing Methodology	ID	2-2	R			00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14
HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R			
HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S			
HCP04	Repricing Organization Identifier	AN	1-30	S			
HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S			
HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-30	S			

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		0.0	7 D 6	010				
	THIRD PARTY	83	7-P 5	010	ı	ı	ı	Naw Cammant
NTE	ORGANIZATION NOTE		1	s	2400			New Segment
	Third Party Organization		<u> </u>		2400			1
NTE01	Notes	ID	3-3	R			TPO	
NTE02	Line Note Text	AN	1-80	R			-	
PS1	PURCHASED SERVICE INFORMATION		1	s	2400			
	Purchased Service Provider							Increase from 30 -
PS101	Identifier	AN	1-50	R				
	Purchased Service Charge							1
PS102	Amount S9(7)V99	R	1-18	R				]
PS103	State or Province Code	ID	2-2	N/U				
НСР	LINE PRICING/REPRICING INFORMATION		1	S	2400			
	INFORMATION				2400		00, 01, 02, 03, 04, 05, 06, 07, 08, 09,	
HCP	INFORMATION  Pricing Methodology	ID	1 2-2	S	2400			
HCP01	INFORMATION  Pricing Methodology  Repriced Allowed Amount		2-2	R	2400		05, 06, 07, 08, 09,	
	Pricing Methodology  Repriced Allowed Amount \$9(7)V99	ID R			2400		05, 06, 07, 08, 09,	
HCP01	Pricing Methodology Repriced Allowed Amount S9(7)/99 Repriced Saving Amount	R	2-2	R R	2400		05, 06, 07, 08, 09,	
HCP01	Pricing Methodology Repriced Allowed Amount \$9(7)\99 Repriced Saving Amount \$9(7)\99		2-2	R	2400		05, 06, 07, 08, 09,	
HCP01 HCP02 HCP03	Pricing Methodology Repriced Allowed Amount \$9(7)\text{V99} Repriced Saving Amount \$9(7)\text{V99} Repricing Organization	R R	2-2 1-18 1-18	R R S	2400		05, 06, 07, 08, 09,	
HCP01	Pricing Methodology Repriced Allowed Amount \$9(7)V99 Repriced Saving Amount \$9(7)V99 Repricing Organization Identifier	R	2-2	R R	2400		05, 06, 07, 08, 09,	
HCP01 HCP02 HCP03 HCP04	Pricing Methodology Repriced Allowed Amount \$9(7)\text{V99} Repriced Saving Amount \$9(7)\text{V99} Repricing Organization	R R	2-2 1-18 1-18	R R S	2400		05, 06, 07, 08, 09,	
HCP01 HCP02 HCP03	Pricing Methodology Repriced Allowed Amount S9(7)V99 Repriced Saving Amount S9(7)V99 Repricing Organization Identifier Repricing Per Diem or Flat	R R AN	2-2 1-18 1-18 1-50	R R S	2400		05, 06, 07, 08, 09,	

	4010A1												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		837-	P 40	10A1									
	Repriced Approved												
	Ambulatory Patient Group	_											
HCP07	Amount S9(7)V99	R	1-18	S									
HCP08	Product/Service ID Product or Service ID	AN	1-48	N/U									
HCP09	Qualifier	ID	2-2	S			HC, IV, ZZ						
HCP10	Procedure Code	AN	1-48	S			-, ,						
	Unit or Basis for												
HCP11	Measurement Code	ID	2-2	S			DA, UN						
HCP12	Repriced Approved Service Unit Count "DA" = 9(3) "UN" = 9(3)V9	R	1-15	S									
HCP13	Reject Reason Code	ID	2-2	S			T1, T2, T3, T4, T5, T6						
HCP14	Policy Compliance Code	ID	1-2	S			1, 2, 3, 4, 5						
HCP15	Exception Code	ID	1-2	S			1, 2, 3, 4, 5, 6						
LIN	DRUG IDENTIFICATION		1	S	2410	25							
LIN01	Assigned Identification	AN	1-20	N/U									
LIN02	Product or Service ID Qualifier	ID	2-2	R			N4						
LIN03	National Drug Code	AN	1-48	R									
LIN04	Product/Service ID Qualifier	ID	2-2	N/U									
LIN05	Product/Service ID	AN	1-48	N/U									
LIN06	Product/Service ID Qualifier	ID	2-2	N/U									
LIN07	Product/Service ID	AN	1-48	N/U									
LIN08	Product/Service ID Qualifier	ID	2-2	N/U									
LIN09	Product/Service ID	AN	1-48	N/U									
LIN10	Product/Service ID Qualifier	ID	2-2	N/U									
LIN11	Product/Service ID	AN	1-48	N/U									
LIN12	Product/Service ID Qualifier	ID	2-2	N/U									
LIN13	Product/Service ID	AN	1-48	N/U									
1.18.4.4	Draduat/Candin ID O		0.0	N1/11									
LIN14	Product/Service ID Qualifier Product/Service ID	ID AN	2-2	N/U N/U									
LIN15			1-48										
LIN16	Product/Service ID Qualifier Product/Service ID	ID	2-2	N/U			<b>  </b>						
LIN17	Product/Service ID	AN	1-48	N/U			<u> </u>						
LIN18	Product/Service ID Qualifier	ID	2-2	N/U			<b> </b>						
LIN19	Product/Service ID	AN	1-48	N/U									
LIN20	Product/Service ID Qualifier	ID	2-2	N/U									

Cop   Cop	R, HC, IV, WK	
Repriced Approved	R, HC, IV, WK	
Ambulatory Patient Group   R   1-18   S	R, HC, IV, WK	
HCP07         Amount S9(7)V99         R         1-18         S           HCP08         Product/Service ID         AN         1-48         N/U           Product or Service ID         HCP09         Qualifier         ID         2-2         S         EF	R, HC, IV, WK	
HCP08	R, HC, IV, WK	
Product or Service ID	R, HC, IV, WK	
HCP09 Qualifier ID 2-2 S EF	R, HC, IV, WK	Code Deleted
HCP10 Procedure Code AN 1-48 S		
	<u>I</u> (	
Unit or Basis for HCP11 Measurement Code ID 2-2 S	MJ, UN	Code Change
Repriced Approved Service   Unit Count "MJ" = 9(4) "UN"   R		
	T2, T3, T4, T5,	
HCP13         Reject Reason Code         ID         2-2         S           HCP14         Policy Compliance Code         ID         1-2         S	T6 1, 2, 3, 4, 5	
	, 2, 3, 4, 5, 6	
TIOL 13 EXCEPTION COOC ID 1-2 0	1, 2, 0, 4, 0, 0	
LIN DRUG IDENTIFICATION 1 S 2410 1		
LIN01 Assigned Identification AN 1-20 N/U		
Product or Service ID	N4	
LIN03 National Drug Code AN 1-48 R		
LIN04 Product/Service ID Qualifier ID 2-2 N/U		
LIN05 Product/Service ID AN 1-48 N/U		
LIN06 Product/Service ID Qualifier ID 2-2 N/U		
LIN07 Product/Service ID AN 1-48 N/U		
LIN08 Product/Service ID Qualifier ID 2-2 N/U		
LIN09 Product/Service ID AN 1-48 N/U		
LIN10 Product/Service ID Qualifier ID 2-2 N/U		
LIN11 Product/Service ID AN 1-48 N/U		
LIN12 Product/Service ID Qualifier ID 2-2 N/U		
LIN13 Product/Service ID AN 1-48 N/U		
LIN14 Product/Service ID Qualifier ID 2-2 N/U		
LIN15 Product/Service ID AN 1-48 N/U		
LIN16 Product/Service ID Qualifier ID 2-2 N/U		
LIN17 Product/Service ID AN 1-48 N/U		
LIN18 Product/Service ID Qualifier ID 2-2 N/U		
LIN19 Product/Service ID AN 1-48 N/U		
LIN20 Product/Service ID Qualifier ID 2-2 N/U		

	4010A1												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		837-	P 40	10A1									
LIN21	Product/Service ID	AN	1-48	N/U									
LINIOO	Braduat/Carrias ID Qualifier	5	0.0	N1/1.1									
LIN22 LIN23	Product/Service ID Qualifier Product/Service ID	ID AN	2-2 1-48	N/U N/U									
LIIVZO	Froduct/Service ID	AIN	1-40	IN/U									
LIN24	Product/Service ID Qualifier	ID	2-2	N/U									
LIN25	Product/Service ID	AN	1-48	N/U									
LIN26	Product/Service ID Qualifier	ID	2-2	N/U									
LIN27	Product/Service ID	AN	1-48	N/U									
LIN28	Product/Service ID Qualifier	ID	2-2	N/U									
LIN29	Product/Service ID	AN	1-48	N/U									
LIN30	Product/Service ID Qualifier	ID	2-2	N/U									
LIN31	Product/Service ID	AN	1-48	N/U									
				_									
CTP	DRUG PRICING		1	S	2410								
CTP01	Class of Trade Code Price Identifier Code	ID	2-2	N/U									
CTP02	Price Identiller Code	ID	3-3	N/U									
CTP03	Drug Unit Price S9(7)V99	R	1-17	R									
	National Drug Unit Count - when CTP05 = "UN" 9(3)V9, CTP05 = "F2" 9(7)V999, CTP05 = "ML" or "GR"												
CTP04	9(2)V99	R	1-15	R									
CTP05	COMPOSITE UNIT OF MEASURE												
011 03	Unit or Basis For												
CTP05-1	Measurement Code	ID	2-2	R			F2, GR, ML, UN						
CTP05-2	Exponent	R	1-15	N/U									
CTP05-3	Multiplier	R	1-10	N/U									
OTDOS 4	Unit or Basis For	15	0.0	NI/I									
CTP05-4	Measurement Code Exponent	ID B	2-2 1-15	N/U N/U									
CTP05-5 CTP05-6	Exponent Multiplier	R R	1-15	N/U N/U									
01700-6	Unit or Basis For	n	1-10	IN/ U									
CTP05-7	Measurement Code	ID	2-2	N/U									
CTP05-8	Exponent	R	1-15	N/U									
CTP05-9	Multiplier	R	1-10	N/U									
	Unit or Basis For												
CTP05-10	Measurement Code	ID	2-2	N/U									
CTP05-11	Exponent	R	1-15	N/U									
CTP05-12	Multiplier	R	1-10	N/U									
CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U									
CTP05-14	Exponent	R	1-15	N/U									

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
LIN21	Product/Service ID	AN	1-48	N/U				1
								1
LIN22	Product/Service ID Qualifier	ID	2-2	N/U				
LIN23	Product/Service ID	AN	1-48	N/U				
LIN24	Product/Service ID Qualifier	ID	2-2	N/U				
LIN25	Product/Service ID	AN	1-48	N/U				
LIIVES	1 TOUGUE OCTVIOC ID	AIN	1-40	14/0				1
LIN26	Product/Service ID Qualifier	ID	2-2	N/U				
LIN27	Product/Service ID	AN	1-48	N/U				
LIN28	Product/Service ID Qualifier	ID	2-2	N/U				
LIN29	Product/Service ID	AN	1-48	N/U				
LIN30	Product/Service ID Qualifier	ID	2-2	N/U				
LIN30	Product/Service ID Qualifier	AN	1-48	N/U				
LINGI	1 TOUGET DELVICE ID	AIN	1-40	IN/O				
СТР	DRUG PRICING		1	R	2410			
CTP01	Class of Trade Code	ID	2-2	N/U	2410			
CTP02	Price Identifier Code	ID	3-3	N/U				1
011 02			0.0	.,,,				Usage changed to Not
CTP03	Unit Price	R	1-17	N/U				Used
	National Drug Unit Count -							
	when CTP05-1 = "UN"							
	9(3)V9, "F2" 9(7)V999, "ML" or "GR" 9(2)V99, ME							
CTP04	9(5)V999	R	1-15	R				
	COMPOSITE UNIT OF							Usage changed to Required
CTP05	MEASURE			R				
	Unit or Basis For			_			F2, GR, ME, ML,	Code Added
CTP05-1	Measurement Code	ID.	2-2	R			UN	
CTP05-2	Exponent	R	1-15	N/U				
CTP05-3	Multiplier Unit or Basis For	R	1-10	N/U				
CTP05-4	Measurement Code	ID	2-2	N/U				
CTP05-5	Exponent	R	1-15	N/U				
CTP05-6	Multiplier	R	1-10	N/U				
	Unit or Basis For							
CTP05-7	Measurement Code	ID	2-2	N/U				
CTP05-8	Exponent	R	1-15	N/U				
CTP05-9	Multiplier	R	1-10	N/U				
OTD:::	Unit or Basis For	_ ا						
CTP05-10	Measurement Code	ID	2-2	N/U				
CTP05-11	Exponent	R	1-15	N/U			1	1
CTP05-12	Multiplier Unit or Basis For	R	1-10	N/U			1	-
CTP05-13	Measurement Code	ID	2-2	N/U				
CTP05-14	Exponent	R	1-15	N/U				1
011100-14	Ехропен	п	1-19	IV/U		l	1	1

4010 <b>A</b> 1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		837-	P 40	10A1							
CTP05-15	Multiplier	R	1-10	N/U							
CTP06	Price Multiplier Qualifier	ID	3-3	N/U							
CTP07	Multiplier	R	1-10	N/U							
CTP08	Monetary Amount	R	1-18	N/U							
CTP09	Basis of Unit Price Code	ID	2-2	N/U							
CTP10	Condition Value	AN	1-10	N/U							
CTP11	Multiple Price Quantity	N0	1-2	N/U							
REF	PRESCRIPTION NUBER  Reference Identification		1	S	2410						
REF01	Qualifier	ID	2-3	R			XZ				
REF02	Prescription Number	AN	1-30	R			, , L				
REF03	Desciption	AN	1-80	N/U							
REF04	REFERENCE IDENTIFIER	7	. 00	N/U		+					
NM1	RENDERING PROVIDER NAME		1	s	2420A	1					
<b>NM1</b> NM101		ID	1 2-3	S R	2420A	1	82				
	NAME Entity Identifier Code Entity Type Qualifier	ID ID			2420A	1	82 1,2				
NM101	NAME  Entity Identifier Code  Entity Type Qualifier  Rendering Provider Last or  Organization Name		2-3	R	2420A	1					
NM101 NM102	NAME  Entity Identifier Code  Entity Type Qualifier  Rendering Provider Last or Organization Name  Rendering Provider First Name	ID	2-3 1-1	R R	2420A	1					
NM101 NM102 NM103 NM104	NAME  Entity Identifier Code  Entity Type Qualifier  Rendering Provider Last or Organization Name  Rendering Provider First Name  Rendering Provider Middle	ID AN AN	2-3 1-1 1-35 1-25	R R R	2420A	1					
NM101 NM102 NM103 NM104 NM105	NAME Entity Identifier Code Entity Type Qualifier Rendering Provider Last or Organization Name Rendering Provider First Name Rendering Provider Middle Name	AN AN	2-3 1-1 1-35 1-25	R R R S	2420A	1					
NM101 NM102 NM103 NM104	NAME  Entity Identifier Code  Entity Type Qualifier  Rendering Provider Last or Organization Name  Rendering Provider First Name  Rendering Provider Middle	ID AN AN	2-3 1-1 1-35 1-25	R R R	2420A	1					
NM101 NM102 NM103 NM104 NM105 NM106	NAME  Entity Identifier Code  Entity Type Qualifier  Rendering Provider Last or Organization Name  Rendering Provider First Name  Rendering Provider Middle Name  Name Prefix  Rendering Provider Name	AN AN AN AN	2-3 1-1 1-35 1-25 1-25 1-10	R R R S S	2420A	1					
NM101 NM102 NM103 NM104 NM105 NM106 NM107	NAME  Entity Identifier Code  Entity Type Qualifier  Rendering Provider Last or Organization Name  Rendering Provider First Name  Rendering Provider Middle Name  Name Prefix  Rendering Provider Name  Suffix	AN AN AN AN	2-3 1-1 1-35 1-25 1-25 1-10	R R R S S N/U	2420A	1	1,2				
NM101 NM102 NM103 NM104 NM105 NM106 NM107	NAME  Entity Identifier Code  Entity Type Qualifier  Rendering Provider Last or Organization Name  Rendering Provider First Name  Rendering Provider Middle Name  Name Prefix  Rendering Provider Name Suffix  Identification Code Qualifier	AN AN AN ID	2-3 1-1 1-35 1-25 1-25 1-10 1-10	R R R S S N/U S	2420A	1	1,2				

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
CTP05-15	Multiplier	R	1-10	N/U				
CTP06	Price Multiplier Qualifier	ID	3-3	N/U				7
CTP07	Multiplier	R	1-10	N/U				
CTP08	Monetary Amount	R	1-18	N/U				
CTP09	Basis of Unit Price Code	ID	2-2	N/U				
CTP10	Condition Value	AN	1-10	N/U				
CTP11	Multiple Price Quantity	N0	1-2	N/U				
REF	PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER		1	S	2410			Name change
REF01	Reference Identification  Qualifier	ID	2-3	R			VY, XZ	Code Added
REF02	Prescription Number	AN	1-50	R			V 1, XZ	Increase from 30 - 5
REF03	Desciption	AN	1-80	N/U				moreage nom oo e
REF04	REFERENCE IDENTIFIER	AIN	1-00	N/U				-
REFU4	NEFENEINGE IDENTIFIEN			IN/U				New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	N/U				
REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U				New Element
DEE0.4.0	Reference Identification Qualifier							New Element
REF04-3		ID	2-3	N/U				New Element
REF04-4	Reference Identification Reference Identification	AN	1-50	N/U				New Element
REF04-5	Qualifier	ID	2-3	N/U				New Liement
REF04-6	Reference Identification	AN	1-50	N/U				New Element
NM1	RENDERING PROVIDER NAME		1	s	2420A	1		
NM101	Entity Identifier Code	ID	2-3	R			82	
NM102	Entity Type Qualifier	ID	1-1	R			1,2	
NM103	Rendering Provider Last or Organization Name	AN	1-60	R				
TVIVITOO	Rendering Provider First	AIN	1-00	- 11				=
NM104	Name	AN	1-35	S				
<b>NIM</b> 4405	Rendering Provider Middle			•				
NM105	Name Name Prefix	AN	1-25	S	<del>                                     </del>			-
NM106	Rendering Provider Name	AN	1-10	N/U				4
NM107	Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	S			XX	Code Deleted
NM109	Rendering Provider Identifier	AN	2-80	S				
NM110	Entity Relationship Code	ID	2-2	N/U				7
NM111	Entity Identifier Code	ID	2-3	N/U				7
	Name Last or Organization							New Element
NM112	Name	AN	1-60	N/U				

	4010A1												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		837-	P 40	10A1									
PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	s	2420A								
PRV01	Provider Code	ID	1-3	R			PE						
PRV02	Reference Identification Qualifier	ID	2-3	R			ZZ						
PRV03	Provider Taxonomy Code	AN	1-30	R									
PRV04	State or Province Code PROVIDER SPECIALTY	ID	2-2	N/U									
PRV05	INFORMATION			N/U									
PRV06	Provider Organization Code	ID	3-3	N/U									
	RENDERING PROVIDER SECONDARY												
REF	IDENTIFICATION		5	S	2420A								
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, El, G2, LU, N5, SY, X5						
REF02	Rendering Provider Secondary Identifier	AN	1-30	R									
REF03	Description	AN	1-80	N/U									
REF04	REFERENCE IDENTIFIER			N/U									
NM1	PURCHASED SERVICE PROVIDER NAME		1	s	2420B	1							
NM101	Entity Identifier Code	ID	2-3	R			QB						
NM102	Entity Type Qualifier  Name Last or Organization  Name	ID	1-1	R			1, 2						
NM103 NM104	Name Name First	AN AN	1-35 1-25	N/U N/U									
NM105	Name Middle	AN	1-25	N/U									
NM106	Name Prefix	AN	1-10	N/U									
NM107	Name Suffix	AN	1-10	N/U									
NM108	Identification Code Qualifier	ID	1-2	S	_		24, 34, XX						

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				-
		03	7-1 3	010	1			1
PRV	RENDERING PROVIDER SPECIALTY INFORMATION		1	s	2420A			
PRV01	Provider Code	ID	1-3	R			PE	
DDV00	Reference Identification	10		-			DVC	Code change
PRV02	Qualifier	ID	2-3	R			PXC	Increase from 30 - 50
PRV03	Provider Taxonomy Code	AN ID	1-50	R				increase from 50 - 50
PRV04 PRV05	State or Province Code PROVIDER SPECIALTY INFORMATION	טו	2-2	N/U N/U				
PRV06	Provider Organization Code	ID	3-3	N/U				
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION		20	s	2420A			
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2, LU	Code Deleted
REF02	Rendering Provider Secondary Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			S				
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
NM1	PURCHASED SERVICE PROVIDER NAME		1	s	2420B	1		
NM101	Entity Identifier Code	ID	2-3	R			QB	
NM102	Entity Type Qualifier	ID	1-1	R			1, 2	
NM103	Name Last or Organization Name	AN	1-60	N/U				Increase from 35 - 60
NM104	Name First	AN	1-35	N/U				Increase from 25 - 35
NM105	Name Middle	AN	1-25	N/U				1
NM106	Name Prefix	AN	1-10	N/U				1
NM107	Name Suffix	AN	1-10	N/U				1
NM108	Identification Code Qualifier	ID	1-2	S			XX	Code Deleted

Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		337-	P 40	10 <b>Δ</b> 1			
	Purchased Service Provider	<i>-</i>		10/11	1		
NM109	Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	PURCHASED SERVICE PROVIDER SECONDARY						
REF	IDENTIFICATION		5	S	2420B		0D 1A 1D 10
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY U3, X5
DEF00	Purchased Service Provider Secondary Identifier	AN	1-30	R			
		, (14	100	- 11			
REF02 BEF03	Description	AN	1-80	N/LI			
REF02 REF03 REF04	Description REFERENCE IDENTIFIER	AN	1-80	N/U N/U			
REF03	'	AN	1-80				
REF03	'	AN	1-80				
REF03	REFERENCE IDENTIFIER  SERVICE FACILITY LOCATION	AN	1-80		2420C	1	
REF03 REF04	SERVICE FACILITY LOCATION Entity Identifier Code	AN		N/U	2420C	1	77, FA, LI, TL
REF03 REF04	REFERENCE IDENTIFIER  SERVICE FACILITY LOCATION		1	N/U	2420C	1	77, FA, LI, TL 2
REF03 REF04  NM1 NM101	SERVICE FACILITY LOCATION Entity Identifier Code	ID	1 2-3	N/U S R	2420C	1	
REF03 REF04  NM1 NM101 NM102	SERVICE FACILITY LOCATION Entity Identifier Code Entity Type Qualifier	ID	1 2-3 1-1	N/U  S R R	2420C	1	
REF03 REF04  NM1 NM101 NM102  NM103	SERVICE FACILITY LOCATION Entity Identifier Code Entity Type Qualifier Laboratory or Facility Name	ID ID	1 2-3 1-1	S R R	2420C	1	
REF03 REF04  NM1 NM101 NM102  NM103 NM104	SERVICE FACILITY LOCATION Entity Identifier Code Entity Type Qualifier Laboratory or Facility Name Name First	ID ID AN	1 2-3 1-1 1-35 1-25	S R R S	2420C	1	
REF03 REF04  NM1 NM101 NM102  NM103 NM104 NM105	SERVICE FACILITY LOCATION Entity Identifier Code Entity Type Qualifier Laboratory or Facility Name Name First Name Middle	ID ID AN AN	1 2-3 1-1 1-35 1-25 1-25	\$ R R S N/U N/U	2420C	1	
REF03 REF04  NM1 NM101 NM102  NM103 NM104 NM105 NM106	SERVICE FACILITY LOCATION Entity Identifier Code Entity Type Qualifier Laboratory or Facility Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	ID ID AN AN AN	1 2-3 1-1 1-35 1-25 1-25 1-10	\$ R R S N/U N/U N/U	2420C	1	
NM1 NM101 NM102 NM103 NM104 NM105 NM106 NM107 NM108	SERVICE FACILITY LOCATION Entity Identifier Code Entity Type Qualifier Laboratory or Facility Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier Laboratory or Facility Primary	ID ID AN AN AN ID	1 2-3 1-1 1-35 1-25 1-10 1-10	\$ R R S N/U N/U N/U N/U S	2420C	1	2
NM1 NM103 NM103 NM104 NM105 NM106 NM107	SERVICE FACILITY LOCATION Entity Identifier Code Entity Type Qualifier Laboratory or Facility Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	ID ID AN AN AN AN	1 2-3 1-1 1-35 1-25 1-25 1-10 1-10	\$ R R S N/U N/U N/U N/U	2420C	1	2

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
NIM100	Other Payer Primary Identifier	AN	2-80	S				
NM109 NM110	Entity Relationship Code	ID	2-80	N/U				+
NM111	Entity Identifier Code	ID	2-3	N/U				1
NM112	Name Last or Organization Name	AN	1-60	N/U				New Element
REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION		20	s	2420B			_
								Code Deleted
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2	
	Purchased Service Provider							Increase from 30 - 50
REF02	Secondary Identifier	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			S				1
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
NM1	SERVICE FACILITY LOCATION NAME		1	s	2420C	1		1
NM101	Entity Identifier Code	ID	2-3	R			77	
NM102	Entity Type Qualifier	ID	1-1	R			2	
	Name Last or Organization			_				Increase from 35 - 60
NM103 NM104	Name Name First	AN	1-60 1-35	R N/U				Increase from 25 - 35
NM104	Name Middle	AN	1-35	N/U				Increase nom 25 - 55
NM106	Name Prefix	AN	1-25	N/U				+
NM107	Name Suffix	AN	1-10	N/U				1
NM108	Identification Code Qualifier	ID	1-2	S			XX	Code Deleted
NM109	Other Payer Primary Identifier	AN	2-80	S				
NM110	Entity Relationship Code	ID	2-2	N/U				1
NM111	Entity Identifier Code  Name Last or Organization	ID	2-3	N/U				New Element
NM112	Name	AN	1-60	N/U				_

		40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		837-	P 40	10A1			
N3	SERVICE FACILITY LOCATION ADDRESS		1	R	2420C		
N301	Laboratory or Facility Address Line	AN	1-55	R			
N302	Laboratory or Facility Address Line	AN	1-55	S			
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2420C		
N401	Laboratory or Facility City Name	AN	2-30	R			
N402	Laboratory or Facility State or Province Code Laboratory or Facility Postal	ID	2-2	R			
N403	Zone or ZIP Code	ID	3-15	R			
N404 N405	Country Code Location Qualifier	ID ID	2-3 1-2	S N/U			
N406	Location Identifier	ID	1-30	N/U			
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		5	s	2420C		
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G,1H, G2, LU, N5, TJ, X4, X
REF02	Service Facility Location Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
NM1	SUPERVISING PROVIDER NAME		1	s	2420D	1	
NM101	Entity Identifier Code	ID	2-3	R			DQ

Element Identifier	SERVICE FACILITY LOCATION ADDRESS Laboratory or Facility Address Line	ID 83	Min. Max. 7-P 5	Usage Reg.	Loop	Loop Repeat	Values	]
N3	LOCATION ADDRESS  Laboratory or Facility Address	83	7-P 5	010				
N3	LOCATION ADDRESS  Laboratory or Facility Address							_
N3	LOCATION ADDRESS  Laboratory or Facility Address							
			1	R	2420C			
N301	Laborate son English Address	AN	1-55	R				
N302	Laboratory or Facility Address Line	AN	1-55	S				_
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP		1	R	2420C			
N401	Laboratory or Facility City Name	AN	2-30	R				
N402	Laboratory or Facility State or Province Code	ID	2-2	S				Usage changed to Situational
N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S				Usage changed to Situational
N404	Laboratory or Facility Country Code	ID	2-3	S				
N405	Location Qualifier	ID	1-2	N/U				_
N406	Location Identifier	AN	1-30	N/U				- N 51
N407	Country Subdivision Code	ID	1-3	S				New Element
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION		3	s	2420C			Code Deleted
REF01	Reference Identification Qualifier	ID	2-3	R			G2, LU	_
REF02	Service Facility Location Secondary Identifier	AN	1-50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				-1
REF04	REFERENCE IDENTIFIER			S				Usage changed to Situational New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	New Element
REF04-2	Other Payer Primary Idenitifer Reference Identification	AN	1-50	R				New Element
REF04-3	Qualifier	ID	2-3	N/U				TOW LIGHTON
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
	SUPERVISING PROVIDER							-
NM1	NAME		1	S	2420D	1		
NM101	Entity Identifier Code	ID	2-3	R			DQ	_

	•	40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		337	P 40	10A1			
NM102	Entity Type Qualifier	ID	1-1	R			1
NIMAGO	Supervising Provider Last Name	41	1.05	R			
NM103	Name	AN	1-35	R			
NM104	Supervising Provider First Name	AN	1-25	R			
NM105	Supervising Provider Middle Name	AN	1-25	S			
NM106	Name Prefix	AN	1-10	N/U			
NM107	Supervising Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX
NM109	Supervising Provider Identifier	AN	2-80	S			
NM110	Entity Relationship Code	ID	2-2	N/U			
NM111	Entity Identifier Code	ID	2-3	N/U			
	SUPERVISING PROVIDER						
REF	SECONDARY IDENTIFICATION		5	s	2420D		
DEE01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, El, G2, LU, N5, SY, X5
REF01	Supervising Provider	טו	2-3	n			LO, NO, OT, XO
REF02	Secondary Identifier	AN	1-30	R			
REF03	Description	AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER			N/U			
	ORDERING PROVIDER						
NM1	NAME		1	s	2420E	1	
NM101	Entity Identifier Code	ID	2-3	R			DK
NM102	Entity Type Qualifier	ID	1-1	R			1
NM103	Ordering Provider Last Name	AN	1-35	R			

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
NM102	Entity Type Qualifier	ID	1-1	R			1	
NM103	Supervising Provider Last Name	AN	1-60	R				Increase from 35 - 6
NM104	Name First	AN	1-35	S				Increase from 25 - 3 Usage changed to Situational
NM105	Name Middle	AN	1-25	S				
NM106	Name Prefix	AN	1-10	N/U				1
NM107	Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	S			XX	Code Deleted
INIVITUO	identification code Qualifier	טו	1-2	3			**	-
NM109	Other Payer Primary Identifier	AN	2-80	S				_
NM110	Entity Relationship Code	ID	2-2	N/U				1
NM111	Entity Identifier Code	ID	2-3	N/U				
NM112	Name Last or Organization Name	AN	1-60	N/U				New Element
	SUPERVISING PROVIDER SECONDARY							
REF	IDENTIFICATION		20	s	2420D			
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2, LU	Code Deleted
TILIOI	Supervising Provider	-10					02, 10, 02, 20	Increase from 30 - 5
REF02	Secondary Identifier	AN	1-50	R				
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			S				Usage changed to Situational
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				New Element
DEE040	Reference Identification Qualifier	- 5	0.0	NIAI				New Element
REF04-3 REF04-4	Reference Identification	ID AN	2-3 1-50	N/U N/U				New Element
NEFU4-4	Reference Identification	AIN	1-30	IN/U				New Element
REF04-5	Qualifier	ID	2-3	N/U				
REF04-6	Reference Identification	AN	1-50	N/U				New Element
NM1	ORDERING PROVIDER NAME		1	s	2420E	1		1
NM101	Entity Identifier Code	ID	2-3	R			DK	1
NM102	Entity Type Qualifier	ID	1-1	R			1	]
NM103	Ordering Provider Last Name	AN	1-60	R				Increase from 35 - 60

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		337-	P 40	10A1							
NM104	Ordering Provider First Name	AN	1-25	R							
NM105	Ordering Provider Middle Name	AN	1-25	S							
NM106	Name Prefix	AN	1-10	N/U							
NM107	Ordering Provider Name Suffix	AN	1-10	S							
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX				
NM109	Ordering Provider Identifier	AN	2-80	S							
NM110	Entity Relationship Code	ID	2-2	N/U							
NM111	Entity Identifier Code	ID	2-3	N/U							
	ORDERING PROVIDER										
N3	ADDRESS		1	S	2420E						
N301	Ordering Provider Address Line	AN	1-55	R							
N302	Ordering Provider Address Line	AN	1-55	S							
N4	ORDERING PROVIDER CITY/STATE/ZIP CODE		1	s	2420E						
N401	Ordering Provider City Name	AN	2-30	R							
N402	Ordering Provider State Code	ID	2-2	R							
N403	Ordering Provider Postal Zone or ZIP Code	ID	3-15	R							
N404	Country Code	ID	2-3	S							
N405	Location Qualifier	ID	1-2	N/U							
N406	Location Identifier	AN	1-30	N/U							
REF	ORDERING PROVIDER SECONDARY IDENTIFICATION		5	s	2420E						
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, El, G2, LU, N5, SY, X5				
REF02	Ordering Provider Secondary Identifier	AN	1-30	R			, , , , ,				
REF03	Description	AN	1-80	N/U							
REF04	REFERENCE IDENTIFIER			N/U							

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
NM104	Ordering Provider First Name	AN	1-35	S				Increase from 25 - 35 Usage changed to Situational
NM105	Ordering Provider Middle Name or Initial	AN	1-25	s				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Ordering Provider Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	s			XX	Code Deleted
NM109	Other Payer Primary Identifier	AN	2-80	S				
NM110	Entity Relationship Code	ID	2-2	N/U				
NM111	Entity Identifier Code	ID	2-3	N/U	-			New Element
NM112	Name Last or Organization Name	AN	1-60	N/U				New Element
N3	ORDERING PROVIDER ADDRESS		1	s	2420E			-
	Ordering Provider Address							
N301	Line	AN	1-55	R				
N302	Ordering Provider Address Line	AN	1-55	S				
								<u> </u>
N4	ORDERING PROVIDER CITY/STATE/ZIP CODE		1	R	2420E			Usage changed to Required
N401	Ordering Provider City Name	AN	2-30	R				l lange about a
N402	Ordering Provider State or Province Code	ID	2-2	S				Usage changed to Situational
N403	Ordering Provider Postal Zone ZIP Code	ID	3-15	s				Usage changed to Situational
N404	Ordering Provider Country Code	ID	2-3	S				
N405	Location Qualifier	ID	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				
N407	Country Subdivision Code	ID	1-3	S				New Element
	ORDERING PROVIDER SECONDARY							1
REF	IDENTIFICATION		20	s	2420E			_
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2	Code Deleted
ILLIUI	Ordering Provider Secondary	שו	2-0	n			JD, 10, 02	Increase from 30 - 50
REF02	Identifier	AN	1-50	R				_
REF03	Description	AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER			s				Usage changed to Situational

	4010A1											
Element			Min.	Usage		Loop						
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values					
		007	D 40	10.84								
	· · · · · · · · · · · · · · · · · · ·	837-	-P 40	10A1								
					ı	1	1					
	ORDERING PROVIDER											
PER	CONTACT INFORMATION		1	S	2420E							
PER01	Contact Function Code Ordering Provider Contact	ID	2-2	R			1C					
PER02	Name	AN	1-60	R								
	Communication Number											
PER03	Qualifier	ID	2-2	R			EM, FX, TE					
PER04	Communication Number	AN	1-80	R								
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE					
PER06	Communication Number	AN	1-80	S			LW, LX, TX, TL					
	Communication Number											
PER07	Qualifier	ID	2-2	S			EM, EX, FX, TE					
PER08	Communication Number	AN	1-80	S								
PER09	Contact Inquiry Reference	AN	1-20	N/U								
	REFERRING PROVIDER											
NM1	NAME		1	s	2420F	2						
NM101	Entity Identifier Code	ID	2-3	R			DN, P3					
NM102	Entity Type Qualifier	ID	1-1	R			1					
NIMAGO	Defermine Drevides Leet Marra		4.05	Б								
NM103	Referring Provider Last Name	AN	1-35	R								
NM104	Referring Provider First Name	AN	1-25	R								
	Referring Provider Middle											
NM105	Name	AN	1-25	S								
NM106	Name Prefix Referring Provider Name	AN	1-10	N/U								
NM107	Suffix	AN	1-10	S								
NM108	Identification Code Qualifier	ID	1-2	S			24, 34, XX					
NM109	Referring Provider Identifier	AN	2-80	S								
NM110	Entity Relationship Code	ID	2-80	N/U								
NM111	Entity Identifier Code	ID	2-3	N/U	1							

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				New Element
REF04-3	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification	AN	1-50	N/U				New Element
REF04-5	Reference Identification Qualifier	ID	2-3	N/U				New Element
REF04-6	Reference Identification	AN	1-50	N/U				New Element
PER	ORDERING PROVIDER		1	s	2420E			
PER01	Contact Function Code	ID	2-2	R			1C	
PER02	Ordering Provider Contact Name	AN	1-60	S				Usage changed to Situational
PER03	Communication Number Qualifier	ID	2-2	R			EM, FX, TE	
PER04	Communication Number	AN	1-256	R				]
PER05	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE	
PER06	Communication Number	AN	1-256	S				
PER07	Communication Number Qualifier	ID	2-2	S			EM, EX, FX, TE	
PER08	Communication Number	AN	1-256	S				1
PER09	Contact Inquiry Reference	AN	1-20	N/U				
	REFERRING PROVIDER							
NM1	NAME Entity Identifier Code	ID	1	S	2420F	2	DN, P3	
NM101 NM102	Entity Type Qualifier	ID	2-3 1-1	R R			DN, P3	1
NM102	Referring Provider Last Name	AN	1-60	R			'	Increase from 35 - 6
NM104	Referring Provider First Name	AN	1-35	S				Increase from 25 - 3
NM105	Referring Provider Middle Name or Initial	AN	1-25	S				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Referring Provider Name Suffix	AN	1-10	S				
NM108	Identification Code Qualifier	ID	1-2	S			XX	Code Deleted
NM109	Other Payer Primary Identifier	AN	2-80	S				
NM110	Entity Relationship Code	ID	2-2	N/U				4
NM111	Entity Identifier Code	ID	2-3	N/U				]

		40	10	<b>A</b> 1					
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		
		837-	-P 40	10A1					
PRV	REFERRING PROVIDER SPECIALTY INFORMATION		1	s	2420F				
PRV01	Provider Code	ID	1-3	R			RF		
PRV02	Reference Identification Code	ID	2-3	R			ZZ		
PRV03	Provider Taxonomy Code	AN	1-30	R					
PRV04	State or Province Code	ID	2-2	N/U					
PRV05	PROVIDER SPECIALTY INFORMATION			N/U					
PRV06	Provider Organization Code	ID	3-3	N/U					
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		5	s	2420F				
REF01	Reference Identification Qualifier	ID	2-3	R			0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5		
	Referring Provider Secondary								
REF02	Identifier	AN	1-30	R					
REF03	Description	AN	1-80	N/U					
REF04	REFERENCE IDENTIFIER			N/U					
NM1	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		1	s	2420G	4			
NM101	Entity Identifier Code	ID	2-3	R			PR		
NM102	Entity Type Qualifier	ID	1-1	R			2		
NM103	Payer Name	AN	1-35	R					
NM104	Name First	AN	1-25	N/U					
NM105	Name Middle	AN	1-25	N/U					
NM106	Name Prefix	AN	1-10	N/U					
NM107	Name Suffix	AN	1-10	N/U					

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
	Name Last or Organization							New Element
NM112	Name	AN	1-60	N/U				
								Segment Deleted
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION		20	s	2420F			_
NEF	IDENTIFICATION		20	_ 3	24201			Code Deleted
REF01	Reference Identification Qualifier	ID	2-3	R			OB, 1G, G2	
	Referring Provider Secondary							Increase from 30 -
REF02	Identifier	AN	1-50	R				_
REF03	Description	AN	1-80	N/U				Usage changed to
REF04	REFERENCE IDENTIFIER			S				Situational
								New Element
REF04-1	Reference Identifier Qualifier	ID	2-3	R			2U	New Element
REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				146W FIGHIGHT
	Reference Identification							New Element
REF04-3	Qualifier	ID	2-3	N/U				New Element
REF04-4	Reference Identification Reference Identification	AN	1-50	N/U				New Element
REF04-5	Qualifier	ID	2-3	N/U				. 10W LIGHTON
REF04-6	Reference Identification	AN	1-50	N/U				New Element
								Segment Deleted

	4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
837-P 4010A1												
NM108	Identification Code Qualifier	ID	1-2	R			PI, XV					
NM109	Other Payer Identification Number	AN	2-80	R								
NM110	Entity Relationship Code	ID	2-2	N/U								
NM111	Entity Identifier Code	ID	2-3	N/U								
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		2	R	2420G							
REF01	Reference Identification Qualifier	ID	2-3	R			9F, G1					
REF02	Other Payer Prior Authorization or Referral Number	AN	1-30	R								
REF03	Description	AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER			N/U								

		5	501	0				]
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
								]
		83	7-P 5	010				
								Segment Deleted
NM1	AMBULANCE PICK UP		1	s	2420G	1		New Segment
NM101	Entity Identifier Code	ID	2-3	R			PW	
NM102	Entity Type Qualifier	ID	1-1	R			2	4
NM103	Name Last or Organization Name	AN	1-60	N/U				
NM104	Name First	AN	1-35	N/U				1
NM105	Name Middle	AN	1-25	N/U				1
NM106	Name Prefix	AN	1-10	N/U				1
NM107	Name Suffix	AN	1-10	N/U				1
NM108	Identification Code Qualifier	ID	1-2	N/U				]
NM109	Identification Code	AN	2-80	N/U				
NM110	Entity Relationship Code	ID	2-2	N/U				1
NM111	Entity Identifier Code	ID	2-3	N/U				1
NM112	Name Last or Organization Name	AN	1-60	N/U				
N3	AMBULANCE PICK UP LOCATION ADDRESS		1	R	2420G			New Segment
N301	Ambulance Pick Up Address Line	AN	1-55	R				]
N302	Ambulance Pick Up Address Line	AN	1-55	S				]
N4	AMBULANCE PICK UP LOCATION CITY/STATE/ZIP		1	R	2420G			New Segment
NIAOA	Ambulance Pick Up City	4 8 1	0.00					
N401	Name	AN	2-30	R				.]

					<b>A</b> 1	10	40		
	Element Identifier	Values	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier
		Va.000	Topout	СООР		III GAZI	1 10	2000	
					10A1	P 40	837-		
Am	N402		•				•		-
Ar	N403	11							
Am									
	N404	1 1							
	N405	1 -							
	N406	1 1							
С	N407								
Al									
	NM1								
	NM101 NM102								
-	INIVITUZ								
Ami	NM103								
	NM104								
	NM105								
	NM106 NM107								
	INIVITO7								
lde	NM108								
	NM109								
E	NM110	1 1							
Na	NM111								
	NM112	11							
Al									
~	N3								
Am									
Am	N301	-							
AIII	N302								
AI									
LO	N4								
А									
Λ	N401								
Am	N402								
An		[							
	N403								
Am	N404								
+	N404 N405	<del> </del>							

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				1
	Ambulance Pick Up State or							
N402	Province Code	ID	2-2	S				
	Ambulance Pick Up Postal			_				
N403	Zone ZIP Code Ambulance Pick Up Country	ID	3-15	S				_
N404	Code	ID	2-3	s				
N405	Location Qualifier	ID	1-2	N/U				
N406	Location Identifier	AN	1-30	N/U				1
N407	Country Subdivision Code	ID	1-3	S				1
	AMBULANCE DROP OFF							New Segment
NM1	LOCATION	-	1	S R	2420H	1	45	-
NM101 NM102	Entity Identifier Code Entity Type Qualifier	ID ID	2-3 1-1	R			2	4
INIVITUZ	Entity Type Qualifier	טו	1-1	ĸ			2	-
NM103	Ambulance Drop Off Location	AN	1-60	s				
NM104	Name First	AN	1-35	N/U				1
NM105	Name Middle	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Name Suffix	AN	1-10	N/U				
h!h4400	Identification Octob Occilificati	j						
NM108	Identification Code Qualifier	ID	1-2	N/U				_
NM109	Identification Code Entity Relationship Code	AN ID	2-80 2-2	N/U				-
NM110 NM111	Entity Identifier Code	ID	2-2	N/U N/U				-
INIVITI	Name Last or Organization	טו	2-3	IN/O				-
NM112	Name	AN	1-60	N/U				
N3	AMBULANCE DROP OFF LOCATION ADDRESS		1	R	2420H			New Segment
	Ambulance Drop Off Address							1
N301	Line	AN	1-55	R				
N302	Ambulance Drop Off Address Line	AN	1-55	S				
11302	Line	AIN	1-55	3				1
								New Segment
	AMBULANCE DROP OFF							
N4	LOCATION CITY/STATE/ZIP		1	R	2420H			
N401	Ambulance Drop Off City Name	AN	2-30	R				
11401	Ambulance Drop Off State or	AIN	2-30	n				=
N402	Province Code	ID	2-2	S				I
	Ambulance Drop Off Postal							1
N403	Zone ZIP Code	ID	3-15	S				4
N404	Ambulance Drop Off Country Code	ID	2-3	S				
N404 N405	Location Qualifier	ID	1-2	N/U				1
N405 N406	Location Identifier	AN	1-30	N/U				1

	4010A1									
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values			
837-P 4010A1										
SVD	LINE ADJUDICATION INFORMATION		1	s	2430	25				
SVD01	Other Payer Primary Identifier	AN	2-80	R						
SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R						
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R						
SVD03-1	Product or Service ID Qualifier	ID	2-2	R			HC, IV, ZZ			
SVD03-2	Procedure Code	AN	1-48	R						
SVD03-3	Procedure Modifier	AN	2-2	S						
SVD03-4	Procedure Modifier	AN	2-2	S						
SVD03-5	Procedure Modifier	AN	2-2	S						
SVD03-6	Procedure Modifier	AN	2-2	S						
SVD03-7	Procedure Code Description	AN	1-80	S						
SVD04	Product or Service ID	AN	1-48	N/U						
SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R						
SVD06	Bundled Line Number	N0	1-6	S						
CAS	LINE ADJUSTMENT		99	s	2430					
CAS01	Claim Adjustment Group Code	ID	1-2	R			CO, CR, OA, PI, PR			
CAS02	Adjustment Reason Code	ID	1-5	R						
CAS03	Adjustment Amount S9(7)V99	R	1-18	R						
CAS04	Adjustment Quantity 9(7)	R	1-15	S						
CAS05	Adjustment Reason Code	ID	1-5	S						
CAS06	Adjustment Amount S9(7)V99	R	1-18	S						
CAS07	Adjustment Quantity 9(7)	R	1-15	S						
CAS08	Adjustment Reason Code	ID	1-5	S						
CAS09	Adjustment Amount S9(7)V99	R	1-18	S						
CAS10	Adjustment Quantity 9(7)	R	1-15	S						
CAS11	Adjustment Reason Code	ID	1-5	S						
CAS12	Adjustment Amount S9(7)V99	R	1-18	S						
CAS13	Adjustment Quantity 9(7)	R	1-15	S						
CAS14	Adjustment Reason Code	ID	1-5	S						
CAS15	Adjustment Amount S9(7)V99	R	1-18	S						

	5010								
1	Values	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier	
_				010	7-P 5	837			
1				S	1-3	ID	Country Subdivision Code	N407	
1		15	2430	s	1		LINE ADJUDICATION INFORMATION	SVD	
				R	2-80	AN	Other Payer Primary Identifier	SVD01	
				R	1-18	R	Service Line Paid Amount S9(7)V99	SVD02	
				R			COMPOSITE MEDICAL PROCEDURE IDENTIFIER	SVD03	
Code Chai	ER, HC, IV, WK			R	2-2	ID	Product or Service ID Qualifier	SVD03-1	
				R	1-48	AN	Procedure Code	SVD03-2	
1				S	2-2	AN	Procedure Modifier	SVD03-3	
1				S	2-2	AN	Procedure Modifier	SVD03-4	
1				S	2-2	AN	Procedure Modifier	SVD03-5	
				S	2-2	AN	Procedure Modifier	SVD03-6	
				S	1-80	AN	Procedure Code Description	SVD03-7	
New Elem				N/U	1-48	AN	Product/Service ID	SVD03-8	
				N/U	1-48	AN	Product or Service ID	SVD04	
				R	1-15	R	Paid Service Unit Count 9(7)V999	SVD05	
Name Cha				S	1-6	N0	Bundled or Unbundled Line Number	SVD06	
			2430	S	5		LINE ADJUSTMENT	CAS	
	CO, CR, OA, PI, PR			R	1-2	ID	Claim Adjustment Group Code	CAS01	
				R	1-5	ID	Adjustment Reason Code	CAS02	
				R	1-18	R	Adjustment Amount S9(7)V99	CAS03	
1				S	1-15	R	Adjustment Quantity 9(7)	CAS04	
				S	1-5	ID	Adjustment Reason Code	CAS05	
				S	1-18	R	Adjustment Amount S9(7)V99	CAS06	
1				S	1-15	R	Adjustment Quantity 9(7)	CAS07	
				S	1-5	ID	Adjustment Reason Code	CAS08	
				S	1-18	R	Adjustment Amount S9(7)V99	CAS09	
				S	1-15	R	Adjustment Quantity 9(7)	CAS10	
				S	1-5	ID	Adjustment Reason Code	CAS11	
				S	1-18	R	Adjustment Amount S9(7)V99	CAS12	
1				S	1-15	R	Adjustment Quantity 9(7)	CAS13	
1				S	1-5	ID	Adjustment Reason Code	CAS14	
				s	1-18	R	Adjustment Amount S9(7)V99	CAS15	

	4010A1										
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
837-P 4010A1											
CAS16	Adjustment Quantity 9(7)	R	1-15	S							
CAS17	Adjustment Reason Code	ID	1-5	S							
CAS18	Adjustment Amount S9(7)V99	R	1-18	S							
CAS18	Adjustment Quantity 9(7)	R	1-15	S							
OAOTS	rajustment Quantity 5(1)	- 11	1-13								
DTP	LINE ADJUDICATION DATE		1	R	2430						
DTP01	Date Time Qualifier	ID	3-3	R	2400		573				
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8				
DTP03	Adjudication or Payment Date	AN	1-35	R			CCYYMMDD				
			1	1		1					
LO	FORM IDENTIFICATION CODE		1	s	2440	5					
LQ LQ01	FORM IDENTIFICATION CODE  Code List Qualifier Code	ID	<b>1</b>	<b>S</b>	2440	5	AS, UT				
	CODE	ID AN			2440	5	AS, UT				
LQ01	CODE Code List Qualifier Code		1-3	R	2440	5	AS, UT				
LQ01 LQ02	CODE Code List Qualifier Code Form Identifier SUPPORTING		1-30	R R		5	AS, UT				
LQ01 LQ02 FRM FRM01 FRM02	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response	AN AN ID	1-3 1-30 99 1-20 1-1	R R S R		5	AS, UT				
FRM FRM01 FRM02 FRM03	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response	AN AN ID AN	1-3 1-30 99 1-20 1-1 1-30	R R S R S S		5	N, W, Y				
LQ01 LQ02 FRM FRM01 FRM02	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response	AN AN ID	1-3 1-30 99 1-20 1-1	R R S R		5					
FRM FRM01 FRM02 FRM03	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response	AN AN ID AN	1-3 1-30 99 1-20 1-1 1-30	R R S R S S		5	N, W, Y				
FRM FRM01 FRM02 FRM03 FRM04	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response Question Response	AN AN ID AN DT	99 1-20 1-1 1-30 8-8	R R S S S		5	N, W, Y				
FRM FRM01 FRM02 FRM03 FRM04 FRM05	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response Question Response Question Response  TRANSACTION SET TRAILER  Transaction Segment Count	AN AN ID AN DT	99 1-20 1-1 1-30 8-8	R R R S S S S			N, W, Y				
FRM FRM01 FRM02 FRM03 FRM04 FRM05	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response Question Response Question Response  Transaction Set Trailer	AN ID AN DT R	1-3 1-30 99 1-20 1-1 1-30 8-8 1-6	R R S S S S S S R			N, W, Y				
FRM FRM01 FRM02 FRM03 FRM04 FRM05 SE	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response Question Response Question Response  Transaction Segment Count Transaction Set Control	AN ID AN DT R N0	1-3 1-30 99 1-20 1-1 1-30 8-8 1-6	R R S S S S S R R R R			N, W, Y				
EQ01 LQ02 FRM FRM01 FRM02 FRM03 FRM04 FRM05 SE SE01 SE02	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response Question Response Question Response  TRANSACTION SET TRAILER  Transaction Segment Count Transaction Set Control Number  FUNCTION GROUP	AN ID AN DT R N0	1-3 1-30 99 1-20 1-1 1-30 8-8 1-6 1 1-10	R R R S S S S R R R R		>1	N, W, Y				
FRM FRM01 FRM02 FRM03 FRM04 FRM05 SE SE01 SE02	CODE  Code List Qualifier Code  Form Identifier  SUPPORTING DOCUMENTATION  Question Number/Letter Question Response Question Response Question Response Question Response  Transaction Response Question Response Question Response Question Response Question Response  Transaction Segment Count Transaction Set Control Number  FUNCTION GROUP TRAILER  Number of Transaction Sets	AN AN ID AN DT R NO AN	1-3 1-30 99 1-20 1-1 1-30 8-8 1-6 1 1-10 4-9	R R S S S S S R R R R		>1	N, W, Y				

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		83	7-P 5	010				-
CAS16	Adjustment Quantity 9(7)	R	1-15	s				1
CAS17	Adjustment Reason Code	ID	1-5	S				1
07.017								
CAS18	Adjustment Amount S9(7)V99		1-18	S				
CAS19	Adjustment Quantity 9(7)	R	1-15	S				
DTP	LINE CHECK OR REMITTANCE DATE		1	R	2430			1
DTP01	Date Time Qualifier	ID	3-3	R			573	
DTP02	Date Time Period Format Qualifier	ID	2-3	R			D8	
DTP03	Adjudication or Payment Date	AN	1-35	R			CCYYMMDD	_
AMT	REMAINING PATIENT LIABILITY		1	s	2430			New Segment
AMT01	Amount Qualifier Code	ID	1-3	R			EAF	]
	Remaining Patient Liability							
AMT02 AMT03	Amount S9(7)V99 Credit/Debit Flag Code	R ID	1-18	R N/U				4
AIVI 103	Credit/Debit Flag Code	טו	1-1	IN/U				1
LQ	FORM IDENTIFICATION CODE		1	s	2440	>1		]
LQ01	Code List Qualifier Code	ID	1-3	R			AS, UT	
LQ02	Form Identifier	AN	1-30	R				4
FRM	SUPPORTING DOCUMENTATION		99	S	2440			
FRM01	Question Number/Letter	AN	1-20	R				
FRM02	Question Response	ID	1-1	S			N, W, Y	
FRM03	Question Response	AN	1-50	S			CCYYMMDD	Increase from 30 - 5
FRM04 FRM05	Question Response  Question Response 9(3)V9	DT R	8-8 1-6	S			CCYYMMDD	-
	TRANSACTION SET							]
SE	TRAILER		1	R		>1		4
SE01	Transaction Segment Count Transaction Set Control	N0	1-10	R				1
SE02	Number	AN	4-9	R				
GE	FUNCTION GROUP TRAILER		1	R		1		]
GE01	Number of Transaction Sets Included	N0	1-6	R				]
GE02	Group Control Number	N0	1-9	R				1
								J

	4010A1									
Element			Min.	Usage		Loop				
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values			
	{	837-	-P 40	10A1						
	INTERCHANGE CONTROL									
IEA	TRAILER		1	R		1				
	Number of Included									
IEA01	Functional Groups	N0	1-5	R						
IEA02	Interchange Control Number	N0	9-9	R						

	5010									
Element			Min.	Usage		Loop				
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values			
	837-P 5010									
	INTERCHANGE CONTROL									
IEA	TRAILER		1	R		1				
	Number of Included									
IEA01	Functional Groups	N0	1-5	R						
IEA02	Interchange Control Number	N0	9-9	R						