CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2087	**Date: NOVEMBER 5, 2010**
	Change Request 7202

SUBJECT: Implementation of Errata for Version 5010 of Health Insurance Portability and Accountability Act (HIPAA) Transactions, and Updates in 837I, 837P, and 835 Flat Files

I. SUMMARY OF CHANGES: This Change Request (CR) instructs the Shared System Maintainers (SSMs), Common Edits and Enhancement Module (CEM), A/B Medicare Administrative Contractors (A/B Macs), Fiscal Intermediaries, carriers, Regional Home Health Intermediaries, and Durable Medical Equipment Medicare Administrative Contractors (DME Contractors), Coordination of Benefits Contractor (COBC), and Common Electronic Data Interchange (CEDI) to implement proposed X12N TR3 Errata. This CR also updates the 837I, 837P, and 835 flat files.

EFFECTIVE DATE: April 1, 2011
IMPLEMENTATION DATE: April 4, 2011

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	28/70.6.5/Coordination of Benefits Agreement (COBA) 5010 Coordination of Benefits (COB) Requirements

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Funding for implementation activities will be provided to contractors through the regular budget process.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Business Requirements

Pub. 100-04	Transmittal: 2087	Date: November 5, 2010	Change Request: 7202

SUBJECT: Implementation of Errata version 5010 of Health Insurance Portability and Accountability Act (HIPAA) transactions, and updates in 837I, 837P, and 835 flat files

Effective Date: April 1, 2011

Implementation Date: April 4, 2011

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services is in the process of implementing version 5010 of HIPAA transactions. The Secretary of the Department of Health and Human Services has adopted ASC X12 version 5010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

Effective Date of the regulation:	March 17, 2009
Level I compliance by:	December 31, 2010
Level II Compliance by:	December 31, 2011
All covered entities have to be fully compliant on:	January 1, 2012

Over the past year there has been a lot of discussion about modifications needed to implement the new HIPAA standard (version 5010) correctly. X12N released the Errata for publication in early August, and they are now in the clearance process with the Centers for Medicare and Medicaid Services (CMS). In simple terms, the Erratas are modifications to some of the TR3s. Even though the have not yet been adopted by the Department of Health and Human Services (DHHS), CMS will implement the changes that will impact Medicare and also update the relevant flat files to reflect the whether the specific modification impacts Medicare or not. It is important to note that under these guidelines, not only must the sender adopt the, but the receiver as well if they are to perform a successful exchange of information.

Technical Report Naming Conventions:

ASC X12 Type 3 Technical Reports, also known as Implementation Guides, are assigned a unique identifier in the form **vvvvvvXnnn,** where **vvvvvv** is the X12 version and release, **X** is a literal, and **nnn** is a unique three-digit registration number, for example 005010X223.

Errata documents use the unique identifier of the base implementation guide plus a unique suffix.

- **Type 1 format:**
  vvvvvvXnnnAv, where **vvvvvvXnnn** is the Implementation Guide unique identifier, **A** is a literal and **v** indicates the version beginning with 1.
- **Type 2 format:**
  vvvvvvXnnnEv, where **vvvvvvXnnn** is the Implementation Guide unique identifier, **E** is a literal and **v** indicates the version beginning with 1.

Note: Type 2 result in no change to the transmitted transaction set.

Type 1 further constrain the Implementation Guide (TR3) and affect the transmitted transaction set

(You can download documents from: http://store.x12.org/newsletters/tr/20100801/)

For Medicare the following TR3 name changes will be required per

005010X279A1 270/271 Health Care Eligibility Benefit Inquiry and Response*
005010X221A1 835 Health Care Claim Payment/Advice
005010X222A1 837 Health Care Claim: Professional
005010X223A2 837 Health Care Claim: Institutional
005010X231A1 999 Implementation Acknowledgment For Health Care Insurance

(* Separate instruction for 270/271 will be sent)

This Change Request (CR) instructs the Shared System Maintainers (SSMs), Common Edits and Enhancement Module (CEM), A/B Medicare Administrative Contractors (A/B Macs), Fiscal Intermediaries, carriers, Regional Home Health Intermediaries, and Durable Medical Equipment Medicare Administrative Contractors (DME Contractors), Coordination of Benefits Contractor (COBC), and Common Electronic Data Interchange (CEDI) to implement proposed X12N TR3. This CR also updates the 837I, 837P, and 835 flat files. In addition, this CR instructs Fiscal Intermediary Shared System (FISS) to update and implement the COBOL PIC in Attachment 3 for TS216 –Average DRG Weight.

The CMS outlined its Coordination of Benefits Agreement (COBA) HIPAA 5010 coordination of benefits (COB)/crossover claims requirements for all Medicare contractors and shared system maintainers through CRs 6308 and 6374. This instruction updates that guidance in light of the modifications specified within the HIPAA 5010 source document.

Estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the "Estimate-Specific Comments" portion of the LOE template, to follow the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
Pre-Implementation/CR Review		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

Note that the Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC's pot of hours for Pre-Implementation/CR Review.

B. Policy: The Administrative Simplification provisions of HIPAA Regulations require the Secretary of HHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically. CMS will implement the new HIPAA standard (X12N version 5010) and any modifications and be ready for production on January 1, 2012.

C. Business Assumptions:

1. CMS expects that external testing will start on January 2011, but no sender/receiver will be migrated to 5010A1 production before April 2011.

2. CMS expects that during the transition period January 2011-March, 2011 contractors shall be ready to receive/send transactions in version 4010A1as well as test in version 5010. From April 2011 to December 2011, contractors shall be ready to receive/send transactions in version 4010A1as well as test and receive/send all transactions in version 5010 or the appropriate errata versions.

3. All Shared Systems will use appropriate X12 based Flat Files for transactions 837I, 837P, and 835as attached to this document.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7202.1	Contractors shall make the appropriate changes to implement 005010X223A2 per the document for transaction 837I.	X		X		X	X				COBC
7202.2	Contractors shall make the appropriate changes to implement 005010X222A1 per the document for transaction 837P.	X			X			X	X		CEDI/COBC
7202.3	Contractors shall make the appropriate changes to implement 005010X221A1 per the document for transaction 835.	X		X	X	X	X	X	X		CEDI
7202.4	Contractors shall make the appropriate changes to implement the 005010X231A1 per the document for transaction 999.	X									CEDI
7202.5	Contractor shall map version 005010X223A2 to the field of the 837I 5010 COB flat file that corresponds to the ST03 segment. (**NOTE:** The contractor shall **not** take this approach with respect to 4010-A1 claims that it will be transmitting to the COBC during the transitional period.)						X				
7202.6	Contractors shall map version 005010X222A1 to the field of the 837P 5010 COB flat file that corresponds to the ST03 segment. (**NOTE:** Contractors shall **not** take this approach with respect to 4010-A1 claims that they will be transmitting to the COBC during the transitional period.)							X	X		
7202.7	Upon Medicare's implementation of the HIPAA version 5010 Errata, contractor shall take the following action when populating the field within the 837I COB flat file that corresponds to element CL101 ("Admission Type Code") within loop 2300**:** If the incoming claim is received in a claim format other than version 5010, and the CWF BOI reply trailer 29 indicator for "5010" returned to the Medicare contractor on the claim= 'T' (test) or 'P' (production), the contractor shall map '9' ("Information Not						X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	Available") to the field corresponding to 2300 CL101 (now required) on the 837I COB flat file as a gap-fill or systems-fill value when necessary.										
7202.8	Contractors shall **not** attempt to gap-fill or systems-fill elements N401, N402, and N403 within the fields corresponding to loop 2330A ("Other Subscriber City, State, and Zip Code") of the 837I and 837P COB flat files.						X	X	X		
7202.9	If the information available to create the N401, N402, and N403 elements within the 2330A loop is available but is incomplete, the contractors shall **not** create the loop 2330A N4 segment within the 837I and 837P COB flat files.						X	X	X		
7202.10	Contractors shall **not** attempt to gap-fill or systems-fill the N4 segment (now situational) within the field corresponding to loop 2330B on the 837I and 837P COB flat files.						X	X	X		
7202.11	If the information available to create the N4 segment within the 2330B loop is available but is incomplete, the contractors shall **not** create the loop 2330B N4 segment within the 837I and 837P COB flat files.						X	X	X		
7202.12	The contractor shall **not** attempt to gap-fill or systems-fill the element SVD03 (now situational) within loop 2430.						X				
7202.13	Contractor shall ensure compliant Priority (Type) of Admission or Visit data is submitted via direct data entry and/or UB-04 formats. Valid Priority (Type) of Admission or Visit values and descriptions are: 1 – Emergency 2 – Urgent 3 – Elective 4 – Newborn 5 – Trauma 9 – Information not Available						X				
7202.14	Priority (Type) of Admission or Visit data that is not submitted or is invalid shall be Returned To the Provider (RTP'd).						X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7202.15	VMS shall update Medicare Remit Easy Print (MREP) software to update the version to 005010A1.								X		
7202.16	FISS shall update P.C. Print software to update the version to 005010A1.						X				
7202.17	Contractors shall implement 837I flat file – Attachment 1	X					X				COBC/CEM
7202.18	Contractors shall implement 837P flat file – Attachment 2	X						X	X		COBC/CEDI/CEM
7202.19	Contractors shall implement 835 flat file – Attachment 3	X	X				X	X	X		CEDI CEM

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7202.20	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X					CEDI

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Matthew Klischer Matthew.Klischer@cms.hhs.gov 410.786.7488 for 837I
Pre-Implementation Contact(s): Brian Reitz Brian.Reitz@cms.hhs.gov 410.786.5001 for 837P
Pre-Implementation Contact(s): Sumita Sen Sumita.Sen@cms.hhs.gov 410.786.5755 for 835
Pre-Implementation Contact(s): Jason Jackson Jason.Jackson3@cms.hhs.gov 410-786-6156 for 999
Pre-Implementation Contact(s): Brian Pabst Brian.Pabst@cms.hhs.gov 410-786-2487 for COB

Post-Implementation Contact(s): Matthew Klischer Matthew.Klischer@cms.hhs.gov 410.786.7488 for 837I
Post-Implementation Contact(s): Brian Reitz Brian.Reitz@cms.hhs.gov 410.786.5001 for 837P
Post-Implementation Contact(s): Sumita Sen Sumita.Sen@cms.hhs.gov 410.786.5755 for 835
Post-**Implementation Contact(s):** Jason Jackson Jason.Jackson3@cms.hhs.gov 410-786-6156 for 999
Post-Implementation Contact(s): Brian Pabst Brian.Pabst@cms.hhs.gov 786-2487 for COB

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs):*
Funding for implementation activities will be provided to contractors through the regular budget process.

Section B: *For Medicare Administrative Contractors (MACs):*
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

For alternate format, please contact the CR author.

Attachment 1: 837I flat file
Attachment 2: 837P flat file
Attachment 3: 835 flat file
Attachment 4: IOM 100-4 Chapter 28, Section 70.6.5

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I FLAT FILE

Note: Shortened data is yellow highlighted

If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded.

http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
ISA	**INTERCHANGE CONTROL HEADER**			**1**	**R**	___	**1**					**ISA**		**1**	**18**	**1**
ISA01	Authorization Information Qualifier	X2	ID	2-2	R			00, 03						19	2	
ISA02	Authorization Information	X10	AN	10-10	R									21	10	
ISA03	Security Information Qualifier	X2	ID	2-2	R			00, 01						31	2	
ISA04	Security Information	X10	AN	10-10	R									33	10	
ISA05	Interchange ID Qualifier	X2	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						43	2	
ISA06	Interchange Sender ID	X15	AN	15-15	R									45	15	
ISA07	Interchange ID Qualifier	X2	ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ						60	2	
ISA08	Interchange Receiver ID	X15	AN	15-15	R									62	15	
ISA09	Interchange Date	9(6)	DT	6-6	R			YYMMDD						77	6	
ISA10	Interchange Time	9(4)	TM	4-4	R			HHMM						83	4	
ISA11	Repetition Separator	X1		1-1	R									87	1	
ISA12	Interchange Control Version Number	X5	ID	5-5	R			00501						88	5	
ISA13	Interchange Control Number	9(9)	N0	9-9	R									93	9	
ISA14	Acknowledgement Requested	X1	ID	1-1	R			0, 1						102	1	
ISA15	Interchange usage Indicator	X1	ID	1-1	R			P, T						103	1	
ISA16	Component Element Separator	X1	AN	1-1	R									104	1	
GS	**FUNCTIONAL GROUP HEADER**	X18		**1**	**R**	___	**1**					**GS**		**1**	**18**	**1**
GS01	Functional Identifier Code	X2	ID	2-2	R			HC						19	2	
GS02	Application Sender Code	X15	AN	2-15	R									21	15	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
GS03	Application Receiver Code	X15	AN	2-15	R									36	15	
GS04	Date	9(8)	DT	8-8	R			CCYYMMDD						51	8	
GS05	Time	9(8)	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD						59	8	
GS06	Group Control Number	9(9)	N0	1-9	R									67	9	
GS07	Responsible Agency Code	X2	ID	1-2	R			X						76	2	
GS08	Version/Release/Industry Identifier Code	X12	AN	1-12	R			005010X223A2						78	12	
		X18										**DTP**		1	18	**1**
		X3										DTP01	Value +RC	19	3	
		X3										DTP02	Value D8	22	3	
		X35										DTP03	CCYYMMDD	25	35	
		X18										**REF**		**1**	**18**	**1**
		X3										REF01	Value +PR	19	3	
		X50						P (paper), K (keyshop), O (OCR)				REF02		22	50	
ST	**TRANSACTION SET HEADER**	X18		**1**	**R**	___	**>1**					**ST**		**1**	**18**	**1**
ST01	Transaction Set Identifier Code	X3	ID	3-3	R			837						19	3	
ST02	Transaction Set Control Number	X9	AN	4-9	R									22	9	
ST03	Implementation Guide Version Name	X12	AN	1-35	R									31	12	
BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**	X18		**1**	**R**	___	**1**					**BHT**		**1**	**18**	**1**
BHT01	Hierarchical Structure Code	X4	ID	4-4	R			0019						19	4	
BHT02	Transaction Set Purpose Code	X2	ID	2-2	R			00, 18						23	2	
BHT03	Originator Application Transaction ID	X30	AN	1-50	R									25	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
BHT04	Transaction Set Creation Date	05 TransactionSetCreationDate-GROUP PIC X(8) 05 TransactionSetCreationDate-GROUP-REDEF REDEFINES TransactionSetCreationDate-GROUP 10 TransactionSetCreationDate PIC 9(8)	DT	8-8	R			CCYYMMDD						55	8	
BHT05	Transaction Set Creation Time	05 TransactionSetCreationTime-GROUP PIC X(8) 05 TransactionSetCreationTime-GROUP-REDEF REDEFINES TransactionSetCreationTime-GROUP 10 TransactionSetCreationTime PIC 9(8)	TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD						63	8	
BHT06	Claim or Encounter ID	X2	ID	2-2	R			31, CH, RP						71	2	
NM1	**SUBMITTER NAME**	X18		**1**	**R**	**1000A**	**1**			**1000A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			41						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1, 2						22	**1**	
NM103	Submitter Last or Organization Name	X60	AN	1-60	R									23	60	
NM104	Submitter First Name	X35	AN	1-35	S									83	35	
NM105	Submitter Middle Name or Initial	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R			46						153	2	
NM109	Submitter Identifier	X80	AN	2-80	R									155	80	
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											
PER	**SUBMITTER EDI CONTACT INFORMATION**	X18		**2**	**R**	**1000A**				**1000A**		**PER**		**1**	**18**	**2**
PER01	Contact Function Code	X2	ID	2-2	R			IC						19	2	
PER02	Submitter Contact Name	X60	AN	1-60	S									21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R			EM, FX. TE						81	2	
PER04	Communication Number	X256	AN	1-256	R									83	256	
PER05	Communication Number Qualifier	X2	ID	2-2	S			EM, EX, FX, TE						339	2	
PER06	Communication Number	X256	AN	1-256	S									341	256	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
PER07	Communication Number Qualifier	X2	ID	2-2	S			EM, EX, FX, TE						597	2	
PER08	Communication Number	X256	AN	1-256	S									599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U											
NM1	**RECEIVER NAME**	X18		**1**	**R**	**1000B**	**1**			**1000B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			40						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	**1**	
NM103	Receiver Name	X60	AN	1-60	R									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R			46						153	2	
NM109	Receiver Primary Identifier	X80	AN	2-80	R									155	80	
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											
HL	**BILLING PROVIDER HIERARCHICAL LEVEL**	X18		**1**	**R**	**2000A**	**>1**			**2000A**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	X12	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	X12	AN	1-12	N/U									31	12	
HL03	Hierarchical Level Code	X2	ID	1-2	R			20						43	2	
HL04	Hierarchical Child Code	X1	ID	1-1	R			1						45	1	
PRV	**BILLING PROVIDER SPECIALTY INFORMATION**	X18		**1**	**S**	**2000A**				**2000A**		**PRV**		**1**	**18**	**1**
PRV01	Provider Code	X3	ID	1-3	R			BI						19	3	
PRV02	Reference Identification Qualifier	X3	ID	2-3	R			PXC						22	3	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
PRV03	Provider Taxonomy Code	X50	AN	1-50	R									25	50	
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											
CUR	**FOREIGN CURRENCY INFORMATION**	X18		**1**	**S**	**2000A**				**2000A**		**CUR**		**1**	**18**	**1**
CUR01	Entity Identifier Code	X3	ID	2-3	R			85						19	3	
CUR02	Currency Code	X3	ID	3-3	R									22	3	
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		ID	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		ID	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		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											

Attachment 1 - CR XXXX
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Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM1	**Billing Provider Name**	X18		**1**	**R**	**2010AA**	**1**			**2010AA**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			85						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	**1**	
NM103	Billing Provider Last or Organizational Name	X60	AN	1-60	R									23	60	
NM104	Billing Provider First Name	X35	AN	1-35	N/U									83	35	
NM105	Billing Provider Middle Name	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Billing Provider Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Billing Provider Identifier	X80	AN	2-80	S									155	80	
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	**BILLING PROVIDER ADDRESS**	X18		**1**	**R**	**2010AA**				**2010AA**		**N3**		**1**	**18**	**1**
N301	Billing Provider Address Line	X55	AN	1-55	R									19	55	
N302	Billing Provider Address Line	X55	AN	1-55	S									74	55	
N4	**BILLING PROVIDER CITY/STATE/ZIP CODE**	X18		**1**	**R**	**2010AA**				**2010AA**		**N4**		**1**	**18**	**1**
N401	Billing Provider City Name	X30	AN	2-30	R									19	30	
N402	Billing Provider State or Province Code	X2	ID	2-2	S									49	2	
N403	Billing Provider Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	

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Transaction Set ID: 837 Institutional
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF	**BILLING PROVIDER TAX IDENTIFICATION**	X18		**1**	**R**	**2010AA**				**2010AA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			EI						19	3	
REF02	Billing Provider Tax Identification Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
PER	**BILLING PROVIDER CONTACT INFORMATION**	X18		**2**	**S**	**2010AA**				**2010AA**		**PER**		**1**	**18**	**2**
PER01	Contact Function Code	X2	ID	2-2	R			IC						19	2	
PER02	Billing Provider Contact Name	X60	AN	1-60	S									21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R			EM, FX, TE						81	2	
PER04	Communication Number	X256	AN	1-256	R									83	256	
PER05	Communication Number Qualifier	X2	ID	2-2	S			EM, EX, FX, TE						339	2	
PER06	Communication Number	X256	AN	1-256	S									341	256	
PER07	Communication Number Qualifier	X2	ID	2-2	S			EM, EX, FX, TE						597	2	
PER08	Communication Number	X256	AN	1-256	S									599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U											
NM1	**PAY-TO ADDRESS NAME**	X18		**1**	**S**	**2010AB**	**1**			**2010AB**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			87						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	**1**	
NM103	Pay-to Provider Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Pay-to Provider First Name	X35	AN	1-35	N/U									83	35	
NM105	Pay-to Provider Middle Name	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Pay-to Provider Name Suffix	X10	AN	1-10	N/U									143	10	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Pay-to Provider Identifier	X80	AN	2-80	N/U									155	80	
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 PROVIDER ADDRESS**	X18		**1**	**R**	**2010AB**				**2010AB**		**N3**		**1**	**18**	**1**
N301	Pay-to Address Line	X55	AN	1-55	R									19	55	
N302	Pay-to Address Line	X55	AN	1-55	S									74	55	
N4	**PAY-TO PROVIDER CITY/STATE/ZIP CODE**	X18		**1**	**R**	**2010AB**				**2010AB**		**N4**		**1**	**18**	**1**
N401	Pay-to Address City Name	X30	AN	2-30	R									19	30	
N402	Pay-to Address State Code	X2	ID	2-2	S									49	2	
N403	Pay-to Address Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Pay-to Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
NM1	**PAY TO PLAN NAME**	X18		**1**	**S**	**2010AC**				**2010AC**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			PE						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	**1**	
NM103	Pay to Plan Organizational Name	X60	AN	1-60	R									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM108	Identification Code Qualifier	X2	ID	1-2	R			PI, XV						153	2	
NM109	Identification Code	X80	AN	2-80	R									155	80	
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**	X18		**1**	**R**	**2010AC**				**2010AC**		**N3**		**1**	**18**	**1**
N301	Pay-to Plan Address Line	X55	AN	1-55	R									19	55	
N302	Pay-to Plan Address Line	X55	AN	1-55	S									74	55	
N4	**PAY-TO PLAN CITY/STATE/ZIP CODE**	X18		**1**	**R**	**2010AC**				**2010AC**		**N4**		**1**	**18**	**1**
N401	Pay-to Plan City Name	X30	AN	2-30	R									19	30	
N402	Pay-to Plan State or Province Code	X2	ID	2-2	S									49	2	
N403	Pay-to Plan Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
REF	**PAY-TO PLAN SECONDARY IDENTIFICATION**	X18		**1**	**S**	**2010AC**				**2010AC**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			2U, FY, NF						19	3	
REF02	Reference Identification	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**PAY-TO PLAN TAX IDENTIFICATION**	X18		**1**	**R**	**2010AC**				**2010AC**		**REF**		**1**	**18**	**1**

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF01	Reference Identification Qualifier	X3	ID	2-3	R			EI						19	3	
REF02	Reference Identification	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
HL	**SUBSCRIBER HIERARCHICAL LEVEL**	X18		**1**	**R**	**2000B**	**>1**			**2000B**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	X12	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	X12	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	X2	ID	1-2	R			22						43	2	
HL04	Hierarchical Child Code	X1	ID	1-1	R			0, 1						45	1	
SBR	**SUBSCRIBER INFORMATION**	X18		**1**	**R**	**2000B**				**2000B**		**SBR**		**1**	**18**	**1**
SBR01	Payer Responsibility Sequence Number Code	X1	ID	1-1	R			A, B, C, D, E, F, G, H, P, S, T, U						19	1	
SBR02	Individual Relationship Code	X2	ID	2-2	S			18						20	2	
SBR03	Subscriber Group or Policy Number	X50	AN	1-50	S									22	50	
SBR04	Subscriber Group Name	X60	AN	1-60	S									72	60	
SBR05	Insurance Type Code		ID	1-3	N/U											
SBR06	Coordination of Benefits Code		ID	1-1	N/U											
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U											
SBR08	Employment Status Code		ID	2-2	N/U											
SBR09	Claim Filing Indicator Code	X2	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						132	2	
NM1	**SUBSCRIBER NAME**	X18		**1**	**R**	**2010BA**	**1**			**2010BA**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			IL						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1, 2						22	**1**	
NM103	Subscriber Last Name	X60	AN	1-60	R									23	60	
NM104	Subscriber First Name	X35	AN	1-35	S									83	35	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM105	Subscriber Middle Name	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Subscriber Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			II, MI						153	2	
NM109	Subscriber Primary Identifier	X80	AN	2-80	S									155	80	
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	**SUBSCRIBER ADDRESS**	X18		**1**	**S**	**2010BA**				**2010BA**		**N3**		**1**	**18**	**1**
N301	Subscriber Address Line	X55	AN	1-55	R									19	55	
N302	Subscriber Address Line	X55	AN	1-55	S									74	55	
N4	**SUBSCRIBER CITY/STATE/ZIP CODE**	X18		**1**	**S**	**2010BA**				**2010BA**		**N4**		**1**	**18**	**1**
N401	Subscriber City Name	X30	AN	2-30	R									19	30	
N402	Subscriber State Code	X2	ID	2-2	S									49	2	
N403	Subscriber Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
DMG	**SUBSCRIBER DEMOGRAPHIC INFORMATION**	X18		**1**	**S**	**2010BA**				**2010BA**		**DMG**		**1**	**18**	**1**
DMG01	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						19	3	
DMG02	Subscriber Birth Date	X35	AN	1-35	R			CCYYMMDD						22	35	
DMG03	Subscriber Gender Code	X1	ID	1-1	R			F, M, U						57	1	
DMG04	Marital Status Code		ID	1-1	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
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											
DMG10	Code List Qualifier Code		ID	1-3	N/U											
DMG11	Industry Code		AN	1-30	N/U											
REF	**SUBSCRIBER SECONDARY IDENTIFICATION**	X18		**1**	**S**	**2010BA**				**2010BA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			SY						19	3	
REF02	Subscriber Supplemental Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**PROPERTY AND CASUALTY CLAIM NUMBER**	X18		**1**	**S**	**2010BA**				**2010BA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			Y4						19	3	
REF02	Property Casualty Claim Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**PAYER NAME**	X18		**1**	**R**	**2010BB**	**1**			**2010BB**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			PR						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	1	
NM103	Payer Name	X60	AN	1-60	R									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Subscriber Name Middle or Initial	X25	AN	1-25	N/U									118	25	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R			PI, XV						153	2	
NM109	Payer Identifier	X80	AN	2-80	R									155	80	
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	**PAYER ADDRESS**	X18		**1**	**S**	**2010BB**				**2010BB**		**N3**		**1**	**18**	**1**
N301	Payer Address Line	X55	AN	1-55	R									19	55	
N302	Payer Address Line	X55	AN	1-55	S									74	55	
N4	**PAYER CITY/STATE/ZIP CODE**	X18		**1**	**S**	**2010BB**			**135**	**2010BB**		**N4**		**1**	**18**	**1**
N401	Payer City Name	X30	AN	2-30	R									19	30	
N402	Payer State Code	X2	ID	2-2	S									49	2	
N403	Payer Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
REF	**PAYER SECONDARY IDENTIFICATION**	X18		**3**	**S**	**2010BB**				**2010BB**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			2U, EI, FY, NF						19	3	
REF02	Billing Provider Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF	**BILLING PROVIDER SECONDARY IDENTIFICATION**	X18		**1**	**S**	**2010BB**				**2010BB**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			G2, LU						19	3	
REF02	Payer Additional Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
HL	**PATIENT HIERARCHICAL LEVEL**	X18		**1**	**S**	**2000C**	**>1**			**2000C**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	X12	AN	1-12	R									19	12	
HL02	Hierarchical Parent ID Number	X12	AN	1-12	R									31	12	
HL03	Hierarchical Level Code	X2	ID	1-2	R			23						43	2	
HL04	Hierarchical Child Code	X1	ID	1-1	R			0						45	1	
PAT	**PATIENT INFORMATION**	X18		**1**	**R**	**2000C**				**2000C**		**PAT**		**1**	**18**	**1**
PAT01	Individual Relationship Code	X2	ID	2-2	R			01, 19, 20, 21, 39, 40, 53, G8						19	2	
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											
PAT05	Date Time Period Format Qualifier		ID	2-3	N/U											
PAT06	Patient Death Date		AN	1-35	N/U											
PAT07	Unit or Basis for Measurement Code		ID	2-2	N/U											
PAT08	Patient Weight		R	1-10	N/U											
PAT09	Pregnancy Indicator		ID	1-1	N/U											
NM1	**PATIENT NAME**	X18		**1**	**R**	**2010CA**	**1**			**2010CA**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			QC						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Patient Last Name	X60	AN	1-60	R									23	60	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM104	Patient First Name	X35	AN	1-35	S									83	35	
NM105	Patient Middle Name or Initial	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Patient Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Patient Primary Identifier	X80	AN	2-80	N/U									155	80	
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	**PATIENT ADDRESS**	X18		**1**	**R**	**2010CA**				**2010CA**		**N3**		**1**	**18**	**1**
N301	Patient Address Line	X55	AN	1-55	R									19	55	
N302	Patient Address Line	X55	AN	1-55	S									74	55	
N4	**PATIENT CITY/STATE/ZIP CODE**	X18		**1**	**R**	**2010CA**			**162**	**2010CA**		**N4**		**1**	**18**	**1**
N401	Patient City Name	X30	AN	2-30	R									19	30	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
N402	Patient State Code	X2	ID	2-2	S									49	2	
N403	Patient Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
DMG	**PATIENT DEMOGRAPHIC INFORMATION**	X18		**1**	**R**	**2010CA**				**2010CA**		**DMG**		**1**	**18**	**1**
DMG01	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						19	3	
DMG02	Patient Birth Date	X35	AN	1-35	R			CCYYMMDD						22	35	
DMG03	Patient Gender Code	X1	ID	1-1	R			F, M, U						57	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	Basis of Verification Code		ID	1-2	N/U											
DMG09	Quantity		R	1-15	N/U											
DMG10	Code List Qualifier Code		ID	1-3	N/U											
DMG11	Industry Code		AN	1-30	N/U											
REF	**PROPERTY AND CASUALTY CLAIM NUMBER**	X18		**1**	**S**	**2010CA**				**2010CA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			Y4						19	3	
REF02	Property Casualty Claim Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF	**PROPERTY AND CASUALTY PATIENT IDENTIFIER**	X18		**1**	**S**	**2010CA**				**2010CA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			1W, SY						19	3	
REF02	Property Casualty patient ID	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
CLM	**CLAIM INFORMATION**	X18		**1**	**R**	**2300**	**100**			**2300**		**CLM**		**1**	**18**	**1**
CLM01	Patient Control Number	X20	AN	1-38	R									19	20	
CLM02	Total Claim Charge Amount	05 TotalClaimChargeAmount-GROUP PIC X(10) 05 TotalClaimChargeAmount-GROUP-REDEF REDEFINES TotalClaimChargeAmount-GROUP 10 TotalClaimChargeAmount PIC S9(8)V99	R	1-18	R									39	10	
CLM03	Claim Filing Indicator Code		ID	1-2	N/U											
CLM04	Non-Institutional Claim Type Code		ID	1-2	N/U											
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION				R											
CLM05-1	Place of Service Code	X2	AN	1-2	R									49	2	
CLM05-2	Facility Code Qualifier	X2	ID	1-2	R			A						51	2	
CLM05-3	Claim Frequency Code	X1	ID	1-1	R									53	1	
CLM06	Provider or Supplier Signature Indicator		ID	1-1	N/U			N, Y								
CLM07	Assignment or Plan Participation Code	X1	ID	1-1	R			A, B, C						54	1	
CLM08	Benefits Assignment Certification Indicator	X1	ID	1-1	R			N, W, Y						55	1	
CLM09	Release of Information Code	X1	ID	1-1	R			I, Y						56	1	
CLM10	Patient Signature Source Code				N/U											
CLM11	RELATED CAUSES INFORMATION				N/U											
CLM12	Special Program Indicator				N/U											
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	Participation Agreement		ID	1-1	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CLM17	Claim Status Code		ID	1-2	N/U											
CLM18	Yes/No Condition or Response Code		ID	1-1	N/U											
CLM19	Claim Submission Reason Code		ID	2-2	N/U											
CLM20	Delay Reason Code	X2	ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15						57	2	
DTP	**DATE - DISCHARGE HOUR**	X18		**1**	**S**	**2300**				**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R			96						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R			TM						22	3	
DTP03	Discharge Time	X35	AN	1-35	R			HHMM						25	35	
DTP	**DATE - STATEMENT DATES**	X18		**1**	**S**	**2300**				**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R			434						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						22	3	
DTP03	Statement From and To Date	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						25	35	
DTP	**DATE - ADMISSION DATE/HOUR**	X18		**1**	**S**	**2300**				**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R			435						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R			D8, DT						22	3	
DTP03	Admission Date and Hour	X35	AN	1-35	R			CCYYMMDD, CCYYMMDDHHMM						25	35	
DTP	**DATE - REPRICER RECEIVED DATE**	X18		**1**	**S**	**2300**				**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R			050						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						22	3	
DTP03	Repricer Received Date	X35	AN	1-35	R			CCYYMMDD						25	35	
CL1	**INSTITUTIONAL CLAIM CODE**	X18		**1**	**R**	**2300**				**2300**		**CL1**		**1**	**18**	**1**

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CL101	Admission Type Code	X1	ID	1-1	R									19	1	
CL102	Admission Source Code	X1	ID	1-1	S									20	1	
CL103	Patient Status Code	X2	ID	1-2	R									21	2	
CL104	Nursing Home Code		ID	1-1	NU											
PWK	**CLAIM SUPPLEMENTAL INFORMATION**	X18		**10**	**S**	**2300**				**2300**		**PWK**		**1**	**18**	**10**
PWK01	Report Type Code	X2	ID	2-2	R			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, 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, V5, XP						19	2	
PWK02	Attachment Transmission Code	X2	ID	1-2	R			AA, BM, EL, EM, FT, FX						21	2	
PWK03	Report Copies Needed		N0	1-2	N/U											
PWK04	Entity Identifier Code		ID	2-3	N/U											
PWK05	Identification Code Qualifier	X2	ID	1-2	S			AC						23	2	
PWK06	Attachment Control Number	X50	AN	2-80	S									25	50	
PWK07	Description		AN	1-80	N/U											
PWK08	ACTIONS INDICATED				N/U											
PWK09	Request Category Code		ID	1-2	N/U											
CN1	**CONTRACT INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**CN1**		**1**	**18**	**1**
CN101	Contract Type Code	X2	ID	2-2	R			01, 02, 03, 04, 05, 06, 09						19	2	
CN102	Contract Amount	05 Contract-Amount-GROUP PIC X(10) 05 Contract-Amount-GROUP-REDEF REDEFINES Contract-Amount-GROUP 10 Contract-Amount PIC S9(8)V99	R	1-18	S									21	10	
CN103	Contract Percentage	05 Contract-Percentage-GROUP PIC X(6) 05 Contract-Percentage-GROUP-REDEF REDEFINES Contract-Percentage-GROUP 10 Contract-Percentage PIC S9(3)V999	R	1-6	S									31	6	
CN104	Contract Code	X50	AN	1-50	S									37	50	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CN105	Terms Discount Percent	05 Terms-Discount-Percent-GROUP PIC X(6) 05 Terms-Discount-Percent-GROUP-REDEF REDEFINES Terms-Discount-Percent-GROUP 10 Terms-Discount-Percent PIC S9(3)V999	R	1-6	S									87	6	
CN106	Contract Version Identifier	X30	AN	1-30	S									93	30	
AMT	**PATIENT ESTIMATED AMOUNT DUE**	X18		**1**	**S**	**2300**				**2300**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R			F3						19	3	
AMT02	Patient Responsibility Amount	05 Patient-Responsibility-Amount-GROUP PIC X(18) 05 Patient-Responsibility-Amount-GROUP-REDEF REDEFINES Patient-Responsibility-Amount-GROUP 10 Patient-Responsibility-Amount PIC S9(8)V99	R	1-18	R									22	10	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
REF	**SERVICE AUTHORIZATION EXCEPTION CODE**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			4N						19	3	
REF02	Service Authorization Exception Code	X50	AN	1-50	R			1, 2, 3, 4, 5, 6, 7						22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**REFERRAL NUMBER**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			9F						19	3	
REF02	Referral Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**PRIOR AUTHORIZATION**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			G1						19	3	
REF02	Prior Authorization Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF	**PAYER CLAIM CONTROL NUMBER**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			F8						19	3	
REF02	Payer Claim Control Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**REPRICED CLAIM NUMBER**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			9A						19	3	
REF02	Repriced Claim Reference Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**ADJUSTED REPRICED CLAIM NUMBER**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			9C						19	3	
REF02	Adjusted Repriced Claim Reference Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**	X18		**5**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**5**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			LX						19	3	
REF02	Investigational Device Exemption Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			D9						19	3	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF02	Value Added Network Trace Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**AUTO ACCIDENT STATE**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			LU						19	3	
REF02	Auto Accident State or Province	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**MEDICAL RECORD NUMBER**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			EA						19	3	
REF02	Medical Record Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**DEMONSTRATION PROJECT IDENTIFIER**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			P4						19	3	
REF02	Demonstration Project Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER**	X18		**1**	**S**	**2300**				**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			G4						19	3	
REF02	PRO Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF04	REFERENCE IDENTIFIER				N/U											
		X18								**2300**		**REF**		**1**	**18**	
		X3										REF01	Value +CN	19	3	
		X50										REF02		22	50	
K3	**FILE INFORMATION**	X18		**10**	**S**	**2300**				**2300**		**K3**		**1**	**18**	**10**
K301	Fixed Format Information	X80	AN	1-80	R									19	80	
K302	Record Format Code		ID	1-2	N/U											
K303	COMPOSITE UNIT OF MEASURE				N/U											
NTE	**CLAIM NOTE**	X18		**10**	**S**	**2300**				**2300**		**NTE**		**1**	**18**	**10**
NTE01	Note Reference Code	X3	ID	3-3	R			ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI						19	3	
NTE02	Claim Note Text	X80	AN	1-80	R									22	80	
NTE	**BILLING NOTE**	X18		**1**	**S**	**2300**				**2300**		**NTE**		**1**	**18**	**1**
NTE01	Note Reference Code	X3	ID	3-3	R			ADD						19	3	
NTE02	Billing Note Text	X80	AN	1-80	R									22	80	
CRC	**EPSDT REFERRAL**	X18		**1**	**S**	**2300**				**2300**		**CRC**		**1**	**18**	**1**
CRC01	Code Category	X2	ID	2-2	R			ZZ						19	2	
CRC02	Certification Condition Code Applies Indicator	X1	ID	1-1	R			N, Y						21	1	
CRC03	Condition Indicator	X3	ID	2-3	R			AV, NU, S2, ST						22	3	
CRC04	Condition Indicator	X3	ID	2-3	S			AV, NU, S2, ST						25	3	
CRC05	Condition Indicator	X3	ID	2-3	S			AV, NU, S2, ST						28	3	
CRC06	Condition Indicator		ID	2-3	N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CRC07	Condition Indicator		ID	2-3	N/U											
HI	**PRINCIPAL DIAGNOSIS**	X18		**1**	**R**	**2300**				**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Diagnosis Type Code	X3	ID	1-3	R			ABK, BK						19	3	
HI01-2	Principal Diagnosis Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						100	1	
HI02	HEALTH CARE CODE INFORMATION				N/U											
HI02-1	Diagnosis Type Code	X3	ID	1-3	N/U									101	3	
HI02-2	Principal Diagnosis Code	X30	AN	1-30	N/U									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Present on Admission indicator	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				N/U											
HI03-1	Diagnosis Type Code	X3	ID	1-3	N/U									183	3	
HI03-2	Principal Diagnosis Code	X30	AN	1-30	N/U									186	30	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Present on Admission indicator	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				N/U											
HI04-1	Diagnosis Type Code	X3	ID	1-3	N/U									265	3	
HI04-2	Principal Diagnosis Code	X30	AN	1-30	N/U									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				N/U											
HI05-1	Diagnosis Type Code	X3	ID	1-3	N/U									347	3	
HI05-2	Principal Diagnosis Code	X30	AN	1-30	N/U									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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											

Attachment 1 - CR XXXX
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI05-9	Present on Admission indicator	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				N/U											
HI06-1	Diagnosis Type Code	X3	ID	1-3	N/U									429	3	
HI06-2	Principal Diagnosis Code	X30	AN	1-30	N/U									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				N/U											
HI07-1	Diagnosis Type Code	X3	ID	1-3	N/U									511	3	
HI07-2	Principal Diagnosis Code	X30	AN	1-30	N/U									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				N/U											
HI08-1	Diagnosis Type Code	X3	ID	1-3	N/U									593	3	
HI08-2	Principal Diagnosis Code	X30	AN	1-30	N/U									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	

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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Present on Admission indicator	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				N/U											
HI09-1	Diagnosis Type Code	X3	ID	1-3	N/U									675	3	
HI09-2	Principal Diagnosis Code	X30	AN	1-30	N/U									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				N/U											
HI10-1	Diagnosis Type Code	X3	ID	1-3	N/U									757	3	
HI10-2	Principal Diagnosis Code	X30	AN	1-30	N/U									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				N/U											

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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI11-1	Diagnosis Type Code	X3	ID	1-3	N/U									839	3	
HI11-2	Principal Diagnosis Code	X30	AN	1-30	N/U									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				N/U											
HI12-1	Diagnosis Type Code	X3	ID	1-3	N/U									921	3	
HI12-2	Principal Diagnosis Code	X30	AN	1-30	N/U									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									1002	1	
HI	**ADMITTING DIAGNOSIS**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Diagnosis Type Code	X3	ID	1-3	R			ABJ, BJ						19	3	
HI01-2	Admitting Diagnosis Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	

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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				N/U											
HI02-1	Diagnosis Type Code	X3	ID	1-3	N/U									101	3	
HI02-2	Principal Diagnosis Code	X30	AN	1-30	N/U									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Present on Admission indicator	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				N/U											
HI03-1	Diagnosis Type Code	X3	ID	1-3	N/U									183	3	
HI03-2	Principal Diagnosis Code	X30	AN	1-30	N/U									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Present on Admission indicator	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI04-1	Diagnosis Type Code	X3	ID	1-3	N/U									265	3	
HI04-2	Principal Diagnosis Code	X30	AN	1-30	N/U									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				N/U											
HI05-1	Diagnosis Type Code	X3	ID	1-3	N/U									347	3	
HI05-2	Principal Diagnosis Code	X30	AN	1-30	N/U									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				N/U											
HI06-1	Diagnosis Type Code	X3	ID	1-3	N/U									429	3	
HI06-2	Principal Diagnosis Code	X30	AN	1-30	N/U									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
HI06-6	Quantity		R	1-15	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI06-7	Version Identifier		AN	1-30	N/U											
HI06-8	Industry code		AN	1-30	N/U											
HI06-9	Present on Admission indicator	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				N/U											
HI07-1	Diagnosis Type Code	X3	ID	1-3	N/U									511	3	
HI07-2	Principal Diagnosis Code	X30	AN	1-30	N/U									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				N/U											
HI08-1	Diagnosis Type Code	X3	ID	1-3	N/U									593	3	
HI08-2	Principal Diagnosis Code	X30	AN	1-30	N/U									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Present on Admission indicator	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				N/U											
HI09-1	Diagnosis Type Code	X3	ID	1-3	N/U									675	3	
HI09-2	Principal Diagnosis Code	X30	AN	1-30	N/U									678	30	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				N/U											
HI10-1	Diagnosis Type Code	X3	ID	1-3	N/U									757	3	
HI10-2	Principal Diagnosis Code	X30	AN	1-30	N/U									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				N/U											
HI11-1	Diagnosis Type Code	X3	ID	1-3	N/U									839	3	
HI11-2	Principal Diagnosis Code	X30	AN	1-30	N/U									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI11-9	Present on Admission indicator	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				N/U											
HI12-1	Diagnosis Type Code	X3	ID	1-3	N/U									921	3	
HI12-2	Principal Diagnosis Code	X30	AN	1-30	N/U									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									1002	1	
HI	**PATIENT REASON FOR VISIT**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Diagnosis Type Code	X3	ID	1-3	R			APR, PR						19	3	
HI01-2	Patient Reason For Visit	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Diagnosis Type Code	X3	ID	1-3	R			APR, PR						101	3	
HI02-2	Patient Reason For Visit	X30	AN	1-30	R									104	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Diagnosis Type Code	X3	ID	1-3	R			APR, PR						183	3	
HI03-2	Patient Reason For Visit	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				N/U											
HI04-1	Diagnosis Type Code	X3	ID	1-3	N/U									265	3	
HI04-2	Principal Diagnosis Code	X30	AN	1-30	N/U									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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											

Attachment 1 - CR XXXX
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Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI04-9	Present on Admission indicator	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				N/U											
HI05-1	Diagnosis Type Code	X3	ID	1-3	N/U									347	3	
HI05-2	Principal Diagnosis Code	X30	AN	1-30	N/U									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				N/U											
HI06-1	Diagnosis Type Code	X3	ID	1-3	N/U									429	3	
HI06-2	Principal Diagnosis Code	X30	AN	1-30	N/U									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				N/U											
HI07-1	Diagnosis Type Code	X3	ID	1-3	N/U									511	3	
HI07-2	Principal Diagnosis Code	X30	AN	1-30	N/U									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				N/U											
HI08-1	Diagnosis Type Code	X3	ID	1-3	N/U									593	3	
HI08-2	Principal Diagnosis Code	X30	AN	1-30	N/U									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Present on Admission indicator	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				N/U											
HI09-1	Diagnosis Type Code	X3	ID	1-3	N/U									675	3	
HI09-2	Principal Diagnosis Code	X30	AN	1-30	N/U									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI10-1	Diagnosis Type Code	X3	ID	1-3	N/U									757	3	
HI10-2	Principal Diagnosis Code	X30	AN	1-30	N/U									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				N/U											
HI11-1	Diagnosis Type Code	X3	ID	1-3	N/U									839	3	
HI11-2	Principal Diagnosis Code	X30	AN	1-30	N/U									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				N/U											
HI12-1	Diagnosis Type Code	X3	ID	1-3	N/U									921	3	
HI12-2	Principal Diagnosis Code	X30	AN	1-30	N/U									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
HI12-6	Quantity		R	1-15	N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI12-7	Version Identifier		AN	1-30	N/U											
HI12-8	Industry code		AN	1-30	N/U											
HI12-9	Present on Admission indicator	X1	ID	1-1	N/U									1002	1	
HI	**EXTERNAL CAUSE OF INJURY**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						19	3	
HI01-2	External Cause of Injury Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						101	3	
HI02-2	External Cause of Injury Code	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						182	1	
HI03	HEALTH CARE CODE INFORMATION				S											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI03-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						183	3	
HI03-2	External Cause of Injury Code	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						265	3	
HI04-2	External Cause of Injury Code	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	Present on Admission indicator	X1	ID	1-1	N/U			N, U, W, Y						346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						347	3	
HI05-2	Diagnosis Code	X30	AN	1-30	R									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
HI05-6	Quantity		R	1-15	N/U											

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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI05-7	Version Identifier		AN	1-30	N/U											
HI05-8	Industry code		AN	1-30	N/U											
HI05-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						429	3	
HI06-2	External Cause of Injury Code	X30	AN	1-30	R									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						510	1	
HI07	HEALTH CARE CODE INFORMATION				S											
HI07-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						511	3	
HI07-2	External Cause of Injury Code	X30	AN	1-30	R									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						593	3	
HI08-2	External Cause of Injury Code	X30	AN	1-30	R									596	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						675	3	
HI09-2	External Cause of Injury Code	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						757	3	
HI10-2	External Cause of Injury Code	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI10-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						839	3	
HI11-2	External Cause of Injury Code	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Diagnosis Type Code	X3	ID	1-3	R			ABN, BN						921	3	
HI12-2	External Cause of Injury Code	X30	AN	1-30	R									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						1002	1	
HI	**DIAGNOSIS RELATED GROUP (DRG) INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Qualifier	X3	ID	1-3	R			DR						19	3	
HI01-2	DRG Code	X30	AN	1-30	R									22	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI03	HEALTH CARE CODE INFORMATION				N/U											
HI02-1	Diagnosis Type Code	X3	ID	1-3	N/U									101	3	
HI02-2	Principal Diagnosis Code	X30	AN	1-30	N/U									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Present on Admission indicator	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				N/U											
HI03-1	Diagnosis Type Code	X3	ID	1-3	N/U									183	3	
HI03-2	Principal Diagnosis Code	X30	AN	1-30	N/U									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI03-9	Present on Admission indicator	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				N/U											
HI04-1	Diagnosis Type Code	X3	ID	1-3	N/U									265	3	
HI04-2	Principal Diagnosis Code	X30	AN	1-30	N/U									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				N/U											
HI05-1	Diagnosis Type Code	X3	ID	1-3	N/U									347	3	
HI05-2	Principal Diagnosis Code	X30	AN	1-30	N/U									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				N/U											
HI06-1	Diagnosis Type Code	X3	ID	1-3	N/U									429	3	
HI06-2	Principal Diagnosis Code	X30	AN	1-30	N/U									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				N/U											
HI07-1	Diagnosis Type Code	X3	ID	1-3	N/U									511	3	
HI07-2	Principal Diagnosis Code	X30	AN	1-30	N/U									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				N/U											
HI08-1	Diagnosis Type Code	X3	ID	1-3	N/U									593	3	
HI08-2	Principal Diagnosis Code	X30	AN	1-30	N/U									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Present on Admission indicator	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI09-1	Diagnosis Type Code	X3	ID	1-3	N/U									675	3	
HI09-2	Principal Diagnosis Code	X30	AN	1-30	N/U									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				N/U											
HI10-1	Diagnosis Type Code	X3	ID	1-3	N/U									757	3	
HI10-2	Principal Diagnosis Code	X30	AN	1-30	N/U									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				N/U											
HI11-1	Diagnosis Type Code	X3	ID	1-3	N/U									839	3	
HI11-2	Principal Diagnosis Code	X30	AN	1-30	N/U									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
HI11-6	Quantity		R	1-15	N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI11-7	Version Identifier		AN	1-30	N/U											
HI11-8	Industry code		AN	1-30	N/U											
HI11-9	Present on Admission indicator	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				N/U											
HI12-1	Diagnosis Type Code	X3	ID	1-3	N/U									921	3	
HI12-2	Principal Diagnosis Code	X30	AN	1-30	N/U									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									1002	1	
HI	**OTHER DIAGNOSIS INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**2**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						19	3	
HI01-2	Other Diagnosis	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						100	1	
HI02	HEALTH CARE CODE INFORMATION				S											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI02-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						101	3	
HI02-2	Other Diagnosis	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						183	3	
HI03-2	Other Diagnosis	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						265	3	
HI04-2	Other Diagnosis	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
HI04-6	Quantity		R	1-15	N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI04-7	Version Identifier		AN	1-30	N/U											
HI04-8	Industry code		AN	1-30	N/U											
HI04-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						347	3	
HI05-2	Other Diagnosis	X30	AN	1-30	R									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						429	3	
HI06-2	Other Diagnosis	X30	AN	1-30	R									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						510	1	
HI07	HEALTH CARE CODE INFORMATION				S											
HI07-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						511	3	
HI07-2	Other Diagnosis	X30	AN	1-30	R									514	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						593	3	
HI08-2	Other Diagnosis	X30	AN	1-30	R									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						675	3	
HI09-2	Other Diagnosis	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI09-9	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						757	3	
HI10-2	Other Diagnosis	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						839	3	
HI11-2	Other Diagnosis	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Diagnosis Type Code	X3	ID	1-3	R			ABF, BF						921	3	
HI12-2	Other Diagnosis	X30	AN	1-30	R									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	Present on Admission indicator	X1	ID	1-1	S			N, U, W, Y						1002	1	
HI	**PRINCIPAL PROCEDURE INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Qualifier	X3	ID	1-3	R			BBR, BR						19	3	
HI01-2	Principal Procedure Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						52	3	
HI01-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Present on Admission indicator	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				N/U											
HI02-1	Diagnosis Type Code	X3	ID	1-3	N/U									101	3	
HI02-2	Principal Diagnosis Code	X30	AN	1-30	N/U									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI02-9	Present on Admission indicator	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				N/U											
HI03-1	Diagnosis Type Code	X3	ID	1-3	N/U									183	3	
HI03-2	Principal Diagnosis Code	X30	AN	1-30	N/U									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Present on Admission indicator	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				N/U											
HI04-1	Diagnosis Type Code	X3	ID	1-3	N/U									265	3	
HI04-2	Principal Diagnosis Code	X30	AN	1-30	N/U									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				N/U											
HI05-1	Diagnosis Type Code	X3	ID	1-3	N/U									347	3	
HI05-2	Principal Diagnosis Code	X30	AN	1-30	N/U									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				N/U											
HI06-1	Diagnosis Type Code	X3	ID	1-3	N/U									429	3	
HI06-2	Principal Diagnosis Code	X30	AN	1-30	N/U									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				N/U											
HI07-1	Diagnosis Type Code	X3	ID	1-3	N/U									511	3	
HI07-2	Principal Diagnosis Code	X30	AN	1-30	N/U									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI08-1	Diagnosis Type Code	X3	ID	1-3	N/U									593	3	
HI08-2	Principal Diagnosis Code	X30	AN	1-30	N/U									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Present on Admission indicator	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				N/U											
HI09-1	Diagnosis Type Code	X3	ID	1-3	N/U									675	3	
HI09-2	Principal Diagnosis Code	X30	AN	1-30	N/U									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				N/U											
HI10-1	Diagnosis Type Code	X3	ID	1-3	N/U									757	3	
HI10-2	Principal Diagnosis Code	X30	AN	1-30	N/U									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
HI10-6	Quantity		R	1-15	N/U											

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For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI10-7	Version Identifier		AN	1-30	N/U											
HI10-8	Industry code		AN	1-30	N/U											
HI10-9	Present on Admission indicator	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				N/U											
HI11-1	Diagnosis Type Code	X3	ID	1-3	N/U									839	3	
HI11-2	Principal Diagnosis Code	X30	AN	1-30	N/U									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				N/U											
HI12-1	Diagnosis Type Code	X3	ID	1-3	N/U									921	3	
HI12-2	Principal Diagnosis Code	X30	AN	1-30	N/U									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	Present on Admission indicator	X1	ID	1-1	N/U									1002	1	
HI	**OTHER PROCEDURE INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**2**
HI01	HEALTH CARE CODE INFORMATION				R											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI01-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						19	3	
HI01-2	Procedure Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						52	3	
HI01-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						101	3	
HI02-2	Procedure Code	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						134	3	
HI02-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						183	3	
HI03-2	Procedure Code	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						216	3	
HI03-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
HI03-6	Quantity		R	1-15	N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI03-7	Version Identifier		AN	1-30	N/U											
HI03-8	Industry code		AN	1-30	N/U											
HI03-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						265	3	
HI04-2	Procedure Code	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						298	3	
HI04-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						347	3	
HI05-2	Procedure Code	X30	AN	1-30	R									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						380	3	
HI05-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						429	3	
HI06-2	Procedure Code	X30	AN	1-30	R									432	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						462	3	
HI06-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				S											
HI07-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						511	3	
HI07-2	Procedure Code	X30	AN	1-30	R									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						544	3	
HI07-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						593	3	
HI08-2	Procedure Code	X30	AN	1-30	R									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						626	3	
HI08-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI08-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						675	3	
HI09-2	Procedure Code	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						708	3	
HI09-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						757	3	
HI10-2	Procedure Code	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						790	3	
HI10-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						839	3	
HI11-2	Procedure Code	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						872	3	
HI11-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						875	35	

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For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Qualifier Code	X3	ID	1-3	R			BBQ, BQ						921	3	
HI12-2	Procedure Code	X30	AN	1-30	R									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						954	3	
HI12-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	X1	ID	1-1	N/U									1002	1	
HI	**OCCURRENCE SPAN INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**2**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Qualifier	X3	ID	1-3	R			BI						19	3	
HI01-2	Occurrence Span Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						52	3	
HI01-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											

Attachment 1 - CR XXXX
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Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Qualifier	X3	ID	1-3	R			BI						101	3	
HI02-2	Occurrence Span Code	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						134	3	
HI02-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Qualifier	X3	ID	1-3	R			BI						183	3	
HI03-2	Occurrence Span Code	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						216	3	
HI03-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Qualifier	X3	ID	1-3	R			BI						265	3	
HI04-2	Occurrence Span Code	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						298	3	
HI04-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						301	35	

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For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Qualifier	X3	ID	1-3	R			BI						347	3	
HI05-2	Occurrence Span Code	X30	AN	1-30	R									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						380	3	
HI05-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Qualifier	X3	ID	1-3	R			BI						429	3	
HI06-2	Occurrence Span Code	X30	AN	1-30	R									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						462	3	
HI06-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				S											

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Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI07-1	Qualifier	X3	ID	1-3	R			BI						511	3	
HI07-2	Occurrence Span Code	X30	AN	1-30	R									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						544	3	
HI07-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Qualifier	X3	ID	1-3	R			BI						593	3	
HI08-2	Occurrence Span Code	X30	AN	1-30	R									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						626	3	
HI08-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Qualifier	X3	ID	1-3	R			BI						675	3	
HI09-2	Occurrence Span Code	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						708	3	
HI09-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
HI09-6	Quantity		R	1-15	N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
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	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Qualifier	X3	ID	1-3	R			BI						757	3	
HI10-2	Occurrence Span Code	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						790	3	
HI10-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Qualifier	X3	ID	1-3	R			BI						839	3	
HI11-2	Occurrence Span Code	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						872	3	
HI11-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Qualifier	X3	ID	1-3	R			BI						921	3	
HI12-2	Occurrence Span Code	X30	AN	1-30	R									924	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	R			RD8						954	3	
HI12-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD-CCYYMMDD						957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	X1	ID	1-1	N/U									1002	1	
HI	**OCCURRENCE INFORMATION**	X18		**2**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**2**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Qualifier	X3	ID	1-3	R			BH						19	3	
HI01-2	Occurrence Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						52	3	
HI01-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Qualifier	X3	ID	1-3	R			BH						101	3	
HI02-2	Occurrence Code	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						134	3	
HI02-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
HI02-6	Quantity		R	1-15	N/U											

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI02-7	Version Identifier		AN	1-30	N/U											
HI02-8	Industry code		AN	1-30	N/U											
HI02-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Qualifier	X3	ID	1-3	R			BH						183	3	
HI03-2	Occurrence Code	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						216	3	
HI03-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Qualifier	X3	ID	1-3	R			BH						265	3	
HI04-2	Occurrence Code	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						298	3	
HI04-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Qualifier	X3	ID	1-3	R			BH						347	3	
HI05-2	Occurrence Code	X30	AN	1-30	R									350	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						380	3	
HI05-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Qualifier	X3	ID	1-3	R			BH						429	3	
HI06-2	Occurrence Code	X30	AN	1-30	R									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						462	3	
HI06-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				S											
HI07-1	Qualifier	X3	ID	1-3	R			BH						511	3	
HI07-2	Occurrence Code	X30	AN	1-30	R									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						544	3	
HI07-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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											

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For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI07-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Qualifier	X3	ID	1-3	R			BH						593	3	
HI08-2	Occurrence Code	X30	AN	1-30	R									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						626	3	
HI08-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Qualifier	X3	ID	1-3	R			BH						675	3	
HI09-2	Occurrence Code	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						708	3	
HI09-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Qualifier	X3	ID	1-3	R			BH						757	3	
HI10-2	Occurrence Code	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						790	3	
HI10-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						793	35	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Qualifier	X3	ID	1-3	R			BH						839	3	
HI11-2	Occurrence Code	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						872	3	
HI11-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Qualifier	X3	ID	1-3	R			BH						921	3	
HI12-2	Occurrence Code	X30	AN	1-30	R									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						954	3	
HI12-4	Date Time Period	X35	AN	1-35	R			CCYYMMDD						957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	X1	ID	1-1	N/U									1002	1	

Attachment 1 - CR XXXX
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI	**VALUE INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**2**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Qualifier	X3	ID	1-3	R			BE						19	3	
HI01-2	Value Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									90	10	
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											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Qualifier	X3	ID	1-3	R			BE						101	3	
HI02-2	Value Code	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									172	10	
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											
HI02-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Qualifier	X3	ID	1-3	R			BE						183	3	
HI03-2	Value Code	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									254	10	
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											
HI03-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Qualifier	X3	ID	1-3	R			BE						265	3	
HI04-2	Value Code	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									336	10	
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	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Qualifier	X3	ID	1-3	R			BE						347	3	
HI05-2	Value Code	X30	AN	1-30	R									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									418	10	
HI05-6	Quantity		R	1-15	N/U											
HI05-7	Version Identifier		AN	1-30	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI05-8	Industry code		AN	1-30	N/U											
HI05-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Qualifier	X3	ID	1-3	R			BE						429	3	
HI06-2	Value Code	X30	AN	1-30	R									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									500	10	
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	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				S											
HI07-1	Qualifier	X3	ID	1-3	R			BE						511	3	
HI07-2	Value Code	X30	AN	1-30	R									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									582	10	
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	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Qualifier	X3	ID	1-3	R			BE						593	3	
HI08-2	Value Code	X30	AN	1-30	R									596	30	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									664	10	
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											
HI08-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Qualifier	X3	ID	1-3	R			BE						675	3	
HI09-2	Value Code	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									746	10	
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	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Qualifier	X3	ID	1-3	R			BE						757	3	
HI10-2	Value Code	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									828	10	
HI10-6	Quantity		R	1-15	N/U											

Attachment 1 - CR XXXX
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Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
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	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Qualifier	X3	ID	1-3	R			BE						839	3	
HI11-2	Value Code	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									910	10	
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	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Qualifier	X3	ID	1-3	R			BE						921	3	
HI12-2	Value Code	X30	AN	1-30	R									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Value Code Amount	05 Value-Code-Amount-GROUP PIC X(10) 05 Value-Code-Amount-GROUP-REDEF REDEFINES Value-Code-Amount-GROUP 10 Value-Code-Amount PIC S9(8)V99	R	1-18	R									992	10	
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	X1	ID	1-1	N/U									1002	1	
HI	**CONDITION INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**2**

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Code List Qualifier Code	X3	ID	1-3	R			BG						19	3	
HI01-2	Condition Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
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											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Qualifier	X3	ID	1-3	R			BG						101	3	
HI02-2	Condition Code	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Qualifier	X3	ID	1-3	R			BG						183	3	
HI03-2	Condition Code	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
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											
HI03-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Qualifier	X3	ID	1-3	R			BG						265	3	
HI04-2	Condition Code	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Qualifier	X3	ID	1-3	R			BG						347	3	
HI05-2	Condition Code	X30	AN	1-30	R									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Qualifier	X3	ID	1-3	R			BG						429	3	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI06-2	Condition Code	X30	AN	1-30	R									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	X1	ID	1-1	N/U									510	1	
HI07	HEALTH CARE CODE INFORMATION				S											
HI07-1	Qualifier	X3	ID	1-3	R			BG						511	3	
HI07-2	Condition Code	X30	AN	1-30	R									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Qualifier	X3	ID	1-3	R			BG						593	3	
HI08-2	Condition Code	X30	AN	1-30	R									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
HI08-6	Quantity		R	1-15	N/U											
HI08-7	Version Identifier		AN	1-30	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI08-8	Industry code		AN	1-30	N/U											
HI08-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Qualifier	X3	ID	1-3	R			BG						675	3	
HI09-2	Condition Code	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	
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	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Qualifier	X3	ID	1-3	R			BG						757	3	
HI10-2	Condition Code	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Qualifier	X3	ID	1-3	R			BG						839	3	
HI11-2	Condition Code	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	

Attachment 1 - CR XXXX
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Qualifier	X3	ID	1-3	R			BG						921	3	
HI12-2	Condition Code	X30	AN	1-30	R									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	X1	ID	1-1	N/U									1002	1	
HI	**TREATMENT CODE INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HI**		**1**	**18**	**2**
HI01	HEALTH CARE CODE INFORMATION				R											
HI01-1	Qualifier	X3	ID	1-3	R			TC						19	3	
HI01-2	Treatment Code	X30	AN	1-30	R									22	30	
HI01-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									52	3	
HI01-4	Date Time Period	X35	AN	1-35	N/U									55	35	
HI01-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									90	10	
HI01-6	Quantity		R	1-15	N/U											
HI01-7	Version Identifier		AN	1-30	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
HI01-8	Industry code		AN	1-30	N/U											
HI01-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									100	1	
HI02	HEALTH CARE CODE INFORMATION				S											
HI02-1	Qualifier	X3	ID	1-3	R			TC						101	3	
HI02-2	Treatment Code	X30	AN	1-30	R									104	30	
HI02-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									134	3	
HI02-4	Date Time Period	X35	AN	1-35	N/U									137	35	
HI02-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									172	10	
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											
HI02-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									182	1	
HI03	HEALTH CARE CODE INFORMATION				S											
HI03-1	Qualifier	X3	ID	1-3	R			TC						183	3	
HI03-2	Treatment Code	X30	AN	1-30	R									186	30	
HI03-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									216	3	
HI03-4	Date Time Period	X35	AN	1-35	N/U									219	35	
HI03-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									254	10	
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											
HI03-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									264	1	
HI04	HEALTH CARE CODE INFORMATION				S											
HI04-1	Qualifier	X3	ID	1-3	R			TC						265	3	
HI04-2	Treatment Code	X30	AN	1-30	R									268	30	
HI04-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									298	3	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
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Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI04-4	Date Time Period	X35	AN	1-35	N/U									301	35	
HI04-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									336	10	
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	X1	ID	1-1	N/U									346	1	
HI05	HEALTH CARE CODE INFORMATION				S											
HI05-1	Qualifier	X3	ID	1-3	R			TC						347	3	
HI05-2	Treatment Code	X30	AN	1-30	R									350	30	
HI05-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									380	3	
HI05-4	Date Time Period	X35	AN	1-35	N/U									383	35	
HI05-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									418	10	
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	X1	ID	1-1	N/U									428	1	
HI06	HEALTH CARE CODE INFORMATION				S											
HI06-1	Qualifier	X3	ID	1-3	R			TC						429	3	
HI06-2	Treatment Code	X30	AN	1-30	R									432	30	
HI06-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									462	3	
HI06-4	Date Time Period	X35	AN	1-35	N/U									465	35	
HI06-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									500	10	
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	X1	ID	1-1	N/U									510	1	

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For alternatr format, please contact the CR author
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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI07	HEALTH CARE CODE INFORMATION				S											
HI07-1	Qualifier	X3	ID	1-3	R			TC						511	3	
HI07-2	Treatment Code	X30	AN	1-30	R									514	30	
HI07-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									544	3	
HI07-4	Date Time Period	X35	AN	1-35	N/U									547	35	
HI07-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									582	10	
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	X1	ID	1-1	N/U									592	1	
HI08	HEALTH CARE CODE INFORMATION				S											
HI08-1	Qualifier	X3	ID	1-3	R			TC						593	3	
HI08-2	Treatment Code	X30	AN	1-30	R									596	30	
HI08-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									626	3	
HI08-4	Date Time Period	X35	AN	1-35	N/U									629	35	
HI08-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									664	10	
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											
HI08-9	Yes/No Condition or response Code	X1	ID	1-1	N/U									674	1	
HI09	HEALTH CARE CODE INFORMATION				S											
HI09-1	Qualifier	X3	ID	1-3	R			TC						675	3	
HI09-2	Treatment Code	X30	AN	1-30	R									678	30	
HI09-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									708	3	
HI09-4	Date Time Period	X35	AN	1-35	N/U									711	35	
HI09-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									746	10	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values		Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
										6	4	4	4			
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	X1	ID	1-1	N/U									756	1	
HI10	HEALTH CARE CODE INFORMATION				S											
HI10-1	Qualifier	X3	ID	1-3	R			TC						757	3	
HI10-2	Treatment Code	X30	AN	1-30	R									760	30	
HI10-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									790	3	
HI10-4	Date Time Period	X35	AN	1-35	N/U									793	35	
HI10-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									828	10	
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	X1	ID	1-1	N/U									838	1	
HI11	HEALTH CARE CODE INFORMATION				S											
HI11-1	Qualifier	X3	ID	1-3	R			TC						839	3	
HI11-2	Treatment Code	X30	AN	1-30	R									842	30	
HI11-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									872	3	
HI11-4	Date Time Period	X35	AN	1-35	N/U									875	35	
HI11-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									910	10	
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	X1	ID	1-1	N/U									920	1	
HI12	HEALTH CARE CODE INFORMATION				S											
HI12-1	Qualifier	X3	ID	1-3	R			TC						921	3	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HI12-2	Treatment Code	X30	AN	1-30	R									924	30	
HI12-3	Date Time Period Format Qualifier	X3	ID	2-3	N/U									954	3	
HI12-4	Date Time Period	X35	AN	1-35	N/U									957	35	
HI12-5	Monetary Amount	05 Monetary-Amount-GROUP PIC X(10) 05 Monetary-Amount-GROUP-REDEF REDEFINES Monetary-Amount-GROUP 10 Monetary-Amount PIC S9(8)V99	R	1-18	N/U									992	10	
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	X1	ID	1-1	N/U									1002	1	
HCP	**CLAIM PRICING/REPRICING INFORMATION**	X18		**1**	**S**	**2300**				**2300**		**HCP**		**1**	**18**	**1**
HCP01	Pricing Methodology	X2	ID	2-2	R			00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10 ,11, 12, 13, 14						19	2	
HCP02	Repriced Allowed Amount	05 Repriced-Allowed-Amount-GROUP PIC X(10) 05 Repriced-Allowed-Amount-GROUP-REDEF REDEFINES Repriced-Allowed-Amount-GROUP 10 Repriced-Allowed-Amount PIC S9(8)V99	R	1-18	R									21	10	
HCP03	Repriced Saving Amount	05 Repriced-Saving-Amount-GROUP PIC X(10) 05 Repriced-Saving-Amount-GROUP-REDEF REDEFINES Repriced-Saving-Amount-GROUP 10 Repriced-Saving-Amount PIC S9(8)V99	R	1-18	S									31	10	
HCP04	Repricing Organization Identifier	X50	AN	1-50	S									41	50	
HCP05	Repricing Per Diem or Flat Rate Amount	05 Repriced-PD-FR-Amount-GROUP PIC X(9) 05 Repriced-PD-FR-Amount-GROUP-REDEF REDEFINES Repriced-PD-FR-Amount-GROUP 10 Repriced-PD-FR-Amount PIC S9(7)V99	R	1-9	S									91	9	
HCP06	Repriced Approved DRG Code	X50	AN	1-50	S									100	50	
HCP07	Repriced Approved Amount	05 Repriced-Approved-Amount-GROUP PIC X(10) 05 Repriced-Approved-Amount-GROUP-REDEF REDEFINES Repriced-Approved-Amount-GROUP 10 Repriced-Approved-Amount PIC S9(8)V99	R	1-18	S									150	10	
HCP08	Product/Service ID	X48	AN	1-48	S									160	48	
HCP09	Product/Service ID Qualifier	X2	ID	2-2	N/U									208	2	
HCP10	Product/Service ID	X48	AN	1-48	N/U									210	48	
HCP11	Unit or Basis for Measurement Code	X2	ID	2-2	S			DA, UN						258	2	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HCP12	Quantity	05 Repriced-Q-GROUP PIC X(8) 05 Repriced-Q-GROUP-REDEF REDEFINES Repriced-Q-GROUP 10 Repriced-Q PIC 9(5)V999	R	1-15	S									260	8	
HCP13	Reject Reason Code	X2	ID	2-2	S			T1, T2, T3, T4, T5, T6						268	2	
HCP14	Policy Compliance Code	X2	ID	1-2	S			1, 2, 3, 4, 5						270	2	
HCP15	Exception Code	X2	ID	1-2	S			1, 2, 3, 4, 5, 6						272	2	
NM1	**ATTENDING PROVIDER NAME**	X18		**1**	**S**	**2310A**	**1**			**2310A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			71						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Last Name	X60	AN	1-60	R									23	60	
NM104	First Name	X35	AN	1-35	S									83	35	
NM105	Provider Middle Name	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Provider Identifier	X80	AN	2-80	S									155	80	
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											
PRV	**ATTENDING PROVIDER SPECIALTY INFORMATION**	X18		**1**	**S**	**2310A**				**2310A**		**PRV**		**1**	**18**	**1**
PRV01	Provider Code	X3	ID	1-3	R			AT						19	3	
PRV02	Reference Identification Qualifier	X3	ID	2-3	R			PXC						22	3	
PRV03	Provider Taxonomy Code	X50	AN	1-50	R									25	50	
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											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF	**ATTENDING PROVIDER SECONDARY IDENTIFICATION**	X18		**4**	**S**	**2310A**				**2310A**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OPERATING PHYSICIAN NAME**	X18		**1**	**S**	**2310B**	**1**			**2310B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			72						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Last or Organization Name	X60	AN	1-60	R									23	60	
NM104	First Name	X35	AN	1-35	S									83	35	
NM105	Rendering Provider Middle Name or Initial	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Identifier	X80	AN	2-80	S									155	80	
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											
REF	**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**	X18		**4**	**S**	**2310B**				**2310B**		**REF**		**1**	**18**	**4**
REF01	Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM1	**OTHER OPERATING PHYSICIAN NAME**	X18		**1**	**S**	**2310C**	**1**			**2310C**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			ZZ						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Last or Organization Name	X60	AN	1-60	R									23	60	
NM104	First Name	X35	AN	1-35	S									83	35	
NM105	Middle Name	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Identifier	X80	AN	2-80	S									155	80	
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											
REF	**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**	X18		**4**	**S**	**2310C**				**2310C**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Rendering Provider Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**RENDERING PHYSICIAN NAME**	X18		**1**	**S**	**2310D**	**1**			**2310D**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			82						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Rendering Provider Last or Organization Name	X60	AN	1-60	R									23	60	
NM104	Rendering Provider First Name	X35	AN	1-35	S									83	35	
NM105	Rendering Provider Middle Name or Initial	X25	AN	1-25	S									118	25	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM106	Name Prefix		AN	1-10	N/U											
NM107	Rendering Provider Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Rendering Provider Identifier	X80	AN	2-80	S									155	80	
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											
REF	**RENDERING PHYSICIAN SECONDARY IDENTIFICATION**	X18		**4**	**S**	**2310D**				**2310D**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Rendering Physician Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**SERVICE FACILITY LOCATION NAME**	X18		**1**	**S**	**2310E**	**1**			**2310E**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			77						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	1	
NM103	Laboratory or Facility Name	X60	AN	1-60	R									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Laboratory or Facility Primary Identifier	X80	AN	2-80	S									155	80	
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											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
N3	**SERVICE FACILITY LOCATION ADDRESS**	X18		**1**	**R**	**2310E**				**2310E**		**N3**		**1**	**18**	**1**
N301	Laboratory or Facility Address Line	X55	AN	1-55	R									19	55	
N302	Laboratory or Facility Address Line	X55	AN	1-55	S									74	55	
N4	**SERVICE FACILITY LOCATION CITY/STATE/ZIP**	X18		**1**	**R**	**2310E**				**2310E**		**N4**		**1**	**18**	**1**
N401	Laboratory or Facility City Name	X30	AN	2-30	R									19	30	
N402	Laboratory or Facility State or Province Code	X2	ID	2-2	S									49	2	
N403	Laboratory or Facility Postal Zone ZIP Code	X15	ID	3-15	S									51	15	
N404	Laboratory/Facility Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
REF	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**	X18		**3**	**S**	**2310E**				**2310E**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, G2, LU						19	3	
REF02	Laboratory or Facility Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**REFERRING PROVIDER NAME**	X18		**1**	**S**	**2310F**	**1**			**2310F**		**NM1**		**1**	**18**	**2**
NM101	Entity Identifier Code	X3	ID	2-3	R			DN						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Referring Provider Last Name	X60	AN	1-60	R									23	60	
NM104	Referring Provider First Name	X35	AN	1-35	S									83	35	
NM105	Referring Provider Middle Name	X25	AN	1-25	S									118	25	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM106	Name Prefix		AN	1-10	N/U											
NM107	Referring Provider Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Referring Provider Identifier	X80	AN	2-80	S									155	80	
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											
REF	**REFERRING PROVIDER SECONDARY IDENTIFICATION**	X18		**3**	**S**	**2310F**				**2310A**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2						19	3	
REF02	Referring Provider Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
SBR	**OTHER SUBSCRIBER INFORMATION**	X18		**1**	**S**	**2320**	**10**			**2320**		**SBR**		**1**	**18**	**1**
SBR01	Payer Responsibility Sequence Number Code	X1	ID	1-1	R			A, B, C, D, E, F, G, H, P, S, T, U						19	1	
SBR02	Individual Relationship Code	X2	ID	2-2	R			01, 18, 19, 20, 21, 39, 40, 53, G8						20	2	
SBR03	Insured Group or Policy Number	X50	AN	1-50	S									22	50	
SBR04	Other Insured Group Name	X60	AN	1-60	S									72	60	
SBR05	Insurance Type Code		ID	1-3	N/U											
SBR06	Coordination of Benefits Code		ID	1-1	N/U											
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U											
SBR08	Employment Status Code		ID	2-2	N/U											
SBR09	Claim Filing Indicator Code	X2	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						132	2	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CAS	**CLAIM LEVEL ADJUSTMENTS**	X18		**5**	**S**	**2320**				**2320**		**CAS**		**1**	**18**	**5**
CAS01	Claim Adjustment Group Code	X2	ID	1-2	R			CO, CR, OA, PI, PR						19	2	
CAS02	Adjustment Reason Code	X5	ID	1-5	R									21	5	
CAS03	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	R									26	10	
CAS04	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									36	15	
CAS05	Adjustment Reason Code	X5	ID	1-5	S									51	5	
CAS06	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									56	10	
CAS07	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									66	15	
CAS08	Adjustment Reason Code	X5	ID	1-5	S									81	5	
CAS09	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									86	10	
CAS10	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									96	15	
CAS11	Adjustment Reason Code	X5	ID	1-5	S									111	5	
CAS12	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									116	10	
CAS13	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									126	15	
CAS14	Adjustment Reason Code	X5	ID	1-5	S									141	5	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CAS15	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									146	10	
CAS16	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									156	15	
CAS17	Adjustment Reason Code	X5	ID	1-5	S									171	5	
CAS18	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									176	10	
CAS19	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									186	15	
AMT	**COB PAYER PAID AMOUNT**	X18		**1**	**S**	**2320**				**2320**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R			D						19	3	
AMT02	Payer Paid Amount	05 Payer-Paid-Amount-GROUP PIC X(10) 05 Payer-Paid-Amount-GROUP-REDEF REDEFINES Payer-Paid-GROUP 10 Payer-Paid-Amount PIC S9(8)V99	R	1-18	R									22	10	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
AMT	**REMAINING PATIENT LIABILITY**	X18		**1**	**S**	**2320**				**2320**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R			EAF						19	3	
AMT02	Remaining Patient Liability	05 RPL-GROUP PIC X(10) 05 RPL-GROUP-REDEF REDEFINES RPL-GROUP 10 RPL PIC S9(8)V99	R	1-18	R									22	10	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
AMT	**COB TOTAL NON-COVERED AMOUNT**	X18		**1**	**S**	**2320**				**2320**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R			A8						19	3	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
AMT02	Non-Covered Charge Amount	05 NCC-amt-GROUP PIC X(10) 05 NCC-amt-GROUP-REDEF REDEFINES NCC-amt-GROUP 10 NCC-amt PIC S9(8)V99	R	1-18	R									22	10	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
OI	**OTHER INSURANCE COVERAGE INFORMATION**	X18		**1**	**R**	**2320**				**2320**		**OI**		**1**	**18**	**1**
OI01	Claim Filing Indicator Code		ID	1-2	N/U											
OI02	Claim Submission Reason Code		ID	2-2	N/U											
OI03	Benefits Assignment Certification Indicator	X1	ID	1-1	R			N, W, Y						19	1	
OI04	Patient Signature Source Code		ID	1-1	N/U											
OI05	Provider Agreement Code		ID	1-1	N/U											
OI06	Release of Information Code	X1	ID	1-1	R			I, Y						20	1	
MIA	INPATIENT ADJUDICATION INFORMATION	X18		**1**	**S**	**2320**				**2320**		**MIA**		**1**	**18**	**1**
MIA01	Covered Days or Visits Count	05 CR-VC-GROUP PIC X(15) 05 CR-VC-GROUP-REDEF REDEFINES CR-VC-GROUP 10 CR-VC PIC 9(4) 10 CR-VC-FILLER PIC X(11)	R	1-15	S									19	15	
MIA02	Amount		R	1-18	N/U											
MIA03	Lifetime Psychiatric Days	05 LPD-GROUP PIC X(15) 05 LPD-GROUP-REDEF REDEFINES LPD-GROUP 10 LPD PIC 9(4) 10 LPD-FILLER PIC X(11)	R	1-15	S									34	15	
MIA04	Claim DRG Amount	05 C-DRG-AMT-GROUP PIC X(10) 05 C-DRG-AMT-GROUP-REDEF REDEFINES C-DRG-AMT-GROUP 10 C-DRG-AMT PIC S9(8)V99	R	1-18	S									49	10	
MIA05	Claim Payment Remark Code	X50	AN	1-50	S									59	50	
MIA06	Claim Disproportionate Share Amount	05 CDSA-GROUP PIC X(10) 05 CDSA-GROUP-REDEF REDEFINES CDSA-GROUP 10 CDSA PIC S9(8)V99	R	1-18	S									109	10	
MIA07	Claim MSP Pass-through Amount	05 C-MSP-GROUP PIC X(10) 05 C-MSP-GROUP-REDEF REDEFINES C-MSP-GROUP 10 C-MSP PIC S9(8)V99	R	1-18	S									119	10	
MIA08	Claim PPS Capital Amount	05 C-PPS-GROUP PIC X(10) 05 C-PPS-GROUP-REDEF REDEFINES C-PPS-GROUP 10 C-PPS PIC S9(8)V99	R	1-18	S									129	10	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
MIA09	PPS-Capital FSP DRG Amount	05 PPS-FSP-DRG-GROUP PIC X(10) 05 PPS-FSP-DRG-GROUP-REDEF REDEFINES PPS-FSP-DRG-GROUP 10 PPS-FSP-DRG PIC S9(8)V99	R	1-18	S									139	10	
MIA10	PPS-Capital HSP DRG Amount	05 PPS-HSP-DRG-GROUP PIC X(10) 05 PPS-HSP-DRG-GROUP-REDEF REDEFINES PPS-HSP-DRG-GROUP 10 PPS-HSP-DRG PIC S9(8)V99	R	1-18	S									149	10	
MIA11	PPS-Capital DSH DRG Amount	05 PPS-DHS-DRG-GROUP PIC X(10) 05 PPS-DHS-DRG-GROUP-REDEF REDEFINES PPS-DHS-DRG-GROUP 10 PPS-DHS-DRG PIC S9(8)V99	R	1-18	S									159	10	
MIA12	Old Capital Amount	05 OLDC-GROUP PIC X(10) 05 OLDC-GROUP-REDEF REDEFINES OLDC-GROUP 10 OLDC PIC S9(8)V99	R	1-18	S									169	10	
MIA13	PPS-Capital IME Amount	05 PPS-IME-DRG-GROUP PIC X(10) 05 PPS-IME-DRG-GROUP-REDEF REDEFINES PPS-IME-DRG-GROUP 10 PPS-IME-DRG PIC S9(8)V99	R	1-18	S									179	10	
MIA14	PPS-Operating Hospital Specific DRG Amount	05 PPS-OHS-DRG-GROUP PIC X(10) 05 PPS-OHS-DRG-GROUP-REDEF REDEFINES PPS-OHS-DRG-GROUP 10 PPS-OHS-DRG PIC S9(8)V99	R	1-18	S									189	10	
MIA15	Cost Report Day Count	05 CRDT-GROUP PIC X(15) 05 CRDT-GROUP-REDEF REDEFINES CRDT-GROUP 10 CRDT PIC 9(4) 10 CRDT-FILLER PIC X(11)	R	1-15	S									199	15	
MIA16	PPS-Operating Federal Specific DRG Amount	05 PPS-OFS-DRG-GROUP PIC X(10) 05 PPS-OFS-DRG-GROUP-REDEF REDEFINES PPS-OFS-DRG-GROUP 10 PPS-OFS-DRG PIC S9(8)V99	R	1-18	S									214	10	
MIA17	Claim PPS Capital Outlier Amount	05 PPS-OUT-GROUP PIC X(10) 05 PPS-OUT-GROUP-REDEF REDEFINES PPS-OUT-GROUP 10 PPS-OUT PIC S9(8)V99	R	1-18	S									224	10	
MIA18	Claim Indirect Teaching Amount	05 TEACH-GROUP PIC X(10) 05 TEACH-GROUP-REDEF REDEFINES TEACH-GROUP 10 TEACH PIC S9(8)V99	R	1-18	S									234	10	
MIA19	Non-Payable Professional Component Billed Amount	05 NPP-GROUP PIC X(10) 05 NPP-GROUP-REDEF REDEFINES NPP-GROUP 10 NPP PIC S9(8)V99	R	1-18	S									244	10	
MIA20	Claim Payment Remark Code	X50	AN	1-50	S									254	50	
MIA21	Claim Payment Remark Code	X50	AN	1-50	S									304	50	
MIA22	Claim Payment Remark Code	X50	AN	1-50	S									354	50	
MIA23	Claim Payment Remark Code	X50	AN	1-50	S									404	50	

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Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
MIA24	PPS-Capital Exception Amount	05 PPS-CE-GROUP PIC X(10) 05 PPS-CE-GROUP-REDEF REDEFINES PPS-CE-GROUP 10 PPS-CE PIC S9(8)V99	R	1-18	S									454	10	
MOA	**OUTPATIENT ADJUDICATION INFORMATION**	X18		**1**	**S**	**2320**				**2320**		**MOA**		**1**	**18**	**1**
MOA01	Reimbursement Rate	05 RR-GROUP PIC X(10) 05 RR-GROUP-REDEF REDEFINES RR-GROUP 10 RR PIC S9(8)V99	R	1-10	S									19	10	
MOA02	HCPCS Payable Amount	05 HCPCS-P-Amount-GROUP PIC X(10) 05 HCPCS-P-Amount-GROUP-REDEF REDEFINES HCPCS-P-Amount-GROUP 10 HCPCS-P-Allowed-Amount PIC S9(8)V99	R	1-18	S									29	10	
MOA03	Claim Payment Remark Code	X50	AN	1-50	S									39	50	
MOA04	Claim Payment Remark Code	X50	AN	1-50	S									89	50	
MOA05	Claim Payment Remark Code	X50	AN	1-50	S									139	50	
MOA06	Claim Payment Remark Code	X50	AN	1-50	S									189	50	
MOA07	Claim Payment Remark Code	X50	AN	1-50	S									239	50	
MOA08	End Stage Renal Disease Payment Amount	05 ESRDP-Amount-GROUP PIC X(10) 05 ESRDP-Amount-GROUP-REDEF REDEFINES ESRDP-Amount-GROUP 10 ESRDP-Allowed-Amount PIC S9(8)V99	R	1-18	S									289	10	
MOA09	Non-Payable Professional Component Billed Amount	05 NPPCB-Amount-GROUP PIC X(10) 05 NPPCB-Amount-GROUP-REDEF REDEFINES NPPCB-Amount-GROUP 10 NPPCB-Allowed-Amount PIC S9(8)V99	R	1-18	S									299	10	
NM1	**OTHER SUBSCRIBER NAME**	X18		**1**	**R**	**2330A**	**1**			**2330A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			IL						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1, 2						22	1	
NM103	Other Insured Last Name	X60	AN	1-60	R									23	60	
NM104	Other Insured First Name	X35	AN	1-35	S									83	35	
NM105	Other Insured Middle Name or Initial	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Other Insured Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R			II, MI						153	2	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM109	Other Insured Identifier	X80	AN	2-80	R									155	80	
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	**OTHER SUBSCRIBER ADDRESS**	X18		**1**	**S**	**2330A**				**2330A**		**N3**		**1**	**18**	**1**
N301	Other Subscriber Address Line	X55	AN	1-55	R									19	55	
N302	Other Subscriber Address Line	X55	AN	1-55	S									74	55	
N4	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**	X18		**1**	**S**	**2330A**				**2330A**		**N4**		**1**	**18**	**1**
N401	Other Subscriber City Name	X30	AN	2-30	R									19	30	
N402	Other Subscriber State Code	X2	ID	2-2	S									49	2	
N403	Other Subscriber Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Other Subscriber Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
REF	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**	X18		**1**	**S**	**2330A**				**2330A**		**REF**		**1**	**18**	**2**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			SY						19	3	
REF02	Other Insured Additional Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OTHER PAYER NAME**	X18		**1**	**R**	**2330B**	**1**			**2330B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			PR						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	1	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM103	Other Payer Organization Name	X60	AN	1-60	R									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R			PI, XV						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	R									155	80	
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	**OTHER PAYER ADDRESS**	X18		**1**	**S**	**2330B**				**2330B**		**N3**		**1**	**18**	**1**
N301	Other Payer Address Line	X55	AN	1-55	R									19	55	
N302	Other Payer Address Line	X55	AN	1-55	S									74	55	
N4	**OTHER PAYER CITY/STATE/ZIP CODE**	X18		**1**	**S**	**2330B**				**2330B**		**N4**		**1**	**18**	**1**
N401	Other Payer City Name	X30	AN	2-30	R									19	30	
N402	Other Payer State Code	X2	ID	2-2	S									49	2	
N403	Other Payer Postal Zone or ZIP Code	X15	ID	3-15	S									51	15	
N404	Other Payer Country Code	X3	ID	2-3	S									66	3	
N405	Location Qualifier		ID	1-2	N/U											
N406	Location Identifier		AN	1-30	N/U											
N407	Country Subdivision Code	X3	ID	1-3	S									69	3	
DTP	**DATE - CLAIM CHECK OR REMITTANCE DATE**	X18		**1**	**S**	**2330B**				**2330B**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R			573						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						22	3	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
DTP03	Adjudication or Payment Date	X35	AN	1-35	R			CCYYMMDD						25	35	
REF	**OTHER PAYER SECONDARY IDENTIFICATION**	X18		**2**	**S**	**2330B**				**2330B**		**REF**		**1**	**18**	**2**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			2U, EI, FY, NF						19	3	
REF02	Other Payer Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**OTHER PAYER PRIOR AUTHORIZATION NUMBER**	X18		**1**	**S**	**2330B**				**2330B**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			G1						19	3	
REF02	Other Payer Prior Authorization Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**OTHER PAYER REFERRAL NUMBER**	X18		**1**	**S**	**2330B**				**2330B**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			9F						19	3	
REF02	Other Payer Referral Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**	X18		**1**	**S**	**2330B**				**2330B**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			T4						19	3	
REF02	Other Payer Claim Adjustment Indicator	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF	**OTHER PAYER CLAIM CONTROL NUMBER**	X18		**1**	**S**	**2330B**				**2330B**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			F8						19	3	
REF02	Other Payer Claim Control Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OTHER PAYER ATTENDING PROVIDER**	X18		**1**	**S**	**2330C**	**1**			**2330C**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			71						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U									155	80	
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											
REF	**OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION**	X18		**3**	**R**	**2330C**				**2330C**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Other Payer Attending Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OTHER PAYER OPERATING PROVIDER**	X18		**1**	**S**	**2330D**	**1**			**2330D**		**NM1**		**1**	**18**	**1**

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Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM101	Entity Identifier Code	X3	ID	2-3	R			72						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U									155	80	
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											
REF	**OTHER PAYER OPERATING PROVIDER SECONDARY IDENTIFICATION**	X18		**3**	**R**	**2330D**				**2330D**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OTHER PAYER OTHER OPERATING PROVIDER**	X18		**1**	**S**	**2330E**	**1**			**2330E**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			ZZ						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U									155	80	
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											
REF	**OTHER PAYER OTHER OPERATING PROVIDER SECONDARY IDENTIFICATION**	X18		**3**	**R**	**2330E**				**2330E**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OTHER PAYER SERVICE FACILITY LOCATION**	X18		**1**	**S**	**2330F**	**1**			**2330F**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			77						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U									155	80	
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											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
REF	**OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER**	X18		**3**	**R**	**2330F**				**2330F**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, G2, LU						19	3	
REF02	Other Payer Service Facility Location Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OTHER PAYER RENDERING PROVIDER**	X18		**1**	**S**	**2330G**	**1**			**2330G**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			82						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U									155	80	
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											
REF	**OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER**	X18		**3**	**R**	**2330G**				**2330G**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2, LU						19	3	
REF02	Other Payer Rendering Provider Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM1	**OTHER PAYER REFERRING PROVIDER**	X18		**1**	**S**	**2330H**	**3**			**2330H**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			DN						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U									155	80	
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											
REF	**OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER**	X18		**3**	**R**	**2330H**				**2330H**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			0B, 1G, G2						19	3	
REF02	Other Payer Referring Provider Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OTHER PAYER BILLING PROVIDER**	X18		**1**	**S**	**2330I**	**1**			**2330I**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			85						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			2						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U									23	60	
NM104	Name First	X35	AN	1-35	N/U									83	35	
NM105	Name Middle	X25	AN	1-25	N/U									118	25	
NM106	Name Prefix		AN	1-10	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM107	Name Suffix	X10	AN	1-10	N/U									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U									153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U									155	80	
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											
REF	**OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION**	X18		**2**	**R**	**2330I**				**2330I**		**REF**		**1**	**18**	**2**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			G2, LU						19	3	
REF02	Other Payer Billing Provider Secondary Identification	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
LX	**SERVICE LINE**	X18		**1**	**R**	**2400**	**999**			**2400**		**LX**		**1**	**18**	**450**
LX01	Assigned Number	05 AssignedNumber-GROUP PIC X(6) 05 AssignedNumber-GROUP-REDEF REDEFINES AssignedNumber-GROUP 10 AssignedNumber PIC 9(6)	N0	1-6	R									19	6	
SV2	**INSTITUTIONAL SERVICE LINE**	X18		**1**	**R**	**2400**				**2400**		**SV2**		**1**	**18**	**1**
SV201	Service Line Revenue Code	X48	AN	1-48	R									19	48	
SV202	COMPOSITE				R											
SV202-1	Product or Service ID Qualifier	X2	ID	2-2	R			ER, HC, HP, IV, WK						67	2	
SV202-2	Product or Service ID Qualifier	X48	AN	1-48	R									69	48	
SV202-3	Procedure Modifier	X2	AN	2-2	S									117	2	
SV202-4	Procedure Modifier	X2	AN	2-2	S									119	2	
SV202-5	Procedure Modifier	X2	AN	2-2	S									121	2	
SV202-6	Procedure Modifier	X2	AN	2-2	S									123	2	
SV202-7	Description	X80	AN	1-80	S									125	80	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
SV202-8	Product/Service ID		AN	1-48	N/U											
SV203	Line Item Charge Amount	05 LIC-Amount-GROUP PIC X(10) 05 LIC-Amount-GROUP-REDEF REDEFINES LIC-Amount-GROUP 10 LIC-Allowed-Amount PIC S9(8)V99	R	1-18	R									205	10	
SV204	Unit or Basis for Measurement Code	X2	ID	2-2	R			DA, UN						215	2	
SV205	Service Units/Days	05 SU-D-GROUP PIC X(15) 05 SU-D-GROUP-REDEF REDEFINES SU-D-GROUP 10 SU-D PIC 9(6)V9 10 SU-FILLER PIC X(8)	R	1-15	R									217	15	
SV206	Unit Rate		ID	1-10	N/U											
SV207	Line Item Denied Charge or Non Covered Charge Amount	05 LIDC-or-NCC-Amount-GROUP PIC X(10) 05 LIDC-or-NCC-Amount-GROUP-REDEF REDEFINES LIDC-or-NCC-Amount-GROUP 10 LIDC-or-NCC-Allowed-Amount PIC S9(8)V99	R	1-18	S									232	10	
SV208	Y/N		ID	1-1	N/U											
SV209	NHRSC		ID	1-1	N/U											
SV210	Level of Care Code		ID	1-1	N/U											
PWK	**LINE SUPPLEMENTAL INFORMATION**	X18		**10**	**S**	**2400**				**2400**		**PWK**		**1**	**18**	**10**
PWK01	Report Type Code	X2	ID	2-2	R			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, 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, V5, XP						19	2	
PWK02	Report Transmission Code	X2	ID	1-2	R			AA, BM, EL, EM, FT, FX						21	2	
PWK03	Report Copies Needed		N0	1-2	N/U											
PWK04	Entity Identifier Code		ID	2-3	N/U											
PWK05	Identification Code Qualifier	X2	ID	1-2	S			AC						23	2	
PWK06	Attachment Control Number	X50	AN	2-80	S									25	50	
PWK07	Description		AN	1-80	N/U											
PWK08	ACTIONS INDICATED				N/U											
PWK09	Request Category Code		ID	1-2	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
DTP	**DATE - SERVICE DATE**	X18		**1**	**S**	**2400**				**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R			472						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R			D8, RD8						22	3	
DTP03	Service Date	X35	AN	1-35	R			CYYMMDD, CCYYMMDD-CCYYMMDD						25	35	
REF	**LINE ITEM CONTROL NUMBER**	X18		**1**	**S**	**2400**				**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			6R						19	3	
REF02	Line Item Control Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**REPRICED LINE ITEM REFERENCE NUMBER**	X18		**1**	**S**	**2400**				**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			9B						19	3	
REF02	Repriced Line Item Reference Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
REF	**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**	X18		**1**	**S**	**2400**				**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			9D						19	3	
REF02	Adjusted Repriced Line Item Reference Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
AMT	**SERVICE TAX AMOUNT**	X18		**1**	**S**	**2400**				**2400**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R			GT						19	3	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
AMT02	Service Tax Amount	05 ST-Amount-GROUP PIC X(10) 05 ST-Amount-GROUP-REDEF REDEFINES ST-Amount-GROUP 10 ST-Allowed-Amount PIC S9(8)V99	R	1-18	R									22	10	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
AMT	**FACILITY TAX AMOUNT**	X18		**1**	**S**	**2400**				**2400**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R			N8						19	3	
AMT02	Facility Tax Amount	05 FT-Amount-GROUP PIC X(10) 05 FT-Amount-GROUP-REDEF REDEFINES FT-Amount-GROUP 10 FT-Amount PIC S9(8)V99	R	1-18	R									22	10	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
NTE	**THIRD PARTY ORGANIZATION NOTES**	X18		**1**	**S**	**2400**				**2400**		**NTE**		**1**	**18**	**1**
NTE01	Note Reference Code	X3	ID	3-3	R			TPO						19	3	
NTE02	Line Note Text	X80	AN	1-80	R									22	80	
HCP	**LINE PRICING/REPRICING INFORMATION**	X18		**1**	**S**	**2400**				**2400**		**HCP**		**1**	**18**	**1**
HCP01	Pricing Methodology	X2	ID	2-2	R			00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14						19	2	
HCP02	Repriced Allowed Amount	05 Repriced-Allowed-Amount-GROUP PIC X(10) 05 Repriced-Allowed-Amount-GROUP-REDEF REDEFINES Repriced-Allowed-Amount-GROUP 10 Repriced-Allowed-Amount PIC S9(8)V99	R	1-18	R									21	10	
HCP03	Repriced Saving Amount	05 Repriced-Saving-Amount-GROUP PIC X(10) 05 Repriced-Saving-Amount-GROUP-REDEF REDEFINES Repriced-Saving-Amount-GROUP 10 Repriced-Saving-Amount PIC S9(8)V99	R	1-18	S									31	10	
HCP04	Repricing Organization Identifier	X50	AN	1-50	S									41	50	
HCP05	Repricing Per Diem or Flat Rate Amount	05 Repriced-PD-FR-Amount-GROUP PIC X(9) 05 Repriced-PD-FR-Amount-GROUP-REDEF REDEFINES Repriced-PD-FR-Amount-GROUP 10 Repriced-PD-FR-Amount PIC S9(7)V99	R	1-9	S									91	9	
HCP06	Repriced Approved DRG Code	X50	AN	1-50	S									100	50	
HCP07	Repriced Approved Amount	05 Repriced-Approved-Amount-GROUP PIC X(10) 05 Repriced-Approved-Amount-GROUP-REDEF REDEFINES Repriced-Approved-Amount-GROUP 10 Repriced-Approved-Amount PIC S9(8)V99	R	1-18	S									150	10	
HCP08	Product/Service ID	X48	AN	1-48	S									160	48	

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Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
HCP09	Product or Service ID Qualifier	X2	ID	2-2	S			ER, HC, HP, IV, WK						208	2	
HCP10	Reprice Approved HCPCS Code	X48	AN	1-48	S									210	48	
HCP11	Unit or Basis for Measurement Code	X2	ID	2-2	S			DA, UN						258	2	
HCP12	Quantity	05 Repriced-Q-GROUP PIC X(8) 05 Repriced-Q-GROUP-REDEF REDEFINES Repriced-Q-GROUP 10 Repriced-Q PIC 9(5)V999	R	1-15	S									260	8	
HCP13	Reject Reason Code	X2	ID	2-2	S			T1, T2, T3, T4, T5, T6						268	2	
HCP14	Policy Compliance Code	X2	ID	1-2	S			1, 2, 3, 4, 5						270	2	
HCP15	Exception Code	X2	ID	1-2	S			1, 2, 3, 4, 5, 6						272	2	
LIN	**DRUG IDENTIFICATION**	X18		**1**	**S**	**2410**	**1**			**2410**		**LIN**		**1**	**18**	**1**
LIN01	Assigned Identification		AN	1-20	N/U											
LIN02	Product or Service ID Qualifier	X2	ID	2-2	R			N4						19	2	
LIN03	National Drug Code	X48	AN	1-48	R									21	48	
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											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
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											
LIN21	Product/Service ID		AN	1-48	N/U											
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											
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 QUANTITY**	X18		**1**	**R**	**2410**				**2410**		**CTP**		**1**	**18**	**1**
CTP01	Class of Trade Code		ID	2-2	N/U											
CTP02	Price Identifier Code		ID	3-3	N/U											
CTP03	Unit Price		R	1-17	N/U											
CTP04	National Drug Unit Count	05 NDUC-GROUP PIC X(15) 05 NDUC-GROUP-REDEF REDEFINES NDUC-GROUP 10 NDUC PIC 9(7)V999 10 NDUC-FILLER PIC X(5)	R	1-15	R									19	15	
CTP05	COMPOSITE UNIT OF MEASURE				R											
CTP05-1	Code Qualifier	X2	ID	2-2	R			F2, GR, ME, ML, UN						34	2	
CTP05-2	Exponent		R	1-15	N/U											
CTP05-3	Multiplier		R	1-10	N/U											
CTP05-4	Unit or Basis For Measurement Code		ID	2-2	N/U											
CTP05-5	Exponent		R	1-15	N/U											

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CTP05-6	Multiplier		R	1-10	N/U											
CTP05-7	Unit or Basis For Measurement Code		ID	2-2	N/U											
CTP05-8	Exponent		R	1-15	N/U											
CTP05-9	Multiplier		R	1-10	N/U											
CTP05-10	Unit or Basis For 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											
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 OR COMPOUND DRUG ASSOCIATION NUMBER**	X18		**1**	**S**	**2410**				**2410**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			VY, XZ						19	3	
REF02	Prescription Number	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				N/U											
NM1	**OPERATING PHYSICIAN NAME**	X18		**1**	**S**	**2420A**	**1**			**2420A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			72						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Last Name	X60	AN	1-60	R									23	60	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM104	First Name	X35	AN	1-35	S									83	35	
NM105	Middle Name	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Identifier	X80	AN	2-80	S									155	80	
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											
REF	**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**	X18		**20**	**S**	**2420A**				**2420A**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			OB, 1G, G2, LU						19	3	
REF02	Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				S											
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R			2U						72	3	
REF04-2	Identifier	X50	AN	1-50	R									75	50	
REF04-3	Reference Identification 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											
NM1	**OTHER OPERATING PHYSICIAN NAME**	X18		**1**	**S**	**2420B**	**1**			**2420B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			ZZ						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Last Name	X60	AN	1-60	R									23	60	
NM104	First Name	X35	AN	1-35	S									83	35	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM105	Middle Name	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											
NM107	Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Identifier	X80	AN	2-80	S									155	80	
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											
REF	**OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION**	X18		**20**	**S**	**2420B**				**2420B**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			OB, 1G, G2, LU						19	3	
REF02	Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				S											
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R			2U						72	3	
REF04-2	Identifier	X50	AN	1-50	R									75	50	
REF04-3	Reference Identification 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											
NM1	**RENDERING PROVIDER NAME**	X18		**1**	**S**	**2420C**	**1**			**2420C**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			82						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Rendering Provider Last or Organization Name	X60	AN	1-60	R									23	60	
NM104	Rendering Provider First Name	X35	AN	1-35	S									83	35	
NM105	Rendering Provider Middle Name	X25	AN	1-25	S									118	25	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM106	Name Prefix		AN	1-10	N/U											
NM107	Rendering Provider Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Rendering Provider Identifier	X80	AN	2-80	S									155	80	
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											
REF	**RENDERING PROVIDER SECONDARY IDENTIFICATION**	X18		**20**	**S**	**2420C**				**2420C**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			OB, 1G, G2, LU						19	3	
REF02	Rendering Provider Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				S											
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R			2U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R									75	50	
REF04-3	Reference Identification 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											
NM1	**REFERRING PROVIDER NAME**	X18		**1**	**S**	**2420D**	**2**			**2420D**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R			DN						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R			1						22	1	
NM103	Referring Provider Last Name	X60	AN	1-60	R									23	60	
NM104	Referring Provider First Name	X35	AN	1-35	S									83	35	
NM105	Referring Provider Middle Name or Initial	X25	AN	1-25	S									118	25	
NM106	Name Prefix		AN	1-10	N/U											

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Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
NM107	Referring Provider Name Suffix	X10	AN	1-10	S									143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S			XX						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	S									155	80	
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											
REF	**REFERRING PROVIDER SECONDARY IDENTIFICATION**	X18		**20**	**S**	**2420D**				**2420D**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R			OB, 1G, G2						19	3	
REF02	Referring Provider Secondary Identifier	X50	AN	1-50	R									22	50	
REF03	Description		AN	1-80	N/U											
REF04	REFERENCE IDENTIFIER				S											
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R			2U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R									75	50	
REF04-3	Reference Identification 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											
SVD	**LINE ADJUDICATION INFORMATION**	X18		**1**	**S**	**2430**	**15**			**2430**		**SVD**		**1**	**18**	**1**
SVD01	Other Payer Primary Identifier	X80	AN	2-80	R									19	80	
SVD02	Service Line Paid Amount	05 SLP-Amount-GROUP PIC X(10) 05 SLP-Amount-GROUP-REDEF REDEFINES SLP-Amount-GROUP 10 SLP-Amount PIC S9(8)V99	R	1-18	R									99	10	
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				S											
SVD03-1	Product or Service ID Qualifier	X2	ID	2-2	R			ER, HC, HP, IV, WK						109	2	
SVD03-2	Procedure Code	X48	AN	1-48	R									111	48	
SVD03-3	Procedure Modifier	X2	AN	2-2	S									159	2	

Attachment 1 - CR XXXX
For alternatr format, please contact the CR author
Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
SVD03-4	Procedure Modifier	X2	AN	2-2	S									161	2	
SVD03-5	Procedure Modifier	X2	AN	2-2	S									163	2	
SVD03-6	Procedure Modifier	X2	AN	2-2	S									165	2	
SVD03-7	Procedure Code Description	X80	AN	1-80	S									167	80	
SVD03-8	Product/Service ID		AN	1-48	N/U											
SVD04	Revenue Code	X48	AN	1-48	R									247	48	
SVD05	Paid Service Unit Count	05 PSUC-GROUP PIC X(15) 05 PSUC-GROUP-REDEF REDEFINES PSUC-GROUP 10 PSUC PIC 9(6)V9 10 PSUC-FILLER PIC X(8)	R	1-15	R									247	15	
SVD06	Bundled Line Number	05 BundledorUnbundledLineNumber-GROUP PIC X(6) 05 BundledorUnbundledLineNumber-GROUP-REDEF REDEFINES BundledorUnbundledLineNumber-GROUP 10 BundledorUnbundledLineNumber PIC 9(6)	N0	1-6	S									262	6	
CAS	**LINE ADJUSTMENT**	X18		**5**	**S**	**2430**				**2430**		**CAS**		**1**	**18**	**5**
CAS01	Claim Adjustment Group Code	X2	ID	1-2	R			CO, CR, OA, PI, PR						19	2	
CAS02	Adjustment Reason Code	X5	ID	1-5	R									21	5	
CAS03	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	R									26	10	
CAS04	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									36	15	
CAS05	Adjustment Reason Code	X5	ID	1-5	S									51	5	
CAS06	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									56	10	
CAS07	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									66	15	
CAS08	Adjustment Reason Code	X5	ID	1-5	S									81	5	

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837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
CAS09	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									86	10	
CAS10	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									96	15	
CAS11	Adjustment Reason Code	X5	ID	1-5	S									111	5	
CAS12	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									116	10	
CAS13	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									126	15	
CAS14	Adjustment Reason Code	X5	ID	1-5	S									141	5	
CAS15	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									146	10	
CAS16	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									156	15	
CAS17	Adjustment Reason Code	X5	ID	1-5	S									171	5	
CAS18	Adjustment Amount	05 Adjustment-Amount-GROUP PIC X(10) 05 Adjustment-Amount-GROUP-REDEF REDEFINES Adjustment-Amount-GROUP 10 Adjustment-Amount PIC S9(8)V99	R	1-18	S									176	10	
CAS19	Adjustment Quantity	05 Adjustment Quantity-GROUP PIC X(15) 05 Adjustment Quantity-GROUP-REDEF REDEFINES Adjustment Quantity-GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity-FILLER PIC X(8)	R	1-15	S									186	15	
DTP	**LINE CHECK OR REMITTANCE DATE**	X18		**1**	**R**	**2430**				**2430**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R			573						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R			D8						22	3	
DTP03	Adjudication or Payment Date	X35	AN	1-35	R			CCYYMMDD						25	35	

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Transaction Set ID: 837 Institutional
EDI Standards: ASC X12
Version/Release: 005010A2

837I 5010	AS OF Sep 14, 2010		X12 Element Attributes							X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop Repeat**	**Values**		**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
										6	4	4	4			
AMT	**REMAINING PATIENT LIABILITY**	X18		**1**	**S**	**2430**				**2430**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R			EAF						19	3	
AMT02	Remaining Patient Liability Amount	05 RRL-Amount-GROUP PIC X(10) 05 RRL-Amount-GROUP-REDEF REDEFINES RRL-Amount-GROUP 10 RRL-Amount PIC S9(8)V99	R	1-18	R									22	10	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U											
SE	**TRANSACTION SET TRAILER**	X18		**1**	**R**	___	**>1**					**SE**		**1**	**18**	**1**
SE01	Transaction Segment Count	9(10)	N0	1-10	R									19	10	
SE02	Transaction Set Control Number	X9	AN	4-9	R									29	9	
GE	**FUNCTION GROUP TRAILER**	X18		**1**	**R**	___	**1**					**GE**		**1**	**18**	**1**
GE01	Number of Transaction Sets Included	9(6)	N0	1-6	R									19	6	
GE02	Group Control Number	9(9)	N0	1-9	R									25	9	
IEA	**INTERCHANGE CONTROL TRAILER**	X18		**1**	**R**	___	**1**					**IEA**		**1**	**18**	**1**
IEA01	Number of Included Functional Groups	9(5)	N0	1-5	R									19	5	
IEA02	Interchange Control Number	9(9)	N0	9-9	R									24	9	

Date		Loop	Data Element		Change		Reason for Change
06/30/2008		-	ISA 11		1. Change Description 2. No Value		Changed in 5010. Repetition Separator is a delimeter and not a data element
06/30/2008		-	GS08		size is 12		was 10
08/10/2009		-	GS08		added A1		errata
06/30/2008		2320	CAS04		size is 15		was 7
06/30/2008		2320	CAS07		size is 15		was 7
06/30/2008		2300	CLM01		Description		per IG
06/30/2008		2320	MIA04		Description		per IG
08/12/2008		2300	CLM10		changed to N/U		per IG
08/12/2008		2300	CLM12		changed to N/U		per IG
08/14/2008		N/A	all amounts		Change length 18 to 10		per IG note
08/14/2008		2010BA	REF02 (SY)		Change length 50 to 9		per IG note
08/14/2008		2330A	REF02 (SY)		Change length 50 to 9		per IG note
08/14/2008		2300	REF (LX)		Change repeat to 5		per IG note
08/15/2008		N/A	N/A		Added draft control record		CMS processing
09/09/2008		2300	CLM20		updated start position		N/A
09/09/2008		2300	HCP02		size is 10		per IG note
09/09/2008		2320	OI06		updated start position		N/A
09/09/2008		2400	SV207		size is 10		per IG note
09/09/2008		2400	PWK01		updated start position		N/A
09/09/2008		N/A	N/A		Updated draft control record		CMS processing
09/09/2008		N/A	N/A		Created legend tab		N/A
11/17/2008		N/A	N/A		Added ICN REF		CMS processing
11/17/2008		N/A	N/A		Removed draft control record		CMS processing
12/15/2008		2410	CTP04		updated size (decimal)		N/A
12/15/2008		N/A	REF02		Added +PR values P, K, O		
12/15/2008		N/A	N/A		Deleted the 4010 comments and contents of columns Q through T		
02/17/2009		2300	HCP06		updated size		
02/24/2009		2400	HCP08		corrected usage		per IG
02/24/2009		2400	HCP09		corrected usage		per IG
02/24/2009		2400	HCP10		corrected usage		per IG
04/21/2009		N/A	N/A		added COBOL pics		
07/08/2009		N/A	N/A		Corrected pic clauses for all DT, TM, and N0 elements from alphanumeric to numeric		
07/08/2009		N/A	N/A		changed amounts from 10 back to 18		
08/10/2009		-	-		added STC Info Tab		

08/27/2009		N/A	all amounts		Change length 18 to 10		per 8/27/09 conf call with SSs and CEDI
08/27/2009		2300	HCP12		updated COBOL pic		per IG note
08/27/2009		2400	HCP12		updated COBOL pic		per IG note
08/27/2009		2410	CTP04		updated size		N/A
08/28/2009		N/A	N/A		Updated the STC error handling tab		per 8/27/09 conf call with SSs and CEDI
09/23/2009		N/A	N/A		Added clarifying COBOL PICs for all non-envelope R, N0, DT, and TM elements. **Note that the COBOL data names used are not meant to be valid COBOL data names to be used in COBOL programs/copybooks, but are provided to clarify the COBOL redefines direction.**		Per CMS COBOL redifines direction
09/28/2009		2430	SVD05		Fixed redefines		N/A
09/29/2009		2010AA	REF02 (EI)		Change length 50 to 9		per IG note
09/29/2009		2010AC	REF02 (EI)		Change length 50 to 9		per IG note
10/01/2009		N/A	N/A		Changed +PR and +CN internal REF02 lengths to 50		N/A
10/01/2009		2300	HCP12		updated COBOL pic redefines		N/A
10/01/2009		2400	HCP12		updated COBOL pic redefines		N/A
10/01/2009		N/A	N/A		Added COBOL PIC clauses to DTP and REF internal segments		N/A
10/01/2009		2400	SV205		Fixed redefines		N/A
07/29/2010		2400	SV205		changed to 9(6)V9		CR7065
08/10/2010		N/A	N/A		added a dash to all RD8 formats		Per TR3
09/09/2010		-	GS08		updated for A2		A2 errata
09/09/2010		2010BA	NM108		changed to situational		A2 errata
09/09/2010		2010BA	NM109		changed to situational		A2 errata
09/09/2010		2010BA	N4		changed to situational		A2 errata
09/09/2010		2010BB	N4		changed to situational		A2 errata
09/09/2010		2010CA	REF		new segment		A2 errata
09/09/2010		2300	CL101		changed to required		A2 errata
09/09/2010		2330A	N4		changed to situational		A2 errata
09/09/2010		2330B	N4		changed to situational		A2 errata
09/09/2010		2430	SVD03		changed to situational		A2 errata
09/09/2010		2430	SVD04		changed to required		A2 errata
09/14/2010		2010AA	REF02		changed to 50		consistency
09/14/2010		2010AC	REF02		changed to 50		consistency

09/14/2010		2010BA	REF02		changed to 50		consistency
09/14/2010		2300	REF02 (D9)		changed to 50		consistency
09/14/2010		2330A	REF02		changed to 50		consistency
09/14/2010		2400	REF02 (6R)		changed to 50		consistency
09/14/2010		2430	SVD05		changed to 9(6)V9		CR7065

Element Identifier	This field contains the segment or element identifier
Description	This field indicates the element name or the industry name describing the element
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. An identifier is always left justified. The representation for this data element type is "ID".
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant chracters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters.Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. The representation for this data element type is "AN".
R (decimal)	A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R". The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example commas in 1,000,000) is expressly prohibited. The length of a decimal type element does not include the optional leading sign or decimal point.
TM (time)	A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00-23), MM is the minute (00-59), SS is the second (00-59), and d..d is decimal seconds. The representation for this data element type is "TM". The length of the data element determines the format of the transmitted time.
DT (date)	A date data element is used to express the standard date is either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01-12), and DD is the day in the month (01-31). The representation for this data element type is "DT".
Min. Max.	This field identifies the minimum and maximum size of a data element (ie. A value of 1-2 means the element can be either 1 byte or 2 bytes. A value of 5-5 means that the element must be 5 bytes).
Usage Reg.	The field indicates whether a segment or element is REQUIRED, SITUATIONAL, or NOT USED
Loop	This field contains the loop ID, if applicable.
Loop Repeat	This field contains the value indicating the number of times the loop may be repeated.
Values	This field contains the value or values which can be submitted in this element.
Loop ID	Loop ID (6 bytes) - This field contain positions 1 through 6 of the 18 byte record key used to identify the loop when used as a record key in a computer program (ie. "2010AA"). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Loop Seq.	Loop Seq. (4 bytes) - This field contain positions 7 through 10 of the 18 byte record key used to identify the numeric sequence of the loop when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Seg. ID	Seq. ID (4 bytes) - This field contains positions 11 through 14 of the 18 byte record key used to identify the segment when used as a record key in a computer program (ie."REF "). Left justify and space fill. Note: the total size of the record key is 18 bytes.

Seg. Seq.	Seg. Seq.(4 bytes) - This field contains positions 15 through 18 of the 18 byte record key used to identify the numeric sequence of the segment when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Start	This field shows the data element's starting position within the record.
Length	This field shows the data element's length with the record.
Record Repeat	If the record repeats, this field indicates the number of times the record may repeat.

Excerpt from original 837I from the provider	Errors
CLM>PARTA>**92.511**>>>11+A+1>Y>Y> DTP>434>RD8>20090701-20090701 CL1>7>30 REF>D9>CLEARINGHOUSEID HI>ABK+J020 NM1>71>1>KAHN>BEN>>>>XX>NNNNNNNNNN PRV>PE>PXC>203BF0100Y NM1>77>2>ABBEY MEMORIAL>>>>>XX>NNNNNNNNNN N3>9999A STEVE D SMITHY AVE N4>LOS ANGELES>CA>**90033-2414** LX>1 SV2>0300>HC+99201>65.00>UN>1 DTP>472>D8>20090701 REF>6R>1 LX>2 SV2>0300>HC+87880>33.50>UN>1 DTP>472>D8>20090701 REF>6R>2	• CLM02 has t • • • • • N403 has an • • •

Sample segments from Flat File from the COTS translator to CEM with the new STC records identifyi

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
================================================================================
2300  0001CLM 0120PARTA              000000521A        11B 1YAYYP
2300  0001STC 0120A7   697     20090819U 000000925AA7   178
2310C 0001N4  0127LOS ANGELES                  CA90033-2414
2310C 0001STC 0127A7   500  77 20090819U 000000925A
```

Flat File definition for the STC error records. These records are added after any segment that has er

STC	Description	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start
		6	**4**	**4**	**4**	
				STC		1
STC01-1	**Claim Status Category Code**					**19**
STC01-2	**Claim Status Code**					**24**
STC01-3	**Entity Identifier Code**					**29**
STC01-4	**Not Used**					
STC02	**Status Info Effective Date**					**32**

STC03	Action Code					40
STC04	Submitted Charges for					42
STC05	Not Used					
STC06	Not Used					
STC07	Not Used					
STC08	Not Used					
STC09	Not Used					
STC10-1	Claim Status Category Code					52
STC10-2	Claim Status Code					57
STC10-3	Entity Identifier Code					62
STC10-4	Not Used					
STC11-1	Claim Status Category Code					65
STC11-2	Claim Status Code					70
STC11-3	Entity Identifier Code					75
STC11-4	Not Used					
STC12	Not Used					

999 Example

ST>999>000000001>005010X231~
AK1>HC>000000001>005010X223A1~
AK2>837>000000001>005010X223A1~
IK3>CLM>120>>8~
IK4>2>782>I12>92.511~
IK3>N4>127>>8~
IK4>3>116>6>90033-2414~
AK5>E~
AK9>E>1>1>1~
SE>10>000000001~

277CA Example

ST>277>000000001>005010X214~
BHT>0085>08>BATCH0001>20090721>1350>TH~
HL>1>>20>1~
NM1>PR>2>J1 MEDICARE 'A' - CA. HI. NV>>>>>PI>PPPPP~

TRN>1>SOURCETR0001~
DTP>050>D8>20090721~
DTP>009>D8>20090721~
HL>2>1>21>1~
NM1>41>2>ABBEY MEMORIAL MEDICAL CLN>>>>>46>NNNNNNNNNN~
TRN>2>0123~
STC>A1+19>20090721>WQ>1597.36~
QTY>90>23~
QTY>AA>1~
AMT>YU>1504.86~
AMT>YY>
HL>3>2>19>1~
NM1>85>2>ABBEY MEMORIAL MEDICAL CLN>>>>>XX>NNNNNNNNNN~
HL>4>3>PT~
NM1>QC>1>TEST>PART>A>>JR.>MI>111111111F~
TRN>2>PARTA~
STC>A7+697>20090721>U>92.51>>>>>>A7+178~
STC>A7+500+77>20090721>U>92.51~
STC>A7+400>20090721>U>92.51~
REF>D9>CLEARINGHOUSEID~
DTP>472>D8>20090701~
SE>23>000000001~

Notes:

1. The first STC was generated by the CEM for claim being out of balance. This is not
2. Second and third STC were generated from the STC records passed to the CEM fro

:oo many decimal positions A7 - Acknowledgement/Rejected for Invalid Information 697 - Invalid Decimal Precision A7 - Acknowledgement/Rejected for Invalid Information 178 - Submitted charges invalid character (dash) in the postal code A7 - Acknowledgement/Rejected for Invalid Information 500 - Entity's Postal/Zip Code 77 - Service Location

ng the errors:

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rors which are being passed from the COTS translator to the CEM.

Length	Record Repeat	Picture
18	>1	
5		**X(5)**
5		**X(5)**
3		**X(3)**
8		**9(8)**

2		X(2)
10		S9(8)V99
5		X(5)
5		X(5)
3		X(3)
5		X(5)
5		X(5)
3		X(3)

found by the COTS translator.
m the COTS translator.

Transaction Set ID: 837 Professional
EDI Standards: ASC X12
Version/Release: 005010
Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
ISA	**INTERCHANGE CONTROL HEADER**			**1**	**R**	___			**ISA**		**1**	**18**	**1**
ISA01	Authorization Information Qualifier	X2	ID	2-2	R						19	2	
ISA02	Authorization Information	X10	AN	10-10	R						21	10	
ISA03	Security Information Qualifier	X2	ID	2-2	R						31	2	
ISA04	Security Information	X10	AN	10-10	R						33	10	
ISA05	Interchange ID Qualifier	X2	ID	2-2	R						43	2	
ISA06	Interchange Sender ID	X15	AN	15-15	R						45	15	
ISA07	Interchange ID Qualifier	X2	ID	2-2	R						60	2	
ISA08	Interchange Receiver ID	X15	AN	15-15	R						62	15	
ISA09	Interchange Date	9(6)	DT	6-6	R						77	6	
ISA10	Interchange Time	9(4)	TM	4-4	R						83	4	
ISA11	Repetition Separator	X1		1-1	R						87	1	
ISA12	Interchange Control Version Number	X5	ID	5-5	R						88	5	
ISA13	Interchange Control Number	9(9)	N0	9-9	R						93	9	
ISA14	Acknowledgement Requested	X1	ID	1-1	R						102	1	
ISA15	Interchange Usage Indicator	X1	ID	1-1	R						103	1	
ISA16	Component Element Separator	X1		1-1	R						104	1	
GS	**FUNCTIONAL GROUP HEADER**			**1**	**R**	___			**GS**		**1**	**18**	**1**
GS01	Functional Identifier Code	X2	ID	2-2	R						19	2	
GS02	Application Sender Code	X15	AN	2-15	R						21	15	
GS03	Application Receiver Code	X15	AN	2-15	R						36	15	
GS04	Date	9(8)	DT	8-8	R						51	8	
GS05	Time	9(8)	TM	4-8	R						59	8	
GS06	Group Control Number	9(9)	N0	1-9	R						67	9	

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EDI Standards: ASC X12
Version/Release: 005010
Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
GS07	Responsible Agency Code	X2	ID	1-2	R						76	2	
GS08	Version/Release/Industry Identifier Code	X12	AN	1-12	R						78	12	
									DTP		1	18	**1**
		X3							DTP01	Value +RC	19	3	
		X3							DTP02	Value D8	22	3	
		X35							DTP03	CCYYMMDD	25	35	
									REF		**1**	**18**	1
		X3							REF01	Value +PR	19	3	
		X50							REF02		22	50	
		X3									72	3	
		X50									75	50	
ST	**TRANSACTION SET HEADER**			**1**	**R**	___			**ST**		**1**	**18**	**1**
ST01	Transaction Set Identifier Code	X3	ID	3-3	R						19	3	
ST02	Transaction Set Control Number	X9	AN	4-9	R						22	9	
ST03	Implementation Guide Version Name	X12	AN	1-35	R						31	12	
BHT	**Beginning of Hierarchical Transaction**			**1**	**R**	___			**BHT**		**1**	**18**	**1**
BHT01	Hierarchical Structure Code	X4	ID	4-4	R						19	4	
BHT02	Transaction Set Purpose Code	X2	ID	2-2	R						23	2	
BHT03	Originator Application Transaction ID	X30	AN	1-50	R						25	30	

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EDI Standards: ASC X12
Version/Release: 005010
Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
BHT04	Transaction Set Creation Date	05 Transaction Set Creation Date -GROUP PIC X(8) 05 Transaction Set Creation Date -GROUP-REDEF REDEFINES Transaction Set Creation Date -GROUP 10 Transaction Set Creation Date PIC 9(8)	DT	8-8	R						55	8	
BHT05	Transaction Set Creation Time	05 Transaction Set Creation Time -GROUP PIC X(8) 05 Transaction Set Creation Time -GROUP-REDEF REDEFINES Transaction Set Creation Time -GROUP 10 Transaction Set Creation Time PIC 9(8)	TM	4-8	R						63	8	
BHT06	Claim or Encounter ID	X2	ID	2-2	R						71	2	
NM1	**SUBMITTER NAME**			**1**	**R**	**1000A**	**1000A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Submitter Last or Organization Name	X60	AN	1-60	R						23	60	
NM104	Submitter First Name	X35	AN	1-35	S						83	35	
NM105	Submitter Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R						153	2	
NM109	Submitter Identifier	X80	AN	2-80	R						155	80	
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								
PER	**SUBMITTER EDI CONTACT INFORMATION**			**2**	**R**	**1000A**	**1000A**		**PER**		**1**	**18**	**2**
PER01	Contact Function Code	X2	ID	2-2	R						19	2	
PER02	Submitter Contact Name	X60	AN	1-60	S						21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R						81	2	
PER04	Communication Number	X256	AN	1-256	R						83	256	
PER05	Communication Number Qualifier	X2	ID	2-2	S						339	2	
PER06	Communication Number	X256	AN	1-256	S						341	256	

Transaction Set ID: 837 Professional
EDI Standards: ASC X12
Version/Release: 005010
Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
PER07	Communication Number Qualifier	X2	ID	2-2	S						597	2	
PER08	Communication Number	X256	AN	1-256	S						599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U								
NM1	**RECEIVER NAME**			**1**	**R**	**1000B**	**1000B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Receiver Name	X60	AN	1-60	R						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R						153	2	
NM109	Receiver Primary Identifier	X80	AN	2-80	R						155	80	
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								
HL	**BILLING PROVIDER HIERARCHICAL LEVEL**			**1**	**R**	**2000A**	**2000A**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	X12	AN	1-12	R						19	12	
HL02	Hierarchical Parent ID Number	X12	AN	1-12	N/U						31	12	
HL03	Hierarchical Level Code	X2	ID	1-2	R						43	2	
HL04	Hierarchical Child Code	X1	ID	1-1	R						45	1	
PRV	**BILLING PROVIDER SPECIALTY INFORMATION**			**1**	**S**	**2000A**	**2000A**		**PRV**		**1**	**18**	**1**
PRV01	Provider Code	X3	ID	1-3	R						19	3	

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EDI Standards: ASC X12
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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
PRV02	Reference Identification Qualifier	X3	ID	2-3	R						22	3	
PRV03	Provider Taxonomy Code	X50	AN	1-50	R						25	50	
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								
CUR	**FOREIGN CURRENCY INFORMATION**			**1**	**S**	**2000A**	**2000A**		**CUR**		**1**	**18**	**1**
CUR01	Entity Identifier Code	X3	ID	2-3	R						19	3	
CUR02	Currency Code	X3	ID	3-3	R						22	3	
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		ID	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		ID	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		DT	8-8	N/U								
CUR18	Time		TM	4-8	N/U								
CUR19	Date/Time Qualifier		ID	3-3	N/U								

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EDI Standards: ASC X12
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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CUR20	Date		DT	8-8	N/U								
CUR21	Time		TM	4-8	N/U								
NM1	**Billing Provider Name**			**1**	**R**	**2010AA**	**2010AA**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Billing Provider Last or Organizational Name	X60	AN	1-60	R						23	60	
NM104	Billing Provider First Name	X35	AN	1-35	S						83	35	
NM105	Billing Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Billing Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Billing Provider Identifier	X80	AN	2-80	S						155	80	
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	**BILLING PROVIDER ADDRESS**			**1**	**R**	**2010AA**	**2010AA**		**N3**		**1**	**18**	**1**
N301	Billing Provider Address Line	X55	AN	1-55	R						19	55	
N302	Billing Provider Address Line	X55	AN	1-55	S						74	55	
N4	**BILLING PROVIDER CITY/STATE/ZIP CODE**			**1**	**R**	**2010AA**	**2010AA**		**N4**		**1**	**18**	**1**
N401	Billing Provider City Name	X30	AN	2-30	R						19	30	
N402	Billing Provider State or Province Code	X2	ID	2-2	S						49	2	
N403	Billing Provider Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Country Code	X3	ID	2-3	S						66	3	

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
REF	**BILLING PROVIDER TAX IDENTIFICATION**			**1**	**R**	**2010AA**	**2010AA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Billing Provider Tax Identification Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**BILLING PROVIDER UPON/LICENSE INFORMATION**			**2**	**S**	**2010AA**	**2010AA**		**REF**		**1**	**18**	**2**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Billing Provider License and/or UPIN Information	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification Qualifier		ID	2-3	N/U								
REF04-4	Reference Identification		AN	1-50	N/U								

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EDI Standards: ASC X12
Version/Release: 005010
Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-5	Reference Identification Qualifier		ID	2-3	N/U								
REF04-6	Reference Identification		AN	1-50	N/U								
PER	**BILLING PROVIDER CONTACT INFORMATION**			**2**	**S**	**2010AA**	**2010AA**		**PER**		**1**	**18**	**2**
PER01	Contact Function Code	X2	ID	2-2	R						19	2	
PER02	Billing Provider Contact Name	X60	AN	1-60	S						21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R						81	2	
PER04	Communication Number	X256	AN	1-256	R						83	256	
PER05	Communication Number Qualifier	X2	ID	2-2	S						339	2	
PER06	Communication Number	X256	AN	1-256	S						341	256	
PER07	Communication Number Qualifier	X2	ID	2-2	S						597	2	
PER08	Communication Number	X256	AN	1-256	S						599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U								
NM1	**PAY-TO ADDRESS NAME**			**1**	**S**	**2010AB**	**2010AB**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Pay-to Provider Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Pay-to Provider First Name	X35	AN	1-35	N/U						83	35	
NM105	Pay-to Provider Middle Name	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Pay-to Provider Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Pay-to Provider Identifier	X80	AN	2-80	N/U						155	80	
NM110	Entity Relationship Code		ID	2-2	N/U								
NM111	Entity Identifier Code		ID	2-3	N/U								

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EDI Standards: ASC X12
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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM112	Name Last or Organization Name		AN	1-60	N/U								
N3	**PAY-TO PROVIDER ADDRESS**			**1**	**R**	**2010AB**	**2010AB**		**N3**		**1**	**18**	**1**
N301	Pay-to Address Line	X55	AN	1-55	R						19	55	
N302	Pay-to Address Line	X55	AN	1-55	S						74	55	
N4	**PAY-TO PROVIDER CITY/STATE/ZIP CODE**			**1**	**R**	**2010AB**	**2010AB**		**N4**		**1**	**18**	**1**
N401	Pay-to Address City Name	X30	AN	2-30	R						19	30	
N402	Pay-to Address State Code	X2	ID	2-2	S						49	2	
N403	Pay-to Address Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Pay-to Address Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
NM1	**PAY TO PLAN NAME**			**1**	**S**	**2010AC**	**2010AC**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Pay to Plan Organizational Name	X60	AN	1-60	R						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R						153	2	
NM109	Pay to Plan Primary ID	X80	AN	2-80	R						155	80	
NM110	Entity Relationship Code		ID	2-2	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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**	**2010AC**		**N3**		**1**	**18**	**1**
N301	Pay-to Plan Address Line	X55	AN	1-55	R						19	55	
N302	Pay-to Plan Address Line	X55	AN	1-55	S						74	55	
N4	**PAY-TO PLAN CITY/STATE/ZIP CODE**			**1**	**R**	**2010AC**	**2010AC**		**N4**		**1**	**18**	**1**
N401	Pay-to Plan City Name	X30	AN	2-30	R						19	30	
N402	Pay-to Plan State or Province Code	X2	ID	2-2	S						49	2	
N403	Pay-to Plan Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Pay-to Plan Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
REF	**PAY-TO PLAN SECONDARY IDENTIFICATION**			**1**	**S**	**2010AC**	**2010AC**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Pay- To Plan Secondary ID	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-6	Reference Identification		AN	1-50	N/U								
REF	**PAY-TO PLAN TAX IDENTIFICATION**			**1**	**R**	**2010AC**	**2010AC**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Pay-To Plan Tax ID Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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**	**2000B**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	X12	AN	1-12	R						19	12	
HL02	Hierarchical Parent ID Number	X12	AN	1-12	R						31	12	
HL03	Hierarchical Level Code	X2	ID	1-2	R						43	2	
HL04	Hierarchical Child Code	X1	ID	1-1	R						45	1	
SBR	**SUBSCRIBER INFORMATION**			**1**	**R**	**2000B**	**2000B**		**SBR**		**1**	**18**	**1**
SBR01	Payer Responsibility Sequence Number Code	X1	ID	1-1	R						19	1	
SBR02	Individual Relationship Code	X2	ID	2-2	S						20	2	
SBR03	Subscriber Group or Policy Number	X50	AN	1-50	S						22	50	
SBR04	Subscriber Group Name	X60	AN	1-60	S						72	60	
SBR05	Insurance Type Code	X3	ID	1-3	S						132	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
SBR06	Coordination of Benefits Code		ID	1-1	N/U								
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U								
SBR08	Employment Status Code		ID	2-2	N/U								
SBR09	Claim Filing Indicator Code	X2	ID	1-2	S						135	2	
PAT	**PATIENT INFORMATION**			**1**	**S**	**2000B**	**2000B**		**PAT**		**1**	**18**	**1**
PAT01	Individual Relationship Code	X2	ID	2-2	N/U						19	2	
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								
PAT05	Date Time Period Format Qualifier	X3	ID	2-3	S						21	3	
PAT06	Patient Death Date	X35	AN	1-35	S						24	35	
PAT07	Unit or Basis for Measurement Code	X2	ID	2-2	S						59	2	
PAT08	Patient Weight	05 Patient Weight -GROUP PIC X(10) 05 Patient Weight -GROUP-REDEF REDEFINES Patient Weight - GROUP 10 Patient Weight PIC 9(4)V99 10 Patient Weight -FILLER PIC X(4)	R	1-10	S						61	10	
PAT09	Pregnancy Indicator	X1	ID	1-1	S						71	1	
NM1	**SUBSCRIBER NAME**			**1**	**R**	**2010BA**	**2010BA**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Subscriber Last Name	X60	AN	1-60	R						23	60	
NM104	Subscriber First Name	X35	AN	1-35	S						83	35	
NM105	Subscriber Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Subscriber Name Suffix	X10	AN	1-10	S						143	10	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Subscriber Primary Identifier	X80	AN	2-80	S						155	80	
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	**SUBSCRIBER ADDRESS**			**1**	**S**	**2010BA**	**2010BA**		**N3**		**1**	**18**	**1**
N301	Subscriber Address Line	X55	AN	1-55	R						19	55	
N302	Subscriber Address Line	X55	AN	1-55	S						74	55	
N4	**SUBSCRIBER CITY/STATE/ZIP CODE**			**1**	**S**	**2010BA**	**2010BA**		**N4**		**1**	**18**	**1**
N401	Subscriber City Name	X30	AN	2-30	R						19	30	
N402	Subscriber State Code	X2	ID	2-2	S						49	2	
N403	Subscriber Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Subscriber Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
DMG	**SUBSCRIBER DEMOGRAPHIC INFORMATION**			**1**	**S**	**2010BA**	**2010BA**		**DMG**		**1**	**18**	**1**
DMG01	Date Time Period Format Qualifier	X3	ID	2-3	R						19	3	
DMG02	Subscriber Birth Date	X35	AN	1-35	R						22	35	
DMG03	Subscriber Gender Code	X1	ID	1-1	R						57	1	
DMG04	Marital Status Code		ID	1-1	N/U								
DMG05	Race or Ethnicity Code				N/U								
DMG06	Citizenship Status Code		ID	1-2	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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								
DMG10	Code List Qualifier Code		ID	1-3	N/U								
DMG11	Industry Code		AN	1-30	N/U								
REF	**SUBSCRIBER SECONDARY IDENTIFICATION**			**1**	**S**	**2010BA**	**2010BA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Subscriber Supplemental Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**PROPERTY AND CASUALTY CLAIM NUMBER**			**1**	**S**	**2010BA**	**2010BA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Property Casualty Claim Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-3	Reference Identification 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								
PER	**PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION**			**1**	**S**	**2010BA**	**2010BA**		**PER**		**1**	**18**	**1**
PER01	Contact Function Code	X2	ID	2-2	R						19	2	
PER02	Property and Casuality Subscriber	X60	AN	1-60	S						21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R						81	2	
PER04	Communication Number	X256	AN	1-256	R						83	256	
PER05	Communication Number Qualifier	X2	ID	2-2	S						339	2	
PER06	Communication Number	X256	AN	1-256	S						341	256	
PER07	Communication Number Qualifier	X2	ID	2-2	N/U						597	2	
PER08	Communication Number	X256	AN	1-256	N/U						599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U								
NM1	**PAYER NAME**			**1**	**R**	**2010BB**	**2010BB**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Payer Name	X60	AN	1-60	R						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R						153	2	
NM109	Payer Identifier	X80	AN	2-80	R						155	80	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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	**PAYER ADDRESS**			**1**	**S**	**2010BB**	**2010BB**		**N3**		**1**	**18**	**1**
N301	Payer Address Line	X55	AN	1-55	R						19	55	
N302	Payer Address Line	X55	AN	1-55	S						74	55	
N4	**PAYER CITY/STATE/ZIP CODE**			**1**	**S**	**2010BB**	**2010BB**		**N4**		**1**	**18**	**1**
N401	Payer City Name	X30	AN	2-30	R						19	30	
N402	Payer State Code	X2	ID	2-2	S						49	2	
N403	Payer Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Payer Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
REF	**PAYER SECONDARY IDENTIFICATION**			**3**	**S**	**2010BB**	**2010BB**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Payer Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification Qualifier		ID	2-3	N/U								
REF04-4	Reference Identification		AN	1-50	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-5	Reference Identification Qualifier		ID	2-3	N/U								
REF04-6	Reference Identification		AN	1-50	N/U								
REF	**BILLING PROVIDER SECONDARY IDENTIFICATION**			**2**	**S**	**2010BB**	**2010BB**		**REF**		**1**	**18**	**2**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Billing Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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	**PATIENT HIERARCHICAL LEVEL**			**1**	**S**	**2000C**	**2000C**		**HL**		**1**	**18**	**1**
HL01	Hierarchical ID Number	X12	AN	1-12	R						19	12	
HL02	Hierarchical Parent ID Number	X12	AN	1-12	R						31	12	
HL03	Hierarchical Level Code	X2	ID	1-2	R						43	2	
HL04	Hierarchical Child Code	X1	ID	1-1	R						45	1	
PAT	**PATIENT INFORMATION**			**1**	**R**	**2000C**	**2000C**		**PAT**		**1**	**18**	**1**
PAT01	Individual Relationship Code	X2	ID	2-2	R						19	2	
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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
PAT05	Date Time Period Format Qualifier	X3	ID	2-3	S						21	3	
PAT06	Patient Death Date	X35	AN	1-35	S						24	35	
PAT07	Unit or Basis for Measurement Code	X2	ID	2-2	S						59	2	
PAT08	Patient Weight	05 Patient Weight -GROUP-REDEF REDEFINES Patient Weight - GROUP 10 Patient Weight PIC 9(4)V99 10 Patient Weight -FILLER PIC X(4)	R	1-10	S						61	10	
PAT09	Pregnancy Indicator	X1	ID	1-1	S						71	1	
NM1	**PATIENT NAME**			**1**	**R**	**2010CA**	**2010CA**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Patient Last Name	X60	AN	1-60	R						23	60	
NM104	Patient First Name	X35	AN	1-35	S						83	35	
NM105	Patient Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Patient Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Patient Primary Identifier	X80	AN	2-80	N/U						155	80	
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	**PATIENT ADDRESS**			**1**	**R**	**2010CA**	**2010CA**		**N3**		**1**	**18**	**1**
N301	Patient Address Line	X55	AN	1-55	R						19	55	
N302	Patient Address Line	X55	AN	1-55	S						74	55	
N4	**PATIENT CITY/STATE/ZIP CODE**			**1**	**R**	**2010CA**	**2010CA**		**N4**		**1**	**18**	**1**

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
N401	Patient City Name	X30	AN	2-30	R						19	30	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
N402	Patient State Code	X2	ID	2-2	S						49	2	
N403	Patient Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Patient Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
DMG	**PATIENT DEMOGRAPHIC INFORMATION**			**1**	**R**	**2010CA**	**2010CA**		**DMG**		**1**	**18**	**1**
DMG01	Date Time Period Format Qualifier	X3	ID	2-3	R						19	3	
DMG02	Patient Birth Date	X35	AN	1-35	R						22	35	
DMG03	Patient Gender Code	X1	ID	1-1	R						57	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	Basis of Verification Code		ID	1-2	N/U								
DMG09	Quantity		R	1-15	N/U								
DMG10	Code List Qualifier Code		ID	1-3	N/U								
DMG11	Industry Code		AN	1-30	N/U								
REF	**PROPERTY AND CASUALTY CLAIM NUMBER**			**1**	**S**	**2010CA**	**2010CA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Property Casualty Claim Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**PROPERTY AND CASUALTY PATIENT IDENTIFIER**			**1**	**S**	**2010CA**	**2010CA**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Property Casualty Patient Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
PER	**PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION**			**1**	**S**	**2010CA**	**2010CA**		**PER**		**1**	**18**	**1**
PER01	Contact Function Code	X2	ID	2-2	R						19	2	
PER02	Property and Casuality Patient	X60	AN	1-60	S						21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R						81	2	
PER04	Communication Number	X256	AN	1-256	R						83	256	
PER05	Communication Number Qualifier	X2	ID	2-2	S						339	2	
PER06	Communication Number	X256	AN	1-256	S						341	256	
PER07	Communication Number Qualifier	X2	ID	2-2	N/U						597	2	
PER08	Communication Number	X256	AN	1-256	N/U						599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U								
CLM	**CLAIM INFORMATION**			**1**	**R**	**2300**	**2300**		**CLM**		**1**	**18**	**1**
CLM01	Patient Account Number	X20	AN	1-38	R						19	20	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CLM02	Total Claim Charge Amount	05 Total Claim Charge Amount -GROUP PIC X(18) 05 Total Claim Charge Amount -GROUP-REDEF REDEFINES Total Claim Charge Amount -GROUP 10 Total Claim Charge Amount PIC S9(5)V99 10 Total Claim Charge Amount -FILLER PIC X(11)	R	1-18	R						39	18	
CLM03	Claim Filing Indicator Code		ID	1-2	N/U								
CLM04	Non-Institutional Claim Type Code		ID	1-2	N/U								
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION				R								
CLM05-1	Place of Service Code	X2	AN	1-2	R						57	2	
CLM05-2	Facility Code Qualifier	X2	ID	1-2	R						59	2	
CLM05-3	Claim Frequency Code	X1	ID	1-1	R						61	1	
CLM06	Provider or Supplier Signature Indicator	X1	ID	1-1	R						62	1	
CLM07	Assignment or Plan Participation Code	X1	ID	1-1	R						63	1	
CLM08	Benefits Assignment Certification Indicator	X1	ID	1-1	R						64	1	
CLM09	Release of Information Code	X1	ID	1-1	R						65	1	
CLM10	Patient Signature Source Code	X1	ID	1-1	S						66	1	
CLM11	RELATED CAUSES INFORMATION				S								
CLM11-1	Related Causes Code	X3	ID	2-3	R						67	3	
CLM11--2	Related Causes Code	X3	ID	2-3	S						70	3	
CLM11-3	Related Causes Code		ID	2-3	N/U								
CLM11-4	Auto Accident State or Province Code	X2	ID	2-2	S						73	2	
CLM11-5	Country Code	X3	ID	2-3	S						75	3	
CLM12	Special Program Indicator	X3	ID	2-3	S						78	3	
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	Participation Agreement		ID	1-1	N/U								
CLM17	Claim Status Code		ID	1-2	N/U								
CLM18	Yes/No Condition or Response Code		ID	1-1	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
CLM19	Claim Submission Reason Code		ID	2-2	N/U								
CLM20	Delay Reason Code	X2	ID	1-2	S						81	2	
DTP	**DATE - ONSET OF CURRENT ILLNESS/SYMPTOM**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Onset of Current Illness or Injury Date	X35	AN	1-35	R						25	35	
DTP	**DATE - INITIAL TREATMENT**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Initial Treatment Date	X35	AN	1-35	R						25	35	
DTP	**DATE - LAST SEEN DATE**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Last Seen Date	X35	AN	1-35	R						25	35	
DTP	**DATE - ACUTE MANIFESTATION**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Acute Manifestation Date	X35	AN	1-35	R						25	35	
DTP	**DATE - ACCIDENT**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
DTP03	Accident Date	X35	AN	1-35	R						25	35	
DTP	**DATE - LAST MENSTRUAL PERIOD**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Last Menstrual Period Date	X35	AN	1-35	R						25	35	
DTP	**DATE - LAST X-RAY DATE**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Last X-Ray Date	X35	AN	1-35	R						25	35	
DTP	**DATE - HEARING AND VISION PRESCRIPTION DATE**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Prescription Date	X35	AN	1-35	R						25	35	
DTP	**DATE - DISABILITY DATES**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Disability From Date	X35	AN	1-35	R						25	35	
DTP	**DATE - LAST WORKED**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
DTP03	Last Worked Date	X35	AN	1-35	R						25	35	
DTP	**DATE - AUTHORIZED RETURN TO WORK**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Work Return Date	X35	AN	1-35	R						25	35	
DTP	**DATE - ADMISSION**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Related Hospitalization Admission Date	X35	AN	1-35	R						25	35	
DTP	**DATE - DISCHARGE**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Related Hospitalization Discharge Date	X35	AN	1-35	R						25	35	
DTP	**DATE - ASSUMED AND RELINQUISHED CARE DATES**			**2**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**2**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Assumed or Relinquished Care Date	X35	AN	1-35	R						25	35	
DTP	**DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Property and Casualty First Contact Date	X35	AN	1-35	R						25	35	
DTP	**DATE - REPRICER RECEIVED DATE**			**1**	**S**	**2300**	**2300**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Repricer Received Date	X35	AN	1-35	R						25	35	
PWK	**CLAIM SUPPLEMENTAL INFORMATION**			**10**	**S**	**2300**	**2300**		**PWK**		**1**	**18**	**10**
PWK01	Attachment Report Type Code	X2	ID	2-2	R						19	2	
PWK02	Attachment Transmission Code	X2	ID	1-2	R						21	2	
PWK03	Report Copies Needed		N0	1-2	N/U								
PWK04	Entity Identifier Code		ID	2-3	N/U								
PWK05	Identification Code Qualifier	X2	ID	1-2	S						23	2	
PWK06	Attachment Control Number	X50	AN	2-80	S						25	50	
PWK07	Description		AN	1-80	N/U								
PWK08	ACTIONS INDICATED				N/U								
PWK09	Request Category Code		ID	1-2	N/U								
CN1	**CONTRACT INFORMATION**			**1**	**S**	**2300**	**2300**		**CN1**		**1**	**18**	**1**
CN101	Contract Type Code	X2	ID	2-2	R						19	2	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
CN102	Contract Amount	05 Contract Amount -GROUP PIC X(18) 05 Contract Amount -GROUP-REDEF REDEFINES Contract Amount -GROUP 10 Contract Amount PIC S9(5)V99 10 Contract Amount -FILLER PIC X(11)	R	1-18	S						21	18	
CN103	Contract Percentage	05 Contract Percentage -GROUP PIC X(6) 05 Contract Percentage -GROUP-REDEF REDEFINES Contract Percentage -GROUP 10 Contract Percentage PIC 9(2)V99 10 Contract Percentage -FILLER PIC X(2)	R	1-6	S						39	6	
CN104	Contract Code	X50	AN	1-50	S						45	50	
CN105	Terms Discount Percent	05 Terms Discount Percent -GROUP PIC X(6) 05 Terms Discount Percent -GROUP-REDEF REDEFINES Terms Discount Percent -GROUP 10 Terms Discount Percent PIC 9(2)V99 10 Terms Discount Percent -FILLER PIC X(2)	R	1-6	S						95	6	
CN106	Contract Version Identifier	X30	AN	1-30	S						101	30	
AMT	**PATIENT AMOUNT PAID**			**1**	**S**	**2300**	**2300**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R						19	3	
AMT02	Patient Amount Paid	05 Patient Amount Paid -GROUP PIC X(18) 05 Patient Amount Paid -GROUP-REDEF REDEFINES Patient Amount Paid -GROUP 10 Patient Amount Paid PIC S9(5)V99 10 Patient Amount Paid -FILLER PIC X(11)	R	1-18	R						22	18	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U								
REF	**SERVICE AUTHORIZATION EXCEPTION CODE**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Service Authorization Exception Code	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-6	Reference Identification		AN	1-50	N/U								
REF	**MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Medicare Section 4081 Indicator	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**MAMMOGRAPHY CERTIFICATION NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Mammography Certification Number	X3	ID	2-3	R						19	3	
REF02	Mammography Certification Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF	**REFERRAL NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Referral Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**PRIOR AUTHORIZATION**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Prior Authorization Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**PAYER CLAIM CONTROL NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF02	Payer Claim Control Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Clinical Laboratory Improvement Amendment Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**REPRICED CLAIM NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Repriced Claim Reference Number	X50	AN	1-50	R						22	50	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**ADJUSTED REPRICED CLAIM NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Adjusted Repriced Claim Reference Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Investigational Device Exemption Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Value Added Network Trace Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**MEDICAL RECORD NUMBER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Medical Record Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-3	Reference Identification 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								
REF	**DEMONSTRATION PROJECT IDENTIFIER**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Demonstration Project Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**CARE PLAN OVERSIGHT**			**1**	**S**	**2300**	**2300**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Care Plan Oversight Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification Qualifier		ID	2-3	N/U								
REF04-4	Reference Identification		AN	1-50	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-5	Reference Identification Qualifier		ID	2-3	N/U								
REF04-6	Reference Identification		AN	1-50	N/U								
							2300		REF		1	18	
		X3							REF01	Value +CN	19	3	
		X50							REF02		22	50	
											72	3	
											75	50	
K3	**FILE INFORMATION**			**10**	**S**	**2300**	**2300**		**K3**		**1**	**18**	**10**
K301	Fixed Format Information	X80	AN	1-80	R						19	80	
K302	Record Format Code		ID	1-2	N/U								
K303	COMPOSITE UNIT OF MEASURE				N/U								
NTE	**CLAIM NOTE**			**1**	**S**	**2300**	**2300**		**NTE**		**1**	**18**	**1**
NTE01	Note Reference Code	X3	ID	3-3	R						19	3	
NTE02	Claim Note Text	X80	AN	1-80	R						22	80	
CR1	**AMBULANCE TRANSPORT INFORMATION**			**1**	**S**	**2300**	**2300**		**CR1**		**1**	**18**	**1**
CR101	Unit or Basis for Measurement Code	X2	ID	2-2	S						19	2	
CR102	Patient Weight	05 Patient Weight -GROUP-REDEF REDEFINES Patient Weight - GROUP 10 Patient Weight PIC 9(4)V99 10 Patient Weight -FILLER PIC X(4)	R	1-10	S						21	10	
CR103	Ambulance Transport Code		ID	1-1	N/U								
CR104	Ambulance Transport Reason Code	X1	ID	1-1	R						31	1	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CR105	Unit or Basis for Measurement Code	X2	ID	2-2	R						32	2	
CR106	Transport Distance	05 Transport Distance -GROUP PIC X(15) 05 Transport Distance -GROUP-REDEF REDEFINES Transport Distance -GROUP 10 Transport Distance PIC 9(4) 10 Transport Distance -FILLER PIC X(11)	R	1-15	R						34	15	
CR107	Address Information		AN	1-55	N/U								
CR108	Address Information		AN	1-55	N/U								
CR109	Round Trip Purpose Description	X80	AN	1-80	S						49	80	
CR110	Stretcher Purpose Description	X80	AN	1-80	S						129	80	
CR2	**SPINAL MANIPULATION SERVICE INFORMATION**			**1**	**S**	**2300**	**2300**		**CR2**		**1**	**18**	**1**
CR201	Treatment Series Number		N0	1-9	N/U								
CR202	Treatment Count		R	1-15	N/U								
CR203	Subluxation Level Code		ID	2-3	N/U								
CR204	Subluxation Level Code		ID	2-3	N/U								
CR205	Unit or Basis for Measurement Code		ID	2-2	N/U								
CR206	Treatment Period Count		R	1-15	N/U								
CR207	Monthly Treatment Count		R	1-15	N/U								
CR208	Patient Condition Code	X1	ID	1-1	R						19	1	
CR209	Complication Indicator		ID	1-1	N/U								
CR210	Patient Condition Description	X80	AN	1-80	S						20	80	
CR211	Patient Condition Description	X80	AN	1-80	S						100	80	
CR212	Yes/No Condition or Response Code		ID	1-1	N/U								
CRC	**AMBULANCE CERTIFICATION**			**3**	**S**	**2300**	**2300**		**CRC**		**1**	**18**	**3**
CRC01	Code Category	X2	ID	2-2	R						19	2	
CRC02	Certification Condition Indicatorv Applies Indicator	X1	ID	1-1	R						21	1	
CRC03	Condition Indicator	X3	ID	2-3	R						22	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CRC04	Condition Indicator	X3	ID	2-3	S						25	3	
CRC05	Condition Indicator	X3	ID	2-3	S						28	3	
CRC06	Condition Code	X3	ID	2-3	S						31	3	
CRC07	Condition Code	X3	ID	2-3	S						34	3	
CRC	**PATIENT CONDITION INFORMATION: VISION**			**3**	**S**	**2300**	**2300**		**CRC**		**1**	**18**	**3**
CRC01	Code Category	X2	ID	2-2	R						19	2	
CRC02	Certification Condition Indicator	X1	ID	1-1	R						21	1	
CRC03	Condition Code	X3	ID	2-3	R						22	3	
CRC04	Condition Code	X3	ID	2-3	S						25	3	
CRC05	Condition Code	X3	ID	2-3	S						28	3	
CRC06	Condition Code	X3	ID	2-3	S						31	3	
CRC07	Condition Code	X3	ID	2-3	S						34	3	
CRC	**HOMEBOUND INDICATOR**			**1**	**S**	**2300**	**2300**		**CRC**		**1**	**18**	**1**
CRC01	Code Category	X2	ID	2-2	R						19	2	
CRC02	Certification Condition Indicator	X1	ID	1-1	R						21	1	
CRC03	Homebound Indicator	X3	ID	2-3	R						22	3	
CRC04	Condition Indicator	X3	ID	2-3	N/U						25	3	
CRC05	Condition Indicator	X3	ID	2-3	N/U						28	3	
CRC06	Condition Indicator	X3	ID	2-3	N/U						31	3	
CRC07	Condition Indicator	X3	ID	2-3	N/U						34	3	
CRC	**EPSDT REFERRAL**			**1**	**S**	**2300**	**2300**		**CRC**		**1**	**18**	**1**
CRC01	Code Category	X2	ID	2-2	R						19	2	
CRC02	Certification Condition Indicator	X1	ID	1-1	R						21	1	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CRC03	Condition Code	X3	ID	2-3	R						22	3	
CRC04	Condition Code	X3	ID	2-3	S						25	3	
CRC05	Condition Code	X3	ID	2-3	S						28	3	
CRC06	Condition Indicator	X3	ID	2-3	N/U						31	3	
CRC07	Condition Indicator	X3	ID	2-3	N/U						34	3	
HI	**HEALTH CARE DIAGNOSIS CODE**			**1**	**R**	**2300**	**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R								
HI01-1	Diagnosis Type Code	X3	ID	1-3	R						19	3	
HI01-2	Diagnosis Code	X30	AN	1-30	R						22	30	
HI01-3	Date Time Period Format 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								
HI01-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI02	HEALTH CARE CODE INFORMATION				S								
HI02-1	Diagnosis Type Code	X3	ID	1-3	R						52	3	
HI02-2	Diagnosis Code	X30	AN	1-30	R						55	30	
HI02-3	Date Time Period Format 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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI02-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI03	HEALTH CARE CODE INFORMATION				S								
HI03-1	Diagnosis Type Code	X3	ID	1-3	R						85	3	
HI03-2	Diagnosis Code	X30	AN	1-30	R						88	30	
HI03-3	Date Time Period Format 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								
HI03-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI04	HEALTH CARE CODE INFORMATION				S								
HI04-1	Diagnosis Type Code	X3	ID	1-3	R						118	3	
HI04-2	Diagnosis Code	X30	AN	1-30	R						121	30	
HI04-3	Date Time Period Format 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				S								
HI05-1	Diagnosis Type Code	X3	ID	1-3	R						151	3	
HI05-2	Diagnosis Code	X30	AN	1-30	R						154	30	
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI05-4	Date Time Period		AN	1-35	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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				S								
HI06-1	Diagnosis Type Code	X3	ID	1-3	R						184	3	
HI06-2	Diagnosis Code	X30	AN	1-30	R						187	30	
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				S								
HI07-1	Diagnosis Type Code	X3	ID	1-3	R						217	3	
HI07-2	Diagnosis Code	X30	AN	1-30	R						220	30	
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								
HI07-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI08	HEALTH CARE CODE INFORMATION				S								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI08-1	Diagnosis Type Code	X3	ID	1-3	R						250	3	
HI08-2	Diagnosis Code	X30	AN	1-30	R						253	30	
HI08-3	Date Time Period Format 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								
HI08-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI09	HEALTH CARE CODE INFORMATION				S								
HI09-1	Diagnosis Type Code	X3	ID	1-3	R						283	3	
HI09-2	Diagnosis Code	X30	AN	1-30	R						286	30	
HI09-3	Date Time Period Format 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								
HI10	HEALTH CARE CODE INFORMATION				S								
HI10-1	Diagnosis Type Code	X3	ID	1-3	R						316	3	
HI10-2	Diagnosis Code	X30	AN	1-30	R						319	30	
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI10-4	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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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								
HI11	HEALTH CARE CODE INFORMATION				S								
HI11-1	Diagnosis Type Code	X3	ID	1-3	R						349	3	
HI11-2	Diagnosis Code	X30	AN	1-30	R						352	30	
HI11-3	Date Time Period Format 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				S								
HI12-1	Diagnosis Type Code	X3	ID	1-3	R						382	3	
HI12-2	Diagnosis Code	X30	AN	1-30	R						385	30	
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI12-4	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								
HI	**ANESTHESIA RELATED PROCEDURE**			**1**	**S**	**2300**	**2300**		**HI**		**1**	**18**	**1**
HI01	HEALTH CARE CODE INFORMATION				R								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI01-1	Code List Qualifier Code	X3	ID	1-3	R						19	3	
HI01-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	R						22	30	
HI01-3	Date Time Period Format 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								
HI01-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI02	HEALTH CARE CODE INFORMATION				S								
HI02-1	Code List Qualifier Code	X3	ID	1-3	R						52	3	
HI02-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	R						55	30	
HI02-3	Date Time Period Format 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								
HI02-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI03	HEALTH CARE CODE INFORMATION				N/U								
HI03-1	Code List Qualifier	X3	ID	1-3	N/U						85	3	
HI03-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						88	30	
HI03-3	Date Time Period Format 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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI03-7	Version Identifier		AN	1-30	N/U								
HI03-8	Industry code		AN	1-30	N/U								
HI03-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI04	HEALTH CARE CODE INFORMATION				N/U								
HI04-1	Code List Qualifier	X3	ID	1-3	N/U						118	3	
HI04-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						121	30	
HI04-3	Date Time Period Format 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	X3	ID	1-3	N/U						151	3	
HI05-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						154	30	
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	X3	ID	1-3	N/U						184	3	
HI06-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						187	30	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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	X3	ID	1-3	N/U						217	3	
HI07-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						220	30	
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								
HI07-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI08	HEALTH CARE CODE INFORMATION				N/U								
HI08-1	Code List Qualifier	X3	ID	1-3	N/U						250	3	
HI08-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						253	30	
HI08-3	Date Time Period Format 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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI08-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI09	HEALTH CARE CODE INFORMATION				N/U								
HI09-1	Code List Qualifier	X3	ID	1-3	N/U						283	3	
HI09-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						286	30	
HI09-3	Date Time Period Format 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								
HI10	HEALTH CARE CODE INFORMATION				N/U								
HI10-1	Code List Qualifier	X3	ID	1-3	N/U						316	3	
HI10-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						319	30	
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI10-4	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								
HI10-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI11	HEALTH CARE CODE INFORMATION				N/U								
HI11-1	Code List Qualifier	X3	ID	1-3	N/U						349	3	
HI11-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						352	30	
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI11-4	Date Time Period		AN	1-35	N/U								

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EDI Standards: ASC X12
Version/Release: 005010
Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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	X3	ID	1-3	N/U						382	3	
HI12-2	Anesthesia Related Surgical Procedure	X30	AN	1-30	N/U						385	30	
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI12-4	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								
HI	**CONDITION INFORMATION**			**2**	**S**	**2300**	**2300**		**HI**		**1**	**18**	**2**
HI01	HEALTH CARE CODE INFORMATION				R								
HI01-1	Code List Qualifier Code	X3	ID	1-3	R						19	3	
HI01-2	Condition Code	X30	AN	1-30	R						22	30	
HI01-3	Date Time Period Format 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								

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EDI Standards: ASC X12
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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI01-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI02	HEALTH CARE CODE INFORMATION				S								
HI02-1	Code List Qualifier Code	X3	ID	1-3	R						52	3	
HI02-2	Condition Code	X30	AN	1-30	R						55	30	
HI02-3	Date Time Period Format 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								
HI02-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI03	HEALTH CARE CODE INFORMATION				S								
HI03-1	Code List Qualifier Code	X3	ID	1-3	R						85	3	
HI03-2	Condition Code	X30	AN	1-30	R						88	30	
HI03-3	Date Time Period Format 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								
HI03-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI04	HEALTH CARE CODE INFORMATION				S								
HI04-1	Code List Qualifier Code	X3	ID	1-3	R						118	3	
HI04-2	Condition Code	X30	AN	1-30	R						121	30	
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI04-4	Date Time Period		AN	1-35	N/U								

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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				S								
HI05-1	Code List Qualifier Code	X3	ID	1-3	R						151	3	
HI05-2	Condition Code	X30	AN	1-30	R						154	30	
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				S								
HI06-1	Code List Qualifier Code	X3	ID	1-3	R						184	3	
HI06-2	Condition Code	X30	AN	1-30	R						187	30	
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				S								

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Version/Release: 005010
Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI07-1	Code List Qualifier Code	X3	ID	1-3	R						217	3	
HI07-2	Condition Code	X30	AN	1-30	R						220	30	
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								
HI07-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI08	HEALTH CARE CODE INFORMATION				S								
HI08-1	Code List Qualifier Code	X3	ID	1-3	R						250	3	
HI08-2	Condition Code	X30	AN	1-30	R						253	30	
HI08-3	Date Time Period Format 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								
HI08-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI09	HEALTH CARE CODE INFORMATION				S								
HI09-1	Code List Qualifier Code	X3	ID	1-3	R						283	3	
HI09-2	Condition Code	X30	AN	1-30	R						286	30	
HI09-3	Date Time Period Format 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								

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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								
HI10	HEALTH CARE CODE INFORMATION				S								
HI10-1	Code List Qualifier Code	X3	ID	1-3	R						316	3	
HI10-2	Condition Code	X30	AN	1-30	R						319	30	
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI10-4	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								
HI10-9	Yes/No Condition or response Code		ID	1-1	N/U								
HI11	HEALTH CARE CODE INFORMATION				S								
HI11-1	Code List Qualifier Code	X3	ID	1-3	R						349	3	
HI11-2	Condition Code	X30	AN	1-30	R						352	30	
HI11-3	Date Time Period Format 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				S								
HI12-1	Code List Qualifier Code	X3	ID	1-3	R						382	3	
HI12-2	Condition Code	X30	AN	1-30	R						385	30	

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U								
HI12-4	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								
HCP	**CLAIM PRICING/REPRICING INFORMATION**			**1**	**S**	**2300**	**2300**		**HCP**		**1**	**18**	**1**
HCP01	Pricing Methodology	X2	ID	2-2	R						19	2	
HCP02	Repriced Allowed Amount	05 Repriced Allowed Amount -GROUP PIC X(18) 05Repriced Allowed Amount -GROUP-REDEF REDEFINES Repriced Allowed Amount -GROUP 10 Repriced Allowed Amount PIC S9(5)V99 10 Repriced Allowed Amount -FILLER PIC X(11)	R	1-18	R						21	18	
HCP03	Repriced Saving Amount	05 Repriced Saving Amount -GROUP PIC X(18) 05 Repriced Saving Amount -GROUP-REDEF REDEFINES Repriced Saving Amount -GROUP 10 Repriced Saving Amount PIC S9(5)V99 10 Repriced Saving Amount -FILLER PIC X(11)	R	1-18	S						39	18	
HCP04	Repricing Organization Identifier	X50	AN	1-50	S						57	50	
HCP05	Repricing Per Diem or Flat Rate Amount	X(9) 05 Repricing Per Diem or Flat Rate Amount -GROUP-REDEF REDEFINES Repricing Per Diem or Flat Rate Amount -GROUP 10 Repricing Per Diem or Flat Rate Amount PIC S9(5)V99	R	1-9	S						107	9	
HCP06	Repriced Approved Ambulatory Patient Group Code	X50	AN	1-50	S						116	50	
HCP07	Repriced Approved Ambulatory Patient Group Amount	05 Repriced Approved Ambulatory Patient Group Amount -GROUP PIC X(18) 05 Repriced Approved Ambulatory Patient Group Amount -GROUP-REDEF REDEFINES Repriced Approved Ambulatory Patient Group Amount -GROUP 10 Repriced Approved Ambulatory Patient Group Amount PIC S9(5)V99 10 Repriced Approved Ambulatory Patient Group Amount -FILLER	R	1-18	S						166	18	
HCP08	Product/Service ID		AN	1-48	N/U								
HCP09	Product/Service ID Qualifier	X2	ID	2-2	N/U						184	2	
HCP10	Product/Service ID	X48	AN	1-48	N/U						186	48	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
HCP11	Unit or Basis for Measurement Code	X2	ID	2-2	N/U						234	2	
HCP12	Quantity		R	1-15	N/U						236	8	
HCP13	Reject Reason Code	X2	ID	2-2	S						244	2	
HCP14	Policy Compliance Code	X2	ID	1-2	S						246	2	
HCP15	Exception Code	X2	ID	1-2	S						248	2	
NM1	**REFERRING PROVIDER NAME**			**1**	**S**	**2310A**	**2310A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Referring Provider Last Name	X60	AN	1-60	R						23	60	
NM104	Referring Provider First Name	X35	AN	1-35	S						83	35	
NM105	Referring Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Referring Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Referring Provider Identifier	X80	AN	2-80	S						155	80	
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								
REF	**REFERRING PROVIDER SECONDARY IDENTIFICATION**			**3**	**S**	**2310A**	**2310A**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Referring Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**RENDERING PROVIDER NAME**			**1**	**S**	**2310B**	**2310B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Rendering Provider Last or Organization Name	X60	AN	1-60	R						23	60	
NM104	Rendering Provider First Name	X35	AN	1-35	S						83	35	
NM105	Rendering Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Rendering Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Rendering Provider Identifier	X80	AN	2-80	S						155	80	
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								
PRV	**RENDERING PROVIDER SPECIALTY INFORMATION**			**1**	**S**	**2310B**	**2310B**		**PRV**		**1**	**18**	**1**
PRV01	Provider Code	X3	ID	1-3	R						19	3	
PRV02	Reference Identification Qualifier	X3	ID	2-3	R						22	3	
PRV03	Provider Taxonomy Code	X50	AN	1-50	R						25	50	
PRV04	State or Province Code		ID	2-2	N/U								
PRV05	PROVIDER SPECIALTY INFORMATION				N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
PRV06	Provider Organization Code		ID	3-3	N/U								
REF	**RENDERING PROVIDER SECONDARY IDENTIFICATION**			**4**	**S**	**2310B**	**2310B**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Rendering Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**SERVICE FACILITY LOCATION NAME**			**1**	**S**	**2310C**	**2310C**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Laboratory or Facility Name	X60	AN	1-60	R						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Laboratory or Facility Primary Identifier	X80	AN	2-80	S						155	80	
NM110	Entity Relationship Code		ID	2-2	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM111	Entity Identifier Code		ID	2-3	N/U								
NM112	Name Last or Organization Name		AN	1-60	N/U								
N3	**SERVICE FACILITY LOCATION ADDRESS**			**1**	**R**	**2310C**	**2310C**		**N3**		**1**	**18**	**1**
N301	Laboratory or Facility Address Line	X55	AN	1-55	R						19	55	
N302	Laboratory or Facility Address Line	X55	AN	1-55	S						74	55	
N4	**SERVICE FACILITY LOCATION CITY/STATE/ZIP CODE**			**1**	**R**	**2310C**	**2310C**		**N4**		**1**	**18**	**1**
N401	Laboratory or Facility City Name	X30	AN	2-30	R						19	30	
N402	Laboratory or Facility State or Province Code	X2	ID	2-2	S						49	2	
N403	Laboratory or Facility Postal Zone ZIP Code	X15	ID	3-15	S						51	15	
N404	Service Facility Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
REF	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**			**3**	**S**	**2310C**	**2310C**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Laboratory or Facility Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification Qualifier		ID	2-3	N/U								
REF04-4	Reference Identification		AN	1-50	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-5	Reference Identification Qualifier		ID	2-3	N/U								
REF04-6	Reference Identification		AN	1-50	N/U								
PER	**SERVICE FACILITY CONTACT INFORMATION**			**1**	**S**	**2310C**	**2310C**		**PER**		**1**	**18**	**1**
PER01	Contact Function Code	X2	ID	2-2	R						19	2	
PER02	Submitter Contact	X60	AN	1-60	S						21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R						81	2	
PER04	Communication Number	X256	AN	1-256	R						83	256	
PER05	Communication Number Qualifier	X2	ID	2-2	S						339	2	
PER06	Communication Number	X256	AN	1-256	S						341	256	
PER07	Communication Number Qualifier	X2	ID	2-2	N/U						597	2	
PER08	Communication Number	X256	AN	1-256	N/U						599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U								
NM1	**SUPERVISING PROVIDER NAME**			**1**	**S**	**2310D**	**2310D**		**NM1**		1	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Supervising Provider Last Name	X60	AN	1-60	R						23	60	
NM104	Supervising Provider First Name	X35	AN	1-35	S						83	35	
NM105	Supervising Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Supervising Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Supervising Provider Identifier	X80	AN	2-80	S						155	80	
NM110	Entity Relationship Code		ID	2-2	N/U								
NM111	Entity Identifier Code		ID	2-3	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM112	Name Last or Organization Name		AN	1-60	N/U								
REF	**SUPERVISING PROVIDER SECONDARY IDENTIFIER**			**4**	**S**	**2310D**	**2310D**		**REF**		**1**	**18**	**4**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Supervising Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**AMBULANCE PICK UP LOCATION**			**1**	**S**	**2310E**	**2310E**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Identification Code	X80	AN	2-80	N/U						155	80	
NM110	Entity Relationship Code		ID	2-2	N/U								
NM111	Entity Identifier Code		ID	2-3	N/U								

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM112	Name Last or Organization Name		AN	1-60	N/U								
N3	**AMBULANCE PICK UP LOCATION ADDRESS**			**1**	**R**	**2310E**	**2310E**		**N3**		**1**	**18**	**1**
N301	Ambulance Pick Up Address Line	X55	AN	1-55	R						19	55	
N302	Ambulance Pick Up Address Line	X55	AN	1-55	S						74	55	
N4	**AMBULANCE PICK UP LOCATION CITY/STATE/ZIP**			**1**	**R**	**2310E**	**2310E**		**N4**		**1**	**18**	**1**
N401	Ambulance Pick Up City Name	X30	AN	2-30	R						19	30	
N402	Ambulance Pick Up State or Province Code	X2	ID	2-2	S						49	2	
N403	Ambulance Pick Up Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Ambulance Pick Up Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
NM1	**AMBULANCE DROP OFF LOCATION**			**1**	**S**	**2310F**	**2310F**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Ambulance Drop Off Location	X60	AN	1-60	S						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Identification Code	X80	AN	2-80	N/U						155	80	
NM110	Entity Relationship Code		ID	2-2	N/U								

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM111	Entity Identifier Code		ID	2-3	N/U								
NM112	Name Last or Organization Name		AN	1-60	N/U								
N3	**AMBULANCE DROP OFF LOCATION ADDRESS**			**1**	**R**	**2310F**	**2310F**		**N3**		**1**	**18**	**1**
N301	Ambulance Drop Off Address Line	X55	AN	1-55	R						19	55	
N302	Ambulance Drop Off Address Line	X55	AN	1-55	S						74	55	
N4	**AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP**			**1**	**R**	**2310F**	**2310F**		**N4**		**1**	**18**	**1**
N401	Ambulance Drop Off City Name	X30	AN	2-30	R						19	30	
N402	Ambulance Drop Off State or Province Code	X2	ID	2-2	S						49	2	
N403	Ambulance Drop Off Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Ambulance Drop Off Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
SBR	**OTHER SUBSCRIBER INFORMATION**			**1**	**S**	**2320**	**2320**		**SBR**		**1**	**18**	**1**
SBR01	Payer Responsibility Sequence Number Code	X1	ID	1-1	R						19	1	
SBR02	Individual Relationship Code	X2	ID	2-2	R						20	2	
SBR03	Insured Group or Policy Number	X50	AN	1-50	S						22	50	
SBR04	Other Insured Group Name	X60	AN	1-60	S						72	60	
SBR05	Insurance Type Code	X3	ID	1-3	S						132	3	
SBR06	Coordination of Benefits Code		ID	1-1	N/U								
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U								
SBR08	Employment Status Code		ID	2-2	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
SBR09	Claim Filing Indicator Code	X2	ID	1-2	S						135	2	
CAS	**CLAIM LEVEL ADJUSTMENTS**			**5**	**S**	**2320**	**2320**		**CAS**		**1**	**18**	**5**
CAS01	Claim Adjustment Group Code	X2	ID	1-2	R						19	2	
CAS02	Adjustment Reason Code	X5	ID	1-5	R						21	5	
CAS03	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	R						26	18	
CAS04	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						44	15	
CAS05	Adjustment Reason Code	X5	ID	1-5	S						59	5	
CAS06	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						64	18	
CAS07	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						82	15	
CAS08	Adjustment Reason Code	X5	ID	1-5	S						97	5	
CAS09	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						102	18	
CAS10	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						120	15	
CAS11	Adjustment Reason Code	X5	ID	1-5	S						135	5	
CAS12	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						140	18	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CAS13	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						158	15	
CAS14	Adjustment Reason Code	X5	ID	1-5	S						173	5	
CAS15	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						178	18	
CAS16	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						196	15	
CAS17	Adjustment Reason Code	X5	ID	1-5	S						211	5	
CAS18	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						216	18	
CAS19	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						234	15	
AMT	**COB PAYER PAID AMOUNT**			**1**	**S**	**2320**	**2320**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R						19	3	
AMT02	Payer Paid Amount	05 Payer Paid Amount -GROUP PIC X(18) 05 Payer Paid Amount -GROUP-REDEF REDEFINES Payer Paid Amount -GROUP 10 Payer Paid Amount PIC S9(5)V99 10 Payer Paid Amount -FILLER PIC X(11)	R	1-18	R						22	18	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U								
AMT	**COB TOTAL NON-COVERED AMOUNT**			**1**	**S**	**2320**	**2320**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R						19	3	
AMT02	Non-Covered Charge Amount	05 Non-Covered Charge Amount -GROUP PIC X(18) 05 Non-Covered Charge Amount -GROUP-REDEF REDEFINES Non-Covered Charge Amount -GROUP 10 Non-Covered Charge Amount PIC S9(5)V99 10 Non-Covered Charge Amount -FILLER PIC X(11)	R	1-18	R						22	18	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U								
AMT	**REMAINING PATIENT LIABILITY**			**1**	**S**	**2320**	**2320**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R						19	3	
AMT02	Remaining Patient Liability	05 Remaining Patient Liability -GROUP PIC X(18) 05 Remaining Patient Liability -GROUP-REDEF REDEFINES Remaining Patient Liability -GROUP 10 Remaining Patient Liability PIC S9(5)V99 10 Remaining Patient Liability -FILLER PIC X(11)	R	1-18	R						22	18	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U								
OI	**OTHER INSURANCE COVERAGE INFORMATION**			**1**	**R**	**2320**	**2320**		**OI**		**1**	**18**	**1**
OI01	Claim Filing Indicator Code		ID	1-2	N/U								
OI02	Claim Submission Reason Code		ID	2-2	N/U								
OI03	Benefits Assignment Certification Indicator	X1	ID	1-1	R						19	1	
OI04	Patient Signature Source Code	X1	ID	1-1	S						20	1	
OI05	Provider Agreement Code		ID	1-1	N/U								
OI06	Release of Information Code	X1	ID	1-1	R						21	1	
MOA	**OUTPATIENT ADJUDICATION (MOA) INFORMATION**			**1**	**S**	**2320**	**2320**		**MOA**		**1**	**18**	**1**
MOA01	Reimbursement Rate	05 Reimbursement Rate -GROUP PIC X(10) 05 Reimbursement Rate -GROUP-REDEF REDEFINES Reimbursement Rate -GROUP 10 Reimbursement Rate PIC 9(3)V99 10 Reimbursement Rate -FILLER PIC X(5)	R	1-10	S						19	10	
MOA02	HCPCS Payable Amount	05 HCPCS Payable Amount -GROUP PIC X(18) 05 HCPCS Payable Amount -GROUP-REDEF REDEFINES HCPCS Payable Amount -GROUP 10 HCPCS Payable Amount PIC S9(5)V99 10 HCPCS Payable Amount -FILLER PIC X(11)	R	1-18	S						29	18	
MOA03	Claim Payment Remark Code	X50	AN	1-50	S						47	50	
MOA04	Claim Payment Remark Code	X50	AN	1-50	S						97	50	
MOA05	Claim Payment Remark Code	X50	AN	1-50	S						147	50	
MOA06	Claim Payment Remark Code	X50	AN	1-50	S						197	50	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
MOA07	Claim Payment Remark Code	X50	AN	1-50	S						247	50	
MOA08	End Stage Renal Disease Payment Amount	PIC X(18) 05 End Stage Renal Disease Payment Amount -GROUP-REDEF REDEFINES End Stage Renal Disease Payment Amount -GROUP 10 End Stage Renal Disease Payment Amount PIC S9(5)V99 10 End Stage Renal Disease Payment Amount -FILLER	R	1-18	S						297	18	
MOA09	Non-Payable Professional Component Billed Amount	05 Non-Payable Professional Component Billed Amount -GROUP PIC X(18) 05 Non-Payable Professional Component Billed Amount -GROUP- REDEF REDEFINES Non-Payable Professional Component Billed Amount -GROUP 10 Non-Payable Professional Component Billed Amount PIC S9(5)V99 10 Non-Payable Professional Component Billed Amount -FILLER PIC X(11)	R	1-18	S						315	18	
NM1	**OTHER SUBSCRIBER NAME**			**1**	**R**	**2330A**	**2330A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Other Insured Last Name	X60	AN	1-60	R						23	60	
NM104	Other Insured First Name	X35	AN	1-35	S						83	35	
NM105	Other Insured Middle Name	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Other Insured Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R						153	2	
NM109	Other Insured Identifier	X80	AN	2-80	R						155	80	
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	**OTHER SUBSCRIBER ADDRESS**			**1**	**S**	**2330A**	**2330A**		**N3**		**1**	**18**	**1**
N301	Other Subscriber Address Line	X55	AN	1-55	R						19	55	
N302	Other Insured Address Line	X55	AN	1-55	S						74	55	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
N4	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**			**1**	**S**	**2330A**	**2330A**		**N4**		**1**	**18**	**1**
N401	Other Subscriber City Name	X30	AN	2-30	R						19	30	
N402	Other Subscriber State Code	X2	ID	2-2	S						49	2	
N403	Other Subscriber Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Other Subscriber	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
REF	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**			**1**	**S**	**2330A**	**2330A**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Insured Additional Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**OTHER PAYER NAME**			**1**	**R**	**2330B**	**2330B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Other Payer Organization Name	X60	AN	1-60	R						23	60	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	R						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	R						155	80	
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	**OTHER PAYER ADDRESS**			**1**	**S**	**2330B**	**2330B**		**N3**		**1**	**18**	**1**
N301	Other Payer Address Line	X55	AN	1-55	R						19	55	
N302	Other Payer Address Line	X55	AN	1-55	S						74	55	
N4	**OTHER PAYER CITY/STATE/ZIP CODE**			**1**	**S**	**2330B**	**2330B**		**N4**		**1**	**18**	**1**
N401	Other Payer City Name	X30	AN	2-30	R						19	30	
N402	Other Payer State or Province Code	X2	ID	2-2	S						49	2	
N403	Other Payer Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Other Payer Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
DTP	**DATE - CLAIM CHECK OR REMITTANCE DATE**			**1**	**S**	**2330B**	**2330B**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
DTP03	Adjudication or Payment Date	X35	AN	1-35	R						25	35	
REF	**OTHER PAYER SECONDARY IDENTIFICATION**			**2**	**S**	**2330B**	**2330B**		**REF**		**1**	**18**	**2**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Referring Provider Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**OTHER PAYER PRIOR AUTHORIZATION NUMBER**			**1**	**S**	**2330B**	**2330B**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Prior Authorization Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF	**OTHER PAYER REFERRAL NUMBER**			**1**	**S**	**2330B**	**2330B**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Referral Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**			**1**	**S**	**2330B**	**2330B**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Claim Adjustment Indicator	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**OTHER PAYER CLAIM CONTROL NUMBER**			**1**	**S**	**2330B**	**2330B**		**REF**		**1**	**18**	**1**

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Claim Control Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**OTHER PAYER REFERRING PROVIDER**			**1**	**S**	**2330C**	**2330C**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U						155	80	
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								
REF	**OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFICATION**			**3**	**R**	**2330C**	**2330C**		**REF**		**1**	**18**	**3**

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Referring Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**OTHER PAYER RENDERING PROVIDER**			**1**	**S**	**2330D**	**2330D**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U						155	80	
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								
REF	**OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION**			**3**	**R**	**2330D**	**2330D**		**REF**		**1**	**18**	**3**

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Direction: Inbound

837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Rendering Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**OTHER PAYER SERVICE FACILITY LOCATION**			**1**	**S**	**2330E**	**2330E**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U						155	80	
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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF	**OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**			**3**	**R**	**2330E**	**2330E**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Service Facility Location Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**OTHER PAYER SUPERVISING PROVIDER**			**1**	**S**	**2330F**	**2330F**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U						155	80	
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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF	**OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION**			**3**	**R**	**2330F**	**2330F**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Supervising Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**OTHER PAYER BILLING PROVIDER**			**1**	**S**	**2330G**	**2330G**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Other Payer Primary Identifier	X80	AN	2-80	N/U						155	80	
NM110	Entity Relationship Code		ID	2-2	N/U								
NM111	Entity Identifier Code		ID	2-3	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM112	Name Last or Organization Name		AN	1-60	N/U								
REF	**OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION**			**2**	**R**	**2330G**	**2330G**		**REF**		**1**	**18**	**2**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Other Payer Billing Provider Secondary Identification	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
LX	**SERVICE LINE**			**1**	**R**	**2400**	**2400**		**LX**		**1**	**18**	**1**
LX01	Assigned Number	05 Assigned Number -GROUP PIC X(6) 05 Assigned Number -GROUP-REDEF REDEFINES Assigned Number - GROUP 10 Assigned Number PIC 9(6)	N0	1-6	R						19	6	
SV1	**PROFESSIONAL SERVICE**			**1**	**R**	**2400**	**2400**		**SV1**		**1**	**18**	**1**
SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R								
SV101-1	Product or Service ID Qualifier	X2	ID	2-2	R						19	2	
SV101-2	Procedure Code	X48	AN	1-48	R						21	48	
SV101-3	Procedure Modifier	X2	AN	2-2	S						69	2	
SV101-4	Procedure Modifier	X2	AN	2-2	S						71	2	
SV101-5	Procedure Modifier	X2	AN	2-2	S						73	2	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
SV101-6	Procedure Modifier	X2	AN	2-2	S						75	2	
SV101-7	Description	X80	AN	1-80	S						77	80	
SV101-8	Product/Service ID		AN	1-48	N/U								
SV102	Line Item Charge Amount	05 Line Item Charge Amount -GROUP PIC X(18) 05 Line Item Charge Amount -GROUP-REDEF REDEFINES Line Item Charge Amount -GROUP 10 Line Item Charge Amount PIC S9(5)V99 10 Line Item Charge Amount -FILLER PIC X(11)	R	1-18	R						157	18	
SV103	Unit or Basis for Measurement Code	X2	ID	2-2	R						175	2	
SV104	Service Unit Count	05 Service Unit Count -GROUP PIC X(8) 05 Service Unit Count MJ -GROUP-REDEF REDEFINES Service Unit Count -GROUP 10 Service Unit Count MJ PIC 9(4) 10 Service Unit Count MJ -FILLER PIC X(4) 05 Service Unit Count UN -GROUP-REDEF REDEFINES Service Unit Count -GROUP 10 Service Unit Count UN PIC 9(4)V9 10 Service Unit Count UN -FILLER PIC X(3)	R	1-15	R						177	8	
SV105	Place of Service Code	X2	AN	1-2	S						185	2	
SV106	Service Type Code		ID	1-2	N/U								
SV107	COMPOSITE DIAGNOSIS CODE POINTER				R								
SV107-1	Diagnosis Code Pointer	05 Diagnosis Code Pointer -GROUP PIC X(2) 05 Diagnosis Code Pointer -GROUP-REDEF REDEFINES Diagnosis Code Pointer -GROUP 10 Diagnosis Code Pointer PIC 9(2)	N0	1-2	R						187	2	
SV107-2	Diagnosis Code Pointer	05 Diagnosis Code Pointer -GROUP PIC X(2) 05 Diagnosis Code Pointer -GROUP-REDEF REDEFINES Diagnosis Code Pointer -GROUP 10 Diagnosis Code Pointer PIC 9(2)	N0	1-2	S						189	2	
SV107-3	Diagnosis Code Pointer	05 Diagnosis Code Pointer -GROUP PIC X(2) 05 Diagnosis Code Pointer -GROUP-REDEF REDEFINES Diagnosis Code Pointer -GROUP 10 Diagnosis Code Pointer PIC 9(2)	N0	1-2	S						191	2	
SV107-4	Diagnosis Code Pointer	05 Diagnosis Code Pointer -GROUP PIC X(2) 05 Diagnosis Code Pointer -GROUP-REDEF REDEFINES Diagnosis Code Pointer -GROUP 10 Diagnosis Code Pointer PIC 9(2)	N0	1-2	S						193	2	
SV108	Monetary Amount		R	1-18	N/U								
SV109	Emergency Indicator	X1	ID	1-1	S						195	1	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
SV110	Multiple Procedure Code		ID	1-2	N/U								
SV111	EPSDT Indicator	X1	ID	1-1	S						196	1	
SV112	Family Planning Indicator	X1	ID	1-1	S						197	1	
SV113	Review Code		ID	1-2	N/U								
SV114	National or Local Assigned Review Value		AN	1-2	N/U								
SV115	Co-Pay Status Code	X1	ID	1-1	S						198	1	
SV116	Health Care Professional Shortage Area Code		ID	1-1	N/U								
SV117	Reference Identification		AN	1-50	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								
SV5	**DURABLE MEDICAL EQUIPMENT SERVICE**			**1**	**S**	**2400**	**2400**		**SV5**		**1**	**18**	**1**
SV501	COMPOSITE MEDICAL PROCEDURE				R								
SV501-1	Procedure Identifier	X2	ID	2-2	R						19	2	
SV501-2	Procedure Code	X48	AN	1-48	R						21	48	
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	Description		AN	1-80	N/U								
SV501-8	Product/Service ID		AN	1-48	N/U								
SV502	Unit or Basis for Measurement Code	X2	ID	2-2	R						69	2	
SV503	Length of Medical Necessity	05 Length of Medical Necessity -GROUP PIC X(15) 05 Length of Medical Necessity -GROUP-REDEF REDEFINES Length of Medical Necessity -GROUP 10 Length of Medical Necessity PIC 9(3) 10 Length of Medical Necessity -FILLER PIC X(12)	R	1-15	R						71	15	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
SV504	DME Rental Price	05 DME Rental Price -GROUP PIC X(18) 05 DME Rental Price -GROUP-REDEF REDEFINES DME Rental Price -GROUP 10 DME Rental Price PIC S9(5)V99 10 DME Rental Price -FILLER PIC X(11)	R	1-18	R						86	18	
SV505	DME Purchase Price	05 DME Purchase Price -GROUP PIC X(18) 05 DME Purchase Price -GROUP-REDEF REDEFINES DME Purchase Price -GROUP 10 DME Purchase Price PIC S9(5)V99 10 DME Purchase Price -FILLER PIC X(11)	R	1-18	R						104	18	
SV506	Rental Unit Price Indicator	X1	ID	1-1	R						122	1	
SV507	Prognosis Code		ID	1-1	N/U								
PWK	**LINE SUPPLEMENTAL INFORMATION**			**10**	**S**	**2400**	**2400**		**PWK**		**1**	**18**	**10**
PWK01	Attachment Report Type Code	X2	ID	2-2	R						19	2	
PWK02	Attachment Transmission Code	X2	ID	1-2	R						21	2	
PWK03	Report Copies Needed		N0	1-2	N/U								
PWK04	Entity Identifier Code		ID	2-3	N/U								
PWK05	Identification Code Qualifier	X2	ID	1-2	S						23	2	
PWK06	Attachment Control Number	X50	AN	2-80	S						25	50	
PWK07	Description		AN	1-80	N/U								
PWK08	ACTIONS INDICATED				N/U								
PWK09	Request Category Code		ID	1-2	N/U								
PWK	**DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR**			**1**	**S**	**2400**	**2400**		**PWK**		**1**	**18**	**1**
PWK01	Attachment Report Type Code	X2	ID	2-2	R						19	2	
PWK02	Attachment Transmission Code	X2	ID	1-2	R						21	2	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
PWK03	Report Copies Needed		N0	1-2	N/U								
PWK04	Entity Identifier Code		ID	2-3	N/U								
PWK05	Identification Code Qualifier	X2	ID	1-2	N/U						23	2	
PWK06	Identification Code	X50	AN	2-80	N/U						25	50	
PWK07	Description		AN	1-80	N/U								
PWK08	ACTIONS INDICATED				N/U								
PWK09	Request Category Code		ID	1-2	N/U								
CR1	**AMBULANCE TRANSPORT INFORMATION**			**1**	**S**	**2400**	**2400**		**CR1**		**1**	**18**	**1**
CR101	Unit or Basis for Measurement Code	X2	ID	2-2	S						19	2	
CR102	Patient Weight	05 Patient Weight -GROUP PIC X(10) 05 Patient Weight -GROUP-REDEF REDEFINES Patient Weight -GROUP 10 Patient Weight PIC 9(4)V99 10 Patient Weight -FILLER PIC X(4)	R	1-10	S						21	10	
CR103	Ambulance Transport Code		ID	1-1	N/U								
CR104	Ambulance Transport Reason Code	X1	ID	1-1	R						31	1	
CR105	Unit or Basis for Measurement Code	X2	ID	2-2	R						32	2	
CR106	Transport Distance	05 Transport Distance -GROUP PIC X(15) 05 Transport Distance -GROUP-REDEF REDEFINES Transport Distance -GROUP 10 Transport Distance PIC 9(4) 10 Transport Distance -FILLER PIC X(11)	R	1-15	R						34	15	
CR107	Address Information		AN	1-55	N/U								
CR108	Address Information		AN	1-55	N/U								
CR109	Round Trip Purpose Description	X80	AN	1-80	S						49	80	
CR110	Stretcher Purpose Description	X80	AN	1-80	S						129	80	
CR3	**DURABLE MEDICAL EQUIPMENT CERTIFICATION**			**1**	**S**	**2400**	**2400**		**CR3**		**1**	**18**	**1**
CR301	Certification Type Code	X1	ID	1-1	R						19	1	
CR302	Unit or Basis for Measurement Code	X2	ID	2-2	R						20	2	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
CR303	Durable Medical Equipment Duration	X(15) 05 Durable Medical Equipment Duration -GROUP-REDEF REDEFINES Durable Medical Equipment Duration -GROUP 10 Durable Medical Equipment Duration PIC 9(2) 10 Durable Medical Equipment Duration -FILLER PIC X(13)	R	1-15	R						22	15	
CR304	Insulin Dependent Code		ID	1-1	N/U								
CR305	Description		AN	1-80	N/U								
CRC	**AMBULANCE CERTIFICATION**			**3**	**S**	**2400**	**2400**		**CRC**		**1**	**18**	**3**
CRC01	Code Category	X2	ID	2-2	R						19	2	
CRC02	Certification Condition Indicator	X1	ID	1-1	R						21	1	
CRC03	Condition Code	X3	ID	2-3	R						22	3	
CRC04	Condition Code	X3	ID	2-3	S						25	3	
CRC05	Condition Code	X3	ID	2-3	S						28	3	
CRC06	Condition Code	X3	ID	2-3	S						31	3	
CRC07	Condition Code	X3	ID	2-3	S						34	3	
CRC	**HOSPICE EMPLOYEE INDICATOR**			**1**	**S**	**2400**	**2400**		**CRC**		**1**	**18**	**1**
CRC01	Code Category	X2	ID	2-2	R						19	2	
CRC02	Hospice Employed Provider Indicator	X1	ID	1-1	R						21	1	
CRC03	Condition Indicator	X3	ID	2-3	R						22	3	
CRC04	Condition Indicator	X3	ID	2-3	N/U						25	3	
CRC05	Condition Indicator	X3	ID	2-3	N/U						28	3	
CRC06	Condition Indicator	X3	ID	2-3	N/U						31	3	
CRC07	Condition Indicator	X3	ID	2-3	N/U						34	3	
CRC	**CONDITION INDICATOR DURABLE MEDICAL EQUIPMENT**			**1**	**S**	**2400**	**2400**		**CRC**		**1**	**18**	**1**
CRC01	Code Category	X2	ID	2-2	R						19	2	
CRC02	Certification Condition Indicator	X1	ID	1-1	R						21	1	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CRC03	Condition Indicator	X3	ID	2-3	R						22	3	
CRC04	Condition Indicator	X3	ID	2-3	S						25	3	
CRC05	Condition Indicator	X3	ID	2-3	N/U						28	3	
CRC06	Condition Indicator	X3	ID	2-3	N/U						31	3	
CRC07	Condition Indicator	X3	ID	2-3	N/U						34	3	
DTP	**DATE - SERVICE DATE**			**1**	**R**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Service Date	X35	AN	1-35	R						25	35	
DTP	**DATE - PRESCRIPTION DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Prescription Date	X35	AN	1-35	R						25	35	
DTP	**DATE - CERTIFICATION REVISION/RECERTIFICATION DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Certification Revision or Recertification Date	X35	AN	1-35	R						25	35	
DTP	**DATE - BEGIN THERAPY DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Begin Therapy Date	X35	AN	1-35	R						25	35	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
DTP	**DATE - LAST CERTIFICATION DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Last Certification Date	X35	AN	1-35	R						25	35	
DTP	**DATE - DATE LAST SEEN DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Last Treatment or Therapy Date	X35	AN	1-35	R						25	35	
DTP	**DATE - TEST DATE**			**2**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**2**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Test Performed Date	X35	AN	1-35	R						25	35	
DTP	**DATE - SHIPPED DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Shipped Date	X35	AN	1-35	R						25	35	
DTP	**DATE - LAST X-RAY DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Last X-Ray Date	X35	AN	1-35	R						25	35	
DTP	**DATE - INITIAL TREATMENT DATE**			**1**	**S**	**2400**	**2400**		**DTP**		**1**	**18**	**1**

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Initial Treatment Date	X35	AN	1-35	R						25	35	
QTY	**AMBULANCE PATIENT COUNT**			**1**	**S**	**2400**	**2400**		**QTY**		**1**	**18**	**1**
QTY01	Quantity Qualifier	X2	ID	2-2	R						19	2	
QTY02	Ambulance Patient Count	05 Ambulance Patient Count -GROUP PIC X(15) 05 Ambulance Patient Count -GROUP-REDEF REDEFINES Ambulance Patient Count -GROUP 10 Ambulance Patient Count PIC 9(2) 10 Ambulance Patient Count -FILLER PIC X(13)	R	1-15	R						21	15	
QTY03	COMPOSITE UNIT OF MEASURE				N/U								
QTY04	Fee-Form Message		AN	1-30	N/U								
QTY	**OBSTETRIC ANESTHESIA ADDITIONAL UNITS**			**1**	**S**	**2400**	**2400**		**QTY**		**1**	**18**	**1**
QTY01	Quantity Qualifier	X2	ID	2-2	R						19	2	
QTY02	Obstetric Additional Units	05 Obstetric Additional Units -GROUP PIC X(15) 05 Obstetric Additional Units -GROUP-REDEF REDEFINES Obstetric Additional Units -GROUP 10 Obstetric Additional Units PIC 9(2) 10 Obstetric Additional Units -FILLER PIC X(13)	R	1-15	R						21	15	
QTY03	COMPOSITE UNIT OF MEASURE				N/U								
QTY04	Fee-Form Message		AN	1-30	N/U								
MEA	**TEST RESULTS**			**5**	**S**	**2400**	**2400**		**MEA**		**1**	**18**	**5**
MEA01	Measurement Reference Identification Code	X2	ID	2-2	R						19	2	
MEA02	Measurement Qualifier	X3	ID	1-3	R						21	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
MEA03	Test Result	05 Test Result -GROUP PIC X(20) 05 Test Result HT -GROUP-REDEF REDEFINES Test Result -GROUP 10 Test Result HT PIC 9(2) 10 Test Result HT -FILLER PIC X(18) 05 Test Result R1- R2- R3- R4 -GROUP-REDEF REDEFINES Test Result -GROUP 10 Test Result R1- R2- R3- R4 PIC 9(2)V9 10 Test Result R1- R2- R3- R4 -FILLER PIC X(17)	R	1-20	R						24	20	
MEA04	COMPOSITE UNIT OF MEASURE				N/U								
MEA05	Range Minimum		R	1-20	N/U								
MEA06	Range Maximum		R	1-20	N/U								
MEA07	Measurement Significance Code		ID	2-2	N/U								
MEA08	Measurement Attribute Code		ID	2-2	N/U								
MEA09	Surface/Layer/Position Code		ID	2-2	N/U								
MEA10	Measurement Method or Device		ID	2-4	N/U								
MEA11	Code List Qualifier Code		ID	1-3	N/U								
MEA12	Industry Code		AN	1-30	N/U								
CN1	**CONTRACT INFORMATION**			**1**	**S**	**2400**	**2400**		**CN1**		**1**	**18**	**1**
CN101	Contract Type Code	X2	ID	2-2	R						19	2	
CN102	Contract Amount	05 Contract Amount -GROUP PIC X(18) 05 Contract Amount -GROUP-REDEF REDEFINES Contract Amount -GROUP 10 Contract Amount PIC S9(5)V99 10 Contract Amount -FILLER PIC X(11)	R	1-18	S						21	18	
CN103	Contract Percentage	05 Contract Percentage -GROUP PIC X(6) 05 Contract Percentage -GROUP-REDEF REDEFINES Contract Percentage -GROUP 10 Contract Percentage PIC 9(2)V99 10 Contract Percentage -FILLER PIC X(2)	R	1-6	S						39	6	
CN104	Contract Code	X50	AN	1-50	S						45	50	
CN105	Terms Discount Percent	05 Terms Discount Percent -GROUP PIC X(6) 05 Terms Discount Percent -GROUP-REDEF REDEFINES Terms Discount Percent -GROUP 10 Terms Discount Percent PIC 9(2)V99 10 Terms Discount Percent -FILLER PIC X(2)	R	1-6	S						95	6	
CN106	Contract Version Identifier	X30	AN	1-30	S						101	30	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF	**REPRICED LINE ITEM REFERENCE NUMBER**			**1**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Repriced Line Item Reference Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**			**1**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Adjusted Repriced Line Item Reference Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**PRIOR AUTHORIZATION**			**5**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**5**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF02	Prior Authorization or Referral Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				S								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
REF	**LINE ITEM CONTROL NUMBER**			**1**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Line Item Control Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**MAMMOGRAPHY CERTIFICATION NUMBER**			**1**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**1**
REF01	Reference identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Mammography Certification Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION**			**1**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Clinical Laboratory Improvement Amendment Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION**			**1**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Referring CLIA Number	X50	AN	1-50	R						22	50	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**IMMUNIZATION BATCH NUMBER**			**1**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Immunization Batch Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
REF	**REFERRAL NUMBER**			**5**	**S**	**2400**	**2400**		**REF**		**1**	**18**	**5**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Referral Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				S								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
AMT	**SALES TAX AMOUNT**			**1**	**S**	**2400**	**2400**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R						19	3	
AMT02	Sales Tax Amount	05 Sales Tax Amount -GROUP PIC X(18) 05 Sales Tax Amount -GROUP-REDEF REDEFINES Sales Tax Amount -GROUP 10 Sales Tax Amount PIC S9(5)V99 10 Sales Tax Amount -FILLER PIC X(11)	R	1-18	R						22	18	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U								
AMT	**POSTAGE CLAIMED AMOUNT**			**1**	**S**	**2400**	**2400**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R						19	3	
AMT02	Postage Claimed Amount	05 Postage Claimed Amount -GROUP PIC X(18) 05 Postage Claimed Amount -GROUP-REDEF REDEFINES Postage Claimed Amount -GROUP 10 Postage Claimed Amount PIC S9(5)V99 10 Postage Claimed Amount -FILLER PIC X(11)	R	1-18	R						22	18	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U								
K3	**FILE INFORMATION**			**10**	**S**	**2400**	**2400**		**K3**		**1**	**18**	**10**
K301	Fixed Format Information	X80	AN	1-80	R						19	80	
K302	Record Format Code		ID	1-2	N/U								
K303	COMPOSITE UNIT OF MEASURE				N/U								
NTE	**LINE NOTE**			**1**	**S**	**2400**	**2400**		**NTE**		**1**	**18**	**1**
NTE01	Note Reference Code	X3	ID	3-3	R						19	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
NTE02	Line Note Text	X80	AN	1-80	R						22	80	
NTE	**THIRD PARTY ORGANIZATION NOTES**			**1**	**S**	**2400**	**2400**		**NTE**		**1**	**18**	**1**
NTE01	Third Party Organization Notes	X3	ID	3-3	R						19	3	
NTE02	Line Note Text	X80	AN	1-80	R						22	80	
PS1	**PURCHASED SERVICE INFORMATION**			**1**	**S**	**2400**	**2400**		**PS1**		**1**	**18**	**1**
PS101	Purchased Service Provider Identifier	X50	AN	1-50	R						19	50	
PS102	Purchased Service Charge Amount	05 Purchased Service Charge Amount -GROUP PIC X(18) 05 Purchased Service Charge Amount -GROUP-REDEF REDEFINES Purchased Service Charge Amount -GROUP 10 Purchased Service Charge Amount PIC S9(5)V99	R	1-18	R						69	18	
PS103	State or Province Code		ID	2-2	N/U								
HCP	**LINE PRICING/REPRICING INFORMATION**			**1**	**S**	**2400**	**2400**		**HCP**		**1**	**18**	**1**
HCP01	Pricing Methodology	X2	ID	2-2	R						19	2	
HCP02	Repriced Allowed Amount	05 Repriced Allowed Amount -GROUP PIC X(18) 05 Repriced Allowed Amount -GROUP-REDEF REDEFINES Repriced Allowed Amount -GROUP 10 Repriced Allowed Amount PIC S9(5)V99 10 Repriced Allowed Amount -FILLER PIC X(11)	R	1-18	R						21	18	
HCP03	Repriced Saving Amount	05 Repriced Saving Amount -GROUP PIC X(18) 05 Repriced Saving Amount -GROUP-REDEF REDEFINES Repriced Saving Amount -GROUP 10 Repriced Saving Amount PIC S9(5)V99 10 Repriced Saving Amount -FILLER PIC X(11)	R	1-18	S						39	18	
HCP04	Repricing Organization Identifier	X50	AN	1-50	S						57	50	
HCP05	Repricing Per Diem or Flat Rate Amount	X(9) 05 Repricing Per Diem or Flat Rate Amount -GROUP-REDEF REDEFINES Repricing Per Diem or Flat Rate Amount -GROUP 10 Repricing Per Diem or Flat Rate Amount PIC S9(5)V99	R	1-9	S						107	9	
HCP06	Repriced Approved Ambulatory Patient Group Code	X50	AN	1-50	S						116	50	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
HCP07	Repriced Approved Ambulatory Patient Group Amount	05 Repriced Approved Ambulatory Patient Group Amount -GROUP PIC X(18) 05 Repriced Approved Ambulatory Patient Group Amount -GROUP-REDEF REDEFINES Repriced Approved Ambulatory Patient Group Amount -GROUP 10 Repriced Approved Ambulatory Patient Group Amount PIC S9(5)V99 10 Repriced Approved Ambulatory Patient Group Amount -FILLER PIC X(11)	R	1-18	S						166	18	
HCP08	Product/Service ID		AN	1-48	N/U								
HCP09	Product or Service ID Qualifier	X2	ID	2-2	S						184	2	
HCP10	Repriced Approved HCPCS Code	X48	AN	1-48	S						186	48	
HCP11	Unit or Basis for Measurement Code	X2	ID	2-2	S						234	2	
HCP12	Repriced Approved Service Unit Count	05 RepricedApprovedServiceUnitCount-GROUP PIC X(8) 05 RepricedApprovedServiceUnitCount-MJ-qualifier-GROUP-REDEF REDEFINES RepricedApprovedServiceUnitCount-GROUP 10 RepricedApprovedServiceUnitCount-MJ-qualifier PIC 9(4) 10 RepricedApprovedServiceUnitCount-MJ-FILLER PIC X(4) 05 RepricedApprovedServiceUnitCount-UN-qualifier-GROUP-REDEF REDEFINES RepricedApprovedServiceUnitCount-GROUP 10 RepricedApprovedServiceUnitCount-UN-qualifier PIC 9(4)V9	R	1-15	S						236	8	
HCP13	Reject Reason Code	X2	ID	2-2	S						244	2	
HCP14	Policy Compliance Code	X2	ID	1-2	S						246	2	
HCP15	Exception Code	X2	ID	1-2	S						248	2	
LIN	**DRUG IDENTIFICATION**			**1**	**S**	**2410**	**2410**		**LIN**		**1**	**18**	**1**
LIN01	Assigned Identification		AN	1-20	N/U								
LIN02	Product or Service ID Qualifier	X2	ID	2-2	R						19	2	
LIN03	National Drug Code	X48	AN	1-48	R						21	48	
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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
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								
LIN21	Product/Service ID		AN	1-48	N/U								
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								
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**	**R**	**2410**	**2410**		**CTP**		**1**	**18**	**1**
CTP01	Class of Trade Code		ID	2-2	N/U								
CTP02	Price Identifier Code		ID	3-3	N/U								
CTP03	Unit Price		R	1-17	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
CTP04	National Drug Unit Count	05 National Drug Unit Count -GROUP PIC X(15) 05 National Drug Unit Count -GROUP-REDEF REDEFINES National Drug Unit Count-GROUP 10 National Drug Unit Count PIC 9(7)V999 10 National Drug Unit Count -FILLER PIC X(5)	R	1-15	R						19	15	
CTP05	COMPOSITE UNIT OF MEASURE				R								
CTP05-1	Code Qualifer	X2	ID	2-2	R						34	2	
CTP05-2	Exponent		R	1-15	N/U								
CTP05-3	Multiplier		R	1-10	N/U								
CTP05-4	Unit or Basis For Measurement Code		ID	2-2	N/U								
CTP05-5	Exponent		R	1-15	N/U								
CTP05-6	Multiplier		R	1-10	N/U								
CTP05-7	Unit or Basis For Measurement Code		ID	2-2	N/U								
CTP05-8	Exponent		R	1-15	N/U								
CTP05-9	Multiplier		R	1-10	N/U								
CTP05-10	Unit or Basis For 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								
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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF	**PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER**			**1**	**S**	**2410**	**2410**		**REF**		**1**	**18**	**1**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Prescription Number	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				N/U								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	N/U						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	N/U						75	50	
REF04-3	Reference Identification 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								
NM1	**RENDERING PROVIDER NAME**			**1**	**S**	**2420A**	**2420A**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Rendering Provider Last or Organization Name	X60	AN	1-60	R						23	60	
NM104	Rendering Provider First Name	X35	AN	1-35	S						83	35	
NM105	Rendering Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Rendering Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Rendering Provider Identifier	X80	AN	2-80	S						155	80	
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								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
PRV	**RENDERING PROVIDER SPECIALTY INFORMATION**			**1**	**S**	**2420A**	**2420A**		**PRV**		**1**	**18**	**1**
PRV01	Provider Code	X3	ID	1-3	R						19	3	
PRV02	Reference Identification Qualifier	X3	ID	2-3	R						22	3	
PRV03	Provider Taxonomy Code	X50	AN	1-50	R						25	50	
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	**RENDERING PROVIDER SECONDARY IDENTIFICATION**			**20**	**S**	**2420A**	**2420A**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Rendering Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				S								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
NM1	**PURCHASED SERVICE PROVIDER NAME**			**1**	**S**	**2420B**	**2420B**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Purchase Service Primary Identifier	X80	AN	2-80	S						155	80	
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								
REF	**PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION**			**20**	**S**	**2420B**	**2420B**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Purchased Service Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				S								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
NM1	**SERVICE FACILITY LOCATION NAME**			**1**	**S**	**2420C**	**2420C**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Laboratory or Facility Name	X60	AN	1-60	R						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Laboratory or Facility Primary Identifier	X80	AN	2-80	S						155	80	
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	**SERVICE FACILITY LOCATION ADDRESS**			**1**	**R**	**2420C**	**2420C**		**N3**		**1**	**18**	**1**
N301	Laboratory or Facility Address Line	X55	AN	1-55	R						19	55	
N302	Laboratory or Facility Address Line	X55	AN	1-55	S						74	55	
N4	**SERVICE FACILITY LOCATION CITY/STATE/ZIP**			**1**	**R**	**2420C**	**2420C**		**N4**		**1**	**18**	**1**
N401	Laboratory or Facility City Name	X30	AN	2-30	R						19	30	
N402	Laboratory or Facility State or Province Code	X2	ID	2-2	S						49	2	
N403	Laboratory or Facility Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Laboratory or Facility Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
REF	**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**			**3**	**S**	**2420C**	**2420C**		**REF**		**1**	**18**	**3**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Service Facility Location Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
REF04	REFERENCE IDENTIFIER				S								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
NM1	**SUPERVISING PROVIDER NAME**			**1**	**S**	**2420D**	**2420D**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Supervising Provider Last Name	X60	AN	1-60	R						23	60	
NM104	Supervising Provider First Name	X35	AN	1-35	S						83	35	
NM105	Supervising Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Supervising Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Supervising Provider Identifier	X80	AN	2-80	S						155	80	
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								
REF	**SUPERVISING PROVIDER SECONDARY IDENTIFICATION**			**20**	**S**	**2420D**	**2420D**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Supervising Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04	REFERENCE IDENTIFIER				S								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
NM1	**ORDERING PROVIDER NAME**			**1**	**S**	**2420E**	**2420E**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Ordering Provider Last Name	X60	AN	1-60	R						23	60	
NM104	Ordering Provider First Name	X35	AN	1-35	S						83	35	
NM105	Ordering Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Ordering Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Ordering Provider Identifier	X80	AN	2-80	S						155	80	
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	**ORDERING PROVIDER ADDRESS**			**1**	**S**	**2420E**	**2420E**		**N3**		**1**	**18**	**1**
N301	Ordering Provider Address Line	X55	AN	1-55	R						19	55	
N302	Ordering Provider Address Line	X55	AN	1-55	S						74	55	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
N4	**ORDERING PROVIDER CITY/STATE/ZIP CODE**			**1**	**S**	**2420E**	**2420E**		**N4**		**1**	**18**	**1**
N401	Ordering Provider City Name	X30	AN	2-30	R						19	30	
N402	Ordering Provider State or Province Code	X2	ID	2-2	S						49	2	
N403	Ordering Provider Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Ordering Provider Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
REF	**ORDERING PROVIDER SECONDARY IDENTIFICATION**			**20**	**S**	**2420E**	**2420E**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Ordering Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				S								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
PER	**ORDERING PROVIDER CONTACT INFORMATION**			**1**	**S**	**2420E**	**2420E**		**PER**		**1**	**18**	**1**
PER01	Contact Function Code	X2	ID	2-2	R						19	2	
PER02	Ordering Provider Contact Name	X60	AN	1-60	S						21	60	
PER03	Communication Number Qualifier	X2	ID	2-2	R						81	2	
PER04	Communication Number	X256	AN	1-256	R						83	256	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
PER05	Communication Number Qualifier	X2	ID	2-2	S						339	2	
PER06	Communication Number	X256	AN	1-256	S						341	256	
PER07	Communication Number Qualifier	X2	ID	2-2	S						597	2	
PER08	Communication Number	X256	AN	1-256	S						599	256	
PER09	Contact Inquiry Reference		AN	1-20	N/U								
NM1	**REFERRING PROVIDER NAME**			**1**	**S**	**2420F**	**2420F**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Referring Provider Last Name	X60	AN	1-60	R						23	60	
NM104	Referring Provider First Name	X35	AN	1-35	S						83	35	
NM105	Referring Provider Middle Name or Initial	X25	AN	1-25	S						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Referring Provider Name Suffix	X10	AN	1-10	S						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	S						153	2	
NM109	Referring Provider Identifier	X80	AN	2-80	S						155	80	
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								
REF	**REFERRING PROVIDER SECONDARY IDENTIFICATION**			**20**	**S**	**2420F**	**2420F**		**REF**		**1**	**18**	**20**
REF01	Reference Identification Qualifier	X3	ID	2-3	R						19	3	
REF02	Referring Provider Secondary Identifier	X50	AN	1-50	R						22	50	
REF03	Description		AN	1-80	N/U								
REF04	REFERENCE IDENTIFIER				S								
REF04-1	Reference Identifier Qualifier	X3	ID	2-3	R						72	3	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
REF04-2	Other Payer Primary Identifier	X50	AN	1-50	R						75	50	
REF04-3	Reference Identification 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								
NM1	**AMBULANCE PICK UP LOCATION**			**1**	**S**	**2420G**	**2420G**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Name Last or Organization Name	X60	AN	1-60	N/U						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Identification Code	X80	AN	2-80	N/U						155	80	
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	**AMBULANCE PICK UP LOCATION ADDRESS**			**1**	**R**	**2420G**	**2420G**		**N3**		**1**	**18**	**1**
N301	Ambulance Pick Up Address Line	X55	AN	1-55	R						19	55	
N302	Ambulance Pick Up Address Line	X55	AN	1-55	S						74	55	
N4	**AMBULANCE PICK UP LOCATION CITY/STATE/ZIP**			**1**	**R**	**2420G**	**2420G**		**N4**		**1**	**18**	**1**
N401	Ambulance Pick Up City Name	X30	AN	2-30	R						19	30	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
N402	Ambulance Pick Up State or Province Code	X2	ID	2-2	S						49	2	
N403	Ambulance Pick Up Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Ambulance Pick Up Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
NM1	**AMBULANCE DROP OFF LOCATION**			**1**	**S**	**2420H**	**2420H**		**NM1**		**1**	**18**	**1**
NM101	Entity Identifier Code	X3	ID	2-3	R						19	3	
NM102	Entity Type Qualifier	X1	ID	1-1	R						22	1	
NM103	Ambulance Drop Off Location	X60	AN	1-60	S						23	60	
NM104	Name First	X35	AN	1-35	N/U						83	35	
NM105	Name Middle	X25	AN	1-25	N/U						118	25	
NM106	Name Prefix		AN	1-10	N/U								
NM107	Name Suffix	X10	AN	1-10	N/U						143	10	
NM108	Identification Code Qualifier	X2	ID	1-2	N/U						153	2	
NM109	Identification Code	X80	AN	2-80	N/U						155	80	
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	**AMBULANCE DROP OFF LOCATION ADDRESS**			**1**	**R**	**2420H**	**2420H**		**N3**		**1**	**18**	**1**
N301	Ambulance Drop Off Address Line	X55	AN	1-55	R						19	55	
N302	Ambulance Drop Off Address Line	X55	AN	1-55	S						74	55	
N4	**AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP**			**1**	**R**	**2420H**	**2420H**		**N4**		**1**	**18**	**1**

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
N401	Ambulance Drop Off City Name	X30	AN	2-30	R						19	30	
N402	Ambulance Drop Off State or Province Code	X2	ID	2-2	S						49	2	
N403	Ambulance Drop Off Postal Zone or ZIP Code	X15	ID	3-15	S						51	15	
N404	Ambulance Drop Off Country Code	X3	ID	2-3	S						66	3	
N405	Location Qualifier		ID	1-2	N/U								
N406	Location Identifier		AN	1-30	N/U								
N407	Country Subdivision Code	X3	ID	1-3	S						69	3	
SVD	**LINE ADJUDICATION INFORMATION**			**1**	**S**	**2430**	**2430**		**SVD**		**1**	**18**	**1**
SVD01	Other Payer Primary Identifier	X80	AN	2-80	R						19	80	
SVD02	Service Line Paid Amount	05Service Line Paid Amount -GROUP PIC X(18) 05 Service Line Paid Amount -GROUP-REDEF REDEFINES Service Line Paid Amount -GROUP 10 Service Line Paid Amount PIC S9(5)V99 10 Service Line Paid Amount -FILLER PIC X(11)	R	1-18	R						99	18	
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R								
SVD03-1	Product or Service ID Qualifier	X2	ID	2-2	R						117	2	
SVD03-2	Procedure Code	X48	AN	1-48	R						119	48	
SVD03-3	Procedure Modifier	X2	AN	2-2	S						167	2	
SVD03-4	Procedure Modifier	X2	AN	2-2	S						169	2	
SVD03-5	Procedure Modifier	X2	AN	2-2	S						171	2	
SVD03-6	Procedure Modifier	X2	AN	2-2	S						173	2	
SVD03-7	Procedure Code Description	X80	AN	1-80	S						175	80	
SVD03-8	Product/Service ID		AN	1-48	N/U								
SVD04	Product or Service ID		AN	1-48	N/U								
SVD05	Paid Service Unit Count	05 Paid Service Unit Count -GROUP PIC X(15) 05 Paid Service Unit Count -GROUP-REDEF REDEFINES Paid Service Unit Count -GROUP 10 Paid Service Unit Count PIC 9(7)V999 10 Paid Service Unit Count -FILLER PIC X(5)	R	1-15	R						255	15	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
SVD06	Bundled or Unbundled Line Number	05 Bundled or Unbundled Line Number -GROUP PIC X(6) 05 Bundled or Unbundled Line Number -GROUP-REDEF REDEFINES Bundled or Unbundled Line Number -GROUP 10 Bundled or Unbundled Line Number PIC 9(6)	N0	1-6	S						270	6	
CAS	**LINE ADJUSTMENT**			**5**	**S**	**2430**	**2430**		**CAS**		**1**	**18**	**5**
CAS01	Claim Adjustment Group Code	X2	ID	1-2	R						19	2	
CAS02	Adjustment Reason Code	X5	ID	1-5	R						21	5	
CAS03	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	R						26	18	
CAS04	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						44	15	
CAS05	Adjustment Reason Code	X5	ID	1-5	S						59	5	
CAS06	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						64	18	
CAS07	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						82	15	
CAS08	Adjustment Reason Code	X5	ID	1-5	S						97	5	
CAS09	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						102	18	
CAS10	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						120	15	
CAS11	Adjustment Reason Code	X5	ID	1-5	S						135	5	
CAS12	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						140	18	

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Element Identifier	**Description**	**COBOL PIC**	**ID**	**Min. Max.**	**Usage Reg.**	**Loop**	**Loop ID**	**Loop Seq.**	**Seg. ID**	**Seg. Seq.**	**Start**	**Length**	**Record Repeat**
							6	**4**	**4**	**4**			
CAS13	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						158	15	
CAS14	Adjustment Reason Code	X5	ID	1-5	S						173	5	
CAS15	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						178	18	
CAS16	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						196	15	
CAS17	Adjustment Reason Code	X5	ID	1-5	S						211	5	
CAS18	Adjustment Amount	05 Adjustment Amount -GROUP PIC X(18) 05 Adjustment Amount -GROUP-REDEF REDEFINES Adjustment Amount -GROUP 10 Adjustment Amount PIC S9(5)V99 10 Adjustment Amount -FILLER PIC X(11)	R	1-18	S						216	18	
CAS19	Adjustment Quantity	05 Adjustment Quantity -GROUP PIC X(15) 05 Adjustment Quantity -GROUP-REDEF REDEFINES Adjustment Quantity -GROUP 10 Adjustment Quantity PIC 9(7) 10 Adjustment Quantity -FILLER PIC X(8)	R	1-15	S						234	15	
DTP	**LINE CHECK OR REMITTANCE DATE**			**1**	**R**	**2430**	**2430**		**DTP**		**1**	**18**	**1**
DTP01	Date Time Qualifier	X3	ID	3-3	R						19	3	
DTP02	Date Time Period Format Qualifier	X3	ID	2-3	R						22	3	
DTP03	Adjudication or Payment Date	X35	AN	1-35	R						25	35	
AMT	**REMAINING PATIENT LIABILITY**			**1**	**S**	**2430**	**2430**		**AMT**		**1**	**18**	**1**
AMT01	Amount Qualifier Code	X3	ID	1-3	R						19	3	
AMT02	Remaining Patient Liability	05 Remaining Patient Liability -GROUP PIC X(18) 05 Remaining Patient Liability -GROUP-REDEF REDEFINES Remaining Patient Liability -GROUP 10 Remaining Patient Liability PIC S9(5)V99 10 Remaining Patient Liability -FILLER PIC X(11)	R	1-18	R						22	18	
AMT03	Credit/Debit Flag Code		ID	1-1	N/U								

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			
LQ	**FORM IDENTIFICATION CODE**			**1**	**S**	**2440**	**2440**		**LQ**		**1**	**18**	**1**
LQ01	Code List Qualifier Code	X3	ID	1-3	R						19	3	
LQ02	Form Identifier	X30	AN	1-30	R						22	30	
FRM	**SUPPORTING DOCUMENTATION**			**99**	**R**	**2440**	**2440**		**FRM**		**1**	**18**	**99**
FRM01	Question Number/Letter	X20	AN	1-20	R						19	20	
FRM02	Question Response	X1	ID	1-1	S						39	1	
FRM03	Question Response	X50	AN	1-50	S						40	50	
FRM04	Question Response	05 Question Response -GROUP PIC X(8) 05 Question Response -GROUP-REDEF REDEFINES Question Response -GROUP 10 Question Response PIC 9(8)	DT	8-8	S						90	8	
FRM05	Question Response	05 Question Response -GROUP PIC X(6) 05 Question Response -GROUP-REDEF REDEFINES Question Response -GROUP 10 Question Response PIC 9(3)V9 10 Question Response -FILLER PIC X(2)	R	1-6	S						98	6	
SE	**TRANSACTION SET TRAILER**			**1**	**R**	___			**SE**		**1**	**18**	**1**
SE01	Transaction Segment Count	9(10)	N0	1-10	R						19	10	
SE02	Transaction Set Control Number	X9	AN	4-9	R						29	9	
GE	**FUNCTION GROUP TRAILER**			**1**	**R**	___			**GE**		**1**	**18**	**1**
GE01	Number of Transaction Sets Included	9(6)	N0	1-6	R						19	6	
GE02	Group Control Number	9(9)	N0	1-9	R						25	9	
IEA	**INTERCHANGE CONTROL TRAILER**			**1**	**R**	___			**IEA**		**1**	**18**	**1**
IEA01	Number of Included Functional Groups	9(5)	N0	1-5	R						19	5	
IEA02	Interchange Control Number	9(9)	N0	9-9	R						24	9	

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837P	As of Oct 19, 2010		X12 Element Attributes				X12 Flat File						
Element Identifier	Description	COBOL PIC	ID	Min. Max.	Usage Reg.	Loop	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start	Length	Record Repeat
							6	4	4	4			

Element Identifier	This field contains the segment or element identifier
Description	This field indicates the element name or the industry name describing the element
COBOL PIC	This field indicates the the COBOL picture clause, which is an element in programming language that is used to indicate the item characteristics and size of the numeric data element.
ID	This field indicates the attributes of the data element (ie. ID, AN, R, TM, and DT) see rows 5-9 for definitions of each type
ID (identifier)	An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. An identifier is always left justified. The representation for this data element type is "ID".
AN (string)	A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant chracters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters.Trailing spaces must be suppressed unless they are necessary to satisfy a minimum legnth. The representation for this data element type is "AN".
R (decimal)	A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R". The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end), the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted. Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example commas in 1,000,000) is expressly prohibited. The length of a decimal type element does not include the optional leading sign or decimal point.
TM (time)	A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00-23), MM is the minute (00-59), SS is the second (00-59), and d..d is decimal seconds. The representation for this data element type is "TM". The length of the data element determines the format of the transmitted time.
DT (date)	A date data element is used to express the standard date is either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01-12), and DD is the day in the month (01-31). The representation for this data element type is "DT".

Min. Max.	This field identifies the minimum and maximum size of a data element (ie. A value of 1-2 means the element can be either 1 byte or 2 bytes. A value of 5-5 means that the element must be 5 bytes)
Usage Reg.	The field indicates whether a segment or element is REQUIRED, SITUATIONAL, or NOT USED
Loop	This field contains the loop ID, if applicable.
Loop Repeat	This field contains the value indicating the number of times the loop may be repeated.
Values	This field contains the value or values which can be submitted in this element.
Loop ID	Loop ID (6 bytes) - This field contain positions 1 through 6 of the 18 byte record key used to identify the loop when used as a record key in a computer program (ie. "2010AA"). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Loop Seq.	Loop Seq. (4 bytes) - This field contain positions 7 through 10 of the 18 byte record key used to identify the numeric sequence of the loop when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Seg. ID	Seq. ID (4 bytes) - This field contains positions 11 through 14 of the 18 byte record key used to identify the segment when used as a record key in a computer program (ie."REF "). Left justify and space fill. Note: the total size of the record key is 18 bytes.
Seg. Seq.	Seg. Seq.(4 bytes) - This field contains positions 15 through 18 of the 18 byte record key used to identify the numeric sequence of the segment when used as a record key in a computer program (ie. "0001"). Right justify and zero fill. Note: the total size of the record key is 18 bytes.
Start	This field shows the data element's starting position within the record.
Length	This field shows the data element's length with the record.
Record Repeat	If the record repeats, this field indicates the number of times the record may repeat.

09/09/2010	Changed value in GS08 to 005010X222A1	Errata
09/09/2010	Changed 2010BA NM108 usage from R to S	Errata
09/09/2010	Changed 2010BA NM109 usage from R to S	Errata
09/09/2010	Changed 2010BA N4 usage from R to S	Errata
09/09/2010	Changed 2010BB N4 usage from R to S	Errata
09/09/2010	Added new 2010CA REF segment Property & Casualty Patient Identifier	Errata
09/09/2010	Changed 2330A N4 usage from R to S	Errata
09/09/2010	Changed 2330B N4 usage from R to S	Errata
09/09/2010	Added qualifiers EN, EO, HI, UK, UP to LIN02	Errata
09/09/2010	Changed 2420E N4 usage from R to S	Errata
10/20/10	Updated +PR and +CR REF segments per copybook concept	HP comment

Excerpt from original 837P from the provider	Errors
CLM>PARTB>**92.511**>>>11+B+1>Y>A>Y>Y>P	• CLM02 has t
REF>D9>CLEARINGHOUSEID	•
HI>ABK+J020	•
NM1>82>1>KAHN>BEN>>>>XX>NNNNNNNNNN	•
PRV>PE>PXC>203BF0100Y	•
NM1>77>2>ABBEY MEMORIAL>>>>>XX>NNNNNNNNNN	• N403 has an
N3>9999A STEVE D SMITHY AVE	•
N4>LOS ANGELES>CA>**90033-2414**	•
LX>1	•
SV1>HC+99201>65.00>UN>1>>>1	
DTP>472>D8>20090701	
REF>6R>1	
LX>2	
SV1>HC+87880>33.50>UN>1>>>1	
DTP>472>D8>20090701	
REF>6R>2	

Sample segments from Flat File from the COTS translator to CEM with the new STC records identifyi

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
================================================================================
2300  0001CLM 0120PARTB              000521A          11B 1YAYYP
2300  0001STC 0120A7   697     20090819U 000000925AA7   178
2310C 0001N4  0127LOS ANGELES                  CA90033-2414
2310C 0001STC 0127A7   500  77 20090819U 000000925A
```

Flat File definition for the STC error records. These records are added after any segment that has er

STC	Description	Loop ID	Loop Seq.	Seg. ID	Seg. Seq.	Start
		6	**4**	**4**	**4**	
				STC		1
STC01-1	**Claim Status Category Code**					**19**
STC01-2	**Claim Status Code**					**24**
STC01-3	**Entity Identifier Code**					**29**
STC01-4	**Not Used**					
STC02	**Status Info Effective Date**					**32**
STC03	**Action Code**					**40**

STC04	Submitted Charges for					42
STC05	Not Used					
STC06	Not Used					
STC07	Not Used					
STC08	Not Used					
STC09	Not Used					
STC10-1	Claim Status Category Code					52
STC10-2	Claim Status Code					57
STC10-3	Entity Identifier Code					62
STC10-4	Not Used					
STC11-1	Claim Status Category Code					65
STC11-2	Claim Status Code					70
STC11-3	Entity Identifier Code					75
STC11-4	Not Used					
STC12	Not Used					

999 Example

ST>999>000000001>005010X231~
AK1>HC>000000001>005010X222~
AK2>837>000000001>005010X222~
IK3>CLM>120>>8~
IK4>2>782>I12>92.511~
IK3>N4>127>>8~
IK4>3>116>6>90033-2414~
IK5>E~
AK9>E>1>1>1~
SE>10>000000001~

277CA Example

ST>277>000000001>005010X214~
BHT>0085>08>BATCH0001>20090721>1350>TH~
HL>1>>20>1~
NM1>PR>2>J1 MEDICARE 'B' - CA, HI, NV>>>>>PI>PPPPP~
TRN>1>SOURCETR0001~

```
DTP>050>D8>20090721~
DTP>009>D8>20090721~
HL>2>1>21>1~
NM1>41>2>ABBEY MEMORIAL MEDICAL CLN>>>>>46>NNNNNNNNNN~
TRN>2>0123~
STC>A1+19>20090721>WQ>1597.36~
QTY>90>23~
QTY>AA>1~
AMT>YU>1504.86~
AMT>YY>
HL>3>2>19>1~
NM1>85>2>ABBEY MEMORIAL MEDICAL CLN>>>>>XX>NNNNNNNNNN~
HL>4>3>PT~
NM1>QC>1>TEST>PART>B>>JR.>MI>111111111F~
TRN>2>PARTB~
STC>A7+697>20090721>U>92.51>>>>>>A7+178~
STC>A7+500+77>20090721>U>92.51~
STC>A7+400>20090721>U>92.51 ~
REF>D9>CLEARINGHOUSEID~
DTP>472>D8>20090701~
SE>23>000000001~
```

Notes:

1. The first STC was generated by the CEM for claim being out of balance. This is not
2. Second and third STC were generated from the STC records passed to the CEM fro

oo many decimal positions
A7 - Acknowledgement/Rejected for Invalid Information
697 - Invalid Decimal Precision
A7 - Acknowledgement/Rejected for Invalid Information
178 - Submitted charges.
invalid character (dash) in the postal code
A7 - Acknowledgement/Rejected for Invalid Information
500 - Entity's Postal/Zip Code
77 - Service Location

ng the errors:

===

rors which are being passed from the COTS translator to the CEM.

Length	Record Repeat	Picture
18	>1	
5		**X(5)**
5		**X(5)**
3		**X(3)**
8		**9(8)**
2		**X(2)**

10		S9(8)V99
5		X(5)
5		X(5)
3		X(3)
5		X(5)
5		X(5)
3		X(3)

found by the COTS translator.
m the COTS translator.

70.6.5 - Coordination of Benefits Agreement (COBA) 5010 Coordination of Benefits (COB) Requirements

(Rev. 2087, Issued: November 5, 2010, Effective Date: April 1, 2011, Implementation Date: April 4, 2011)

I. Health Insurance Portability and Accountability Act (HIPAA) 837 4010-A1 to HIPAA 5010 COB Transitional Period Requirements

During the 837 5010 transitional period, the Medicare shared systems shall accommodate the multi-faceted scenarios that follow below each broad category with respect to creation of 837 COB flat files.

INCOMING HIPAA 5010 CLAIMS IN ASSOCIATION WITH COBA TRADING PARTNER COB FORMAT SPECIFICATIONS

Scenario 1: During the 837 5010 transitional period, if a provider or supplier submits a HIPAA 837 5010 institutional or professional claim to a Medicare contractor and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains a "P" 4010-A1 Test/Production indicator and a "T" 5010 indicator, the affected shared systems shall: 1) produce a "skinny" non-SFR "production" claim in the 4010-A1 837 COB flat file for transmission to the COBC; and 2) produce an 837 5010 "test" COB flat file that contains a claim with full SFR content for transmission to the COBC.

Scenario 2: If a provider or supplier submits a HIPAA 837 5010 institutional or professional claim to a Medicare contractor and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains a "P" 4010-A1 Test/Production indicator and a "N" 5010 indicator, the affected shared systems shall: 1) produce a "skinny" non-SFR "production" claim in the 4010-A1 837 COB flat file for transmission to the COBC; and 2) produce nothing in terms of an 837 5010 COB flat file.

Scenario 3: If a provider of supplier submits a HIPAA 837 5010 institutional or professional claim to a Medicare contractor and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains an "N" 4010-A1 Test/Production indicator and a "T" 5010 indicator, the affected shared system shall: 1) produce nothing in terms of a 4010-A1 837 COB flat file; and 2) produce a 5010 "test" claim with full SFR content for COBA testing purposes.

Scenario 4: If a provider of supplier submits a HIPAA 837 5010 institutional or professional claim to a Medicare contractor and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains an "N" 4010-A1 Test/Production indicator and a "P" 5010 indicator, the affected shared system shall: 1) produce nothing in terms of a 4010-A1 837 COB flat file; and 2) produce a "production" 5010 claim with full SFR content for COBA "production" purposes.

(**NOTE:** This will be the profile of a COBA trading partner that has cut-over to 5010 COB production.)

INCOMING HIPAA 4010-A1 CLAIMS IN ASSOCIATION WITH COBA TRADING PARTNER COB FORMAT SPECIFICATIONS

Scenario 1: During the transitional period, if a provider or supplier submits an 837 4010-A1 institutional or professional claim to a Medicare Part A contractor or DME MAC and if the Medicare contractor receives a Common Working File (CWF) Beneficiary Other Insurance (BOI) reply trailer (29) that contains a "P" 4010-A1 Test/Production (4010-A1) indicator and a "T" 5010 indicator, the affected shared systems shall: 1) create an 837 COB flat file that contains full 4010-A1 store-and-forward (SFR) content for the "production" claim for transmission to the COBC; and 2) create a "skinny" non-SFR claim in the 5010 837 COB flat file format for the "test" 5010 claim and transmit the file to the COBC.

Scenario 2: If a provider or supplier submits an 837 4010-A1 institutional or professional claim to a Medicare Part A contractor or DME MAC, as appropriate, and if the Medicare contractor receives a Common Working File (CWF) Beneficiary Other Insurance (BOI) reply trailer (29) that contains a "P" 4010-A1 Test/Production (4010-A1) indicator and a "N" 5010 indicator, the affected shared systems shall: 1) create an 837 COB flat file that contains full 4010-A1 store-and-forward (SFR) content for the "production" claim; and 2) create nothing in terms of a 5010 COB claim.

Scenario 3: If a provider or supplier submits an 837 4010-A1 institutional or professional claim to a Medicare Part A contractor or DME MAC and if the Medicare contractor receives a Common Working File (CWF) Beneficiary Other Insurance (BOI) reply trailer (29) that contains a "N" 4010-A1 Test/Production (4010-A1) indicator and a "T" 5010 indicator, the affected shared systems shall: 1) create nothing in terms of a 4010-A1 COB claim; and 2) create a "test" 5010 non-SFR COB claim.

Scenario 4: If a provider or supplier submits an 837 4010-A1 institutional or professional claim to a Medicare Part A contractor or DME MAC and if the Medicare contractor receives a Common Working File (CWF) Beneficiary Other Insurance (BOI) reply trailer (29) that contains a "N" 4010-A1 Test/Production (4010-A1) indicator and a "P" 5010 indicator, the affected shared systems shall: 1) create nothing in terms of a 4010-A1 COB claim; and 2) create a "production" 5010 non-SFR COB claim.

SPECIAL ONGOING RULE FOR ADJUSTMENT CLAIMS, CLAIMS HELD IN SUSPENSE, AND CLAIMS TO BE REPAIRED

The shared system shall produce a 5010 "skinny" claim, without SFR content, in the event that a claim that a Medicare contractor originally adjudicated in the 4010-A1 format is later released from suspense status or is adjusted during a time frame when a COBA trading partner has moved to 837 5010 production (that is, the BOI reply trailer 29 contains a "P" 5010 Test/Production indicator).

In addition, as of the mandatory cutover date to the 5010 claim transaction, all shared systems shall have the capability of repairing claims that previously errored out in the 4010-A1 format prior to the cutover date in the 5010 COB claim format on and after January 1, 2012.

ADDRESSING INCOMING PAPER CLAIMS FOR OUTBOUND COB PURPOSES

Scenario 1: During the transitional period, if a provider or supplier submits a hard-copy claim (paper UB-04 or CMS-1500) or, as applicable, enters a direct-data-entry (DDE) claim to a Medicare Part A contractor or DME MAC and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains a "P" 4010-A1 Test/Production indicator and a "T" 5010 indicator, the affected shared system shall: 1) produce a "skinny" non-SFR 4010-A1 "production" COB claim; and 2) produce a "skinny" non-SFR 5010 "test" COB claim.

Scenario 2: If a provider or supplier submits a hard-copy claim (paper UB-04 or CMS-1500) or, as applicable, enters a DDE claim to a Medicare Part A contractor or DME MAC and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains a "P" 4010-A1 Test/Production indicator and a "N" 5010 indicator, the affected shared system shall: 1) produce a "skinny" non-SFR 4010-A1 "production" COB claim; and 2) produce nothing in terms of a 5010 COB claim.

Scenario 3: If a provider or supplier submits a hard-copy claim (paper UB-04 or CMS-1500) or, as applicable, enters a DDE claim to a Medicare Part A contractor or DME MAC and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains a "N" 4010-A1 Test/Production indicator and a "T" 5010 indicator, the affected shared system shall: 1) produce nothing in terms of a 4010-A1 claim; and 2) produce a "skinny' non-SFR 5010 "test" COB claim.

Scenario 4: Finally, if a provider or supplier submits a hard-copy claim (paper UB-04 or CMS-1500) or, as applicable, enters a DDE claim to a Medicare Part A contractor or DME MAC and if the Medicare contractor receives a CWF BOI reply trailer (29) that contains a "N" 4010-A1 Test/Production indicator and a "P" 5010 indicator, the affected shared system shall: 1) produce nothing in terms of a 4010-A1 COB claim; and 2) produce a "skinny" non-SFR 5010 "production" COB claim.

IMPORTANT: For all scenarios, if the inbound claim's format is the same as the outbound claim, the shared system shall produce crossover claims with full SFR claim content as part of their contractors' 837 COB flat file transmissions to the COBC.

II. General 5010 COB Flat File Mapping Requirements

A. 837 Institutional COB Claim Mapping Rules

Effective with the testing and implementation of the Health Insurance Portability and Accountability Act (HIPAA) American National Standards Institute (ANSI) X12-N 837 institutional claim (version 5010), the Fiscal Intermediary Shared System (FISS) shall observe the following business rules for mapping of the 5010 COB (institutional) flat file:

1. The following segments shall **not** be passed to the COBC:

a. ISA (Interchange Control Header Segment);
b. IEA (Interchange Control Trailer Segment);
c. GS (Functional Group Header Segment); and
d. GE (Functional Group Trailer Segment).

2. The shared system shall map the claim version *(version 005010X223A2 upon adoption of the 5010 Errata changes)* in the field of the 837 5010 COB flat file that corresponds to the ST03 segment. (**NOTE:** The shared system shall **not** take this approach with respect to 4010-A1 claims that it will be transmitting to the COBC during the transitional period.)

3. The BHT02 (Beginning of the Hierarchical Transaction—Transaction Set Purpose Code) shall be passed either with value 00 or 18 under the following circumstances:

   a. Normal claims submission to the COBC—use "00"; and
   b. COBA claims repair process—use "18."

4. The BHT03 (Beginning of the Hierarchical Transaction—Reference Identification or Originator Application Transaction ID) shall contain identifiers populated as follows:

   a. 22 bytes for non-COBA recovery claims as follows:

   Bytes 1-9—Contractor ID (9 bytes; contractor ID, left justified, followed by 4 spaces);
   Bytes 10-14—Julian Date (5 bytes, expressed as "YYDDD");
   Bytes 15-19—Sequence Number (5 bytes, starting with "00001"; should increment for each ST-SE envelope);
   Bytes 20-21—Claim Version Indicator (2 bytes; values=40 for 4010A1 and 50 for 5010 claims); and
   Byte 22—Test/Production Indicator (1 byte; valid values="T"—test; "P"—production).

   b. 22 bytes for COBA recovery claims as follows:

   Bytes 1-9—Contractor ID (9 bytes; contractor ID, left justified, followed by 4 spaces);
   Bytes 10-14—Julian Date (5 bytes, expressed as "YYDDD");
   Bytes 15-19—Sequence Number (5 bytes, starting with "00001"; should increment for each ST-SE envelope);
   Bytes 20-21—Claim Version Indicator (2 bytes; values=40 for 4010A1 and 50 for 5010 claims); and
   Byte 22—COBA recovery indicator (1 byte; indicator =R).

5. The 1000-A PER (Submitter EDI Contact Information) shall be populated as follows:

   a. PER01—populate "1C";

b. PER02—populate “COBC EDI Department”;
c. PER03—populate “TE”; and
d. PER04—populate “6464586740.”

6. The 1000-B loop NM1 (Receiver Name) denotes the crossover trading partner. If an A/B MAC on FISS receives multiple COBA IDs via the BOI reply trailer (29), the shared system shall submit a separate 837 transaction for each COBA ID received. Since crossover trading partner information will be unknown to the standard systems, the shared systems shall format the following fields as indicated:

a. NM101—populate “40”;
b. NM102—populate “2”;
c. NM103—populate spaces (COBC will complete);
d. NM108—populate “46”; and
e. NM109—include COBA ID (5-digit COBA ID obtained from the BOI reply trailer 29).

7a. To populate the 2010AA NM1 (Billing Provider Name), FISS shall complete the segments as indicated below if the incoming claim is electronic.

a. NM101—populate “85”;
b. NM102—populate “2”;
c. NM103—derived from contractor’s internal provider file;
d. NM108—populate “XX”; and
e. NM109—populate NPI value, as derived from the incoming claim.

For 2010AA N3 and N4 segments, FISS shall derive the required segments from the contractor’s internal provider file.

7b. If the incoming claim is paper UB04 or direct data entry (DDE), which is treated as paper, FISS shall complete the 2010AA NM1 (Billing Provider Name segments as follows:

a. NM101—populate “85”;
b. NM102—populate “2”;
c. NM103—derive from the contractor’s internal provider file;
d. NM108—populate “XX”; and
e. NM109—derive NPI from Form Locator (FL) 56 of the UB04 claim or applicable DDE field.

For 2010AA N3 and N4 segments, FISS shall derive the required segments from FLs 1 and 2 of the UB04 claim or internal provider file as necessary.

8a. To populate the 2010AB NM1 (Pay-to Address Name), the Part A shared system shall complete the segments as indicated below if the incoming claim is electronic.

a. NM101—populate “87”;
b. NM102—populate “2”; and
c. NM103—derived from contractor’s internal provider file.

For 2010AB N3 and N4 segments, FISS shall derive the required segments from the contractor’s internal provider file.

8b. If the incoming claim is paper UB04 or direct data entry (DDE), which is treated as paper, FISS shall complete the 2010AB NM1 (Pay-to Address Name) segments as follows:

a. NM101—populate “87”;
b. NM102—populate “2”; and
c. NM103—derived from incoming claim.

For 2010AB N3 and N4 segments, FISS shall derive the required segments from the contractor’s internal provider file as necessary.

9. FISS shall derive the 2010AA REF (Billing Provider-TAX ID) segments as follows, regardless of incoming claim’s format:

a. For REF01—populate “EI”; and
b. For REF02—derive from contractor’s internal provider file.

10a. For the 2000A and 2310-PRV in association with incoming electronic claims, FISS shall map the PRV01, PRV02, and PRV03 segments (which have already been validated for syntactical correctness at each affiliate contractor’s front-end) to the equivalent 837 COB flat as follows:
a. For PRV01—populate “BI”;
b. For PRV01—populate “PXC”; and
c. For PRV03—populate taxonomy code value from incoming claim.

10b. If the incoming claim is paper UB04 or DDE entered, FISS shall only populate the 2000A-PRV (Bill-to Taxonomy) segments within the equivalent 837 COB flat fields as follows if the reported taxonomy code is syntactically correct:

a. For PRV01—populate “BI”;
b. For PRV01—populate “PXC”; and
c. For PRV03—populate taxonomy code as derived from the keying of FL 81cc(a) of the UB04 claim form or as derived from the appropriate field from the online DDE screen.

NOTE: The only reason why the 2310A PRV cannot be included on the 837 COB flat file is that the UB04 claim and DDE claim entry screens can only accommodate Bill-to Provider taxonomy code reporting.

11. FISS shall derive information for 2010AA PER 03, PER04, PER05, and PER06 if such information is present on the incoming electronic or paper claim or is available within the contractor's internal provider files. If the information is **not** available, or is available in incomplete form (i.e., fewer digits than required), the shared system shall **not** create the 2010AA PER loop within the 837 5010 COB institutional flat file.

12a. For the 2320B SBR01, in situations where there is only one (1) payer that is primary to Medicare, FISS shall apply "P" to any payer that is primary before Medicare; "S" for Medicare as the secondary payer; and "U" for all supplemental payers after Medicare.

> **SPECIAL NOTE:** If, for example, a claim contains at least two (2) primary payers before Medicare, FISS shall reflect the first payer as 2320 SBR01= "P"; the second as 2320 SBR01= "S"; and, the tertiary payer, Medicare, as 2320 SBR01="T." FISS shall reflect all additional supplemental payers as SBR01= "U."

12b. For 2000B SBR01 (element 1138), FISS shall apply "P" when Medicare is the primary payer and shall apply "U" for all other supplemental payers after Medicare.

13. For additional 2000B requirements, FISS shall take the following actions:

    a. SBR03—map spaces; and
    b. SBR09—map "MC" if the COBA ID returned via the BOI reply trailer (29)=70000-79999; for all other COBA IDs, map "ZZ."

14. The 2010BA loop denotes beneficiary subscriber information. FISS shall populate this loop and accompanying segments within the equivalent 837 COB flat file fields as indicated below.

2010BA NM1—Subscriber Name:

a. NM101—populate "IL";
b. NM102—populate "1";
c. NM103—derive from internal beneficiary eligibility file;
d. NM104—derive from internal beneficiary eligibility file;
e. NM105—derive from internal beneficiary eligibility file if available; otherwise populate spaces;
f. NM108—populate "MI"; and
g. NM109—populate HICN.

2010BA N3—Subscriber Address:

a. N301—derive from internal beneficiary eligibility file; and

b. N302—derive, as necessary, from internal beneficiary eligibility file; otherwise populate spaces.

2010BA N4—Subscriber City/State/ZIP Code:

a. N401—derive from internal beneficiary eligibility file;
b. N402—derive from internal beneficiary eligibility file;
c. N403—derive from internal beneficiary eligibility file; and
d. N407—derive if available and applicable from internal beneficiary eligibility file; otherwise populate spaces.

15. The shared systems shall populate the 2330A (Other Subscriber) NM1, N3, and N4 segments as follows:

2330A—NM1:

a NM101—populate "IL";
b. NM102—populate "1";
c. NM103—derive from internal beneficiary eligibility file;
d. NM104—derive from internal beneficiary eligibility file;
e. NM105—derive from internal beneficiary eligibility file if available; otherwise populate spaces;
f. NM108—populate "MI"; and
g. NM109—populate HICN.

2330A-N3:

a. N301—derive from internal beneficiary eligibility file; and
b. N302—derive, as necessary, from internal beneficiary eligibility file as necessary; otherwise populate spaces.

2330A-N4:

*Upon implementation of the 5010 Errata, the shared system shall **not** attempt to gap-fill or systems-fill any elements (N401—N407) within this segment. Also, if these elements are available but are incomplete, the shared system shall not create the N4 segment tied to loop 2330A within the 837 COB flat file.*

a. N401—derive from internal beneficiary eligibility file; and
b. N402, N403, N404, N407—derive from internal beneficiary eligibility file if available and applicable; otherwise populate spaces.

16. The 2010BB loop denotes the payer name. Per the HIPAA Implementation Guide, this loop should define the secondary payer when sending the claim to the second destination payer. Thus, since the payer related to the COBA ID will be unknown by

the contractor shared systems, FISS shall format the NM1, N3, and N4 segments as follows, with the COBC completing any missing information:

2010BB—NM1:

a. NM101—populate "PR";
b. NM102—populate "2";
c. NM103--populate spaces;
d. NM108—populate "PI"; and
e. NM109—populate the COBA ID (5 digit COBA ID as obtained from the BOI reply trailer 29).

2010BB-N3 & 2010BB-N4:

a. N301 & N302—populate spaces; and
b. For N401, N402, N403, N404, N407, populate spaces.

17. FISS shall **not** create the 2010AC loop within the 837 5010 COB flat file.

18. If FISS notes the presence of other payers within 2320 SBR and 2330B loops that had made no financial determination on a claim prior to Medicare, as in the case of Medicare secondary payer (MSP) situations, the shared system shall **not** move those loops to the 837 5010 COB institutional flat file. (**NOTE:** The shared system shall continue to populate information as received from the CWF BOI reply trailer (29) within the 2320 SBR and 2330 loops of the associated 837 COB flat file fields.)

19. The 2330B loop denotes other payers for the claim following Medicare. All should note that there will always be one (1) 2330B that denotes Medicare as a payer, with FISS completing all required information for NM101, NM102, NM103, NM108, NM109, as well as the N3 and N4 segments.

20. For additional 2330B loop iterations relating to COB, if the A/B MAC receives multiple COBA IDs via the BOI reply trailer (29), payer information for additional COBA IDs will be unknown. As with the 2010BB loop, the NM1 segment should be formatted as follows, with COBC completing missing information:

2nd and additional iterations of 2330B—NM1:

a. NM101—populate "PR":
b. NM102—populate "2";
c. NM103—populate spaces;
d. NM108—populate "PI"; and
e. NM109—populate the COBA ID (5 digit COBA ID as obtained from the BOI reply trailer 29).

2nd and additional iterations of 2330B-N3 & 2330B-N4:

a. N301 & N302—populate spaces; and
b. For N401, N402, N403, N404, N407, populate spaces.

21. FISS shall always send at least one (1) complete iteration of 2320, 2330A, and 330B on all 837 COB flat files.

22a. FISS shall populate the required 2310-A (Attending Provider Name), 2310B (Operating Physician Name), and 2310C (Other Operating Physician Name) NM1 segments, with information derived from the incoming electronic claim. FISS shall **always** populate the NM108 segment always indicating "XX" and shall derive the NPI from the incoming claim.

22b. If the incoming claim is paper or DDE entered, FISS shall derive the attending, operating, and other operating physician name from the UB04 claim or DDE entry, or as necessary from the contractor's internal provider files. FISS shall always populate the NM108 segment with "XX" and shall derive the NPI from the UB04 claim or DDE entry screen.

23. When the incoming claim is paper UB04 or DDE entered, FISS shall continue with all other mapping practices not otherwise addressed above and now pursued for creation of the outbound "skinny" 837 COB flat file (version 4010-A1) when creating the outbound "skinny" 837 COB flat file (version 5010). [For example, FISS shall continue to derive the discharge hour, admission date/hour, admission source code, medical record number, principal diagnosis, admitting diagnosis code, principal procedure information, occurrence codes, occurrence span codes, value codes, and condition codes from the associated FL fields of the UB04 or from the DDE keyed information.]

24. FISS shall migrate the Line Item Control Number data from the Store and Forward Repository (SFR) to the area of the 837 5010 COB flat file that corresponds to loop 2400, REF02, where REF01=6R, as per the Implementation Guide.

25. Upon implementation of the 5010 Errata changes, FISS shall take the following action with respect to the creation of the field corresponding to 2300 CL101 on the 837 COB flat file as a gap-fill or systems-fill value when necessary:

Map the value "9" (Information Not Available) to the field corresponding to 2300 CL101 on the 837 COB flat file if the incoming claim is received in a claim format other than version 5010, and the CWF BOI reply trailer 29 indicator for "5010" returned to the Medicare contractor for the claim= "T" or "P."

B. 837 Professional COB Claim Mapping Rules

Effective with the testing and implementation of the Health Insurance Portability and Accountability Act (HIPAA) American National Standards Institute (ANSI) X12-N 837

institutional claim (version 5010), the Multi-Carrier System (MCS, the Part B shared system) and the ViPS Medicare System (VMS, the DME MAC shared system) shall observe the following common business rules for mapping of the 5010 COB (professional) flat file:

1 The following segments shall **not** be passed to the COBC:

a. ISA (Interchange Control Header Segment);
b. IEA (Interchange Control Trailer Segment);
c. GS (Functional Group Header Segment); and
d. GE (Functional Group Trailer Segment).

2. The shared system shall map the claim version *(version 005010X222A1)* in the field of the 837 5010 COB flat file that corresponds to the ST03 segment. (**NOTE:** The shared system shall not take this approach with respect to 4010-A1 claims that it will be transmitting to the COBC during the transitional period.)

3. The BHT02 (Beginning of the Hierarchical Transaction—Transaction Set Purpose Code) shall be passed either with value 00 or 18 under the following circumstances:

a. Normal claims submission to the COBC—use "00"**;** and
b. COBA claims repair process—use "18."

4. The BHT03 (Beginning of the Hierarchical Transaction—Reference Identification or Originator Application Transaction ID) shall contain identifiers populated as follows:

a. 22 bytes for non-COBA recovery claims as follows:

Bytes 1-9—Contractor ID (9 bytes; contractor ID, left justified, followed by 4 spaces);
Bytes 10-14—Julian Date (5 bytes, expressed as "YYDDD");
Bytes 15-19—Sequence Number (5 bytes, starting with "00001"; should increment for each ST-SE envelope);
Bytes 20-21—Claim Version Indicator (2 bytes; values=40 for 4010A1 and 50 for 5010 claims); and
Byte 22—Test/Production Indicator (1 byte; valid values="T"—test; "P"—production).

b. 22 bytes for COBA recovery claims as follows:

Bytes 1-9—Contractor ID (9 bytes; contractor ID, left justified, followed by 4 spaces);
Bytes 10-14—Julian Date (5 bytes, expressed as "YYDDD");
Bytes 15-19—Sequence Number (5 bytes, starting with "00001"; should increment for each ST-SE envelope);
Bytes 20-21—Claim Version Indicator (2 bytes; values=40 for 4010A1 and 50 for 5010 claims*)*; and

Byte 22—COBA recovery indicator (1 byte; indicator =R).

5. The 1000-A PER (Submitter EDI Contact Information) shall be populated as follows:

   a. PER01—populate “1C”;
   b. PER02—populate “COBC EDI Department”;
   c. PER03—populate “TE”; and
   d. PER04—populate “6464586740.”

6. The 1000-B loop NM1 (Receiver Name) denotes the crossover trading partner. If the Medicare contractor receives multiple COBA IDs via the BOI reply trailer (29), the shared system shall submit a separate 837 transaction for each COBA ID received. Since crossover trading partner information will be unknown to the standard systems, the shared system shall format the following fields as indicated:

   a. NM101—populate “40”;
   b. NM102—populate “2”;
   c. NM103—populate spaces;
   d. NM108—populate “46”; and
   e. NM109—include COBA ID (5-digit COBA ID obtained from the BOI reply trailer 29).

7a. For all 2000A, 2310B, and 2420A PRV (Billing Provider Specialty Information) segments, the Part B and DME MAC shared system shall map the taxonomy code values reported in PRV01 through PRV03 on the incoming electronic claim to the corresponding fields within the 837 COB flat file. If the values reported for these loops on the incoming claim are incomplete or syntactically incorrect, the shared system shall **not** create the loop and associated segments.

7b. The Part B shared system shall continue the practice of only mapping 2420A-level PRV segments if the incoming electronic claim is multi-line, with differing rendering physicians associated to each line. The Part B shared system shall **not** map a 2420A-level reported PRV segment if the incoming electronic claim contains a single detail line.

8. The Part B and DME MAC shared system shall derive information for 2010AA PER 03, PER04, PER05, and PER06 if such information is present and syntactically complete within the contractor’s internal provider files. If such information is unavailable or incomplete, the affected shared systems shall **not** create the 2010AA PER loop on the 837 5010 professional COB flat file.

9. The Part B and DME MAC shared system shall derive all provider specific information necessary to populate the NM1 and N3 and N4 segments of such loops as 2010AA, 2010AB, and 2310B from each contractor’s internal provider files. In addition, where a provider’s tax ID is required within a secondary REF segment, the shared system shall also derive this information from each contractor’s internal provider files.

10a. For 2320 SBR01, in situations where there is only one (1) payer that is primary to Medicare, VMS shall apply "P" to any payer that is primary before Medicare; "S" for Medicare as the secondary payer; and "U" for all supplemental payers after Medicare.

SPECIAL NOTE: If, for example, a claim contains at least two (2) primary payers before Medicare, the DME MAC shared system shall reflect the primary payer as 2320 SBR01as "P"; the secondary payer as 2320 SBR01 = "S"; and, the tertiary payer, Medicare, as 2320 SBR01 = "T." MCS shall reflect all additional supplemental payers as 2320 SBR01 = "U."

10b. For 2000B SBR01 (element 1138), the shared system shall apply "P" when Medicare is the primary payer and shall apply "U" for all other supplemental payers after Medicare.

11. For additional 2000B requirements, the shared system shall take the following actions:

    a. SBR03—map spaces; and
    b. SBR09—If the COBA ID returned via the BOI reply trailer (29)=70000-79999, map "MC"; for all other COBA IDs, map "ZZ."

12. The 2010BA loop denotes beneficiary subscriber information. There are two (2) crossover scenarios o address: Regular, eligibility file-based crossover, and Medigap claim-based crossover.

(1) For regular eligibility file-based crossover (COBA ID=anything except 55000 through 59999), the shared system shall populate the NM1, N3, and N4 segments as follows:

<u>2010BA NM1—Subscriber Name:</u>

a. NM101—populate "IL";
b. NM102—populate "1";
c. NM103—derive from internal beneficiary eligibility file;
d. NM104—derive from internal beneficiary eligibility file;
e. NM105—derive from internal beneficiary eligibility file if available; otherwise populate spaces;
f. NM108—populate "MI"; and
g. NM109—populate HICN.

<u>2010BA N3—Subscriber Address:</u>

a. N301—derive from internal beneficiary eligibility file; and
b. N302—derive, as necessary, from internal beneficiary eligibility file; otherwise populate spaces.

<u>2010BA N4—Subscriber City/State/ZIP Code:</u>

a. N401—derive from internal beneficiary eligibility file;
b. N402—derive from internal beneficiary eligibility file;
c. N403—derive from internal beneficiary eligibility file; and
d. N407—derive if available and applicable from internal beneficiary eligibility file; otherwise populate spaces.

(2) Medigap claim-based crossover (COBA ID=55000 through 59999 only), the shared system shall populate the NM1, N3, and N4 segments as follows:

2010BA NM1—Subscriber Name:

a. NM101—populate "IL";
b. NM102—populate "1";
c. NM103—derive from internal beneficiary eligibility file;
d. NM104—derive from internal beneficiary eligibility file;
e. NM105—derive from internal beneficiary eligibility file if available; otherwise populate spaces;
f. M108—populate "MI"; and
g. M109—populate beneficiary policy number as derived from Item 9-D of Form CMS-1500 claim or 2330B NM109 of the incoming 837 professional claim. The shared system shall only populate HICN here if the policy number is unavailable on the incoming claim.

2010BA N3—Subscriber Address:

a. N301—derive from internal beneficiary eligibility file;

b. N302—derive, as necessary, from internal beneficiary eligibility file; otherwise populate spaces.

2010BA N4—Subscriber City/State/ZIP Code:

a. N401—derive from internal beneficiary eligibility file;
b N402—derive from internal beneficiary eligibility file;
c. N403—derive from internal beneficiary eligibility file; and
d. N407—derive, if available, from internal beneficiary eligibility file; otherwise populate spaces.

13. The shared system shall populate the 2330A (Other Subscriber) NM1, N3, and N4 segments as follows:

2330A—NM1:

a. NM101—populate "IL";
b. NM102—populate "1";
c. NM103—derive from internal beneficiary eligibility file;
d. NM104—derive from internal beneficiary eligibility file;

e. NM105—derive from internal beneficiary eligibility file if available; otherwise populate spaces;
f. NM108—populate "MI"; and
g. NM109—populate HICN.

2330A-N3:

a. N301—derive from internal beneficiary eligibility file; and
b. N302—derive, as necessary, from internal beneficiary eligibility file as necessary; otherwise populate spaces.

2330A-N4:

Upon implementation of the 5010 Errata, the Part B and DME MAC shared systems shall ***not*** *attempt to gap-fill or systems-fill any elements (N401—N407) within this segment. Also, if these elements are available but are incomplete, the shared systems shall* ***not*** *create the N4 segment tied to loop 2330A within the 837 COB flat file.*

a. N401—derive from internal beneficiary eligibility file; and
b. N402, N403, N404, N407—derive from internal beneficiary eligibility file if available and applicable; otherwise populate spaces.

14. The 2010BB loop denotes the payer name. Per the HIPAA Implementation Guide, this loop should define the secondary payer when sending the claim to the second destination payer. Thus, since the payer related to the COBA ID will be unknown by the contractor shared systems, the shared system shall format the NM1, N3, and N4 segments as follows, with the COBC completing any missing information:

2010BB—NM1:

a. NM101—populate "PR";
b. NM102—populate "2";
c. NM103—populate spaces;
d. NM108—populate "PI"; and
e. NM109—populate the COBA ID (5 digit COBA ID as obtained from the BOI reply trailer 29).

2010BB-N3 & 2010BB-N4:

a. N301 & N302—populate spaces; and
b. For N401, N402, N403, N404, N407, populate spaces.

15. The shared system shall **not** create the 2000C or the 2010CA loops within the 837 5010 professional COB flat file.

16. If the shared system notes the presence of other payers within 2320 SBR and 2330B loops that had made no financial determination on a claim prior to Medicare, as in the case of Medicare secondary payer (MSP) situations, the shared system shall **not** move those loops to the 837 5010 COB professional flat file.

17. The 2330B loop denotes other payers for the claim following Medicare. There will always be one (1) 2330B that denotes Medicare as a payer, with the shared system completing all required information for NM101, NM102, NM103, NM108, NM109, as well as the N3 and N4 segments.

18. For additional 2330B loop iterations relating to COB, if the Medicare contractor receives multiple COBA IDs via the BOI reply trailer (29), payer information for additional COBA IDs will be unknown. As with the 2010BB loop, the shared system shall format the NM1 segment as follows, with COBC completing missing information:

    2nd and additional iterations of 2330B—NM1:

    a. NM101—populate "PR";
    b. NM102—populate "2";
    c. NM103—populate spaces;
    d. NM108—populate "PI"; and
    e. NM109—populate the COBA ID (5 digit COBA ID as obtained from the BOI reply trailer 29).

    2nd and additional iterations of 2330B-N3 & 2330B-N4:

    a. N301 & N302—populate spaces; and
    b. For N401, N402, N403, N404, N407, populate spaces.

19. The shared system shall always send at least one (1) complete iteration of 2320, 2330A, and 2330B on all 837 COB flat files.

20. For 2300 REF (4081-Mandatory Crossover Indicator), the shared system shall take the action indicated below in accordance with the applicable scenario:

    a. REF01, always map "F5";

    b. REF02, map "Y" if the COBA ID returned via the BOI reply trailer (29)=55000 through 55999 (Medigap claim-based crossover); and

    c. REF02, map "N" if the COBA ID returned via the BOI reply trailer (29) =anything except for 55000 through 55999 (regular crossover).

Additional Mapping Requirements When Incoming Claim is Paper/Hard-Copy

****IMPORTANT: The shared system shall create an outbound 5010 "skinny" claim, as derived from paper/hard copy claim input, in the same manner that it now does when creating an outbound 4010-A1 "skinny" claim unless otherwise specified above or below.**

1. The shared system shall **always** map NDC codes keyed from hard-copy claims to the field that corresponds to 2410 LIN03 on the 837 5010 COB professional flat file and shall discontinue the practice of mapping the NDC code to the equivalent flat file field that corresponds to 2300 NTE-02. In addition, the shared system shall auto-plug the appropriate qualifier that designated NDC within the field that corresponds to 2410 LIN02.

2. If the incoming paper claim contains an NPI in block 32 of the CMS-1500, the shared system shall continue to utilize this keyed value for purposes of deriving the information necessary to populate all required segments associated with 2310C (Service Facility Name). The shared system shall continue to not create the 2310C loop if block 32 on the incoming paper claim is blank.

3. If the incoming claim is paper and does **not** contain information necessary to derive 2410 CTP5-1 (in association with Part B drugs), the shared system shall auto-plug the value "F2."

III. Gap-Filling Requirements for 837 5010 COB Files

A. 837 Institutional COB Claims

1. For all instances of the N403 segment, where created, the Part A shared system (FISS) shall ensure that it creates a 5-byte base ZIP code and additional 4-byte component for the COB flat file when required.

2. The Part A shared system shall universally gap-fill or system-fill required address information, when not otherwise obtainable, for all loops as follows:

   N401 (City Name) = Cityville;
   N402 (State or Province Code) = MD; and
   N403 (Postal Zone/ZIP Code) = 96941.

3. The Part A shared system shall gap-fill the +4 ZIP code component with 9998 when the actual +4 ZIP code component is unavailable when creating the N403 in association with loops 2010AA (Billing Provider) and 2310E (Service Facility). (**NOTE:** The full 9-byte ZIP code is required **only** for the N403 segment of the indicated loops.)

4. The Part A shared system shall never input "0000" as a gap-fill or system-fill +4 ZIP code in association with any of the N403 segments.

5a. If the shared system has valid city, state, and 5-byte ZIP code information available, it shall only gap-fill or system-fill the +4 ZIP code component, where required, with "9998" when creating outbound 837 COB claim files.

5b. The shared system shall continue to send full ZIP code content (9-bytes) on outbound 837 COB claim files, if available, for creation of situational N403 segments.

6. When the shared system determines that it has data within its internal provider file to populate 2010AA PER 04, it shall **only** move that information to the corresponding flat file field if the available data are complete. If the available data are incomplete (i.e., fewer than 10 digits for telephone number), the shared system shall **not** attempt to gap-fill the missing digits. The shared system shall also not create that PER segment.

7. With respect to 2010BA N301 and 2330A N301, when the contractor's internal beneficiary eligibility record contains blank or incomplete line-1 street address information, FISS shall apply "Xs" to satisfy the minimum length requirements of the N301 segments.

8. If the incoming claim is paper UB04 or DDE-entered and the dosage information necessary to populate 2410 CTP05-1 is not available, FISS shall always default to the value of "F2."

9. If the incoming claim is paper or electronic, FISS shall map "non-specific procedure code" within the 837 5010 COB flat file field that corresponds to loop 2400 SV202-7 (non-specific composite medical procedure description) if a non-specific procedure code description is required, as per the Implementation Guide, and the associated procedure code is defined as "not otherwise classified." (See the following link for the latest listing of not otherwise classified procedure codes: <http://www.cms.hhs.gov/apps/ama/license.asp?file=/HospitalOutpatientPPS/Downloads/CY2009_Unlisted_Codes.zip>.)

10. *FISS shall **not** attempt to gap-fill or systems-fill the N4 segment (now situational) within the field corresponding to loop 2330B on the 837 COB flat file. In addition, if information needed to create the N4 segment is available but is incomplete, FISS shall not create the loop 2330B N4 segment.*

11. *FISS shall **not** attempt to gap-fill or systems-fill any of the composite SVD03 elements within loop 2430.*

B. 837 Professional COB Claims

1. For all instances of the N403 segment, where created, the Part B and DME MAC shared systems shall ensure that it creates a 5-byte base ZIP code and additional 4-byte component for the COB flat file when required.

2. The Part B and DME MAC shared systems shall universally gap-fill or system-fill required address information, when not otherwise obtainable, for all loops as follows:

   N401 (City Name) = Cityville;

N402 (State or Province Code) = MD; and
N403 (Postal Zone/ZIP Code) = 96941.

3. The Part B and DME MAC shared systems shall gap-fill the +4 ZIP code component with 9998 when the actual +4 ZIP code component is unavailable when creating the N403 in association with loops 2010AA (Billing Provider), 2310C (Service Facility—claim level), and 2420C (Service Facility—service line level). (**NOTE:** The full 9-byte ZIP code is required **only** for the N403 segment of the indicated loops.)

4. The Part B and DME MAC shared systems shall never input "0000" as a gap-fill or system-fill +4 ZIP code in association with any of the N403 segments.

5a. If the Part B and DME MAC shared systems have valid city, state, and 5-byte ZIP code information available, they shall only gap-fill or system-fill the +4 ZIP code component, where required, with "9998" when creating outbound 837 COB claim files.

5b. The Part B and DME MAC shared system shall continue to send full ZIP code content (9-bytes) on outbound 837 COB claim files, if available, for creation of situational N403segments

6. When the shared system determines that it has data within its internal provider file to populate 2010AA PER 04, it shall **only** move that information to the corresponding flat file field if the available data are complete. If the available data are incomplete (i.e., fewer than 10 digits for telephone number), the shared system shall not attempt to gap-fill the equivalent field on the 5010 COB flat file.

7. With respect to 2010BA N301 and 2330A N301, when the contractor's internal beneficiary eligibility record contains blank or incomplete line-1 street address information, the shared system shall apply "Xs" to satisfy the minimum length requirements of the N301 segments.

8a. In association with paper-submitted Part B ambulance claims, the Part B shared system shall apply gap-filling to the N3 and N4 portions of loop 2310E and 2310F as follows for the segments indicated:

For N301: The Part B shared system shall map "Xs" to the **minimum** standard required for the field.

For N401—N403: The Part B shared system shall undertake the following actions:

a. N401 (City)—populate "Cityville";
b. N402 (State Code)—populate "MD"; and
c. N403 (Postal Zone/ZIP Code)—populate "96941."

8b. In addition, the Part B shared system shall gap-fill the required +4 component of ZIP code (N403 segment) with 9998 **only** in association with loops 2010AA, 2310C, and 2420C.

9. The shared system shall map “UN” in the 837 5010 COB flat file field that corresponds to loop 2410 (CTP) and segment CPT04 only when the 2410 (CTP) CTP04 segment is either blank or contains a non-valid value.

10. The shared system shall apply the gap-fill value “X” to the field corresponding to loop 2430 (SVD) and segment SVD03-2 in situations where the value on the incoming claim is either missing or non-valid.

11. The Part B shared system shall discontinue the process of gap-filling diagnosis code information within loop 2300 HI in association with ambulance claims that ambulance suppliers file to Medicare on paper.

12a. Following adjudication of both electronic and paper billed claims, the shared system shall discontinue the practice of applying gap-fill values of all “9s” within the 837 5010 COB flat file field that corresponds to 2410 LIN03 if the incoming claim contains an incomplete or non-valid national drug code (NDC). If an incoming paper claim contains a syntactically non-valid NDC code that the Medicare contractor subsequently keys, the shared system shall not attempt to gap-fill the field that corresponds to 2410 LIN03 on the 837 5010 COB flat file.

12b. The DME MAC shared system shall gap-fill the loop 2430 (SVD) SVD03-2 segment with “S5000” or “S5001,” as appropriate, in situations where the incoming claim contains an NDC within the 2410 LIN02 that does not correspond to a HCPCS on the NDC/HCPCS crosswalk.

13. If the incoming claim is paper and contractor’s internal provider file contains incomplete information necessary to populate the 2310C loop (in cases where required), the shared system shall gap-fill all required segments with “Xs.” NOTE: The shared system shall discontinue the practice of mapping “submitted but not forwarded” as a gap-fill convention in this situation for segments where information is required.

14. If the incoming claim is paper or electronic, FISS shall map “non-specific procedure code” within the 837 5010 COB flat file field that corresponds to loop 2400 SV202-7 (non-specific composite medical procedure description) if a non-specific procedure code description is required, as per the Implementation Guide, and the associated procedure code is defined as “not otherwise classified.” (See the following link for the latest listing of not otherwise classified procedure codes: <http://www.cms.hhs.gov/apps/ama/license.asp?file=/HospitalOutpatientPPS/Downloads/CY2009_Unlisted_Codes.zip>.)

15. The Part B shared system shall utilize the claim’s earliest service date to satisfy the requirement for 2300 DTP03 (date of admission), where required, in association with claims whose place of service code is 21, 51, or 61.

16. The Part B shared system shall populate 99 as a gap-fill/default value for loop 2300 (CLM) segment CLM05-1 (Facility Type Code) within the corresponding field of the 837 5010 COB flat file.

17. For ambulance claims, the Part B shared system shall map LB in the 837 5010 COB flat file field the corresponds to 2400 CR101 if that field would otherwise contain spaces where there is a value (weight) present in 2400 CR102.

18. Also, for ambulance claims, the Part B system shall produce spaces in the field that corresponds to loop 2400 CR101 when loop 2400 CR102 on the incoming claim is blank.\

19. *All shared systems shall **not** attempt to gap-fill or systems-fill the N4 segment (now situational) within the field corresponding to loop 2330B on the 837 COB flat file. In addition, if information needed to create the N4 segment is available but is incomplete, the shared systems shall **not** create the loop 2330B N4 segment.*

IV. Other 837 5010 COB Requirements

A. Complementary Credits

Upon receipt of a Beneficiary Other Insurance (BOI) reply trailer (29) that contains a "P" 837 5010 indicator, the shared systems shall ensure that their affiliate contractors are able to: 1) book complementary credits for the affected claim; and 2) transmit the "production" claim to the COB Contractor (COBC) after it has finalized on the contractor's payment floor.

Following receipt of a BOI reply trailer (29) that contains a "T" 837 5010 indicator, the shared systems shall ensure that their affiliate contractors: 1) do **not** book complementary credits for that version of the claim; and 2) transmit the "test" claim to the COBC after it has finalized on the contractor's payment floor.

All shared systems shall, in addition, **not** book complementary credits in association with their affiliated contractors' receipt of a CWF BOI reply trailer (29) that contains either an "N" 4010-A1 Test/Production indicator or an "N" 5010 indicator.

B. Coordination of Benefits Contractor (COBC) Business-Level Editing of Incoming 5010 COB Flat Files

With the implementation of the 5010 claim standards, the COBC will apply business level edits to ensure that incoming claims possess the structure necessary for successful translation into the HIPAA ANSI X12-N 837 version 5010 claim formats. See §70.6.1.1 of this chapter for charts that define the "111" level errors that COBC will return to the Medicare contractors when their incoming 837 COB flat files cannot be utilized to build compliant outbound 837 claim transactions.