	4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
identinei	Description	טו	wax.	neg.	гоор	переац	values					
		00	- 404	0.4.4								
	T	83	5 401	UA1	1		Г					
ISA	INTERCHANGE CONTROL HEADER		1	R		1						
ISA01	Authorization Information Qualifier	ID	22	R			00,03					
ISA02	Authorization Information	AN	1010	R								
ISA03	Security Information Qualifier	ID	22	R			00,01					
ISA04	Security Information	AN	1010	R								
ISA05	Interchange ID Qualifier	D	22	R			01,14,20,27, 28, 29, 30, 33, ZZ					
ISA06	Interchange Sender ID	AN	1515	R								
ISA07	Interchange ID Qualifier	ID	22	R			01,14,20,27, 28, 29, 30, 33, ZZ					
ISA08	Interchange Receiver ID	AN	1515	R								
ISA09	Interchange Date	DT	66	R			YYMMDD					
ISA10	Interchange Time	TM	44	R			HHMM					
ISA11	Interchange Control Standards ID	ID	11	R			U					
ISA12	Interchange Control Version Number	ID	55	R			00401					
ISA13	Interchange Control Number	N0	99	R			=IEA02					
ISA14	Acknowledgement Requested	ID	11	R			0					
ISA15	Usage Indicator	ID	11	R			P,T					
ISA16	Component Element Separator		11	R								
GS	Functional Group Header		1	R		1						
GS01	Functional Identifier Code	ID	22	R			HP					
GS02	Application Sender's Code	AN	215	R								
GS03	Application Receiver's Code	AN	215	R								
GS04	Date	DT	88	R			CCYYMMDD					
GS05	Time	TM	48	R			ННММ					
GS06	Group Control Number	N0	19	R			=GE02					
GS07	Responsible Agency Code	ID	12	R			X					
GS08	Version/Release/Industry Id code Version/Release/Industry Id			_		_	004010X091					
GS08	Code	AN	112	R			004010X091A1					

		5	01	0			
Element			Min.	Usage		Loop	
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values
		8	35 50	10			
	INTERCHANGE CONTROL						
ISA	HEADER		1	R		1	
10.404	Authorization Information Qualifier	ın	0.0	-			00.00
ISA01		ID	22	R			00,03
ISA02	Authorization Information	AN	1010	R			
ISA03	Security Information Qualifier	ID	22	R			00,01
ISA04	Security Information	AN	1010	R			00,01
10/104	Coounty information	AIN	1010	- 11			01,14,20,27, 28
ISA05	Interchange ID Qualifier	ID	22	R			29, 30, 33, ZZ
ISA06	Interchange Sender ID	AN	1515	R			
							01,14,20,27, 28
ISA07	Interchange ID Qualifier	ID	22	R			29, 30, 33, ZZ
ISA08	Interchange Receiver ID	AN	1515	R			
ISA09	Interchange Date	DT	66	R			YYMMDD
ISA10	Interchange Time	TM	44	R			HHMM
	Interchange Control						
ISA11	Standards ID	ID	11	R			U
	Interchange Control Version			_			
ISA12	Number	ID	55	R			00401
ISA13	Interchange Control Number	N0	99	R			=IEA02
IOATO	Interchange Control Number	INU	33	п			=ILA02
ISA14	Acknowledgement Requested	ID	11	R			0
ISA15	Usage Indicator	ID	11	R			P.T
	Component Element						,
ISA16	Separator		11	R			
GS	Functional Group Header		1	R		1	
GS01	Functional Identifier Code	ID	22	R			HP
GS02	Application Sender's Code	AN	215	R			
0000	Application Descriptors Orde		0.45	-			
GS03	Application Receiver's Code	AN	215	R			000044455
GS04	Date	DT	88	R			CCYYMMDD
GS05	Time	TM	48	R			HHMM
GS06	Group Control Number	N0	19	R			=GE02
GS07	Responsible Agency Code	ID	12	R			Х
GS08	Version Identifier Code	AN	112	R			005010X221

Code Change

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		00/	- 404	0.4.4							
		83:	5 401				T				
ST	Transaction Set Header		1	R		1					
ST01	Transaction Set Identifier Code	ID	33	R			835				
ST02	Transaction Set Control Number	AN	49	R			=SE02				
3102	Number	AIN	49	n			=3L02				
BPR	Financial Information		1	R		1					
BPR01	Transaction Handling Code	ID	12	R			C,D,H,I,P				
DITIOI	Total Actual Provider Payment Amt	יטו	12	- 11			0,0,11,1,1				
BPR02	S9(8)V99	R	118	R							
BPR03	Credit or Debit Flag Code	ID	110	R			С				
BPR04	Payment Method Code	ID	33	R			ACH,CHK,NON				
BPR05	Payment Format Code	ID	110	S			CCP,CTX				
BPR06	DFI ID # Qualifier	ID	22	S			01				
BPR07	Sender DFI Identifier	AN	312	S			Ü,				
BPR08	Acct # Qualifier	ID	13	S			DA				
BPR09	Sender Bank Acct #	AN	135	S			D/1				
BPR10	Payer Identifier	AN	1010	S			=TRN03				
Di Itto	Originating Co Supplemental	AIN	1010	- 0			-1111400				
BPR11	Code	AN	99	S			N/A Medicare				
BPR12	DFI ID # Qualifier	ID	22	S			01				
	Receiver or Provider Bank ID										
BPR13	#	AN	312	S							
BPR14	Acct # Qualifier	ID	13	S			DA,SG				
BPR15	Receiver or Provider Acct #	AN	135	S							
BPR16	Check Issue or EFT Effective Date	DT	88	R							
BPR17	Business Function Code	ID	13	N/U							
BPR18	(DFI) ID Number Qualifier	ID	22	N/U							
BPR19	(DFI) Identification Number	AN	312	N/U							
BPR20	Account Number Qualifier	ID	13	N/U							
BPR21	Account Number	AN	135	N/U							
TRN	Reassociation Trace Number		1	R		1					
TRN01	Trace Type Code	ID	12	R			1				
TRN02	Check or EFT Trace #	AN	130	R							
TRN03	Payer Identifier	AN	1010	R			=BPR10				
	Originating Co Supplemental										
TRN04	Code	AN	130	S			N/A Medicare				
CUR	Foreign Currency Information		1	s		1	N/A				

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		8:	35 50	10				
ST	Transaction Set Header		1	R		1		1
	Transaction Set Identifier							1
ST01	Code	ID	33	R			835	
	Transaction Set Control							1
ST02	Number	AN	49	R			=SE02	
BPR	Financial Information		1	R		1		
BPR01	Transaction Handling Code	ID	12	R			C, D, H, I, P, U, X	Code Added
	Total Actual Provider							Name Change
	Payment Amt							
BPR02	S9(9)V99	R	118	R				
BPR03	Credit or Debit Flag Code	ID	11	R			С	
BPR04	Payment Method Code	ID	33	R			ACH,CHK,NON	
BPR05	Payment Format Code	ID	110	S			CCP,CTX	
BPR06	DFI ID # Qualifier	ID	22	S			01	
BPR07	Sender DFI Identifier	AN	312	S				
BPR08	Acct # Qualifier	ID	13	S			DA	
BPR09	Sender Bank Acct #	AN	135	S				
BPR10	Payer Identifier	AN	1010	S				Logic Change
	Originating Co Supplemental			_				Code Deleted
BPR11	Code	AN	99	S				
BPR12	DFI ID # Qualifier Receiver or Provider Bank ID	ID	22	S			01	
BPR13	##	AN	312	S				
BPR14	Acct # Qualifier	ID	13	S			DA.SG	1
DITTI	7100t II Qualifier	טו	10	0			DA,OG	
BPR15	Receiver or Provider Acct #	AN	135	S				
	Check Issue or EFT Effective							1
BPR16	Date	DT	88	R				
BPR17	Business Function Code	ID	13	N/U				
BPR18	(DFI) ID Number Qualifier	ID	22	N/U				
BPR19	(DFI) Identification Number	AN	312	N/U				
BPR20	Account Number Qualifier	ID	13	N/U				
BPR21	Account Number	AN	135	N/U				I
	Reassociation Trace				-			ĺ
TRN	Number		1	R		1		
TRN01	Trace Type Code	ID	12	R			1	
TRN02	Check or EFT Trace #	AN	150	R				Increase from 30 - 50
TRN03	Payer Identifier	AN	1010	R				Code Deleted
TRN04	Originating Company Supplemental Code	AN	130	S			N/U	Name Change Code Change
CUP	Foreign Currency Information		1	•		-	N/A	
CUR	iniormation		1	S		1	N/A	1

4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		83!	5 401	0Δ1							
		1	1	<u> </u>	1 1						
REF	Reference Identification		1	s		1					
REF01	Receiver ID Qualifier	ID	23	R			EV				
REF02	Receiver Identifier	AN	130	R							
REF03	Description	AN	1-80	N/U							
REF04	Reference Identifier			N/U							
DEE	Varaion Identification			•							
REF	Version Identification		1	S		1					
REF01	Receiver ID Qualifier	ID	23	R			F2				
REF02	Version ID Code	AN	130	R							
REF03	Description	AN	1-80	N/U							
REF04	Reference Identifier			N/U							
DTM	Production Date		1	s		1					
DTM01	Date Time Qualifier	ID	33	R			405				
DTM02	Production Date	DT	88	R			CCYYMMDD				
DTM03	Time	TM	48	N/U							
DTM04	Time Code	ID	22	N/U							
	Date Time Period Format				ĺ						
DTM05	Qualifier	ID	23	N/U							
DTM06	Date Time Period	AN	135	N/U							
N1	Payer Identification		1	R	1000A	1					
N101	Entity Identifier Code	ID	23	R			PR				
N102	Payer Name	AN	160	S							
N103	ID Code Qualifier	ID	12	S			XV				
N104	Payer Identifier	AN	280	S							
N105	Entity Relationship Code	ID	22	N/U							
N106	Entity Identifier Code	ID	23	N/U							
N3	Payer Address		1	R	1000A						
N301	Payer Address Line	AN	155	R							
N302	Payer Address Line	AN	155	S							
N4	Payer City, State, Zip		1	R	1000A						
N401	Payer City Name	AN	230	R							
N402	Payer State Code	ID	22	R							
	Payer Postal Zone or ZIP	İ									
	Code	ID	315	R							
N403			23	N/U							
	Country Code	ID	23								
N403	Country Code Location Qualifier	ID ID	12	N/U							
N403 N404	Country Code	+	_	N/U N/U							

5010											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		8'	35 50	10				-			
	1	- 0,	33 30	10				4			
REF	Reference Identification		1	s		1					
REF01	Receiver ID Qualifier	ID	23	R			EV	1			
REF02	Receiver Identifier	AN	150	R				Increase from 3			
REF03	Description	AN	1-80	N/U				1			
REF04	Reference Identifier			N/U							
REF	Version Identification		1	S		1					
REF01	Receiver ID Qualifier	ID	23	R		•	F2	1			
REF02	Version ID Code	AN	150	R			1.2	Increase from 3			
REF03	Description	AN	1-80	N/U				1			
REF04	Reference Identifier	7	. 00	N/U							
DTM	Production Date		1	S		1		-			
DTM01	Date Time Qualifier	ID	33	R			405	=			
DTM02	Production Date	DT	88	R			CCYYMMDD	1			
DTM03	Time	TM	48	N/U			COTTWINDS	1			
DTM04	Time Code	ID	22	N/U				1			
	Date Time Period Format										
DTM05	Qualifier	ID	23	N/U				4			
DTM06	Date Time Period	AN	135	N/U				-			
N1	Payer Identification		1	R	1000A	1					
N101	Entity Identifier Code	ID	23	R			PR				
N102	Payer Name	AN	160	R							
N103	ID Code Qualifier	ID	12	S			XV				
N104	Payer Identifier	AN	280	S				1			
N105	Entity Relationship Code	ID	22	N/U				4			
N106	Entity Identifier Code	ID	23	N/U				1			
N3	Payer Address		1	R	1000A			]			
N301	Payer Address Line	AN	155	R				_			
N302	Payer Address Line	AN	155	S		·		-			
N4	Payer City, State, Zip		1	R	1000A			1			
N401	Payer City Name	AN	230	R				1			
N402	Payer State Code	ID	22	R				1			
	Payer Postal Zone or ZIP	T		-				1			
N403	Code	ID	315	R				_			
N404	Country Code	ID	23	N/U				_			
N405	Location Qualifier	ID	12	N/U				1			
N406	Location Identifier	AN	130	N/U				4			
N407	Country Subdivision Code	ID	13	S			N/U	New Element			

	4010A1											
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values					
835 4010A1												
REF	Additional Payer Identification		4	s	1000A							
REF01	Reference Identification Qualifier	ID	23	R			2U					
REF02	Additional Payer ID	AN	130	R								
REF03	Description	AN	1-80	N/U								
REF04	Reference Identifier			N/U								
PER	Payer Contact Information		1	s	1000A							
PER01	Contact Function Code	ID	22	R			CX					
PER02	Payer Contact Name	AN	160	S								
PER03	Communication # Qualifier	ID	22	S			EM,FX,TE					
PER04	Payer Contact Communication #	AN	180	S								
PER05	Communication Number Qualifier 2	ID	22	S			EM,EX,FX,TE					
PER06	Payer Contact Communication #	AN	180	S								
PER07	Communication Number Qualifier 3	ID	22	S			EX					
PER08	Payer Contact Communication #	AN	180	S								
PER09	Contact Inquiry Reference	AN	1-20	N/U								
<u> </u>												

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
			25.50	40				
	1	8	<u>35 50</u>	10			r	
REF	Additional Payer Identification		4	s	1000A			
REF01	Reference Identification Qualifier	ID	23	R			2U	
REF02	Additional Payer ID	AN	150	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
PER	Payer Business Contact Information		1	s	1000A			Name Change
PER01	Contact Function Code	ID	22	R			CX	
PER02	Payer Contact Name	AN	1-60	S				
PER03	Communication # Qualifier	ID	22	S			EM,FX,TE	1
PER04	Payer Contact Communication #	AN	1-256	S				Increase from 80 - 25
PER05	Communication Number Qualifier 2	ID	22	S			EM,EX,FX,TE	
PER06	Payer Contact Communication #	AN	1-256	S				Increase from 80 - 25
PER07	Communication Number Qualifier 3	ID	22	S			EX	
PER08	Payer Contact Communication #	AN	1-256	S				Increase from 80 - 25
PER09	Contact Inquiry Reference	AN	1-20	N/U				
PER	Payer Technical Contact Information		>1	R	1000A			New Segment
PER01	Contact Function Code	ID	22	R			BL	
PER02	Payer Contact Name	AN	1-60	S				
PER03	Communication # Qualifier	ID	22	S			EM, TE, UR	
PER04	Payer Contact Communication #	AN	1-256	S				
PER05	Communication Number Qualifier 2	ID	22	s			UR	
PER06	Payer Contact Communication #	AN	1-256	S				
PER07	Communication Number Qualifier 3	ID	22	S			EM, EX, FX, UR	
PER08	Payer Contact Communication #	AN	1-256	S				
PER09	Contact Inquiry Reference	AN	1-20	N/U				
PER	Payer Web Site		1	S	1000A			New Segment
PER01	Contact Function Code	ID	22	R			1C	
PER02	Name	AN	1-60	N/U				
PER03	Communication # Qualifier	ID	22	R			UR	

4010A1													
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		00/	- 404	0.4.4									
	835 4010A1												
N1	Payee Identification		1	R	1000B	1							
N101	Entity Identifier Code	ID	23	R			PE						
N102	Payee Name	AN	160	S									
	·												
N103	Identification Code Qualifier	ID	12	R			XX						
N104	Payee ID Code	AN	280	R									
N105 N106	Entity Relationship Code Entity Identifier Code	ID ID	22	N/U N/U									
11100	Entity Identifier Gode	טו	23	IN/O									
N3	Payee Address		1	s	1000B								
N301	Payee Address Line	AN	155	R									
N302	Payee Address Line	AN	155	S									
N4	Payee City,State,Zip		1	s	1000B								
N401	Payee City Name	AN	230	R	1000								
N402	Payee State Code Payee Postal Zone or ZIP	ID	22	R									
N403	Code	ID	3-15	R									
N404	Country Code	ID	23	S									
N405	Location Qualifier	ID	12	N/U									
N406	Location Identifier	AN	130	N/U									
	Payee Additional												
REF	Identification		>1	s	1000B								
	Reference Identification												
REF01	Qualifier	ID	23	R			TJ						
INLI UI		AN	130	R									
REF02	Additional Payee ID #	AIN	1 00	- ''									
	Additional Payee ID #  Description  Reference Identifier	AN	1-80	N/U N/U									

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		0,	35 50	10				_
	Daniel Oriente et	0.	33 30	10				_
PER04	Payer Contact Communication #	AN	1-256	R				
T EITO	Communication Number	7111	1 200					
PER05	Qualifier	ID	22	N/U				
PER06	Communication Number	AN	1-256	N/U				
PER07	Communication Number Qualifier	ID	22	N/U				
PER08	Communication Number	AN	1-256	N/U				-
PER09	Contact Inquiry Reference	AN	1-20	N/U				
	7, ,							
N1	Payee Identification		1	R	1000B	1		
N101	Entity Identifier Code	ID	23	R			PE	
N102	Payee Name	AN	160	R				Usage changed to Required
								Code Added
N103	Identification Code Qualifier	ID	12	R			XX, FI, XV	
N104	Payee ID Code	AN	280	R				
N105	Entity Relationship Code	ID	22	N/U				
N106	Entity Identifier Code	ID	23	N/U				_
N3	Payee Address		1	s	1000B			-
N301	Payee Address Line	AN	155	R	1000B			-
N302	Payee Address Line	AN	155	S				
11302	1 ayee Address Line	AIN	133	3				
N4	Payee City,State,Zip		1	R	1000B			Usage changed to Required
N401	Payee City Name	AN	230	R				
								Usage changed to
N402	Payee State Code	ID	22	S				Situational
N403	Payee Postal Zone or ZIP Code	ID	3-15	S				Usage changed to Situational
N404	Country Code	ID	23	S				
N405	Location Qualifier	ID	12	N/U				
N406	Location Identifier	AN	130	N/U				
N407	Country Subdivision Code	ID	13	S				New Element
	Payee Additional							
REF	Identification		>1	S	1000B			
	Reference Identification							
REF01	Qualifier	ID	23	R			TJ	
REF02	Additional Payee ID #	AN	150	R			· · · · · · · · · · · · · · · · · · ·	Increase form 30 - 50
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
		1	l					

4010A1												
		Min.	Usage		Loop							
Description	ID	Max.	Reg.	Loop	Repeat	Values						
835 4010A1												
				2000	>1							
Assigned #	N0	16	R			1,0						
Provider Summary												
Information		1	s	2000								
Reference Identification	AN	130	R			NPI						
•	AN	12	R			POS Code						
Date	DT	88	R			CCYYMMDD						
Quantity	R	115	R									
Monetary Amount	R	118	R									
Monetary Amount	В	118	s									
,		0										
Monetary Amount	R	118	S									
Monetary Amount	R	118	S									
Worldtary 7 tillount	- 11	110	0									
Monetary Amount	R	118	S									
Monetany Amount	Ь	1 10	e									
Monetary Amount	n	110	- 3									
Monetary Amount	R	118	S									
Monotony Amount	Ь	1 10	c									
Monetary Amount	n	118	5									
Monetary Amount	R	118	S									
Manatan, Amazunt			0									
Monetary Amount	К	118	S									
Monetary Amount	R	118	S									
Monetary Amount	R	118	S									
Monetary Amount	R	118	s									
Monetary Amount	R	118	S									
Monetary Amount	R	118	s									
	Header Number Assigned # Provider Summary Information Reference Identification Facility Code Value Date Quantity Monetary Amount	Bescription ID  839  Header Number Assigned # N0  Provider Summary Information Reference Identification AN Facility Code Value AN Date DT  Quantity R  Monetary Amount R	No.   No.	Description   ID   Max.   Usage Reg.	Description	Description   ID   Min.   Usage Reg.   Loop   Repeat						

		5	01	0				]
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		8	35 50	10				
RDM	Remittance Delivery Method		1	s	1000B			New Segment
RDM01	Report Transmission Code	ID	12		10002		BM, EM, FT, OL	1
RDM02	Name	AN	160				5, 2, , 02	1
RDM03	Communication Number	AN	1256					1
RDM04	Reference Identifier			N/U				1
RDM05	Reference Identifier			N/U				1
LX	Header Number		1	S	2000	>1		-
LX01	Assigned #	N0	16	R	2000		TTYYMM	Code Change
TS3	Provider Summary Information		1	s	2000			
TS301	Provider Identifier	AN	160	R	2000		NPI	Increase from 30 - 60
TS301	Facility Code Value	AN	100	R			TT	Code Change
TS302	Date	DT	88	R			CCYYMMDD	oodo onango
13303	Date	וט	00	п			CCTTIVIIVIDD	Name Change
TS304	Total Claim Count 9(6)	R	115	R				
TS305	Total Claim Change Amount S9(9)V99	R	118	R				Name Change
	, ,							Usage change to Not Used
TS306	Monetary Amount	R	118	N/U				Usage change to Not Used
TS307	Monetary Amount	R	118	N/U				
TS308	Monetary Amount	R	118	N/U				Usage change to Not Used
TS309	Monetary Amount	R	118	N/U				Usage change to Not Used
								Usage change to Not Used
TS310	Monetary Amount	R	118	N/U				Usage change to Not Used
TS311	Monetary Amount	R	118	N/U				Usage change to Not Used
TS312	Monetary Amount	R	118	N/U				
TS313	Total MSP Payer Amount S9(9)V99	R	118	S				Name Change
TS314	Monetary Amount	R	118	N/U				Usage change to Not Used
	Total Non-Lab Charge							Name Change
TS315	Amount S9(9)V99	R	118	S				Llagge change to Not I lead
TS316	Monetary Amount	R	118	N/U				Usage change to Not Used
TS317	Total HCPCS Reported Charge Amount S9(9)V99	R	118	S				Name Change
TS318	Total HCPCS Payable Amount S9(9)V99	R	118	S				Name Change
TS319	Monetary Amount	R	118	N/U				Usage change to Not Used
-		_	-		•	•		-

Nonetary Amount   R   1-18   S   S   Coop   Coop	Values
## 1-18 S  TS321 Monetary Amount R 1-18 S  TS321 Monetary Amount R 1-18 S	values
TS320 Monetary Amount R 1–18 S  TS321 Monetary Amount R 1–18 S	
TS321 Monetary Amount R 118 S	
TS321 Monetary Amount R 118 S	
TS222 Monetary Amount P 1 19 C	
TS322 Monetary Amount P 1 10 S	
10022 Inionicially Amount 11 110 3	
TS323 Quantity R 115 S	
TS324 Monetary Amount R 118 S	
Provider Supplemental	
TS2 Summary Info 1 S 2000	N/A
TS201 Monetary Amount R 118 S	
TS202 Monetary Amount R 118 S	
TS203 Monetary Amount R 118 S	
TS204 Monetary Amount R 118 S	
TS205 Monetary Amount R 118 S	
TS206 Monetary Amount R 118 S	
TS207 Quantity R 115 S	
TS 208 Monetary Amount R 118 S	
TS 209 Monetary Amount R 118 S	
TS 210 Quantity R 115 S	
TS 211 Quantity R 115 S	
TS212 Quantity R 115 S	
TS213 Quantity R 115 S	
TS214 Quantity R 115 S	
TS215 Monetary Amount R 118 S	
TS216 Quantity R 115 S	
TS217 Monetary Amount R 118 S	
TS218 Monetary Amount R 118 S	
TS219 Monetary Amount R 118 S	

	5010 Element Min. Usage Loop											
	Values	Loop Repeat	Loop	Usage Reg.	Min. Max.	ID	Description	Element Identifier				
				10	35 50	83						
Name C												
				S	118	R	Total Professional Component Amount S9(9)V99	TS320				
Name C				S	118	R	Total MSP Patient Liability Met Amount S9(9)V99	TS321				
Name C				S	118	R	Total Patient Reimbursement Amount S9(9)V99	TS322				
Name C				S	115	R	Total PIP Claim Coint 9(6)	TS323				
Name C				S	118	R	Total PIP Adjustment Amount S9(9)V99	TS324				
			2000	s	1		Provider Supplemental Summary Info	TS2				
Name C				S	118	R	Total DRG Amount S9(9)V99	TS201				
Name C				S	118		Total Federal Specific Amount	TS201				
Name C				3	110	п	Total Federal Specific Amount	13202				
				S	118	R	Total Hospital Specifc Amount	TS203				
Name C				s	118	R	Total Disproportionate Amount	TS204				
Name C				S	118	R	Total Capital Amount	TS205				
Name C							Total Indirect Medical					
Name C				S	118	R	Education Amount	TS206				
Name C				s	115	R	Total Outlier Day Count 9(6)	TS207				
Name C				S	118	R	Total Day Outlier Amount	TS 208				
Name C				S	118	R	Total Cost Outlier Amount	TS 209				
Name C							Average DRG Length of Stay					
Nama C				S	115	R	9(6)	TS 210				
Name C				S	115	R	Total Discharge Count 9(6) Total Cost Report Day Count	TS 211				
ivaine c				S	115	R	9(6)	TS212				
Name C				S	115	R	Total Covered Day Count 9(6)	TS213				
Name C				S	115	R	Total Noncovered Day Count 9(6)	TS214				
Name C							Total MSP Pass-Through					
Nome of				S	118	R	Amount	TS215				
Name C				S	115	R	Average DRG Weight Total PPS Capital FSP DRG	TS216				
Name C				S	118	R	Amount  Total PSP Capital HSP DRG	TS217				
				S	118	R	Amount	TS218				
Name C				S	118	R	Total PPS DSH DRG Amount	TS219				

	•	40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		83	5 401	0A1			
CLP	Claim Level Data		1	R	2100	>1	
CLP01	Patient Control #	AN	138	R			
CLP02	Claim Status Code	ID	12	R			1, 2, 3, 4, 5, 10, 13, 15, 16, 17, 19 20, 21, 22, 23
CLP03	Total Claim Charge Amount S9(7)V99	R	118	R			
CLP04	Claim Payment Amount S9(7)V99	R	118	R			
CLP05	Patient Responsibility Amount S9(7)V99	R	118	S			
CLP06	Claim Filling Indicator Code	ID	12	R			MB
CLP07	Payer Claim Control #	AN	130	S			
CLP08	Facility Type Code	AN	12	S			
CLP09	Claim Frequency Code	ID	11	S			N/A Medicare
CLP10	Patient Status Code	ID	1-2	N/U			
CLP11	DRG Code	ID	14	S			N/A Carriers
CLP12	DRG Weight	R	115	S			N/A Carriers
CLP13	Discharge Fraction	R	110	S			N/A Carriers
CAS	Claim Adjustment		99	S	2100		
CAS01	Claim Adjustment Group Code	ID	12	R			CO,CR,OA,PR
CAS02	Adjustment Reason Code	ID	15	R			
CAS03	Adjustment Amount S9(7)V99	R	118	R			
CAS04	Adjustment Quantity 9(7)	R	115	S			N/A Medicare

		5	501	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
identinei	Description	טו	wax.	neg.	гоор	переац	values	1
		8	35 50	10				1
CLP	Claim Level Data		1	R	2100	>1		
CLP01	Patient Control #	AN	138	R				
	Obsides Obstace October	9		-			1, 2, 3, 4, 19, 20,	Code Deleted
CLP02	Claim Status Code Total Claim Charge Amount	ID	12	R			21, 22, 23	Name Change
CLP03	S9(9)V99	R	118	R				Ivame onlinge
CLP04	Claim Payment Amount S9(9)V99	R	118	R				Name Change
	Patient Responsibility Amount							Name Change
CLP05	S9(9)V99	R	118	S				_
CLP06	Claim Filling Indicator Code	ID	12	R			MA	Code Change
CLP07	Payer Claim Control #	AN	150	S				Increase from 30 -
CLP08	Facility Type Code (1st and 2nd position of TOB)	AN	12	S				Name Change
CLP09	Claim Frequency Code (3rd position of TOB)	ID	11	S				Name Change
CLP10	Patient Status Code	ID	1-2	N/U				
CLP11	DRG Code	ID	14	S				Name Change
CLP12	DRG Weight S9(3)V9999	R	115	S				Name Change
CLP13	Discharge Fraction S9(4)V999	R	110	S				Name Change
CLP14	Yes/No Condition or Response Code	ID	11	N/U				New Element
CAS	Claim Adjustment		99	S	2100			-
0,10	Claim Adjustment Group							Code Deleted
CAS01	Code	ID	12	R			CO, OA, PR	
CAS02	Adjustment Reason Code	ID	15	R				
CAS03	Adjustment Amount S9(7)V99	R	118	R				
								Name Change
CAS04	Adjustment Quantity 9(5)	R	115	S				Code Deleted
CAS05	Adjustment Reason Code	ID	15	S				New Element
CAS06	Adjustment Amount S9(7)V99	R	118	S				New Element
CAS07	Adjustment Quantity 9(5)	R	115	S				New Element
CAS08	Adjustment Reason Code	ID	15	S				New Element
CAS09	Adjustment Amount S9(7)V99	R	118	S				New Element
CAS10	Adjustment Quantity 9(5)	R	115	S				New Element
CAS11	Adjustment Reason Code	ID	15	S				New Element
CAS12	Adjustment Amount S9(7)V99	R	118	S				New Element
CAS13	Adjustment Quantity 9(5)	R	115	S				New Element
CAS14	Adjustment Reason Code	ID	15	S				New Element

	4010A1											
Element			Min.	Usage		Loop						
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values					
		83	5 401	0A1								
NM1	Patient Name		1	R	2100							
NM101	Entity Identifier Code	ID	23	R	2100		QC					
NM102	Entity Type Qualifier	ID	11	R			1					
	, ,,											
NM103	Patient Last Name	AN	135	R								
INIVITUS	r atient Last Name	AIN	133	n								
	D	l		_								
NM104	Patient First Name	AN		R								
NM105	Patient Middle Name Name Prefix	AN	125	S								
NM106 NM107	Patient Name Suffix	AN	1-10 110	N/U S								
NM108	ID Code Qualifier	ID	110	S			HN,II, MI					
NM109	Patient Identifier	AN	280	S			min,ii, ivii					
NM110	Entity Relationship Code	ID	22	N/U								
NM111	Entity Identifier Code	ID	23	N/U								
	Í											
NM1	Insured's Name		1	S	2100		N/A					
	Corrected Patient/Insured			_								
NM1	Name	ID	<b>1</b> 23	S	2100		74					
NM101 NM102	Entity Identifier Code Entity Type Qualifier	ID	11	R R			1					
INIVITUZ	Corrected Patient/Ins Last	טו	11	n			ı					
NM103	Name	AN	135	S								
	Corrected Patient/Ins First											
NM104	Name Corrected Patient/Ins Middle	AN	125	S								
NM105	Name	AN	125	S								
NM106	Name Prefix	AN	1-10	N/U								
	Corrected Patient Name											
NM107	Suffix	AN	110	S								
NM108	Identification Code Qualifier	ID	12	S			С					
	Corrected Ins Identification						-					
NM109	Indicator	AN	280	S								
NM110	Entity Relationship Code	ID	22	N/U								

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		8	35 50	10				
		-		_				New Element
CAS15	Adjustment Amount S9(7)V99		118	S				New Element
CAS16	Adjustment Quantity 9(5)	R	115	S				New Element
CAS17	Adjustment Reason Code	ID	15	S				New Element
CAS18	Adjustment Amount S9(7)V99	R	118	S				New Element
CAS19	Adjustment Quantity 9(5)	R	115	S				New Element
	.,							
NM1	Patient Name		1	R	2100			
NM101	Entity Identifier Code	ID	23	R			QC	
NM102	Entity Type Qualifier	ID	11	R			1	
NM103	Patient Last Name	AN	160	S				Increase from 35 - Usage change to Situational
								Increase from 25 -
NM104	Patient First Name	AN	135	S				Usage change to Situational
NM105	Patient Middle Name	AN	135	S				Oldational
NM106	Name Prefix	AN	1-10	N/U				
NM107	Patient Name Suffix	AN	110	S			N/U	Code Added
NM108	ID Code Qualifier	ID	12	S			HN	Code Deleted
NM109	Patient Identifier	AN	280	S			HIC #	Code Added
NM110	Entity Relationship Code	ID	22	N/U			1110#	
NM111	Entity Identifier Code	ID	23	N/U				
INIVITI	Name Last or Organization	יוו	20	14/0				New Element
NM112	Name	AN	160	N/U				
NM1	Insured's Name		1	S	2100		N/A	_
IAINI	moureu s reame		'	- 3	2100		IV/A	
NM1	Corrected Patient/Insured Name		1	s	2100			
NM101	Entity Identifier Code	ID	23	R			74	
NM102	Entity Type Qualifier	ID	11	R			1	
NM103	Corrected Patient/Ins Last Name	AN	160	S				Increase from 35 -
NIMAGA	Corrected Patient/Ins First		4 05	0				Increase from 25 -
NM104	Name Corrected Patient/Ins Middle	AN	135	S		-		
NM105	Name	AN	125	S				
NM106	Name Prefix	AN	1-10	N/U				
NM107	Corrected Patient Name Suffix	AN	110	S				
NM108	Identification Code Qualifier	ID	12	S			С	
NM109	Corrected Ins Identification Indicator	AN	280	S				
NM110	Entity Relationship Code	ID	22	N/U				

	•	40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		835	5 401	0A1			
NM111	Entity Identifier Code	ID	23	N/U			
	,						
NM1	Service Provider Name		1	S	2100		
NM101	Entity Identifier Code	ID	23	R			82
NM102	Entity Type Qualifier	ID	11	R			1, 2
NM103	Rendering Provider Last/Org Name	AN	1-35	S			N/A Medicare
NM104	Rendering Provider First Name	AN	125	s			N/A Medicare
	Rendering Provider Middle						
NM105	Name	AN	125	S			N/A Medicare
NM106	Name Prefix	AN	1-10	N/U			
NM107	Rendering Provider Name Suffix	AN	110	S			N/A Medicare
NM108	ID Code Qualifier	ID	12	R			XX
				_			
NM109	Rendering Provider Identifier	AN	280	R			
NM110	Entity Relationship Code	ID	22	N/U			
NM111	Entity Identifier Code	ID	23	N/U			
NM1	Crossover Carrier Name		1	s	2100		
NM101	Entity Identifier Code	ID	23	R			TT
NM102	Entity Type Qualifier	ID	11	R			2
NM103	COB Carrier Name	AN	135	R			
NM104	First name	AN	1-25	N/U			
NM105	Middle name	AN	1-25	N/U			
NM106	Not Used	AN	1-10	N/U			
NM107	name suffix	AN	1-10	N/U			
NM108	ID Code Qualifier	ID	12	R			PI,XV
NM109	COB Carrier Identifier	AN	280	R			
NM110	Entity Relationship Code	ID	22	N/U			
NM111	Entity Identifier Code	ID	23	N/U			
NM1	Corrected Priority Payer Name		2	S	2100		
NM101	Entity Identifier Code	ID	23	R			PR
NM102	Entity Type Qualifier	ID	11	R			2
NM103	Corrected Priority Payer Name	AN	135	R			

		5	<b>i01</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
								4
		8	35 50	10				
NM111	Entity Identifier Code	ID	23	N/U				
NM112	Name Last or Organization Name	AN	160	N/U				New Element
NM1	Service Provider Name		1	S	2100			
NM101	Entity Identifier Code	ID	23	R			82	
NM102	Entity Type Qualifier	ID	11	R			2	Code Deleted
	Rendering Provider Last/Org							Increase from 35 - 6
NM103	Name	AN	1-60	S				Code Deleted
	Rendering Provider First							Increase from 25 - 3
NM104	Name	AN	1-35	S			NA	Code Change
NIMAGE	Rendering Provider Middle Name	4 8 1	125	S			NIA	Code Change
NM105	Name Prefix	AN					NA NA	Code Added
NM106	Rendering Provider Name	AN	1-10	N/U			NA	Code Change
NM107	Suffix	AN	110	S			NA	Code Change
NM108	ID Code Qualifier	ID	12	R			XX	
14101100	15 code dadinio	10					701	Code Added
NM109	Rendering Provider Identifier	AN	280	R			NPI	
NM110	Entity Relationship Code	ID	22	N/U				
NM111	Entity Identifier Code	ID	23	N/U				
	Name Last or Organization							New Element
NM112	Name	AN	160	N/U				_
NM1	Crossover Carrier Name		1	s	2100			
NM101	Entity Identifier Code	ID	23	R	2100		TT	
NM102	Entity Type Qualifier	ID	11	R			2	-
NM103	COB Carrier Name	AN	1-60	R			2	Increase from 35 - 6
NM104	First name	AN	1-35	N/U				Increase from 25 - 3
NM105	Middle name	AN	1-35	N/U				
NM106	Name Prefix	AN	1-23	N/U		<del>                                     </del>		
NM107	Name suffix	AN	1-10	N/U		<del>                                     </del>		
NM108	ID Code Qualifier	ID	12	R			PI,XV	
NM109	COB Carrier Identifier	AN	280	R			1 1,7.4	
NM110	Entity Relationship Code	ID	22	N/U				
NM111	Entity Identifier Code	ID	23	N/U				
. 41911 1 1	Name Last or Organization	-10		14/0				New Element
NM112	Name	AN	160	N/U				
	Convented Delevitor Description							# Panasta shares to
NM1	Corrected Priority Payer Name	l	1	s	2100			# Repeats change to
NM101	Entity Identifier Code	ID	23	R	2100		PR	-
NM101	Entity Type Qualifier	ID	11	R			2	
INIVITUE	Corrected Priority Payer	יוי	11	וז				Increase from 35 - 6
NM103	Name	AN	160	R	1	1		

		40	10	<b>A</b> 1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		835	5 401	0A1			
NM104	First name	AN	125	N/U			
NM105	middle name	AN	125	N/U			
NM106	Name Prefix	AN	1-10	N/U			
NM107	name suffix	AN	110	N/U			
NM108	ID Code Qualifier	ID	12	R			PI,XV
NM109	Corrected Priority Payer ID	AN	280	R			
NM110	Entity Relationship Code	ID	22	N/U			
NM111	Entity Identifier Code	ID	23	N/U			
MIA	Inpatient Adjudication Information		1	s	2100		N/A
MIA01	Quantity	R	115	R			
MIA02	Quantity	R	115	S			
MIA03	Quantity	R	115	S			
MIA04	Monetary Amount	R	118	S			
MIA05	Reference Identification	AN	130	S			
MIA06	Monetary Amount	R	118	S			
MIA07	Monetary Amount	R	118	S			
MIA08	Monetary Amount	R	118	S			
MIA09	Monetary Amount	R	118	S			
MIA10	Monetary Amount	R	118	S			
MIA11	Monetary Amount	R	118	S			
MIA12	Monetary Amount	R	118	S			
MIA13	Monetary Amount	R	118	S			
MIA14	Monetary Amount	R	118	S			
MIA15	Quantity	R	115	S			
MIA16	Monetary Amount	R	118	S			

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		8:	35 50	10				
NM104	First name	AN	1-35	N/U				Increase from 25 - 35
NM105	middle name	AN	1-25	N/U				_
NM106	Name Prefix	AN	1-10	N/U				
NM107	Name suffix	AN	1-10	N/U				
NM108	ID Code Qualifier	ID	12	R			PI,XV	
NM109	Corrected Priority Payer ID	AN	280	R			,,,,,	
NM110	Entity Relationship Code	ID	22	N/U				
NM111	Entity Identifier Code	ID	23	N/U				
NM112	Name Last or Organization Name	AN	160	N/U				New Element
NM1	Other Subscriber Name						N/A	New Segment
								_
MIA	Inpatient Adjudication Information		1	s	2100			
	Covered Daya or Visits Count							Name Change
MIA01	S(9)3	R	115	R				Nama Channa
MIA02	PPS Operating Outlier Amount S9(7)V99	R	118	S				Name Change Increase from 15 - 18
MIA03	Lifetime Psychiatric Days Count S9(3)	R	115	S				Name Change
MIA04	CLAIM DRG AMOUNT S9(7)V99	R	118	S				Name Change
	CLAIM PAYMENT REMARK							Name Change
MIA05	CD CD	AN	150	S				Increase from 30 - 50
MIA06	CLAIM DSH AMOUNT S9(7)V99	R	118	s				Name Change
	CLAIM MSP PASS THRU		0					Name Change
MIA07	AMT S9(7)V99	R	118	S				
MIA08	CLAIM PPS CAPITAL AMOUNT S9(7)V99	R	118	S				Name Change
	PPS CAPITAL FSP DRG							Name Change
MIA09	AMT S9(7)V99	R	118	S				Name Observe
MIA10	PPS CAPITAL HSP DRG AMT S9(7)V99	R	118	s				Name Change
IVIIATO	PPS CAPITAL DSH DRG	п	110	3				Name Change
MIA11	AMT S9(7)V99	R	118	S				
	OLD CAPITAL AMOUNT							Name Change
MIA12	S9(7)V99	R	118	S				
	PPS CAPITAL IME AMOUNT	_						Name Change
MIA13	S9(7)V99 PPS OPER HSP SPEC DRG	R	118	S				Name Change
MIA14	AMT S9(7)V99	R	118	s				ranie Onange
	COST REPORT DAY COUNT							Name Change
MIA15	S(9)3	R	115	S				_
	PPS OPER FSP SPEC DRG	_		_				Name Change
MIA16	AMT S9(7)V99	R	118	S	l	1		1

	4010A1												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
		835	5 401	0 <b>A</b> 1									
MIA17	Monetary Amount	R	118	S									
MIA18	Monetary Amount	R	118	S									
MIA19	Monetary Amount	R	118	S									
MIA20	Reference Identification	AN	130	S									
MIA21	Reference Identification	AN	130	S									
MIA22	Reference Identification	AN	130	S									
MIA23	Reference Identification	AN	130	S									
MIA24	Monetary Amount	R	118	S									
MOA	Outpatient Adjudication Information		1	s	2100								
MOA01	Reimbursement Rate 9(3)V99	R	110	S			N/A Carriers						
MOA02	Claim HCPCS Payable Amount S9(7)V99	R	118	S			N/A Carriers						
MOA03	Remark Code	AN	130	S									
MOA04	Remark Code	AN	130	S									
MOA05	Remark Code	AN	130	S									
MOA06	Remark Code	AN	130	S									
MOA07	Remark Code Claim ESRD Payment	AN	130	S									
MOA08	Amount S9(7)V99	R	118	S			N/A Carriers						
MOA09	Nonpayable Professional Comp Amt S9(7)V99	R	118	S			N/A Carriers						
REF	Other Claim-Related Identification		5	s	2100		N/A						
REF01	Reference Identification Qualifier	ID	23	R			1L, 1W, 9A, 9C, A6, BB, CE, EA, F8, G1, G3, IG, SY						
REF02	Other Claim Related Identifier	AN	130	R									
REF03	Description	AN	1-80	N/U									
REF04	Reference Identifier			N/U									
REF	Rendering Provider Identification		10	s	2100		N/A						
REF01	Reference Identification Qualifier	ID	23	R			1A, 1B, 1C, 1D, 1G, 1H, D3, G2						

	5010												
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values						
								4					
		8	<u>35 50</u>	10									
MIA17	CLAIM PPS OUTLIER AMOUNT S9(7)V99	R	118	S				Name Change					
MIA18	CLAIM INDIRECT TEACHING S9(7)V99	R	118	S				Name Change					
MIA19	NON PAY PROF COMP AMT S9(7)V99	R	118	S				Name Change					
MIA20	CLAIM PAYMENT REMARK CD	AN	150	S				Name Change Increase from 30 -					
MIA21	CLAIM PAYMENT REMARK CD	AN	150	S				Name Change Increase from 30 -					
MIA22	CLAIM PAYMENT REMARK CD	AN	150	S				Name Change Increase from 30 -					
MIA23	CLAIM PAYMENT REMARK CD	AN	150	S				Name Change Increase from 30 -					
MIA24	PPS CAPITAL EXCEPTION AMT S9(7)V99	R	118	S				Name Change					
MOA	Outpatient Adjudication Information		1	s	2100			1					
MOA01	Reimbursement Rate S9(4)V9999	R	110	S				Name Change Code Deleted					
MOA02	Claim HCPCS Payable Amount S9(7)V99	R	118	S				Code Deleted					
MOA03	Remark Code	AN	150	S				Increase from 30 -					
MOA04	Remark Code	AN	150	S				Increase from 30 -					
MOA05	Remark Code	AN	150	S				Increase from 30 -					
MOA06	Remark Code	AN	150	S				Increase from 30 -					
MOA07	Remark Code Claim ESRD Payment	AN	150	S				Increase from 30 - Code Deleted					
MOA08	Amount S9(7)V99 Nonpayable Professional	R	118	S				Code Deleted					
MOA09	Comp Amt S9(7)V99	R	118	S									
REF	Other Claim-Related Identification		5	s	2100								
								Code Change					
REF01	Reference Identification Qualifier	ID	23	R			EA, 6P, 28						
REF02	Other Claim Related Identifier	AN	150	R				Increase from 30 -					
REF03	Description	AN	1-80	N/U				_]					
REF04	Reference Identifier			N/U									
REF	Rendering Provider		10	s	2100			New Segment					
1121	Reference Identification Qualifier	ID	23	R	2.00			Code Deleted					

	4010A1										
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
	1	835	5 401	0A1	1		1				
REF02	Rendering Provider Secondary Identifier	AN	130	R							
REF03	Description	AN	1-80	N/U							
REF04	Reference Identifier	AIN	1-00	N/U							
TILITOT	Tiorororio idonamo			14/0							
DTM	Claim Payment Date		4	S	2100						
DTM01	Date Time Qualifier	ID	33	R			050				
DTM02	Claim Date	DT	88	R			CCYYMMDD				
DTM03	Time	TM	48	N/U							
DTM04	Time Code	ID	22	N/U							
	Date Time Period Format										
DTM05	Qualifier	ID	23	N/U							
DTM06	Date Time Period	AN	135	N/U							

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		8	35 50	10				1
	Rendering Provider							Increase from 30 - 5
REF02	Secondary Identifier	AN	150	R				
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				_
								Segment Deleted
DTM	Statement From or To Date		2	S	2100			New Segment
DTM01	Date Time Qualifier	ID	33	R			050	
DTM02	Claim Date	DT	88	R			CCYYMMDD	
DTM03	Time	TM	48	N/U				
DTM04	Time Code	ID	22	N/U				
	Date Time Period Format							
DTM05	Qualifier	ID	23	N/U				
DTM06	Date Time Period	AN	135	N/U				
DTM	Coverage Expiration Date		1	s	2100		N/A	New Segment
DTM01	Date/Time Qualifier	ID	33	R				
DTM02	Date	DT	88	R				
DTM03	Time	TM	48	N/U				
DTM04	Time Code	ID	22	N/U				4
DTM05	Date Time Period Format Qualifier	ID	23	N/U				
DTM05	Date Time Period	AN	135	N/U				1
			. 55					1
DTM	Claim Received Date		1	S	2100			New Segment
DTM01	Date/Time Qualifier	ID	33	R			050	
DTM02	Date	DT	88	R			CCYYMMDD	
DTM03	Time	TM	48	N/U			·	
DTM04	Time Code	ID	22	N/U				
D.T. 405	Date Time Period Format							
DTM05 DTM06	Qualifier Date Time Period	ID AN	23 135	N/U N/U				-
סטואו ז ט	Date Tille Fellou	AIN	133	IN/U				+
	+		1					# Repeats change to

4010A1									
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		
		835	5 401	0A1					
PER01	Contact Function Code	ID	22	R			СХ		
PER02	Claim Contact Name	AN	160	S					
PER03	Communication # Qualifier	ID	22	S			EM,FX,TE		
PER04	Claim Contact Communication #	AN	180	S					
PER05	Communication # Qualifier	ID	22	S			EM,EX,FX,TE		
	Claim Contact Communication			_					
PER06	#	AN	180	S					
PER07	Communication # Qualifier	ID	22	S			EX		
PER08	Communication # Extension	AN	180	S					
PER09	Contact Inquiry Reference	AN	120	N/U					
AMT	Claim Supplemental		14	s	2100				
AWII	illiorillation		14	3	2100				
AMT01	Amount Qualifier Code	ID	13	R			F5,I		
	Claim Supplemental								
AMT02	Information Amt S9(7)V99	R	118	R					
AMT03	Credit/Debit Flag Code	ID	11	N/U					
QTY	Claim Supplemental Infor Quantity		15	s	2100		N/A		
QTY01	Quantity Qualifier	ID	22	R	2100		CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO		
QTY02	Quantity Qualifier	R	115	R					
QTY03	Composite Unit Of Measure			N/U					
QTY04	Free-Form Message	AN	130	N/U					
SVC	Information		1	S	2110	999			
SVC01	Composite Medical Procedure Identifier			R					
-01-1	Product or Service ID Qualifier	ID	22	R			HC,N4		
-01-2	Procedure Code	AN	148	R					
-01-3	Procedure Modifier	AN	22	S					
-01-4		AN	22	S					
-01-5		AN	22	S					
-01-6	Procedure Modifier	AN	22	S					
-01-7	Procedure Code Description	AN	180	S			N/A Medicare		

		5	01	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		8:	35 50	10				
PER01	Contact Function Code	ID	22	R			СХ	
PER02	Claim Contact Name	AN	160	S			OX.	1
PER03	Communication # Qualifier	ID	22	R			EM,FX,TE	Usage change to Required
PER04	Claim Contact Communication	AN	1256	R				Increase from 80 - 256 Usage change to Required
PER05	Communication # Qualifier	ID	22	S			EM,EX,FX,TE	
PER06	Claim Contact Communication #	AN	1256	s			LIVI, LX, IX, IL	Increase from 80 - 256
PER07	Communication # Qualifier	ID	22	S			EX	
PER08	Communication # Extension	AN	1256	S				Increase from 80 - 256
PER09	Contact Inquiry Reference	AN	120	N/U				
	Claim Supplemental		40		0400			# Repeats change to 13
AMT	information		13	S	2100		AU, DY, F5, I, NL,	Code Added
AMT01	Amount Qualifier Code Claim Supplemental	ID	13	R			ZK, ZL	-
AMT02	Information Amt S9(7)V99	R	118	R				
AMT03	Credit/Debit Flag Code	ID	11	N/U				]
QTY	Claim Supplemental Infor Quantity		14	s	2100			# Repeats change to 14
Q.I.	audinity .				2.00			Code Deleted
QTY01	Quantity Qualifier	ID	22	R			CA, CD, LA, OU ZK, ZL	
QTY02	Quantity Qualifier	R	115	R				
QTY03	Composite Unit Of Measure			N/U				_
QTY04	Free-formInformation	AN	130	N/U				1
svc	Information		1	s	2110	999		-
0.0	Composite Medical Procedure				2110	333		1
SVC01	Identifier			R				
	Product or Service ID			_				Code Aded
SVC01-1	Qualifier	ID	22	R			HC, HP, N4, N/U	-
	Adjudicated Procedure Code	AN	148	R				1
SVC01-3		AN	22	S				4
SVC01-4		AN	22	S				4
SVC01-5		AN	22	S			-	1
SVC01-6	Procedure Modifier	AN	22	S				Llagge shapes to Net Llagg
SVC01-7	Description	AN	180	N/U				Usage change to Not Used

	-	40	10	A1			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		835	5 401	0A1			
	Line Item Charge Amount						
SVC02	S9(7)V99	R	118	R			
SVC03	Line Item Provider Payment S9(7)V99	R	118	R			
SVC03	NUBC Revenue Code	AN	148	S			N/A Carriers
37004	140DO Nevende Oode	AIN	140	- 3			N/A Carriers
SVC05	SVC01-1=N4 Units of Service Paid Count S9(7)V999 SVC01-1 = HC Units of Service Paid Count S9(3)V9	R	115	S			
SVC06	Composite Medical Procedure Identifier			S			
00 1	Product or Service ID  Qualifier	ır	0.0	_			110.114
-06-1 -06-2	Procedure Code	ID AN	22 148	R R			HC,N4
-06-2	Procedure Modifier	AN	22	S			
-06-3	Procedure Modifier	AN	22	S			
-06-5	Procedure Modifier	AN	22	S			
-06-6	Procedure Modifier	AN	22	S			
-06-7	Procedure Code Description	AN	180	S			N/A Medicare
SVC07	SVC06-1=N4 Units of Service Original Count S9(7)V999 SVC06-1 = HC Units of Service Original Count S9(7)V9	R	115	S			
DTM	Service Date Time Reference		3	s	2110		
DTM01	Date Time Qualifier	ID	33	R			150,151,472
DTM02	Claim Date	DT	88	R			CCYYMMDD
DTM03	Time	TM	48	N/U			
DTM04	Time Code	ID	22	N/U			
DTM05	Date Time Period Format Qualifier	ID	23	N/U			
DTM06	Date Time Period	AN	135	N/U			
CAS	Service Adjustment		99	S	2110		
0.4.004	Claim Adjustment Group			_			00 00 04
CAS01	Code	ID	12	R			CO,CR,OA,PR
CAS02	Adjustment Reason Code	ID	15	R			
CAS03	Adjustment Amount S9(7)V99	R	118	R			

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		8	35 50	10				1
SVC01-8	Product/Service ID	AN	148	N/U				New Element
010010	Line Item Charge Amount	7.1.4	0	140				
SVC02	S9(7)V99	R	118	R				
	Line Item Provider Payment							
SVC03	S9(7)V99	R	118	R				
SVC04	N/UBC Revenue Code	AN	148	S				Code Deleted
SVC05	Units of Service Paid Count S9(6)	R	115	S				Name Change
37000	Composite Medical Procedure	n	113	3				-
SVC06	Identifier			s				
	Product or Service ID							Code Added
SVC06-1	Qualifier	ID	22	R			HC, HP, N4, N/U	
SVC06-2	Procedure Code	AN	148	R				
SVC06-3	Procedure Modifier	AN	22	S				
SVC06-4	Procedure Modifier	AN	22	S				
SVC06-5	Procedure Modifier	AN	22	S				
SVC06-6	Procedure Modifier	AN	22	S				
SVC06-7	Procedure Code Description	AN	180	S				
SVC06-8	Product/Service ID	AN	148	N/U				New Element
SVC07	Original Units of Service Count S9(6)	R	115	S				Name Change
DTM	Service Date		2	S	2110			# Repeats change to
DTM01	Date Time Qualifier	ID	33	R			472	Code Deleted
DTM02	Service Date	DT	88	R			CCYYMMDD	_
DTM03	Time	TM	48	N/U				
DTM04	Time Code	ID	22	N/U				
	Date Time Period Format							
DTM05	Qualifier	ID	23	N/U				4
DTM06	Date Time Period	AN	135	N/U			1	4
CAS	Service Adjustment		99	S	2110			1
	Claim Adjustment Group							Code Deleted
CAS01	Code	ID	12	R			CO,OA,PR	
CAS02	Adjustment Reason Code	ID	15	R				
CAS03	Adjustment Amount S9(7)V99	R	118	R	l	l		I

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Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		83	5 401	0A1							
CAS04	Adjustment Quantity 9(7)	R	115	S			N/A Medicare				
CAS05	Adjustment Reason Code	ID	15	S							
CAS06	Adjustment Amount S9(7)V99	R	118	S							
CAS07	Adjustment Quantity 9(7)	R	115	S			N/A Medicare				
CAS08	Adjustment Reason Code	ID	15	S							
CAS09	Adjustment Amount S9(7)V99	R	118	S							
CAS10	Adjustment Quantity 9(7)	R	115	S			N/A Medicare				
CAS11	Adjustment Reason Code	ID	15	S							
CAS12	Adjustment Amount S9(7)V99	R	118	S							
0.4.0.4.0	A discount Occupation (2/7)	_		0							
CAS13	Adjustment Quantity 9(7) Adjustment Reason Code	R ID	115 15	S			N/A Medicare				
CAS14	Adjustment Reason Code	טו	15	5							
CAS15	Adjustment Amount S9(7)V99	R	118	S							
CAS16	Adjustment Quantity 9(7)	R	115	S			N/A Medicare				
CAS17	Adjustment Reason Code	ID	15	S							
CAS18	Adjustment Amount S9(7)V99	R	118	S							
CAS19	Adjustment Quantity 9(7)	R	115	S			N/A Medicare				
REF	Service Identification		7	S	2110						
REF01	Reference ID Qualifier	ID	23	R			LU,6R				
REF02	Provider ID	AN	130	R							
REF03	Description	AN	1-80	N/U							
REF04	Reference Identifier			N/U							
	Rendering Provider										
REF	Information		10	s	2110						
REF01	Reference ID Qualifier	ID	23	R			HPI				
REF02	Rendering Provider ID	AN	130	R							
REF03	Description	AN	1-80	N/U							
REF04	Reference Identifier			N/U							

		5	<b>501</b>	0				
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	
		8	35 50	10				
								Code Deleted
CAS04	Adjustment Quantity S9(5)	R	115	S				Name Change
CAS05	Adjustment Reason Code	ID	15	S				
CAS06	Adjustment Amount S9(7)V99	R	118	S				Code Deleted
CAS07	Adjustment Quantity S9(5)	R	115	S				Name Change
CAS08	Adjustment Reason Code	ID	115	S				Traine Onlinge
UA300	Aujustment neason code	טו	13	3				
CAS09	Adjustment Amount S9(7)V99	R	118	s				
	, , , , , ,							Code Deleted
CAS10	Adjustment Quantity S9(5)	R	115	S				Name Change
CAS11	Adjustment Reason Code	ID	15	S				
CAS12	Adjustment Amount S9(7)V99	R	118	S				<b>_</b>
04040	Adjustment Quantity S9(5)	_		S				Code Deleted Name Change
CAS13 CAS14	Adjustment Quantity 59(5)  Adjustment Reason Code	R ID	115 15	S				Name Change
CAS14	Aujustilient heason Gode	טו	15	- 5				
CAS15	Adjustment Amount S9(7)V99	R	118	S				
0/10/10								Code Deleted
CAS16	Adjustment Quantity S9(5)	R	115	S				Name Change
CAS17	Adjustment Reason Code	ID	15	S				
CAS18	Adjustment Amount S9(7)V99	R	118	S				
0.4.0.4.0	Adii adaa ad Oo addib OO(F)	_						Code Deleted
CAS19	Adjustment Quantity S9(5)	R	115	S				Name Change
DEE	Service Identification		_	_	0440			# Repeats change to
REF			8	S	2110			Code Deleted
REF01	Reference ID Qualifier	ID	23	R			LU	Increase from 30 - 5
REF02	Provider ID	AN	150	R				Increase nom 30 - 3
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
								Naw Casmant
REF	Line Item Control Number		1	s	2110			New Segment
REF01	Reference ID Qualifier	ID	23	R	2110			$\dashv$
REF02	Line Item Control Number	AN	150	R		<del>                                     </del>		
REF03	Description	AN	130	N/U				╡
REF04	Reference Identifier	AIN	1-00	N/U		+		=
NEFU4	ricicience identifiel			IN/U				=
	Rendering Provider					+		$\dashv$
REF	Information		10	s	2110			
REF01	Reference ID Qualifier	ID	23	R			HPI	
REF02	Rendering Provider ID	AN	150	R				Increase from 30 - 5
REF03	Description	AN	1-80	N/U				<b>-</b>
REF04	Reference Identifier	- " "	. 00	N/U				┪
				.,,0		<del>                                     </del>		-

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Element			Min.	Usage		Loop					
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values				
		00/	- 404	0.4.4							
		83:	5 401	UA1							
AMT	Service Supplemental Amount		12	s	2110						
AMT01	Amount Qualifier Code	ID	13	R			B6,KH				
AMT02	Service Supplemental Amount S9(7)V99	R	118	R							
AMT03	Credit/Debit Flag Code	ID	11	N/U							
QTY	Service Supplemental Quantity		6	s	2110		N/A				
QTY01	Quantity Qualifier	ID	22	R			NE, ZK, ZL, ZM, ZN, ZO				
QTY02	Quantity	R	115	R							
QTY03	Composite Unit Of Measure			N/U							
QTY04	Free-Form Message	AN	130	N/U							
LQ	Health Care Remarks Codes		99	s	2110						
LQ01	Code List Qualifier Code	ID	13	R			HE				
LQ02	Remark Code	AN	130	R							
PLB	Provider Level Adjustment		>1	s		1					
PLB-01	Provider Identifier	AN	130	R		-	NPI				
PLB02	Fiscal Period Date	DT	88	R			CCYYMMDD				
PLB03	Adjustment Identifier			R							
							CS, AP, FB, LE,				
-03-1	Adjustment Reason Code	ID	22	R			L6, 50, SL, WO, B2, IR, 72, J1				
							, , , , ,				
-03-2		AN	130	S							
PLB04	Provider Adjustment Amount \$9(7)V99	R	118	R							
PLB05	Adjustment Identifier			S							
					_		CS, AP, FB, LE,				
-05-1	Adjustment Reason Code	ID	22	R			L6, 50, SL, WO, B2, IR, 72, J1				
30 1	.,						_,,, 01				
-05-2	Provider Adjustment Identifier	AN	130	S							

Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	]
		0.	25 50	10				-
		8.	35 50	10		1	Г	N 0
REF	Health Care Policy Identification		5	s	2110			New Segment
REF01	Reference ID Qualifier	ID	23	R			0K	
REF02	Healthcare Policy ID	AN	150	R				
REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				
	Service Supplemental							# Repeats change to
AMT	Amount		9	S	2110			
AMT01	Amount Qualifier Code	D	13	R			B6, KH	
AMT02	Service Supplemental Amount S9(7)V99	R	118	R				
AMT03	Credit/Debit Flag Code	ID	11	N/U				1
OTV	Service Supplemental		•		0440			
QTY	Quantity		6	S	2110			Code Deleted
QTY01	Quantity Qualifier	ID	22	R				Code Deleted
	Service Supplemental							Name Change
QTY02	Quantity Count	R	115	R				
QTY03	Composite Unit Of Measure			N/U				
QTY04	Free-formInformation	AN	130	N/U				
LQ	Health Care Remarks Codes		99	s	2110			
LQ01	Code List Qualifier Code	ID	13	R			HE	
LQ02	Remark Code	AN	130	R				
								1
PLB	Provider Level Adjustment		>1	S		1		-1 ,
PLB-01	Provider Identifier	AN	150	R			NPI	Increase from 30 - 5
PLB02	Fiscal Period Date	DT	88	R			CCYYMMDD	4
PLB03	Adjustment Identifier			R			CC AD ED LE	-
							CS, AP, FB, LE, L6, 50, SI, WO,	
PLB03-1	Adjustment Reason Code	ID	22	R			B2, IR, 72, J1	
PLB03-2	Provider Adjustment Identifier	AN	150	S				Increase from 30 - 5
	Provider Adjustment Amount							1
PLB04	S9(7)V99	R	118	R				
PLB05	Adjustment Identifier			S				_
							CS, AP, FB, LE, L6, 50, SI, WO,	
		1	1			ı	Lp. 50. St. WO.	
PLB05-1	Adjustment Reason Code	ID	22	R			B2, IR, 72, J1	

	•	40	10	<b>A1</b>			
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values
		83	5 401	0A1			
	Provider Adjustment Amount						
PLB06	S9(7)V99	R	118	S			
PLB07	Adjustment Identifier			S			
-07-1	Adjustment Reason Code	ID	22	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1
-07-2	Provider Adjustment Identifier	AN	130	S			
DI Doo	Provider Adjustment Amount	_					
PLB08	S9(7)V99 Adjustment Identifier	R	118	S S			
PLB09 -09-1	Adjustment Reason Code	ID	22	S R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1
-09-2		AN	130	S			
PLB10	Provider Adjustment Amount \$9(7)V99	R	118	S			
PLB11	Adjustment Identifier			S			
-11-1	Adjustment Reason Code	ID	22	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1
-11-2	Provider Adjustment Identifier	AN	130	S			
PLB12	Provider Adjustment Amount S9(7)V99	R	118	S			
PLB13	Adjustment Identifier			S			
-13-1	Adjustment Reason Code	ID	22	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1
-13-2	Provider Adjustment Identifier	AN	130	S			
PLB14	Provider Adjustment Amount S9(7)V99	R	118	S			
SE	Transition Set Trailer		1	R		1	
SE01	Transition Segment Count	N0	110	R			
SE02	Transition Set Control #	AN	49	R			=ST02
GE	Functional Group Trailer		1	R		1	
GE01	# Transaction Sets Included	N0	1-6	R			
GE02	Group Control #	N0	1-9	R			
IEA	Interchange Control Trailer		1	R		1	

	5010										
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values				
		Ωʻ	35 50	10							
	Provider Adjustment Amount	<u> </u>	33 30	10	l	1	I	-			
PLB06	S9(7)V99	R	118	S							
PLB07	Adjustment Identifier			S				1			
PLB07-1	Adjustment Reason Code	ID	22	R			CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1				
PLB07-2	Provider Adjustment Identifier	AN	150	S				Increase from 30 -			
PLB08	Provider Adjustment Amount S9(7)V99	R	118	S							
PLB09	Adjustment Identifier			S				1			
PLB09-1	Adjustment Reason Code	ID	22	R			CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1				
PLB09-2	Provider Adjustment Identifier	AN	150	S				Increase from 30 -			
PLB10	Provider Adjustment Amount S9(7)V99	R	118	S							
PLB11	Adjustment Identifier			S				İ			
PLB11-1	Adjustment Reason Code	ID	22	R			CS, AP, FB, LE, L6, 50, SI, WO, B2, IR, 72, J1				
PLB11-2	Provider Adjustment Identifier	AN	150	S				Increase from 30 -			
PLB12	Provider Adjustment Amount S9(7)V99	R	118	S							
PLB13	Adjustment Identifier			S							
PLB13-1	Adjustment Reason Code	ID	22	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1				
PLB13-2	Provider Adjustment Identifier	AN	150	S				Increase from 30 -			
PLB14	Provider Adjustment Amount S9(7)V99	R	118	S							
SE	Transition Set Trailer		1	R		1					
SE01	Transition Segment Count	N0	110	R	_						
SE02	Transition Set Control #	AN	49	R			=ST02				
GE	Functional Group Trailer		1	R		1					
GE01	# Transaction Sets Included	N0	1-6	R							
GE02	Group Control #	N0	1-9	R							
IEA	Interchange Control Trailer		1	R		1					

4010A1											
Element			Min.	Usage		Loop					
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values				
835 4010A1											
IEA01	# Included Functional Groups	N0	1-5	R							
IEA02	Interchange Control #	N0	9-9	R							

5010												
Element			Min.	Usage		Loop						
Identifier	Description	ID	Max.	Reg.	Loop	Repeat	Values					
	835 5010											
IEA01	# Included Functional Groups	N0	1-5	R								
IEAUI	# moladed i anotional areaps		. •									