

Legend

Dataset Level: N National S State D Deprecated

Usage: M = Mandatory , R = Required , E = Recommended, or O = Optional

Attributes: N = Not Values, P = Pertinent Negatives , L = Nillable, C = Correlation ID, and/or U = UUID
I = Custom Element ID, T = Time Stamp, G = Procedure Group Correlation ID

ePayment

1 : 1	ePayment.01 - Primary Method of Payment	N	S	R	N, L
0 : 1	ePayment.CertificateGroup				
0 : 1	ePayment.02 - Physician Certification Statement			O	
0 : 1	ePayment.03 - Date Physician Certification Statement Signed			O	
0 : M	ePayment.04 - Reason for Physician Certification Statement			O	C
0 : 1	ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement			O	
0 : 1	ePayment.06 - Last Name of Individual Signing Physician Certification Statement			O	
0 : 1	ePayment.07 - First Name of Individual Signing Physician Certification Statement			O	
0 : 1	ePayment.08 - Patient Resides in Service Area			O	
0 : M	ePayment.InsuranceGroup				C
0 : 1	ePayment.09 - Insurance Company ID			O	
0 : 1	ePayment.10 - Insurance Company Name			O	
0 : 1	ePayment.11 - Insurance Company Billing Priority			O	
0 : 1	ePayment.12 - Insurance Company Address			O	
0 : 1	ePayment.13 - Insurance Company City			O	
0 : 1	ePayment.14 - Insurance Company State			O	
0 : 1	ePayment.15 - Insurance Company ZIP Code			O	
0 : 1	ePayment.16 - Insurance Company Country			O	
0 : 1	ePayment.17 - Insurance Group ID			O	
0 : 1	ePayment.18 - Insurance Policy ID Number			O	
0 : 1	ePayment.19 - Last Name of the Insured			O	
0 : 1	ePayment.20 - First Name of the Insured			O	
0 : 1	ePayment.21 - Middle Initial/Name of the Insured			O	
0 : 1	ePayment.22 - Relationship to the Insured			O	
0 : 1	ePayment.58 - Insurance Group Name			O	
0 : M	ePayment.59 - Insurance Company Phone Number			O	C
0 : 1	ePayment.60 - Date of Birth of the Insured			O	
0 : 1	ePayment.ClosestRelativeGroup				
0 : 1	ePayment.23 - Closest Relative/Guardian Last Name			O	
0 : 1	ePayment.24 - Closest Relative/ Guardian First Name			O	
0 : 1	ePayment.25 - Closest Relative/ Guardian Middle Initial/Name			O	
					

0:1	ePayment.26 - Closest Relative/ Guardian Street Address	O	
0:1	ePayment.27 - Closest Relative/ Guardian City	O	
0:1	ePayment.28 - Closest Relative/ Guardian State	O	
0:1	ePayment.29 - Closest Relative/ Guardian ZIP Code	O	
0:1	ePayment.30 - Closest Relative/ Guardian Country	O	
0:M	ePayment.31 - Closest Relative/ Guardian Phone Number	O	C
0:1	ePayment.32 - Closest Relative/ Guardian Relationship	O	
0:1	ePayment.EmployerGroup		
0:1	ePayment.33 - Patient's Employer	O	
0:1	ePayment.34 - Patient's Employer's Address	O	
0:1	ePayment.35 - Patient's Employer's City	O	
0:1	ePayment.36 - Patient's Employer's State	O	
0:1	ePayment.37 - Patient's Employer's ZIP Code	O	
0:1	ePayment.38 - Patient's Employer's Country	O	
0:1	ePayment.39 - Patient's Employer's Primary Phone Number	O	
0:1	ePayment.40 - Response Urgency	O	
0:M	ePayment.41 - Patient Transport Assessment	O	C
0:M	ePayment.42 - Specialty Care Transport Care Provider	O	C
0:M	ePayment.44 - Ambulance Transport Reason Code	O	C
0:1	ePayment.45 - Round Trip Purpose Description	O	
0:1	ePayment.46 - Stretcher Purpose Description	O	
0:M	ePayment.47 - Ambulance Conditions Indicator	O	C
0:1	ePayment.48 - Mileage to Closest Hospital Facility	O	
0:1	ePayment.49 - ALS Assessment Performed and Warranted	O	
1:1	ePayment.50 - CMS Service Level	N	S, R, N, L
0:M	ePayment.51 - EMS Condition Code	O	C
0:M	ePayment.52 - CMS Transportation Indicator	O	C
0:1	ePayment.53 - Transport Authorization Code	O	
0:1	ePayment.54 - Prior Authorization Code Payer	O	
0:M	ePayment.SupplyItemGroup		C
0:1	ePayment.55 - Supply Item Used Name	O	
0:1	ePayment.56 - Number of Supply Item(s) Used	O	
0:1	ePayment.57 - Payer Type	O	

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