**<ISA> Start**

ISA01 Authorization information qualifier (00 or 03)

ISA02 Authorization information (Will contain User ID if ISA01 is 03 other wise empty)

ISA03 Security information qualifier (01 if ISA01 is 03 and 00 if ISA01 Is 00.)

ISA04 Security information (contain Password if ISA01 is 03. Empty if ISA01 is 00)

ISA05 senderQ = "ZZ", //Client Code

ISA06 senderId = "177141", //Client id with Clearing House

ISA07 receiverQ = "ZZ", // Clearing House Code

ISA08 receiverId = "ZIRMED", // Clearing House ID

ISA09 current Date ("yyMMdd")

ISA10 current Time ("hhmm")

ISA11

ISA12

ISA13

ISA14 Acknowledgment requested (0 for no 1 for yes)

ISA15 Usage Indicator (T for Test P for Production)

ISA16

**<ISA> END**

**<GS> Start**

GS01 Functional Identifier Code (using HC at present)

GS02 Application Sender’s Code (Same as ISA06)

GS03 Application Receiver’s ode (Same as ISA08)

GS04 Current Date("yyyyMMdd")

GS05 Current Time ("hhmm")

GS06 Group Control Number (unique number 1 to 9 digits)

GS07

GS08

**<GS> END**

**<ST> Start**

ST01

ST02 **Transaction Set control Number (**unique number 1 to 9 digits**)**

ST03

**<ST> END**

**<BHT> Start**

BHT01

BHT02 Transaction set purpose Code (00 for original and 18 for Reissue)

BHT03 Reference Identification Unique id submitter is identified with (1 to 8 digits)

BHT04 Claim Date in YYYYMMDD Format

BHT05 Claim Time in HHMMSS

BHT06 Transaction Type Code (CH,31,RP)….currently using CH

**<BHT> END**

**<1000A> Start (Submitter)**

**<NM1> Start**

NM101

NM102 Entity Type Qualifier (1 for person , 2 for non-person Entity)

NM103 Name Last or Organization Name (e.g PREMIER BILLING SERVICE)

NM104 Name First (only when NM102 is 1 othrewise empty)

NM105 Name Last (only when NM102 is 1 othrewise empty)

NM106

NM107

NM108

NM109 billing sercive EDI

**<NM1> END**

**<PER> Start (Submitter Contact information)**

PER01

PER02 Name (Print Practice contact Person Name,If no such field in the system, it is ok to print the same Practice name itself.)

PER03 Communication Number qualifier

ED Electronic data interchange Access Number.

EM Electronic Mail

EX Telephone Extension

FX Facsimile

TE Telephone

PER04 Communication Number (Complete number including country code or area code when applicable.)

PER05 Communication Number qualifier (Like PER03)

PER06 Communication Number (Like PER04)

PER07 Communication Number qualifier (Like PER03) – empty if none

PER08 Communication Number (Like PER04) – empty if none

**<PER> END**

**<1000A> END**

**<1000B> Start (Receiver)**

**<NM1> Start**

NM101

NM102 **Entity Type Qualifier (2 for non-person Entity)**

NM103 Name Last or Organization Name (e.g Key Insurance Company)

NM104

NM105

NM106

NM107

NM108

NM109 insurance Company EDI

**<NM1> END**

**<1000B> END**

**<2000A> Start (BILLING PROVIDER Hierarchy)**

**<HL> Start**

HL01

HL02

HL03

HL04

**<HL> END**

**<PRV> Start**

PRV01 Provider Code (BI if entity type Person, PT if entity Type Non-Person)

PRV02 Reference Id Qualifier (currently using PXC)

PRV03 Provider Specialty Code (Taxonomy Code)

PRV04

PRV05

PRV06

**<PRV> END**

**<2010AA> Start (Billing Provider)**

**<NM1> Start**

NM101

NM102 **Entity Type Qualifier (1 for Person , 2 for non-person Entity)**

NM103 Name Last or Organization Name (e.g AFFORDABLE TRANSPORT PBC, LLC)

NM104 See below

NM105 see below

NM106

NM107 see below

NM108

NM109 Billing Provider NPI

**<NM1> END**

**NM103 – Name Last or Organization Name**

If the practice is enrolled with the insurance company under the practice name (or Bill with Group NPI) , then print the value from the Practice Information (i.e) Practice Name.  
If the Provider is enrolled with the Insurance company under the provider name (or Bill with Individual NPI), then print the value from the Provider information (i.e) Provider Last Name.

**NM104 – Name First**

If the practice is enrolled with the insurance company under the practice name (or Bill with Group NPI) , then DO NOT PRINT ANY VALUE.

If the Provider is enrolled with the Insurance company under the provider name (or Bill with Individual NPI), then print the value from the Provider information (i.e) Provider First Name.

**NM105 – Name Middle**

If the practice is enrolled with the insurance company under the practice name (or Bill with Group NPI) , then DO NOT PRINT ANY VALUE.

If the Provider is enrolled with the Insurance company under the provider name (or Bill with Individual NPI), then print the value from the Provider information (i.e) Provider Middle Name.

**NM107 – Name Suffix**

If the practice is enrolled with the insurance company under the practice name (or Bill with Group NPI), then DO NOT PRINT ANY VALUE.  
If the Provider is enrolled with the Insurance company under the provider name (or Bill with Individual NPI), then print the value from the Provider information (i.e) Provider Suffix.

**<N3> Start (Billing Provider Address)**

N301 Address Line 1 (see below)

N302 Address Line 2 (See below)

**<N3> End**

**N301 – Address Line 1**

If the practice is enrolled with the insurance company under the practice name (or Bill with Group NPI) , then print the value from the Practice Information (i.e) Practice Address   
If the Provider is enrolled with the Insurance company under the provider name (or Bill with Individual NPI), then print the value from the Provider information (i.e) Provider Address 2.

**N302 – Address Line 2**

This is optional. Print only if data available.  
If the practice is enrolled with the insurance company under the practice name (or Bill with Group NPI) , then print the value from the Practice Information (i.e) Practice Address 2 if available  
If the Provider is enrolled with the Insurance company under the provider name (or Bill with Individual NPI), then print the value from the Provider information (i.e) Provider Address 2 if available.

**<N4> Start (Billing Provider City / State / Zip Code)**

N401 City Name

N402 State or Province Code

N403 Postal Code (9 digits eg 12345-6789)

**<N4> End**

**N401 , N402 , N403**

If the practice is enrolled with the insurance company under the practice name (or Bill with Group NPI) , then print the value from  
the Practice Information (i.e) Practice City/State/Zip code.If the Provider is enrolled with the Insurance company under the provider name (or Bill with Individual NPI), then print the value from the Provider information (i.e) Provider City/State/Zip code.

**<REF> Start (Billing Provider REF)**

REF01 ReferenceIdentificationQualifier (currently using EI)

REF02 TIN Number

**<REF> END**

**<2000A> END**

**<2000AA> END**

### <2000B> Start (Subscriber Hierarchical Level)

**<HL> start**

HL01

HL02

HL03

HL04

**<HL> END**

**<SBR> Start**

SBR01 Payer Responsibility Code (See Below)

SBR02 Individual Relationship code (Subscriber is same person as of the patient, then Print 18, else enpty)

SBR03 Subscriber Group Policy Number

SBR04 Name (Group policy name) – empty if not known

SBR05 Insurance Type Code --- see below ---- empty if not known

SBR06

SBR07

SBR08

SBR09 Claim Filling indicator code --- see Below

**<SBR> END**

**SBR01 – Payer Responsibility Sequence Number Code**

Code Definition

P Primary

S Secondary

T Tertiary

A Code for the 4th Insurance

B Code for the 5th Insurance

C Code for the 6th Insurance

D Code for the 7th Insurance

E Code for the 8th Insurance

F Code for the 9th Insurance

G Code for the 10th Insurance

H Code for the 11th Insurance

**SBR05 – Insurance Type Code**

2000B SBR05 is required when Medicare is the destination payer but not the primary payer i.e Medicare would be the second or third payer. We should capture this field either in the Patient Insurance Policy information or at the claim level.

Code Definition

12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan

13 Medicare Secondary End Stage Renal Disease

14 Medicare Secondary , No Fault Insurance including Auto is Primary

15 Medicare Secondary Worker’s Compensation

16 Medicare Secondary Public Health Service (PHS) or other Federal Agency

16 Medicare Secondary Public Health Service

41 Medicare Secondary Black Lung

42 Medicare Secondary Veteran’s Administration

43 Medicare Secondary Veteran’s Administration

47 Medicare Secondary, Other Liability Insurance is Primary

**SBR09 – Claim Filling indicator code**

We should capture this field (single selection drop down) in the insurance master screen for each insurance.

Code Definition

11 Other Non-Federal Programs

12 Preferred Provider Organizations

13 Point of Service

14 Exclusive Provider Organization

15 Indemnity Insurance

16 Health Maintenance Organization (HMO) Medicare Risk

17 Dental Maintenance Organization

AM Automobile Medical

BL Blue Cross/Blue Shield

CH Champus

CI Commercial Insurance Co

DS Disability

HM Health Maintenance Organization

LM Liability Medical

MB Medicare Part B

MC Medicaid

MA Medicare Part A

OF Other Federal Program

TV Title V

VA Veteran Administration Plan

WC Worker’s Compensation Health Claim

FI Federal Employees Program

ZZ Mutually Defined.

**<2010BA> Start (SUBSCRIBER)**

**<NM1> start**

NM101

NM102 **Entity Type Qualifier (1 for Person , 2 for non-person Entity)**

NM103 Name Last or Organization Name (Insured Person Last Name)

NM104 Name First (Insured Person first Name) -- optional

NM105 Name middle (Insured person Middle Name)-- optional

NM106

NM107 Name Suffix (insured person suffix) -- optional

NM108

NM109 Identification Number (insured policy Number)

**<NM1> End**

**<NM3> start ?????**

**<NM3> end**

**<NM4> start ????**

**<NM4> end**

**<DMG> Start**

DMG01

DMG02 Date time Period (Insured Date of birth “yyyymmdd”)

DMG03 Gender Code (M, F , U)

**<DMG> END**

**<2010BA> END**

**<2010BB> Start (PAYER)**

**<NM1> start**

NM101

NM102 **Entity Type Qualifier (1 for Person , 2 for non-person Entity)**

NM103 Name Last or Organization Name (Payer Name)

NM104

NM105

NM106

NM107

NM108

NM109 Payer ID

**<NM1> END**

**<NM3> start ?????**

**<NM3> end**

**<NM4> start ????**

**<NM4> end**

**<REF> Start (Billing Provider secondary Identification)**

REF01

REF02 Member Group Policy Number

**<REF> End**

**<2010BB> End**

**<2000B> END**

### <2000C> Start (PATIENT Hierarchy)

**<HL> Start**

HL01

HL02

HL03

HL04

**<HL> END**

**<PAT> Start**

PAT01 Individual Relationship Code (SEE BELOW)

PAT02

PAT03

PAT04

PAT05 Date Time Period Format Qualifier (D8 if patient is known to be deceased) -- optional

PAT06 Date time Period (patient death date if patient is deceased. YYYYMMDD) -- optional

PAT07 Unit or Basis for Measurement Code (GR – Required when the patient’ age is less

than 29 days old.) -- optional

PAT08 Weight (Required when the patient’s age is less than 29 days old) -- optional

PAT09 Yes/No Condition (Print “Y” if the patient is pregnant. Leave blank if the patient is not

pregnant.)

**<PAT> END**

**PAT01 – Individual Relationship Code**

Code Definition

01 Spouse

19 Child

20 Employee

21 Unknown

39 Organ Donor

40 Cadaver Donor

53 Life Partner

G8 Other Relationship

**<2010CA> Start (Patient Name)**

**<NM1> start**

NM101

NM102 **Entity Type Qualifier (1 for Person , 2 for non-person Entity)**

NM103 Name Last or Organization Name (Patient Lastname)

NM104 Name First (patient first Name) -- optional

NM105 Name middle (patient Middle Name)-- optional

NM106

NM107 Name Suffix (patient suffix) -- optional

NM108 Identification code Qualifier (MI (Required if the patient identifier is different than the subscriber identifier else empty)

NM109 Identification Number (Patient Primary Identification Number or Insured ID or Subscriber ID or Health Insurance claim Number)

**<NM1> END**

**<N3> Start**

N301 patient Address line 1

N302 patient Address line 2 – optional

**<N3> End**

**<N4> Start**

N401 patient City

N402 patient State or Province

N403 patient Postal code

**<N4> End**

**<DMG> Start**

DMG01

DMG02 Patient Date of Birth (YYYYMMDD)

DMG03 Patient Gender Code (M, F, U)

**<DMG> END**

**<2010CA> End**

**<2000C>End**

### <2300> Start (Claim Information)

**<CLM> Start**

CLM01 Claim Submitter Identifier (Unique Claim Number 1 to 8 digits)

CLM02 Monetary amount (Total Charges)

CLM03

CLM04

CLM05-1 Facility Code Value (Place of Service Code) – currently using 11

CLM05-2 Facility Code Qualifier – currently using B

CLM05-3 Claim Frequency Type Code (1 = Original,7 = Replacement,8 = Void)

CLM06 Yes/No Provider Signature on File (Y or N)

CLM07 Provider Accept Assignment Code (A = Assigned, B = Assignment Accepted on Clinical Lab Services Only, C = Not Assigned)

CLM08 Yes/No Assignments of Benefit (Y or N)

CLM09 Yes/No Release of Information (Y or N)

CLM10

**<CLM> End**

**<REF> Start**

REF01

REF02 Member Group Policy Number (ELECTRONIC ROUTE: Billing provider (sender), to VAN to Key Insurance Company (receiver). VAN claim identification number)

**<REF> END**

**<HI> Start (Health Care Diagnosis Code)**

HI01-1 Code List Qualifier Code (BK)

HI01-2 Industry Code (0340)

HI02-1 Code List Qualifier Code (BF)

HI02-2 Industry Code (36834)

……. continue same for all diagnosis

**<HI> END**

**<2300> END**

**<2400> Start (Service Line)**

**<LX> Start**

LX01 service number (1)

**<LX> End**

**<SV1> Start**

SV101-1 Product/Service ID Qualifier (using HC)

SV101-2 Product/Service ID (Procedure Code)

SV101-3 Procedure Modifier 1 -- optional

SV101-4 Procedure Modifier 2-- optional

SV101-5 Procedure Modifier 3-- optional

SV101-6 Procedure Modifier 4-- optional

SV102 Monetary Amount (Line Item Charge Amount)

SV103 UNIT (UN or MJ)

SV104 Quantity (Service Unit Quantity)

SV105 Facility Code Value (Place of Service Code)

SV106

SV107-1 First diagnosis code pointer

SV107-2 Second diagnosis code pointer -- optional

SV107-3 Third diagnosis code pointer -- optional

SV107-4 Forth diagnosis code pointer -- optional

**<SV1> End**

**<DTP> Start (Sevice Date)**

DTP01

DTP02

DTP03 Date time (YYYYMMDD)

Loop 2400 for all services with LX01 = 2, LX01 =3

**<DTP> END**

**<2400> END**