REPORT - MMIS to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Diagnosis-Master	CLERK-IDENTIFICATIO	9(3)						
	DATE-OF-LAST-TRANS	9(5)						
	DIAG-ABORT-IND	X(1)						
	DIAG-ACCID-INDIC	X(1)						
	DIAG-CODE-ICD-9	X(7)	270	139	III02	Industry Code	AN30	R
	DIAG-CODE-ICD-9	X(7)	271	171	III02	Industry Code	AN30	R
	DIAG-CONTROL-CODE	X(1)						
	DIAG-FAM-PLAN-IND	X(1)						
	DIAG-NAME	X(40)						
	DIAG-SCHEME-CODE	X(1)						
	DIAG-STERL-IND	X(1)						
	EMERG-TRMNT-IND	X(1)						
	MAXIMUM-AGE	9(3)	271	130	EB 10	Benefit Quantity	R15	S
	MINIMUM-AGE	9(3)	271	130	EB 10	Benefit Quantity	R15	S
	PA-REQUIRED-BEG-DT	9(5)						
	PA-REQUIRED-END-DT	9(5)						
	PRIOR-AUTH-IND	X(1)	271	130	EB 11	Authorization or Certification Indicator	ID1	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Diagnosis-Master	REC-CODE	X(2)						
	RECORD-CODE	X(2)						
	VALID-SEX-INDIC	X(1)						
Institutional-Claim	ACCID-REL-INDIC	9(2)						
	ACCOUNTING-CODE	X(1)						
	ACCT-ALLOCATION	X(4)						
	ACCT-ALLOCATION-X	X(4)						
	ACCT-APPROPRIATION	X(3)						
	ACCT-APPROPRIATION-	X(3)						
	ACCT-BIENNIUM-IND	X(3)						
	ACCT-FUND	X(3)						
	ACCT-FUND-X	X(3)						
	ACCT-LOCATION-X	X(2)						
	ACCT-MONTH-OF-SVC	X(4)						
	ACCT-MONTH-OF-SVC-X	X(4)						
	ACCT-OBJ-SUB-OBJ	X(2)						
	ACCT-OBJ-SUB-OBJ-X	X(2)						
	ACCT-ORGANIZATION	X(4)						
	ACCT-ORGANIZATION-X	X(3)						
	ACCT-PROGRAM	X(5)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	ACCT-PROGRAM-X	X(3)						
	ACCT-SUB-PROGRAM-X	X(4)						
	ACCT-SUB-SUB-OBJ	X(4)						
	ACCT-SUB-SUB-OBJ-X	X(4)						
	ADJUSTMENT-REASON	X(1)						
	ADMISSION-DATE	9(5)	837I	137	DTP03	Admission Date and Hour	AN35	R
	ADMISSION-HR	X(2)	837I	137	DTP03	Admission Date and Hour	AN35	R
	ADMIT-DIAGNOSIS	X(06)	837I	231	HI 02	Industry Code	AN30	R
	ADMIT-SOURCE	9(1)	837I	140	CL102	Admission Source Code	ID1	S
	ADMIT-TYPE	9(1)	837I	140	CL101	Admission Type Code	ID1	S
	ALIEN-IND	X(1)						
	ALLOWED-CHARGE	S9(7)V99	277	180	SVC03	Line Item Provider Payment Amount	R18	R
	ALLOWED-CHARGE	S9(7)V99	277	190	STC05	Line Item Provider Payment Amount	R18	S
	ALLOWED-CHARGE	S9(7)V99	835	038	MOA02	Claim HCPCS Payable Amount	R18	S
	ALLOWED-CHARGE	S9(7)V99	835	062	AMT02	Claim Supplemental Information Amount	R18	R
	ALLOWED-CHARGE	S9(7)V99	835	070	SVC03	Line Item Provider Payment Amount	R18	R
	ALLOWED-CHARGE	S9(7)V99	837I	375	SV206	Service Line Rate	R10	S
	ALLOWED-CHRG-SOURCE	X(1)	835	020	CAS01	Claim Adjustment Group Code	ID2	R
	ALLOWED-CHRG-SOURCE	X(1)	835	090	CAS01	Claim Adjustment Group Code	ID2	R
	AMT-PAID-BY-MCARE	S9(7)V99	835	020	CAS03	Adjustment Amount	R18	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	AMT-PAID-BY-MCARE	S9(7)V99	837I	305	AMT02	Total Medicare Paid Amount	R18	R
	ATTENDING-PHYSICIAN	9(10)	276	050	NM109	Provider Identifier	AN80	R
	ATTENDING-PHYSICIAN	9(10)	277	050	NM109	Provider Identifier	AN80	R
	ATTENDING-PHYSICIAN	9(10)	835	032	NM109	Rendering Provider Identifier	AN80	R
	ATTENDING-PHYSICIAN	9(10)	835	045	REF02	Rendering Provider Secondary Identifier	AN30	R
	ATTENDING-PHYSICIAN	9(10)	837I	250	NM109	Attending Physician Primary Identifier	AN80	R
	BABY-WEIGHT	S9(4)						
	BATCH-DATE	9(5)						
	BATCH-NUMBER	9(3)						
	BUD-AID-CODE	X(1)						
	CARRIER-ID	X(4)						
	CARRIER-NAME	X(20)						
	CASH-CONTROL-DATE	9(5)						
	CASH-CONTROL-SEQ-NU	9(4)						
	CASH-CTL-WARRANT-IN	X(1)						
	CERT-STATUS	X(1)						
	CLAIM-CREDIT-IND	X(1)						
	CLAIM-LOCATION-CODE	X(2)						
	CLAIM-PA-IND	X(1)						
	CLAIM-STATUS	X(1)	277	100	STC01	Health Care Claim Status Category Code	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	CLAIM-STATUS	X(1)	277	100	STC01	Health Care Claim Status Code	AN30	R
	CLAIM-STATUS	X(1)	835	010	CLP02	Claim Status Code	ID2	R
	CLERK-IDENTIFICATIO	9(3)						
	CLM-INPUT-FORM-IND	X(1)	837I	005	SBR09	Claim Filing Indicator Code	ID2	S
	CLM-INPUT-MEDIUM-IN	9(1)						
	CLM-RECIP-PMT-AMT	S9(7)V99	835	010	CLP05	Patient Responsibility Amount	R18	S
	CLM-RECIP-PMT-AMT	S9(7)V99	835	020	CAS03	Adjustment Amount	R18	R
	CLM-RECIP-PMT-AMT	S9(7)V99	835	062	AMT02	Claim Supplemental Information Amount	R18	R
	CLM-RECIP-PMT-AMT	S9(7)V99	837I	178	AMT02	Patient Amount Paid	R18	R
	COMPUTED-DEDUCTIBLE	S9(7)V99						
	COMPUTED-RECIP-PMT	S9(7)V99						
	CONVERTED-CLM-IND	X(1)						
	DATE-ENTERED-LOC	9(5)	835	050	DTM02	Claim Date	DT8	R
	DATE-OF-ACCIDENT	9(5)						
	DATE-OF-ADJUDICATIO	9(5)	277	100	STC06	Adjudication or Payment Date	DT8	S
	DATE-OF-ADJUDICATIO	9(5)	835	070	DTM02	Production Date	DT8	R
	DATE-OF-SURGERY	9(5)	837I	234	HI 01	Date Time Period	AN35	S
	DATE-PAID	9(5)	277	100	STC08	Check Issue or EFT Effective Date	DT8	S
	DATE-PAID	9(5)	835	020	BPR16	Check Issue or EFT Effective Date	DT8	R
	DAY	X(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	DAYS-CERT-INITIALLY	S9(3)						
	DEFAULT-IND	X(1)						
	DETAIL-REFERENCE-NU	X(06)						
	DIAG-ABORT-IND	X(1)						
	DIAG-CODE-ICD9-1	X(7)	837I	231	HI 01	Industry Code	AN30	R
	DIAG-CODE-ICD9-2	X(7)	837I	233	HI 01	Other Diagnosis	AN30	R
	DIAG-CODE-ICD9-3	X(7)	837I	233	HI 02	Other Diagnosis	AN30	R
	DIAG-CODE-ICD9-4	X(7)	837I	233	HI 03	Other Diagnosis	AN30	R
	DIAG-CODE-ICD9-5	X(7)	837I	233	HI 04	Other Diagnosis	AN30	R
	DIAG-CODE-ICD9-6	X(7)	837I	233	HI 05	Other Diagnosis	AN30	R
	DIAG-CODE-ICD9-7	X(7)	837I	233	HI 06	Other Diagnosis	AN30	R
	DIAG-CODE-ICD9-8	X(7)	837I	233	HI 07	Other Diagnosis	AN30	R
	DIAG-CODE-ICD9-9	X(7)	837I	233	HI 08	Other Diagnosis	AN30	R
	DIAG-FAM-PLAN-IND	X(1)						
	DIAG-STERL-IND	X(1)						
	DISCHARGE-HR	X(2)	837I	135	DTP03	Discharge Hour	AN35	R
	DISCH-DESTINATION	X(1)						
	DISP-SHARE-AMOUNT	S9(7)V99						
	DOCUMENT-NUMBER	9(4)						
	DRG-ALLOWED-CHARGE	S9(7)V99	835	037	MIA04	Claim DRG Amount	R18	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	DRG-ALLOWED-CHRG-SR	X(1)						
	DRG-CODE	9(03)	835	010	CLP11	Diagnosis Related Group (DRG) Code	ID4	S
	EMPLOYER-NAME	X(24)						
	EMPLOY-ST-CD	9(1)						
	EOB-CODE_claim_level	9(3)	835	020	CAS02	Adjustment Reason Code	ID5	R
	EOB-CODE_claim_level	9(3)	835	037	MIA05	Remark Code	AN30	S
	EOB-CODE_claim_level	9(3)	835	037	MIA20	Remark Code	AN30	S
	EOB-CODE_claim_level	9(3)	835	038	MOA03	Remark Code	AN30	S
	EOB-CODE_service_level	9(3)	835	090	CAS02	Adjustment Reason Code	ID5	R
	EOB-CODE_service_level	9(3)	835	130	LQ 02	Remark Code	AN30	R
	EXCEPTION-CODE_current	9(3)						
	EXCEPTION-CODE_previous	9(3)						
	EXCEPTION-STATUS	X(1)	277	190	STC01	Health Care Claim Status Category Code	AN30	R
	EXCEPTION-STATUS	X(1)	277	190	STC01	Health Care Claim Status Code	AN30	R
	EXEMPT-SRC-IND	X(1)						
	EXEMPT-SVC-IND	X(1)						
	EXTENSION-DAYS	S9(3)						
	FED-AID-CAT	X(1)						
	FED-CAT-SVC	X(2)						
	FED-MAINT-ASST-CD	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	FFP-FUND-CD	X(1)						
	FIRST-DATE-OF-SVC	9(5)	277	120	DTP03	Claim Service Period	AN35	R
	FIRST-DATE-OF-SVC	9(5)	835	050	DTM02	Claim Date	DT8	R
	FIRST-DATE-OF-SVC	9(5)	837I	136	DTP03	Statement From or To Date	AN35	R
	FIRST-INITIAL	X(1)						
	HOSP-TYPE	X(2)						
	INSUR-CD	9(2)						
	INSURED-GROUP-NAME	X(14)						
	INSURED-GROUP-NUMBE	X(17)						
	INSURED-NAME	X(25)						
	ITA-BLIND-IND	X(1)	837I	130	CLM12	Special Program Indicator	ID3	S
	LAST-CYCLE-DATE	9(5)	277	100	STC02	Status Information Effective Date	DT8	R
	LAST-CYCLE-DATE	9(5)	277	190	STC02	Status Information Effective Date	DT8	R
	LAST-DATE-OF-SVC	9(5)	277	120	DTP03	Claim Service Period	AN35	R
	LAST-DATE-OF-SVC	9(5)	835	050	DTM02	Claim Date	DT8	R
	LAST-DATE-OF-SVC	9(5)	837I	136	DTP03	Statement From or To Date	AN35	R
	LAST-NAME-1ST-FIVE	X(5)						
	LINE-ITEM-CODE	X(2)	835	100	REF02	Provider Identifier	AN30	R
	LINE-ITEM-CODE	X(2)	837I	365	LX 01	Assigned Number	N06	R
	LINE-ITEM-PA-IND	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	LINE-NUMBER	9(2)						
	LI-SUBMITTED-CHARGE	S9(7)V99	276	130	SVC02	Line Item Charge Amount	R18	R
	LI-SUBMITTED-CHARGE	S9(7)V99	277	180	SVC02	Line Item Charge Amount	R18	R
	LI-SUBMITTED-CHARGE	S9(7)V99	277	190	STC04	Line Item Charge Amount	R18	S
	LI-SUBMITTED-CHARGE	S9(7)V99	835	005	TS308	Total Denied Charge Amount	R18	S
	LI-SUBMITTED-CHARGE	S9(7)V99	835	070	SVC02	Line Item Charge Amount	R18	R
	LI-SUBMITTED-CHARGE	S9(7)V99	837I	375	SV203	Line Item Charge Amount	R18	R
	LMC-APPROVAL-IND	X(1)						
	MARS-CLM-IND	S9(1)						
	MATCH-CODE	X(1)						
	MDC-CODE	9(2)						
	MEDICAL-CODE	X(1)						
	MICROFILM-MACHINE-N	9(1)						
	MICROFILM-ROLL-NO	9(1)						
	MONTH	X(2)						
	NATURE-OF-ADMISSION	X(1)						
	NET-CLAIM-CHARGE	S9(7)V99	837I	176	AMT02	Estimated Claim Due Amount	R18	R
	NON-COVERED-CHARGE	S9(7)V99	835	005	TS307	Total Noncovered Charge Amount	R18	S
	NON-COVERED-CHARGE	S9(7)V99	835	090	CAS03	Adjustment Amount	R18	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	NON-COVERED-CHARGE	S9(7)V99	837I	375	SV207	Line Item Denied Charge or Non-Covered Charge Amount	R18	S
	NUMBER-OF-CYCLES	9(3)						
	NUM-EXTENSION-REQ	9(2)						
	NUM-OF-ACCT-CODES	9(3)						
	NUM-OF-COMM-EXCEP	9(3)						
	NUM-OF-CURR-EXCEP	9(3)						
	NUM-OF-EMPLOYER-INF	9(3)						
	NUM-OF-INSURED-INFO	9(3)						
	NUM-OF-LINE-ITEMS	9(3)						
	NUM-OF-PAYER-INFO	9(3)						
	NUM-OF-TPL-SEGMENTS	9(3)						
	OCCURANCE-CODE-1	X(2)	837I	237	HI 01	Occurrence Code	AN30	R
	OCCURANCE-CODE-2	X(2)	837I	237	HI 02	Occurrence Code	AN30	R
	OCCURANCE-CODE-3	X(2)	837I	237	HI 03	Occurrence Code	AN30	R
	OCCURANCE-CODE-4	X(2)	837I	237	HI 04	Occurrence Code	AN30	R
	OCCURANCE-CODE-5	X(2)	837I	237	HI 05	Occurrence Code	AN30	R
	OCCURANCE-CODE-6	X(2)	837I	237	HI 06	Occurrence Code	AN30	R
	OCCURANCE-CODE-7	X(2)	837I	237	HI 07	Occurrence Code	AN30	R
	OCCURANCE-CODE-8	X(2)	837I	237	HI 08	Occurrence Code	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	OCCURANCE-DATE-1	9(5)	837I	237	HI 01	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OCCURANCE-DATE-2	9(5)	837I	237	HI 02	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OCCURANCE-DATE-3	9(5)	837I	237	HI 03	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OCCURANCE-DATE-4	9(5)	837I	237	HI 04	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OCCURANCE-DATE-5	9(5)	837I	237	HI 05	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OCCURANCE-DATE-6	9(5)	837I	237	HI 06	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OCCURANCE-DATE-7	9(5)	837I	237	HI 07	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OCCURANCE-DATE-8	9(5)	837I	237	HI 08	Occurrence or Occurrence Span Code Associated Date	AN35	R
	OTHER-INSURANCE-IND	X(1)						
	OTHER-PROV-NUM	9(10)	837I	250	NM109	Other Physician Identifier	AN80	R
	OTHER-PROV-NUM	9(10)	837I	271	REF02	Other Provider Secondary Identifier	AN30	R
	OUTLIER-CD	9(2)						
	OVERRIDE-EXCEP-CODE_claim_level	9(3)						
	OVERRIDE-EXCEP-CODE_service_level	9(3)						
	OVERRIDE-LOC-CODE	9(2)						
	PATIENT-ACCT-NUMBER	X(20)	276	102	REF02	Medical Record Number	AN30	R
	PATIENT-ACCT-NUMBER	X(20)	277	114	REF02	Medical Record Number	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	PATIENT-ACCT-NUMBER	X(20)	835	010	CLP01	Patient Control Number	AN38	R
	PATIENT-ACCT-NUMBER	X(20)	837I	130	CLM01	Patient Account Number	AN38	R
	PATIENT-ACCT-NUMBER	X(20)	837I	18A	REF02	Medical Record Number	AN30	R
	PATIENT-STATUS	X(2)	837I	140	CL103	Patient Status Code	ID2	S
	PAYER-NAME	X(25)						
	PAYER-PRIOR-PAYMENT	S9(7)V99						
	PAY-TO-PROV-NUM	9(10)						
	PCOP-BILLING-PROV	9(07)						
	PCOP-PERFORM-PROV	9(07)						
	PCOP-TYPE	X(01)						
	PD-UNIT-SVC	S9(3)						
	PLACE-OF-SERVICE	X(1)	277	100	STC01	Entity Identifier Code	ID3	S
	PLACE-OF-SERVICE	X(1)	277	112	REF02	Bill Type Identifier	AN30	R
	PLACE-OF-SERVICE	X(1)	277	190	STC01	Entity Identifier Code	ID3	S
	PLACE-OF-SERVICE	X(1)	835	005	TS302	Facility Type Code	AN2	R
	PLACE-OF-SERVICE	X(1)	837I	130	CLM05	Facility Type Code	AN2	R
	POL-CERT-NUM	X(15)						
	PRIOR-AUTH-NUM	9(9)	835	040	REF02	Other Claim Related Identifier	AN30	R
	PRIOR-AUTH-NUM	9(9)	837I	189	REF02	Prior Authorization Number	AN30	R
	PROC-CODE_claim_level_1	X(5)	837I	234	HI 01	Principal Procedure Code	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	PROC-CODE_claim_level_2	X(5)	837I	235	HI 01	Procedure Code	AN30	R
	PROC-CODE_claim_level_3	X(5)	837I	235	HI 02	Procedure Code	AN30	R
	PROC-CODE_claim_level_4	X(5)	837I	235	HI 03	Procedure Code	AN30	R
	PROC-CODE_claim_level_5	X(5)	837I	235	HI 04	Procedure Code	AN30	R
	PROC-CODE_claim_level_6	X(5)	837I	235	HI 05	Procedure Code	AN30	R
	PROC-CODE_service_level	X(5)	276	130	SVC01	Service Identification Code	AN48	R
	PROC-CODE_service_level	X(5)	277	180	SVC01	Service Identification Code	AN48	R
	PROC-CODE_service_level	X(5)	835	070	SVC01	Procedure Code	AN48	R
	PROC-CODE_service_level	X(5)	837I	375	SV202	Procedure Code	AN48	R
	PROGRAM-CODE	X(1)						
	PROV-CAT-OF-SVC-COD	X(2)						
	PROV-CHARGE-FACTOR	99V9(3)						
	PROV-COUNTY-CODE	X(2)						
	PROV-NUMBER	9(10)	835	140	N 104	Payee Identification Code	AN80	R
	PROV-NUMBER	9(10)	835	005	TS301	Provider Identifier	AN30	R
	PROV-NUMBER	9(10)	835	010	PLB01	Provider Identifier	AN30	R
	PROV-NUMBER	9(10)	837I	015	NM109	Billing Provider Identifier	AN80	R
	PROV-NUMBER	9(10)	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	PROV-NUMBER	9(10)	837I	015	NM109	Pay-to Provider Identifier	AN80	R
	PROV-NUMBER	9(10)	837I	035	REF02	Pay-to Provider Additional Identifier	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	PROV-PMT-LOC-CODE	X(2)						
	PROV-SPEC-CODE	X(2)						
	PROV-TYPE	X(2)						
	PROV-ZIP-CODE	9(9)						
	RECIP-AGE	9(3)						
	RECIP-CASE-NUMBER	X(11)						
	RECIP-CLIENT-ID	X(09)	835	040	REF02	Other Claim Related Identifier	AN30	R
	RECIP-CLIENT-ID	X(09)	837I	035	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-COUNTY-CODE	X(2)						
	RECIP-DATE-OF-BIRTH	9(7)	276	040	DMG02	Subscriber Birth Date	AN35	R
	RECIP-DATE-OF-BIRTH	9(7)	277	040	DMG02	Subscriber Birth Date	AN35	R
	RECIP-DATE-OF-BIRTH	9(7)	837I	032	DMG02	Subscriber Birth Date	AN35	R
	RECIP-EXCEP-INDIC	X(1)						
	RECIP-HIST-POINTER	9(4)						
	RECIP-HMO-CODE	X(1)						
	RECIP-IDENT-NUMBER	X(14)	276	050	NM109	Subscriber Identifier	AN80	R
	RECIP-IDENT-NUMBER	X(14)	277	050	NM109	Subscriber Identifier	AN80	R
	RECIP-IDENT-NUMBER	X(14)	835	031	NM109	Corrected Insured Identification Indicator	AN80	S
	RECIP-IDENT-NUMBER	X(14)	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	RECIP-MCARE-IND	X(1)	837P	17F	REF02	Medicare Section 4081 Indicator	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	RECIP-MIDDLE-INIT	X(1)	276	050	NM105	Subscriber Middle Name	AN25	S
	RECIP-MIDDLE-INIT	X(1)	277	050	NM105	Subscriber Middle Name	AN25	S
	RECIP-NAME	X(25)	276	050	NM103	Subscriber Last Name	AN35	R
	RECIP-NAME	X(25)	276	050	NM104	Subscriber First Name	AN25	S
	RECIP-NAME	X(25)	277	050	NM103	Subscriber Last Name	AN35	R
	RECIP-NAME	X(25)	277	050	NM104	Subscriber First Name	AN25	S
	RECIP-NAME	X(25)	835	031	NM104	Corrected Patient or Insured First Name	AN25	S
	RECIP-NAME	X(25)	835	031	NM105	Corrected Patient or Insured Middle Name	AN25	S
	RECIP-NH-INDIC	X(1)						
	RECIP-NH-PAT-CLASS	X(2)						
	RECIP-RACE-CODE	X(1)						
	RECIP-SEX-CODE	X(1)	276	040	DMG03	Subscriber Gender Code	ID1	R
	RECIP-SEX-CODE	X(1)	277	040	DMG03	Subscriber Gender Code	ID1	R
	RECIP-SEX-CODE	X(1)	837I	032	DMG03	Subscriber Gender Code	ID1	R
	RECIP-SS-NUMBER	X(9)	835	040	REF02	Other Claim Related Identifier	AN30	R
	RECIP-ZIP-CODE	9(5)						
	RECORD-CODE	X(2)						
	REGION	9(1)						
	REIMBURSEMENT-AMOUNT	S9(7)V99	277	100	STC05	Claim Payment Amount	R18	R
	REIMBURSEMENT-AMOUNT	S9(7)V99	835	020	BPR02	Total Actual Provider Payment Amount	R18	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	REIMBURSEMENT-AMOUNT	S9(7)V99	835	005	TS309	Total Provider Payment Amount	R18	S
	REIMBURSEMENT-AMOUNT	S9(7)V99	835	010	CLP04	Claim Payment Amount	R18	R
	REMITTANCE-ADVICE-NO	S9(6)	835	003	LX 01	Assigned Number	N06	R
	RETURNED-WARRANT-NU	9(6)						
	RETURNED-WARRANT-SU	X(1)						
	REVENUE-CODE	X(4)	276	130	SVC04	Revenue Code	AN48	S
	REVENUE-CODE	X(4)	277	180	SVC04	Revenue Code	AN48	S
	REVENUE-CODE	X(4)	835	070	SVC04	National Uniform Billing Committee Revenue Code	AN48	S
	REVENUE-CODE	X(4)	837I	375	SV201	Service Line Revenue Code	AN48	R
	ROOM-RATE	S9(7)V99						
	SORT-KEY	X(30)						
	SOURCE-OF-TPL	X(1)						
	SPECIAL-INDICATOR	X(1)						
	SPLIT-CLAIM-IND	X(1)						
	SUSPENSE-DATE	9(5)						
	SVCS-COV-BY-TPL	X(1)						
	TAX-AMOUNT	S9(7)V99	835	062	AMT02	Claim Supplemental Information Amount	R18	R
	TCN-TO-CREDIT	9(17)	835	040	REF02	Other Claim Related Identifier	AN30	R
	TCN-TO-CREDIT	9(17)	837I	185	REF02	Claim Original Reference Number	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Institutional-Claim	TCN-TO-CREDIT	9(17)	837P	181	REF02	Claim Original Reference Number	AN30	R
	THIRD-PARTY-PMT-AMT	S9(7)V99	835	020	CAS03	Adjustment Amount	R18	R
	THIRD-PARTY-PMT-AMT	S9(7)V99	837I	540	SVD02	Service Line Paid Amount	R18	R
	TIE-BREAKER-CODE	X(1)						
	TOTAL-CLAIM-CHARGE	S9(7)V99	276	110	AMT02	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	277	100	STC04	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	835	005	TS305	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	835	010	CLP03	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	837I	130	CLM02	Total Claim Charge Amount	R18	R
	TOTAL-DAYS-CERT	S9(3)						
	TOT-NON-COV-CLM-CHR	S9(7)V99						
	TPL-TYPE-INSURANCE	X(1)						
	TRANS-CONTROL-NUM	X(18)	276	100	REF02	Payer Claim Control Number	AN30	R
	TRANS-CONTROL-NUM	X(18)	277	110	REF02	Payer Claim Control Number	AN30	R
	TRANS-CONTROL-NUM	X(18)	835	010	CLP07	Payer Claim Control Number	AN30	S
	UNITS-OF-SERVICE	S9(7)	835	070	SVC05	Units of Service Paid Count	R15	S
	VENTILATOR-HRS	S9(4)						
	YEAR	X(2)						
Medical-Claim	ACCID-REL-INDIC	9(2)						
	ACCOUNTING-CODE	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	ACCT-ALLOCATION	X(4)						
	ACCT-ALLOCATION-X	X(4)						
	ACCT-APPROPRIATION	X(3)						
	ACCT-APPROPRIATION-X	X(3)						
	ACCT-BIENNIUM-IND	X(3)						
	ACCT-FUND	X(3)						
	ACCT-FUND-X	X(3)						
	ACCT-LOCATION-X	X(2)						
	ACCT-MONTH-OF-SVC	X(4)						
	ACCT-MONTH-OF-SVC-X	X(4)						
	ACCT-OBJ-SUB-OBJ	X(2)						
	ACCT-OBJ-SUB-OBJ-X	X(2)						
	ACCT-ORGANIZATION	X(4)						
	ACCT-ORGANIZATION-X	X(3)						
	ACCT-PROGRAM	X(5)						
	ACCT-PROGRAM-X	X(3)						
	ACCT-SUB-PROGRAM-X	X(4)						
	ACCT-SUB-SUB-OBJ	X(4)						
	ACCT-SUB-SUB-OBJ-X	X(4)						
	ADJUSTMENT-REASON	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	ADMISSION-DATE	9(5)						
	ADMISSION-HR	X(2)						
	ADMIT-DIAGNOSIS	X(06)						
	ADMIT-SOURCE	9(1)						
	ADMIT-TYPE	9(1)						
	ALIEN-IND	X(1)						
	ALLOWED-CHARGE	S9(7)V99	277	180	SVC03	Line Item Provider Payment Amount	R18	R
	ALLOWED-CHARGE	S9(7)V99	277	190	STC05	Line Item Provider Payment Amount	R18	S
	ALLOWED-CHARGE	S9(7)V99	820	150	RMR04	Detail Premium Payment Amount	R18	R
	ALLOWED-CHARGE	S9(7)V99	835	038	MOA02	Claim HCPCS Payable Amount	R18	S
	ALLOWED-CHARGE	S9(7)V99	835	062	AMT02	Claim Supplemental Information Amount	R18	R
	ALLOWED-CHARGE	S9(7)V99	835	070	SVC03	Line Item Provider Payment Amount	R18	R
	ALLOWED-CHRG-SOURCE	X(1)	835	020	CAS01	Claim Adjustment Group Code	ID2	R
	ALLOWED-CHRG-SOURCE	X(1)	835	090	CAS01	Claim Adjustment Group Code	ID2	R
	AMT-PAID-BY-MCARE	S9(7)V99	835	020	CAS03	Adjustment Amount	R18	R
	AMT-PAID-BY-MCARE	S9(7)V99	837D	300	AMT02	Payer Paid Amount	R18	R
	AMT-PAID-BY-MCARE	S9(7)V99	837P	300	AMT02	Payer Paid Amount	R18	R
	ATTENDING-PHYSICIAN	9(10)						
	BABY-WEIGHT	S9(4)						
	BATCH-DATE	9(5)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	BATCH-NUMBER	9(3)						
	BUD-AID-CODE	X(1)						
	CARRIER-ID	X(4)						
	CARRIER-NAME	X(20)						
	CASH-CONTROL-DATE	9(5)						
	CASH-CONTROL-SEQ-NUM	9(4)						
	CASH-CTL-WARRANT-IND	X(1)						
	CERT-STATUS	X(1)						
	CLAIM-CREDIT-IND	X(1)						
	CLAIM-LOCATION-CODE	X(2)						
	CLAIM-PA-IND	X(1)						
	CLAIM-STATUS	X(1)	277	100	STC01	Health Care Claim Status Category Code	AN30	R
	CLAIM-STATUS	X(1)	277	100	STC01	Health Care Claim Status Code	AN30	R
	CLAIM-STATUS	X(1)	835	010	CLP02	Claim Status Code	ID2	R
	CLERK-IDENTIFICATION	9(3)						
	CLM-INPUT-FORM-IND	X(1)	835	010	CLP06	Claim Filing Indicator Code	ID2	R
	CLM-INPUT-FORM-IND	X(1)	837P	005	SBR09	Claim Filing Indicator Code	ID2	S
	CLM-INPUT-MEDIUM-IND	9(1)						
	CLM-RECIP-PMT-AMT	S9(7)V99	835	010	CLP05	Patient Responsibility Amount	R18	S
	CLM-RECIP-PMT-AMT	S9(7)V99	835	020	CAS03	Adjustment Amount	R18	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	CLM-RECIP-PMT-AMT	S9(7)V99	835	062	AMT02	Claim Supplemental Information Amount	R18	R
	CLM-RECIP-PMT-AMT	S9(7)V99	837D	175	AMT02	Patient Amount Paid	R18	R
	CLM-RECIP-PMT-AMT	S9(7)V99	837P	176	AMT02	Patient Amount Paid	R18	R
	COMPUTED-DEDUCTIBLE	S9(7)V99						
	COMPUTED-RECIP-PMT	S9(7)V99						
	CONVERTED-CLM-IND	X(1)						
	DATE-ENTERED-LOC	9(5)	835	050	DTM02	Claim Date	DT8	R
	DATE-OF-ACCIDENT	9(5)	837D	139	DTP03	Accident Date	AN35	R
	DATE-OF-ACCIDENT	9(5)	837P	13D	DTP03	Accident Date	AN35	R
	DATE-OF-ADJUDICATION	9(5)	277	100	STC06	Adjudication or Payment Date	DT8	S
	DATE-OF-ADJUDICATION	9(5)	835	070	DTM02	Production Date	DT8	R
	DATE-OF-SURGERY	9(5)						
	DATE-PAID	9(5)	277	100	STC08	Check Issue or EFT Effective Date	DT8	S
	DATE-PAID	9(5)	835	020	BPR16	Check Issue or EFT Effective Date	DT8	R
	DAY	X(2)						
	DAYS-CERT-INITIALLY	S9(3)						
	DEFAULT-IND	X(1)						
	DETAIL-REFERENCE-NUM	X(06)						
	DIAG-ABORT-IND	X(1)						
	DIAG-CODE-ICD-9	X(7)	837D	190	NTE02	Claim Note Text	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	DIAG-CODE-ICD-9	X(7)	837P	231	HI 01	Diagnosis Code	AN30	R
	DIAG-FAM-PLAN-IND	X(1)						
	DIAG-STERL-IND	X(1)						
	DISCHARGE-HR	X(2)						
	DISCH-DESTINATION	X(1)						
	DISP-SHARE-AMOUNT	S9(7)V99						
	DOCUMENT-NUMBER	9(4)						
	DRG-ALLOWED-CHARGE	S9(7)V99						
	DRG-ALLOWED-CHRG-SRC	X(1)						
	DRG-CODE	9(03)						
	EMPLOYER-NAME	X(24)						
	EMPLOY-ST-CD	9(1)						
	END-DATE-OF-SVC	9(5)						
	ENTRY-DATE	9(5)						
	EOB-CODE_claim_level	9(3)	835	020	CAS02	Adjustment Reason Code	ID5	R
	EOB-CODE_claim_level	9(3)	835	037	MIA05	Remark Code	AN30	S
	EOB-CODE_claim_level	9(3)	835	037	MIA20	Remark Code	AN30	S
	EOB-CODE_claim_level	9(3)	835	038	MOA03	Remark Code	AN30	S
	EOB-CODE_service_level	9(3)	835	090	CAS02	Adjustment Reason Code	ID5	R
	EOB-CODE_service_level	9(3)	835	130	LQ 02	Remark Code	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	EPSDT-IND	X(1)	837D	130	CLM12	Special Program Indicator	ID3	S
	EPSDT-IND	X(1)	837P	130	CLM12	Special Program Indicator	ID3	S
	EPSDT-IND	X(1)	837P	370	SV111	EPSDT Indicator	ID1	S
	EXCEPTION-CODE_current	9(3)						
	EXCEPTION-CODE_previous	9(3)						
	EXCEPTION-STATUS	X(1)	277	190	STC01	Health Care Claim Status Category Code	AN30	R
	EXCEPTION-STATUS	X(1)	277	190	STC01	Health Care Claim Status Code	AN30	R
	EXEMPT-SRC-IND	X(1)						
	EXEMPT-SVC-IND	X(1)						
	EXTENSION-DAYS	S9(3)						
	FAMILY-PLANNING-COD	X(1)	837P	370	SV112	Family Planning Indicator	ID1	S
	FED-AID-CAT	X(1)						
	FED-CAT-SVC	X(2)						
	FED-MAINT-ASST-CD	X(1)						
	FFP-FUND-CD	X(1)						
	FIRST-DATE-OF-SVC_claim_level	9(5)	276	120	DTP03	Claim Service Period	AN35	R
	FIRST-DATE-OF-SVC_claim_level	9(5)	277	120	DTP03	Claim Service Period	AN35	R
	FIRST-DATE-OF-SVC_claim_level	9(5)	835	050	DTM02	Claim Date	DT8	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	FIRST-DATE-OF-SVC_claim_level	9(5)	837D	13D	DTP03	Service Date	AN35	R
	FIRST-DATE-OF-SVC_service_level	9(5)	276	150	DTP03	Service Line Date	AN35	R
	FIRST-DATE-OF-SVC_service_level	9(5)	277	210	DTP03	Service Line Date	AN35	R
	FIRST-DATE-OF-SVC_service_level	9(5)	835	080	DTM02	Service Date	DT8	R
	FIRST-DATE-OF-SVC_service_level	9(5)	837D	455	DTP03	Service Date	AN35	R
	FIRST-DATE-OF-SVC_service_level	9(5)	837P	455	DTP03	Service Date	AN35	R
	FIRST-INITIAL	X(1)						
	HOSP-TYPE	X(2)						
	INSUR-CD	9(2)						
	INSURED-GROUP-NAME	X(14)						
	INSURED-GROUP-NUMBER	X(17)						
	INSURED-NAME	X(25)						
	ITA-BLIND-IND	X(1)	837D	130	CLM12	Special Program Indicator	ID3	S
	ITA-BLIND-IND	X(1)	837P	130	CLM12	Special Program Indicator	ID3	S
	LAST-CYCLE-DATE	9(5)	277	100	STC02	Status Information Effective Date	DT8	R
	LAST-CYCLE-DATE	9(5)	277	190	STC02	Status Information Effective Date	DT8	R
	LAST-DATE-OF-SVC_claim_level	9(5)	276	120	DTP03	Claim Service Period	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	LAST-DATE-OF-SVC_claim_level	9(5)	277	120	DTP03	Claim Service Period	AN35	R
	LAST-DATE-OF-SVC_claim_level	9(5)	835	050	DTM02	Claim Date	DT8	R
	LAST-DATE-OF-SVC_service_level	9(5)	276	150	DTP03	Service Line Date	AN35	R
	LAST-DATE-OF-SVC_service_level	9(5)	277	210	DTP03	Service Line Date	AN35	R
	LAST-DATE-OF-SVC_service_level	9(5)	835	080	DTM02	Service Date	DT8	R
	LAST-DATE-OF-SVC_service_level	9(5)	837P	455	DTP03	Service Date	AN35	R
	LAST-NAME-1ST-FIVE	X(5)						
	LCP-MI-DED-CASE	X(1)						
	LINE-ITEM-CODE	X(2)	835	100	REF02	Provider Identifier	AN30	R
	LINE-ITEM-PA-IND	X(1)						
	LINE-NUMBER	9(2)						
	LI-SUBMITTED-CHARGE	S9(7)V99						
	LMC-APPROVAL-IND	X(1)						
	MARS-CLM-IND	S9(1)						
	MATCH-CODE	X(1)						
	MCARE-ALLOWED-AMT	S9(7)V99	837D	302	AMT02	Allowed Amount	R18	R
	MCARE-ALLOWED-AMT	S9(7)V99	837P	303	AMT02	Allowed Amount	R18	R
	MDC-CODE	9(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	MEDICAL-CODE	X(1)						
	MICROFILM-MACHINE-NO	9(1)						
	MICROFILM-ROLL-NO	9(1)						
	MI-GAU-INDICATOR	X(1)						
	MONTH	X(2)						
	NATURE-OF-ADMISSION	X(1)						
	NET-CLAIM-CHARGE	S9(7)V99						
	NON-COVERED-CHARGE	S9(7)V99	835	005	TS307	Total Noncovered Charge Amount	R18	S
	NON-COVERED-CHARGE	S9(7)V99	835	090	CAS03	Adjustment Amount	R18	R
	NUMBER-OF-CYCLES	9(3)						
	NUM-EXTENSION-REQ	9(2)						
	NUM-OF-ACCT-CODES	9(3)						
	NUM-OF-COMM-EXCEP	9(3)						
	NUM-OF-CURR-EXCEP	9(3)						
	NUM-OF-EMPLOYER-INFO	9(3)						
	NUM-OF-INSURED-INFO	9(3)						
	NUM-OF-LINE-ITEMS	9(3)						
	NUM-OF-PAYER-INFO	9(3)						
	NUM-OF-TPL-SEGMENTS	9(3)						
	OCCURANCE-CODE	X(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	OCCURANCE-DATE	9(5)						
	ORIGINAL-RECIP-ID	X(14)						
	OTHER-INSURANCE-IND	X(1)						
	OUTLIER-CD	9(2)						
	OVERRIDE-EXCEP-CODE_claim_level	9(3)						
	OVERRIDE-EXCEP-CODE_service_level	9(3)						
	OVERRIDE-LOC-CODE	9(2)						
	PATIENT-ACCT-NUMBER	X(20)	276	102	REF02	Medical Record Number	AN30	R
	PATIENT-ACCT-NUMBER	X(20)	277	114	REF02	Medical Record Number	AN30	R
	PATIENT-ACCT-NUMBER	X(20)	835	010	CLP01	Patient Control Number	AN38	R
	PATIENT-ACCT-NUMBER	X(20)	837D	130	CLM01	Patient Account Number	AN38	R
	PATIENT-ACCT-NUMBER	X(20)	837P	130	CLM01	Patient Account Number	AN38	R
	PATIENT-STATUS	X(2)						
	PAYER-NAME	X(25)						
	PAYER-PRIOR-PAYMENTS	S9(7)V99						
	PAY-TO-PROV-NUM	9(10)						
	PCOP-BILLING-PROV	9(07)	820	070	N 104	Receiver Identifier	AN80	S
	PCOP-BILLING-PROV	9(07)	820	010	ENT04	Organization Identification Code	AN80	S
	PCOP-PERFORM-PROV	9(07)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	PCOP-TYPE	X(01)						
	PD-UNIT-SVC	S9(3)						
	PERFORMING-PROV-NUM	9(10)	276	050	NM109	Provider Identifier	AN80	R
	PERFORMING-PROV-NUM	9(10)	277	050	NM109	Provider Identifier	AN80	R
	PERFORMING-PROV-NUM	9(10)	835	032	NM109	Rendering Provider Identifier	AN80	R
	PERFORMING-PROV-NUM	9(10)	835	045	REF02	Rendering Provider Secondary Identifier	AN30	R
	PERFORMING-PROV-NUM	9(10)	837D	250	NM109	Rendering Provider Identifier	AN80	R
	PERFORMING-PROV-NUM	9(10)	837D	271	REF02	Rendering Provider Secondary Identifier	AN30	R
	PERFORMING-PROV-NUM	9(10)	837D	500	NM109	Rendering Provider Identifier	AN80	R
	PERFORMING-PROV-NUM	9(10)	837D	525	REF02	Rendering Provider Secondary Identifier	AN30	R
	PERFORMING-PROV-NUM	9(10)	837P	250	NM109	Rendering Provider Identifier	AN80	R
	PERFORMING-PROV-NUM	9(10)	837P	271	REF02	Rendering Provider Secondary Identifier	AN30	R
	PERFORMING-PROV-NUM	9(10)	837P	500	NM109	Rendering Provider Identifier	AN80	R
	PERFORMING-PROV-NUM	9(10)	837P	525	REF02	Rendering Provider Secondary Identifier	AN30	R
	PLACE-OF-SERVICE	X(1)	277	100	STC01	Entity Identifier Code	ID3	S
	PLACE-OF-SERVICE	X(1)	277	112	REF02	Bill Type Identifier	AN30	R
	PLACE-OF-SERVICE	X(1)	277	190	STC01	Entity Identifier Code	ID3	S
	PLACE-OF-SERVICE	X(1)	835	005	TS302	Facility Type Code	AN2	R
	PLACE-OF-SERVICE	X(1)	835	010	CLP08	Facility Type Code	AN2	S
	PLACE-OF-SERVICE	X(1)	837D	130	CLM05	Facility Type Code	AN2	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	PLACE-OF-SERVICE	X(1)	837D	380	SV303	Facility Type Code	AN2	S
	PLACE-OF-SERVICE	X(1)	837P	130	CLM05	Facility Type Code	AN2	R
	PLACE-OF-SERVICE	X(1)	837P	370	SV105	Place of Service Code	AN2	S
	POL-CERT-NUM	X(15)						
	PRIOR-AUTH-NUM	9(9)	835	040	REF02	Other Claim Related Identifier	AN30	R
	PRIOR-AUTH-NUM	9(9)	837D	184	REF02	Referral Number	AN30	R
	PRIOR-AUTH-NUM	9(9)	837P	180	REF02	Prior Authorization or Referral Number	AN30	R
	PROC-CODE	X(5)	276	130	SVC01	Service Identification Code	AN48	R
	PROC-CODE	X(5)	277	180	SVC01	Service Identification Code	AN48	R
	PROC-CODE	X(5)	835	070	SVC01	Procedure Code	AN48	R
	PROC-CODE	X(5)	837D	380	SV301	Procedure Code	AN48	R
	PROC-CODE	X(5)	837P	370	SV101	Procedure Code	AN48	R
	PROC-CODE-MODIFIER	X(2)	276	130	SVC01	Procedure Modifier	AN2	S
	PROC-CODE-MODIFIER	X(2)	277	180	SVC01	Procedure Modifier	AN2	S
	PROC-CODE-MODIFIER	X(2)	835	070	SVC01	Procedure Modifier	AN2	S
	PROC-CODE-MODIFIER	X(2)	837P	370	SV101	Procedure Modifier	AN2	S
	PROCEDURE-CHARGE	S9(7)V99	276	130	SVC02	Line Item Charge Amount	R18	R
	PROCEDURE-CHARGE	S9(7)V99	277	180	SVC02	Line Item Charge Amount	R18	R
	PROCEDURE-CHARGE	S9(7)V99	277	190	STC04	Line Item Charge Amount	R18	S
	PROCEDURE-CHARGE	S9(7)V99	835	005	TS308	Total Denied Charge Amount	R18	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	PROCEDURE-CHARGE	S9(7)V99	835	070	SVC02	Line Item Charge Amount	R18	R
	PROCEDURE-CHARGE	S9(7)V99	837D	380	SV302	Line Item Charge Amount	R18	R
	PROCEDURE-CHARGE	S9(7)V99	837P	370	SV102	Line Item Charge Amount	R18	R
	PROGRAM-CODE	X(1)						
	PROV-CAT-OF-SVC-CODE	X(2)						
	PROV-CHARGE-FACTOR	9(3)V99						
	PROV-COUNTY-CODE	X(2)						
	PROV-NUMBER	9(10)	835	140	N 104	Payee Identification Code	AN80	R
	PROV-NUMBER	9(10)	835	005	TS301	Provider Identifier	AN30	R
	PROV-NUMBER	9(10)	835	010	PLB01	Provider Identifier	AN30	R
	PROV-NUMBER	9(10)	837D	015	NM109	Billing Provider Identifier	AN80	R
	PROV-NUMBER	9(10)	837D	035	REF02	Billing Provider Additional Identifier	AN30	R
	PROV-NUMBER	9(10)	837D	015	NM109	Pay-to Provider Identifier	AN80	R
	PROV-NUMBER	9(10)	837D	035	REF02	Pay-to Provider Identifier	AN30	R
	PROV-NUMBER	9(10)	837P	015	NM109	Billing Provider Identifier	AN80	R
	PROV-NUMBER	9(10)	837P	035	REF02	Billing Provider Additional Identifier	AN30	R
	PROV-NUMBER	9(10)	837P	015	NM109	Pay-to Provider Identifier	AN80	R
	PROV-NUMBER	9(10)	837P	035	REF02	Pay-to Provider Identifier	AN30	R
	PROV-PMT-LOC-CODE	X(2)						
	PROV-SPEC-CODE	X(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	PROV-TYPE	X(2)						
	PROV-ZIP-CODE	9(9)						
	RECIP-AGE	9(3)						
	RECIP-CASE-NUMBER	X(11)						
	RECIP-CLIENT-ID	X(09)	835	040	REF02	Other Claim Related Identifier	AN30	R
	RECIP-CLIENT-ID	X(09)	837D	035	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-CLIENT-ID	X(09)	837P	035	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-COUNTY-CODE	X(2)						
	RECIP-DATE-OF-BIRTH	9(7)	276	040	DMG02	Subscriber Birth Date	AN35	R
	RECIP-DATE-OF-BIRTH	9(7)	277	040	DMG02	Subscriber Birth Date	AN35	R
	RECIP-DATE-OF-BIRTH	9(7)	837D	032	DMG02	Subscriber Birth Date	AN35	R
	RECIP-DATE-OF-BIRTH	9(7)	837P	032	DMG02	Subscriber Birth Date	AN35	R
	RECIP-EXCEP-INDIC	X(1)						
	RECIP-HIST-POINTER	9(4)						
	RECIP-HMO-CODE	X(1)						
	RECIP-IDENT-NUMBER	X(14)	276	050	NM109	Subscriber Identifier	AN80	R
	RECIP-IDENT-NUMBER	X(14)	277	050	NM109	Subscriber Identifier	AN80	R
	RECIP-IDENT-NUMBER	X(14)	820	020	NM109	Individual Identifier	AN80	S
	RECIP-IDENT-NUMBER	X(14)	835	031	NM109	Corrected Insured Identification Indicator	AN80	S
	RECIP-IDENT-NUMBER	X(14)	837D	015	NM109	Subscriber Primary Identifier	AN80	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	RECIP-IDENT-NUMBER	X(14)	837P	015	NM109	Subscriber Primary Identifier	AN80	S
	RECIP-MCARE-IND	X(1)	837P	17F	REF02	Medicare Section 4081 Indicator	AN30	R
	RECIP-MIDDLE-INIT	X(1)	276	050	NM105	Subscriber Middle Name	AN25	S
	RECIP-MIDDLE-INIT	X(1)	277	050	NM105	Subscriber Middle Name	AN25	S
	RECIP-NAME	X(25)	276	050	NM103	Subscriber Last Name	AN35	R
	RECIP-NAME	X(25)	276	050	NM104	Subscriber First Name	AN25	S
	RECIP-NAME	X(25)	277	050	NM103	Subscriber Last Name	AN35	R
	RECIP-NAME	X(25)	277	050	NM104	Subscriber First Name	AN25	S
	RECIP-NAME	X(25)	820	020	NM103	Individual Last Name	AN35	S
	RECIP-NAME	X(25)	820	020	NM104	Individual First Name	AN25	S
	RECIP-NAME	X(25)	820	020	NM105	Individual Middle Name	AN25	S
	RECIP-NAME	X(25)	835	031	NM103	Corrected Patient or Insured Last Name	AN35	S
	RECIP-NAME	X(25)	835	031	NM104	Corrected Patient or Insured First Name	AN25	S
	RECIP-NAME	X(25)	835	031	NM105	Corrected Patient or Insured Middle Name	AN25	S
	RECIP-NH-INDIC	X(1)						
	RECIP-NH-PAT-CLASS	X(2)						
	RECIP-RACE-CODE	X(1)						
	RECIP-SEX-CODE	X(1)	276	040	DMG03	Subscriber Gender Code	ID1	R
	RECIP-SEX-CODE	X(1)	277	040	DMG03	Subscriber Gender Code	ID1	R
	RECIP-SEX-CODE	X(1)	837D	032	DMG03	Subscriber Gender Code	ID1	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	RECIP-SEX-CODE	X(1)	837P	032	DMG03	Subscriber Gender Code	ID1	R
	RECIP-SS-NUMBER	X(9)	820	010	ENT04	Receiver's Individual Identifier	AN80	R
	RECIP-SS-NUMBER	X(9)	835	040	REF02	Other Claim Related Identifier	AN30	R
	RECIP-ZIP-CODE	9(5)						
	RECORD-CODE	X(2)						
	REFERRING-PROV-NUM	9(10)	837D	250	NM109	Referring Provider Identifier	AN80	S
	REFERRING-PROV-NUM	9(10)	837D	271	REF02	Referring Provider Secondary Identifier	AN30	R
	REFERRING-PROV-NUM	9(10)	837P	250	NM109	Referring Provider Identifier	AN80	S
	REFERRING-PROV-NUM	9(10)	837P	271	REF02	Referring Provider Secondary Identifier	AN30	R
	REFERRING-PROV-NUM	9(10)	837P	500	NM109	Referring Provider Identifier	AN80	S
	REFERRING-PROV-NUM	9(10)	837P	525	REF02	Referring Provider Secondary Identifier	AN30	R
	REGION	9(1)						
	REIMBURSEMENT-AMOUNT	S9(7)V99	277	100	STC05	Claim Payment Amount	R18	R
	REIMBURSEMENT-AMOUNT	S9(7)V99	835	020	BPR02	Total Actual Provider Payment Amount	R18	R
	REIMBURSEMENT-AMOUNT	S9(7)V99	835	005	TS309	Total Provider Payment Amount	R18	S
	REIMBURSEMENT-AMOUNT	S9(7)V99	835	010	CLP04	Claim Payment Amount	R18	R
	REMITTANCE-ADVICE-NO	S9(6)	835	003	LX 01	Assigned Number	N06	R
	RETURNED-WARRANT-NUM	9(6)						
	RETURNED-WARRANT-SUF	X(1)						
	REVENUE-CODE	X(4)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	ROOM-RATE	S9(7)V99						
	SORT-KEY	X(30)						
	SOURCE-OF-TPL	X(1)						
	SPECIAL-INDICATOR	X(1)						
	SPLIT-CLAIM-IND	X(1)						
	SUSPENSE-DATE	9(5)						
	SVCS-COV-BY-TPL	X(1)						
	TAX-AMOUNT	S9(7)V99	835	062	AMT02	Claim Supplemental Information Amount	R18	R
	TCN-TO-CREDIT	9(17)	835	040	REF02	Other Claim Related Identifier	AN30	R
	TCN-TO-CREDIT	9(17)	837D	183	REF02	Claim Original Reference Number	AN30	R
	TCN-TO-CREDIT	9(17)	837P	181	REF02	Claim Original Reference Number	AN30	R
	THIRD-PARTY-PMT-AMT	S9(7)V99	835	020	CAS03	Adjustment Amount	R18	R
	THIRD-PARTY-PMT-AMT	S9(7)V99	837D	300	AMT02	Payer Paid Amount	R18	R
	THIRD-PARTY-PMT-AMT	S9(7)V99	837P	300	AMT02	Payer Paid Amount	R18	R
	TIE-BREAKER-CODE	X(1)						
	TOOTH-NUMBER	X(2)	837D	382	TOO02	Tooth Code	AN30	S
	TOOTH-SURFACE	X(1)	837D	382	TOO03	Tooth Surface Code	ID2	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	276	110	AMT02	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	277	100	STC04	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	835	005	TS305	Total Claim Charge Amount	R18	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Medical-Claim	TOTAL-CLAIM-CHARGE	S9(7)V99	835	010	CLP03	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	837D	130	CLM02	Total Claim Charge Amount	R18	R
	TOTAL-CLAIM-CHARGE	S9(7)V99	837P	130	CLM02	Total Claim Charge Amount	R18	R
	TOTAL-DAYS-CERT	S9(3)						
	TOT-NON-COV-CLM-CHRG	S9(7)V99						
	TPL-TYPE-INSURANCE	X(1)						
	TRANS-CONTROL-NUM	X(18)	276	100	REF02	Payer Claim Control Number	AN30	R
	TRANS-CONTROL-NUM	X(18)	277	110	REF02	Payer Claim Control Number	AN30	R
	TRANS-CONTROL-NUM	X(18)	820	150	RMR02	Insurance Remittance Reference Number	AN30	R
	TRANS-CONTROL-NUM	X(18)	835	010	CLP07	Payer Claim Control Number	AN30	S
	UNITS-OF-SERVICE	S9(7)	835	070	SVC05	Units of Service Paid Count	R15	S
	UNITS-OF-SERVICE	S9(7)	837D	380	SV306	Procedure Count	R15	R
	VENTILATOR-HRS	S9(4)						
	YEAR	X(2)						
Pharmacy-Claim	ACCOUNTING-CODE	X(1)						
	ACCT-ALLOCATION	X(4)						
	ACCT-ALLOCATION-X	X(4)						
	ACCT-APPROPRIATION	X(3)						
	ACCT-APPROPRIATION-	X(3)						
	ACCT-BIENNIUM-IND	X(3)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	ACCT-FUND	X(3)						
	ACCT-FUND-X	X(3)						
	ACCT-LOCATION-X	X(2)						
	ACCT-MONTH-OF-SVC	X(4)						
	ACCT-MONTH-OF-SVC-X	X(4)						
	ACCT-OBJ-SUB-OBJ	X(2)						
	ACCT-OBJ-SUB-OBJ-X	X(2)						
	ACCT-ORGANIZATION-X	X(3)						
	ACCT-PROGRAM	X(5)						
	ACCT-PROGRAM-X	X(3)						
	ACCT-SUB-PROGRAM-X	X(4)						
	ACCT-SUB-SUB-OBJ	X(4)						
	ACCT-SUB-SUB-OBJ-X	X(4)						
	ADJUSTMENT-REASON	X(1)						
	ALIEN-IND	X(1)						
	ALLOWED-CHARGE	S9(7)V99						
	ALLOWED-CHRG-SOURCE	X(1)						
	BATCH-DATE	9(5)						
	BATCH-NUMBER	9(3)						
	BUD-AID-CODE	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	CARRIER-ID	X(4)						
	CARRIER-NAME	X(20)						
	CASH-CONTROL-DATE	9(5)						
	CASH-CONTROL-SEQ-NU	9(4)						
	CASH-CTL-WARRANT-IN	X(1)						
	CLAIM-CREDIT-IND	X(1)						
	CLAIM-LOCATION-CODE	X(2)						
	CLAIM-PA-IND	X(1)						
	CLAIM-STATUS	X(1)						
	CLERK-IDENTIFICATIO	9(3)						
	CLM-IND-RECIP-IN-NH	X(1)						
	CLM-INPUT-FORM-IND	X(1)						
	CLM-INPUT-MEDIUM-IN	9(1)						
	CLM-RECIP-PMT-AMT	S9(7)V99						
	COMPUTED-DEDUCTIBLE	S9(7)V99						
	COMPUTED-RECIP-PMT	S9(7)V99						
	DATE-ENTERED-LOC	9(5)						
	DATE-OF-ACCIDENT	9(5)						
	DATE-OF-ADJUDICATIO	9(5)						
	DATE-PAID	9(5)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	DATE-PRESCRIBED	9(5)						
	DAY	X(2)						
	DAYS-SUPPLIED	9(5)						
	DEFAULT-IND	X(1)						
	DETAIL-REFERENCE-NU	X(06)						
	DIAG-CODE-ICD-9	X(7)						
	DOCUMENT-NUMBER	9(4)						
	DRUG-CODE	X(12)						
	DRUG-FORMUL-IND	X(1)						
	DRUG-GENERIC-CODE	X(4)						
	DRUG-QUANTITY	S9(5)						
	DRUG-THERA-CLASS	X(3)						
	EOB-CODE_claim_level	9(3)						
	EOB-CODE_service_level	9(3)						
	EXCEPTION-CODE_current	9(3)						
	EXCEPTION-CODE_previous	9(3)						
	EXCEPTION-STATUS	X(1)						
	FED-AID-CAT	X(1)						
	FED-CAT-SVC	X(2)						
	FED-MAINT-ASST-CD	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	FFP-FUND-CD	X(1)						
	FIRST-DATE-OF-SVC	9(5)						
	FIRST-INITIAL	X(1)						
	ITA-BLIND-IND	X(1)						
	LAST-CYCLE-DATE	9(5)						
	LAST-DATE-OF-SVC	9(5)						
	LAST-NAME-1ST-FIVE	X(5)						
	LINE-ITEM-CODE	X(2)						
	LINE-NUMBER	9(2)						
	LMC-APPROVAL-IND	X(1)						
	MARS-CLM-IND	S9(1)						
	MATCH-CODE	X(1)						
	MEDICAL-CODE	X(1)						
	MICROFILM-MACHINE-N	9(1)						
	MICROFILM-ROLL-NO	9(1)						
	MONTH	X(2)						
	NET-CLAIM-CHARGE	S9(7)V99						
	NUMBER-OF-CYCLES	9(3)						
	NUM-OF-ACCT-CODES	9(3)						
	NUM-OF-COMM-EXCEP	9(3)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	NUM-OF-CURR-EXCEP	9(3)						
	NUM-OF-EMPLOYER-INF	9(3)						
	NUM-OF-INSURED-INFO	9(3)						
	NUM-OF-LINE-ITEMS	9(3)						
	NUM-OF-PAYER-INFO	9(3)						
	NUM-OF-TPL-SEGMENTS	9(3)						
	OTHER-INSURANCE-IND	X(1)						
	OVERRIDE-EXCEP-CODE_claim_level	9(3)						
	OVERRIDE-EXCEP-CODE_service_level	9(3)						
	OVERRIDE-LOC-CODE	9(2)						
	PATIENT-ACCT-NUMBER	X(20)						
	PAY-TO-PROV-NUM	9(10)						
	PCOP-BILLING-PROV	9(07)						
	PCOP-PERFORM-PROV	9(07)						
	PCOP-TYPE	X(01)						
	PD-UNIT-SVC	S9(3)						
	POL-CERT-NUM	X(15)						
	PRESC-PHYS-PROV-NUM	9(10)						
	PRESCRIPTION-NUMBER	X(7)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	PRIOR-AUTH-NUM	9(9)						
	PROGRAM-CODE	X(1)						
	PROV-CAT-OF-SVC-COD	X(2)						
	PROV-COUNTY-CODE	X(2)						
	PROV-NUMBER	9(10)						
	PROV-PMT-LOC-CODE	X(2)						
	PROV-SPEC-CODE	X(2)						
	PROV-TYPE	X(2)						
	PROV-ZIP-CODE	9(9)						
	RECIP-AGE	9(3)						
	RECIP-CASE-NUMBER	X(11)						
	RECIP-CLIENT-ID	X(09)						
	RECIP-COUNTY-CODE	X(2)						
	RECIP-DATE-OF-BIRTH	9(7)						
	RECIP-EXCEP-INDIC	X(1)						
	RECIP-HIST-POINTER	9(4)						
	RECIP-HMO-CODE	X(1)						
	RECIP-MCARE-IND	X(1)						
	RECIP-MIDDLE-INIT	X(1)						
	RECIP-NAME	X(25)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	RECIP-NH-INDIC	X(1)						
	RECIP-RACE-CODE	X(1)						
	RECIP-SEX-CODE	X(1)						
	RECIP-SS-NUMBER	X(9)						
	RECIP-ZIP-CODE	9(5)						
	RECORD-CODE	X(2)						
	REFILL-INDICATOR	X(1)						
	REGION	9(1)						
	REIMBURSEMENT-AMOUNT	S9(7)V99						
	REMITTANCE-ADVICE-NO	S9(6)						
	RETURNED-WARRANT-NU	9(6)						
	RETURNED-WARRANT-SU	X(1)						
	SORT-KEY	X(30)						
	SOURCE-OF-TPL	X(1)						
	SPECIAL-INDICATOR	X(1)						
	SPLIT-CLAIM-IND	X(1)						
	SUSPENSE-DATE	9(5)						
	SVCS-COV-BY-TPL	X(1)						
	TAX-AMOUNT	S9(7)V99						
	TCN-TO-CREDIT	9(17)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Pharmacy-Claim	THIRD-PARTY-PMT-AMT	S9(7)V99						
	TIE-BREAKER-CODE	X(1)						
	TOTAL-CLAIM-CHARGE	S9(7)V99						
	TOT-NON-COV-CLM-CHR	S9(7)V99						
	TPL-TYPE-INSURANCE	X(1)						
	YEAR	X(2)						
Plan-File	AGE-HIGH	9(3)						
	AGE-LOW	9(3)						
	CAPITATION-RATE	S9(05)V99						
	CARD-ID	X(04)						
	CLERK-IDENTIFICATIO	9(3)						
	COMB-STOP-LOSS-AMT	9(07)V99						
	COUNTY-CODE-GROUP	X(02)						
	DATE-OF-LAST-TRANS	9(5)						
	EFFECTIVE-DATE	9(05)						
	EFFECTIVE-DT-9-COMP	S9(05)						
	END-DATE	9(05)						
	GME-RATE	S9(3)V99						
	GROUP-NUMBER	X(04)	834	260	HD 04	Plan Coverage Description	AN50	S
	INST-STOP-LOSS-AMT	9(07)V99						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Plan-File	MATCH-CODE	X(1)						
	MEDICAL-CODE	X(1)						
	NON-COV-PROC-CODES	X(12)						
	NONREF-PROC-CODES	X(12)						
	NUM-CAP-GROUPS	S9(03)						
	NUM-NONCOV-PROC-COD	S9(03)						
	NUM-NONREF-PROC-COD	S9(03)						
	NUM-PROV-TYPES	S9(03)						
	NUM-REF-PROV-TYPES	S9(03)						
	PAYMENT-LISTING-IND	X(01)						
	PCOP-TYPE	X(01)						
	PHY-STOP-LOSS-AMT	9(07)V99						
	PLAN-BEGIN-DATE	9(05)						
	PLAN-END-DATE	9(05)						
	PLAN-NAME	X(31)						
	PROGRAM-CODE	X(1)						
	PROV-NUMBER	9(10)						
	PROV-SPEC-CODE	X(2)						
	PROV-TYPE	X(2)						
	RATE-FACTOR	9(01)V9999						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Plan-File	RECIP-SEX-CODE	X(1)						
	RECORD-CODE	X(2)						
	REF-PROV-SPEC	X(02)						
	REF-PROV-TYPES	X(02)						
	REGION-CODE	X(03)						
Prior-Authorization	CLERK-IDENTIFICATIO	9(3)						
	DIAG-CODE-ICD-9	X(7)	278Req	080	HI 01	Diagnosis Code	AN30	R
	DIAG-CODE-ICD-9	X(7)	278Resp	080	HI 01	Diagnosis Code	AN30	R
	DRUG-CODE	X(12)	278Req	080	HI 01	Procedure Code	AN30	R
	DRUG-CODE	X(12)	278Resp	080	HI 01	Procedure Code	AN30	R
	EXCEPTION-CODE	9(3)	278Resp	050	HCR03	Reject Reason Code	ID2	S
	EXCEPTION-STATUS	X(1)	278Resp	050	HCR03	Reject Reason Code	ID2	S
	FIRST-DATE-OF-SVC	9(5)	278Resp	070	DTP03	Proposed or Actual Service Date	AN35	R
	LAST-CYCLE-DATE	9(5)						
	LAST-DATE-OF-SVC	9(5)	278Resp	070	DTP03	Proposed or Actual Service Date	AN35	R
	LINE-ITEM-CODE	X(2)						
	NUM-OF-CURR-EXCEP	9(3)						
	NUM-OF-LINE-ITEMS	9(3)						
	NUM-OF-TEXT-LINES	S9(3)						
	ORIGINAL-RECIP-ID	X(14)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prior-Authorization	PA-AMOUNT-APPROVED	9(07)V99	271	130	EB 07	Benefit Amount	R18	S
	PA-AMOUNT-REQUESTED	9(07)V99						
	PA-AMOUNT-USED	9(07)V99	271	130	EB 07	Benefit Amount	R18	S
	PA-APPROVAL-IND	X(1)	278Resp	050	HCR01	Action Code	ID2	R
	PA-UNITS-APPROVED	9(05)	278Req	090	HSD02	Service Unit Count	R15	S
	PA-UNITS-APPROVED	9(05)	278Resp	080	HI 01	Procedure Quantity	R15	S
	PA-UNITS-REQUESTED	9(05)						
	PRIOR-AUTH-CATEGORY	X(02)						
	PRIOR-AUTH-LINE-NO	X(02)	278Resp	020	TRN02	Service Trace Number	AN30	R
	PRIOR-AUTH-NUM	9(9)	270	140	REF02	Prior Authorization or Referral Number	AN30	R
	PRIOR-AUTH-NUM	9(9)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	PRIOR-AUTH-NUM	9(9)	278Req	060	REF02	Previous Certification Identifier	AN30	R
	PRIOR-AUTH-NUM	9(9)	278Resp	020	TRN02	Service Trace Number	AN30	R
	PRIOR-AUTH-NUM	9(9)	278Resp	050	HCR02	Certification Number	AN30	S
	PRIOR-AUTH-PURG-DAT	9(05)						
	PRIOR-AUTH-REASON	9(03)	278Resp	050	HCR03	Reject Reason Code	ID2	S
	PRIOR-AUTH-SUB-CAT	X(02)						
	PROC-CODE	X(5)	278Req	080	HI 01	Procedure Code	AN30	R
	PROC-CODE	X(5)	278Resp	080	HI 01	Procedure Code	AN30	R
	PROC-CODE-MODIFIER	X(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prior-Authorization	PROV-NUMBER	9(10)	278Resp	170	NM109	Service Provider Identifier	AN80	S
	PROV-NUMBER	9(10)	278Resp	180	REF02	Service Provider Supplemental Identifier	AN30	R
	RECIP-IDENT-NUMBER	X(14)	278Req	170	NM109	Subscriber Primary Identifier	AN80	R
	RECORD-CODE	X(2)						
	TEXT-DATA	X(72)						
	TOOTH-NUMBER	X(2)	278Req	080	HI 01	Procedure Code	AN30	R
	TOOTH-NUMBER	X(2)	278Resp	080	HI 01	Procedure Code	AN30	R
	TOOTH-SURFACE	X(1)	278Resp	080	HI 01	Procedure Code	AN30	R
	TYPE-OF-SERVICE	X(1)	278Resp	040	UM 03	Service Type Code	ID2	S
Proc-Diag-Drug	BLIND-ONLY-IND	X(1)						
	CLERK-IDENTIFICATIO	9(3)						
	CODE-MODIFIER	X(2)						
	CODE-TYPE-IND	X(1)						
	COPAYMENT-INDICATOR	X(1)						
	COVERED-ITEM	X(01)						
	DATE-OF-LAST-TRANS	9(5)						
	DEA-CODE	X(01)						
	DIAG-ABORT-IND	X(1)						
	DIAG-ACCID-INDIC	X(1)						
	DIAG-CODE-ICD-9	X(7)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Proc-Diag-Drug	DIAG-CONTROL-CODE	X(1)						
	DIAG-FAM-PLAN-IND	X(1)						
	DIAG-NAME	X(40)						
	DIAG-SCHEME-CODE	X(1)						
	DIAG-STERL-IND	X(1)						
	DISP-FEE-INDICATOR	X(1)						
	DRG-CODE	X(03)						
	DRG-DAYS	9(3)						
	DRG-NAME	X(40)						
	DRG-PRICE-BEG-DATE	9(5)						
	DRG-PRICE-END-DATE	9(5)						
	DRG-PRICE-ENTRIES	9(3)						
	DRG-PRICE-STATUS	X(1)						
	DRG-RELATIVE-VALUE	S9(3)V9(4)	835	010	CLP12	Diagnosis Related Group (DRG) Weight	R15	S
	DRUG-AWP	9(5)V9999						
	DRUG-CLASS	X(01)						
	DRUG-CODE	X(12)	271	130	EB 13	Procedure Code	AN48	R
	DRUG-EAC	9(5)V9999						
	DRUG-FORMUL-BEG-DAT	S9(5)						
	DRUG-FORMUL-ENTRIES	S9(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Proc-Diag-Drug	DRUG-FORMUL-IND	X(1)						
	DRUG-GENERIC-CODE	X(5)						
	DRUG-MAC	9(5)V9999						
	DRUG-MANUFACT-NAME	X(17)						
	DRUG-MAX-DAYS	9(5)						
	DRUG-MAX-SUPPLY	9(5)						
	DRUG-MIN-SUPPLY	9(5)						
	DRUG-NAME	X(40)						
	DRUG-NH-INDIC	X(01)						
	DRUG-PACKAGE-SIZE	S9(5)						
	DRUG-PRICE-BEG-DATE	9(5)						
	DRUG-PRICE-END-DATE	9(5)						
	DRUG-PRICE-ENTRIES	9(2)						
	DRUG-STRENGTH-DESC	X(10)						
	DRUG-SUPPLY-BEG-DAT	S9(5)						
	DRUG-SUPPLY-END-DAT	S9(5)						
	DRUG-SUPPLY-ENTRIES	S9(2)						
	DRUG-THERA-CLASS	X(3)						
	DRUG-UNIT-MEASURE	X(2)						
	DRUG-UNIT-QUANTITY	X(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Proc-Diag-Drug	DUP-CHECK-IND	X(1)						
	EFFECTIVE-DATE	9(05)						
	EMERG-TRMNT-IND	X(1)						
	ENDO-CODE	X(05)						
	EPSDT-ONLY-IND	X(1)						
	EXPEDITED-AUTH	X(01)						
	GEN-CD-NUM-SEQ-NUM	9(06)						
	GENERIC-INDICATOR	X(01)						
	GENERIC-PRICE-IND	X(01)						
	I-E-PLACE-OF-SVC-IN	X(1)						
	ITA-ONLY-IND	X(1)						
	LIFETIME-SERVICE-IN	X(1)						
	MAXIMUM-AGE	9(3)						
	MCARE-COVERAGE-IND	X(1)						
	MINIMUM-AGE	9(3)						
	MULTIPLE-UNIT-IND	X(01)						
	NUM-OF-TOTAL-ENTRIE	S9(3)						
	OBSOLETE-DATE	S9(5)						
	PA-REQUIRED-BEG-DT	9(5)						
	PA-REQUIRED-END-DT	9(5)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Proc-Diag-Drug	PKG-SIZE-PRICING-IN	X(1)						
	PLACE-OF-SERVICE	X(1)						
	PRIMARY-CODE-IND	X(1)						
	PRIOR-AUTH-IND	X(1)						
	PROC-ABORT-IND	X(1)						
	PROC-ASST-SURG-INDI	X(1)						
	PROC-CODE	X(5)	271	130	EB 13	Procedure Code	AN48	R
	PROC-CONTROL-CODE	X(2)						
	PROC-DESC	X(72)						
	PROC-FACTOR	9(5)V99						
	PROC-FACTOR-CODE	X(1)						
	PROC-FAM-PLAN-IND	X(1)						
	PROC-NAME	X(40)						
	PROC-NH-IND	X(1)						
	PROC-POST-OP-DAYS	9(3)						
	PROC-PRICE-BEG-DATE	9(5)						
	PROC-PRICE-END-DATE	9(5)						
	PROC-PRICE-ENTRIES	9(2)						
	PROC-PROV-TYPE	X(2)						
	PROC-PROV-TYPE-IND	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Proc-Diag-Drug	PROC-STERIL-IND	X(1)						
	PROV-CLASSIF-CD	X(3)						
	PROV-SPEC-CODE	X(2)						
	RBRVS-BILAT-SURG-IN	X(01)						
	RBRVS-BILLABLE-SUPP	X(01)						
	RBRVS-CO-SURGEON-IN	X(01)						
	RBRVS-MULT-SURG-IND	X(01)						
	RBRVS-SITE-SERV-DIF	X(01)						
	RBRVS-TEAM-SURG-IND	X(01)						
	REC-CODE	X(2)						
	RECORD-CODE	X(2)						
	SPLIT-BILL-IND	X(1)						
	SYSTEM-PARAM-BEG-DT	9(5)						
	SYSTEM-PARAM-END-DT	9(5)						
	SYSTEM-PARAMETER-NU	X(4)						
	TAXABLE-SVC-IND	X(1)						
	TOOTH-NO-IND	X(1)						
	TOOTH-SURFACE-IND	X(1)						
	TOTAL-ADDS	S9(7)						
	TOTAL-CHANGES	S9(7)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Proc-Diag-Drug	TOTAL-CURRENT	S9(7)						
	TOTAL-DELETES	S9(7)						
	TOTAL-MONTH-BEGIN	S9(7)						
	TYPE-OF-SERVICE	X(1)						
	UNIT-DOSE-PKG-SIZE	X(2)						
	VALID-SEX-INDIC	X(1)						
Procedure-Master	BLIND-ONLY-IND	X(1)	271	171	III02	Industry Code	AN30	R
	CLERK-IDENTIFICATIO	9(3)						
	CODE-MODIFIER	X(2)	271	130	EB 13	Procedure Modifier	AN2	S
	CODE-TYPE-IND	X(1)						
	COPAYMENT-INDICATOR	X(1)						
	DATE-OF-LAST-TRANS	9(5)						
	DUP-CHECK-IND	X(1)						
	EFFECTIVE-DATE	9(05)						
	ENDO-CODE	X(05)						
	EPSDT-ONLY-IND	X(1)	271	171	III02	Industry Code	AN30	R
	I-E-PLACE-OF-SVC-IN	X(1)						
	ITA-ONLY-IND	X(1)	271	171	III02	Industry Code	AN30	R
	LIFETIME-SERVICE-IN	X(1)						
	MAXIMUM-AGE	9(3)	271	130	EB 10	Benefit Quantity	R15	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Procedure-Master	MCARE-COVERAGE-IND	X(1)						
	MINIMUM-AGE	9(3)	271	130	EB 10	Benefit Quantity	R15	S
	MULTIPLE-UNIT-IND	X(01)						
	PA-REQUIRED-BEG-DT	9(5)						
	PA-REQUIRED-END-DT	9(5)						
	PLACE-OF-SERVICE	X(1)						
	PRIMARY-CODE-IND	X(1)						
	PRIOR-AUTH-IND	X(1)	271	130	EB 11	Authorization or Certification Indicator	ID1	S
	PROC-ABORT-IND	X(1)	271	171	III02	Industry Code	AN30	R
	PROC-ASST-SURG-INDI	X(1)						
	PROC-CODE	X(5)						
	PROC-CONTROL-CODE	X(2)						
	PROC-DESC	X(72)						
	PROC-FACTOR	9(5)V99						
	PROC-FACTOR-CODE	X(1)						
	PROC-FAM-PLAN-IND	X(1)	271	171	III02	Industry Code	AN30	R
	PROC-NAME	X(40)	835	070	SVC01	Procedure Code Description	AN80	S
	PROC-NH-IND	X(1)	271	171	III02	Industry Code	AN30	R
	PROC-POST-OP-DAYS	9(3)						
	PROC-PRICE-BEG-DATE	9(5)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Procedure-Master	PROC-PRICE-END-DATE	9(5)						
	PROC-PRICE-ENTRIES	9(2)						
	PROC-PROV-TYPE	X(2)						
	PROC-PROV-TYPE-IND	X(1)						
	PROC-STERIL-IND	X(1)	271	171	III02	Industry Code	AN30	R
	PROV-CLASSIF-CD	X(3)						
	PROV-SPEC-CODE	X(2)						
	RBRVS-BILAT-SURG-IN	X(01)						
	RBRVS-BILLABLE-SUPP	X(01)						
	RBRVS-CO-SURGEON-IN	X(01)						
	RBRVS-MULT-SURG-IND	X(01)						
	RBRVS-SITE-SERV-DIF	X(01)						
	RBRVS-TEAM-SURG-IND	X(01)						
	REC-CODE	X(2)						
	RECORD-CODE	X(2)						
	SPLIT-BILL-IND	X(1)						
	SYSTEM-PARAM-BEG-DT	9(5)						
	SYSTEM-PARAM-END-DT	9(5)						
	SYSTEM-PARAMETER-NU	X(4)						
	TAXABLE-SVC-IND	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Procedure-Master	TOOTH-NO-IND	X(1)						
	TOOTH-SURFACE-IND	X(1)						
	TYPE-OF-SERVICE	X(1)						
	VALID-SEX-INDIC	X(1)						
Prov-File	ADDRESS-USE-IND	X(1)						
	ALT-PRACT-LOC	X(1)						
	APPL-DENIED	S9(5)						
	BANK-ACCOUNT-NUM	X(17)	820	020	BPR15	Receiver Bank Account Number	AN35	S
	BANK-ACCOUNT-NUM	X(17)	835	020	BPR15	Receiver or Provider Account Number	AN35	S
	BANK-ACCOUNT-TYPE	X(1)	820	020	BPR14	Account Number Qualifier	ID3	S
	BANK-ACCOUNT-TYPE	X(1)	835	020	BPR14	Account Number Qualifier	ID3	S
	BANK-NAME	X(22)						
	CLERK-IDENTIFICATIO	9(3)						
	CLIA-BEGIN-DATE	9(5)						
	CLIA-CERT-NUMBER	X(10)	837P	182	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R
	CLIA-CERT-NUMBER	X(10)	837P	47C	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R
	CLIA-CERT-TYPE	X(1)						
	CLIA-END-DATE	9(5)						
	CLIA-PROV-NUMBER	9(10)	837P	47C	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	CLS-GRP-CD	X(02)						
	DATE-OF-LAST-TRANS	9(5)						
	DIRECT-ENTRY-IND	X(1)						
	DISP-SHARE-AMOUNT	S9(5)V99	835	037	MIA06	Claim Disproportionate Share Amount	R18	S
	DISP-SHARE-EFF-DATE	9(5)						
	DRUG-DISPENSING-FEE	S9(3)V99						
	EFT-TYPE	X(1)	277	100	STC07	Payment Method Code	ID3	S
	EFT-TYPE	X(1)	820	020	BPR04	Payment Method Code	ID3	R
	EFT-TYPE	X(1)	835	020	BPR04	Payment Method Code	ID3	R
	ELEC-MEDIA-BILL-COD	X(2)						
	HOLD-REVIEW-BGN-DAT	9(5)						
	HOLD-REVIEW-END-DAT	9(5)						
	HOLD-REVIEW-RNG-HIG	X(6)						
	HOLD-REVIEW-RNG-LOW	X(6)						
	HOLD-REVIEW-RNG-TYP	X(1)						
	HOSP-TYPE	X(2)						
	HOSP-TYPE-EFF-DATE	9(5)						
	INITIAL-LIEN-AMT	S9(7)V99						
	INTERMED-PROV-NUM	9(10)	835	059	REF02	Receiver Identifier	AN30	R
	INTM-CORRESP-IND	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	INTM-TAPE-BPI	X(1)						
	INTM-TAPE-RECFM	X(1)						
	LAST-CLAIM-PAID-DAT	9(5)						
	LIEN-AMOUNT	S9(7)V99						
	LIEN-HOLDER-PROV-NU	9(10)						
	MCARE-EDT-BYPASS-IN	X(1)						
	NABP-PROV-NUMBER	9(7)						
	NEW-PROV-NUMBER	9(10)						
	NUM-CAT-SVC-DATA	9(3)						
	NUM-CLASS-GRP-CODES	9(1)						
	NUM-CLASSIF-CODES	9(3)						
	NUM-CLIA-CERT-DATA	9(3)						
	NUM-DISP-SHARE	9(3)						
	NUM-HOLD-REVIEW-DAT	9(3)						
	NUM-HOSP-DATA	9(3)						
	NUM-LIEN-HOLDER	9(3)						
	NUM-OF-TOTAL-ENTRIE	S9(3)						
	NUM-PROV-GROUPS	9(3)						
	NUM-PROV-IN-GROUP	9(3)						
	NUM-XREF-PROVS	9(3)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	OUT-OF-STATE-PROV-C	X(1)						
	PAYMENT-LISTING-IND	X(01)						
	PCOP-MAX-ACCEPTED	9(05)						
	PCOP-NUM-ENROLLED	9(05)						
	PCOP-TYPE	X(01)						
	PHARM-DISP-FEE-TYPE	X(1)						
	PHRM-DISP-FEE-EFF-D	9(5)						
	PREV-PROV-NUMBER	9(10)						
	PROV-ADDRESS-CODE	9(1)						
	PROV-ADDR-LINE-1	X(26)	820	090	N 301	Receiver Address Line	AN55	R
	PROV-ADDR-LINE-1	X(26)	835	160	N 301	Payee Address Line	AN55	R
	PROV-ADDR-LINE-2	X(26)	820	090	N 302	Receiver Address Line	AN55	S
	PROV-ADDR-LINE-2	X(26)	835	160	N 302	Payee Address Line	AN55	S
	PROV-APPL-DATE	9(5)						
	PROV-BEGIN-SVC-DATE	9(05)						
	PROV-CAT-OF-SVC-COD	X(2)						
	PROV-CITY	X(18)	820	100	N 401	Information Receiver City Name	AN30	R
	PROV-CITY	X(18)	834	360	N 401	Member City Name	AN30	R
	PROV-CITY	X(18)	835	170	N 401	Payee City Name	AN30	R
	PROV-CITY-CODE	X(3)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	PROV-CLASSIF-BEG-DT	9(5)						
	PROV-CLASSIF-CD	X(3)						
	PROV-CLASSIF-END-DT	9(5)						
	PROV-CORRESP-MEDIA	X(1)						
	PROV-COUNTY-CODE	X(2)						
	PROV-EMPLR-IDENT-NU	X(10)	834	190	N 104	Insurer Identification Code	AN80	R
	PROV-EMPLR-IDENT-NU	X(10)	835	140	N 104	Payee Identification Code	AN80	R
	PROV-EMPLR-IDENT-NU	X(10)	835	180	REF02	Additional Payee Identifier	AN30	R
	PROV-END-SVC-DATE	9(05)						
	PROV-ENROL-PERIODS	9(1)						
	PROV-ENROL-STAT-CD	X(1)						
	PROV-ENROL-STAT-DAT	9(5)						
	PROV-EXCEP-INDIC	X(2)						
	PROV-GROUP	9(10)						
	PROV-LIC-BOARD-CODE	X(1)						
	PROV-LICENSE-DATE	9(5)						
	PROV-LICENSE-NUM	X(8)	835	180	REF02	Additional Payee Identifier	AN30	R
	PROV-MEMBER-NUM	9(10)						
	PROV-NAME	X(31)	271	180	NM103	Benefit Related Entity Last or Organization Name	AN35	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	PROV-NAME	X(31)	271	220	PER02	Benefit Related Entity Contact Name	AN60	S
	PROV-NAME	X(31)	277	050	NM103	Information Receiver Last or Organization Name	AN35	R
	PROV-NAME	X(31)	277	050	NM104	Information Receiver First Name	AN25	S
	PROV-NAME	X(31)	277	050	NM105	Information Receiver Middle Name	AN25	S
	PROV-NAME	X(31)	277	050	NM103	Provider Last or Organization Name	AN35	R
	PROV-NAME	X(31)	277	050	NM104	Provider First Name	AN25	S
	PROV-NAME	X(31)	277	050	NM105	Provider Middle Name	AN25	S
	PROV-NAME	X(31)	277	050	NM107	Provider Name Suffix	AN10	S
	PROV-NAME	X(31)	278Resp	170	NM103	Requester Last or Organization Name	AN35	S
	PROV-NAME	X(31)	278Resp	170	NM103	Service Provider Last or Organization Name	AN35	S
	PROV-NAME	X(31)	820	070	N 102	Information Receiver Last or Organization Name	AN60	S
	PROV-NAME	X(31)	834	190	N 102	Insurer Name	AN60	S
	PROV-NAME	X(31)	834	320	NM103	Provider Last or Organization Name	AN35	S
	PROV-NAME	X(31)	835	140	N 102	Payee Name	AN60	S
	PROV-NAME	X(31)	835	032	NM103	Rendering Provider Last or Organization Name	AN35	S
	PROV-NAME	X(31)	835	032	NM104	Rendering Provider First Name	AN25	S
	PROV-NAME	X(31)	835	032	NM105	Rendering Provider Middle Name	AN25	S
	PROV-NAME	X(31)	837D	015	NM103	Billing Provider Last or Organizational Name	AN35	R
	PROV-NAME	X(31)	837D	015	NM104	Billing Provider First Name	AN25	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	PROV-NAME	X(31)	837D	015	NM105	Billing Provider Middle Name	AN25	S
	PROV-NAME	X(31)	837D	015	NM107	Billing Provider Name Suffix	AN10	S
	PROV-NAME	X(31)	837D	015	NM103	Pay-to Provider Last or Organizational Name	AN35	R
	PROV-NAME	X(31)	837D	015	NM104	Pay-to Provider First Name	AN25	S
	PROV-NAME	X(31)	837D	015	NM105	Pay-to Provider Middle Name	AN25	S
	PROV-NAME	X(31)	837D	015	NM107	Pay-to Provider Name Suffix	AN10	S
	PROV-NAME	X(31)	837I	015	NM103	Billing Provider Last or Organizational Name	AN35	R
	PROV-NAME	X(31)	837I	015	NM103	Pay-to Provider Last or Organizational Name	AN35	R
	PROV-NAME	X(31)	837P	015	NM103	Billing Provider Last or Organizational Name	AN35	R
	PROV-NAME	X(31)	837P	015	NM104	Billing Provider First Name	AN25	S
	PROV-NAME	X(31)	837P	015	NM105	Billing Provider Middle Name	AN25	S
	PROV-NAME	X(31)	837P	015	NM107	Billing Provider Name Suffix	AN10	S
	PROV-NAME	X(31)	837P	015	NM103	Pay-to Provider Last or Organizational Name	AN35	R
	PROV-NAME	X(31)	837P	015	NM104	Pay-to Provider First Name	AN25	S
	PROV-NAME	X(31)	837P	015	NM105	Pay-to Provider Middle Name	AN25	S
	PROV-NAME	X(31)	837P	015	NM107	Pay-to Provider Name Suffix	AN10	S
	PROV-NUMBER	9(10)	270	040	REF02	Information Receiver Additional Identifier	AN30	R
	PROV-NUMBER	9(10)	278Resp	170	NM109	Requester Identifier	AN80	R
	PROV-NUMBER	9(10)	278Resp	180	REF02	Requester Supplemental Identifier	AN30	R
	PROV-NUMBER	9(10)	837I	020	NM109	Submitter Identifier	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	PROV-RECERT-DATE	9(5)						
	PROV-REMIT-MEDIA	X(1)						
	PROV-REMIT-SEQ	X(1)						
	PROV-RPT-CNTRL-DATE	X(06)						
	PROV-SORT-NAME	X(31)						
	PROV-SPEC-CERT-DATE	9(5)						
	PROV-SPEC-CODE	X(2)	278Req	240	PRV03	Provider Taxonomy Code	AN30	R
	PROV-SPEC-CODE	X(2)	278Resp	240	PRV03	Provider Taxonomy Code	AN30	R
	PROV-SPEC-CODE	X(2)	837I	003	PRV03	Provider Taxonomy Code	AN30	R
	PROV-SPEC-CODE	X(2)	837I	255	PRV03	Provider Taxonomy Code	AN30	R
	PROV-SPEC-CODE	X(2)	837I	255	PRV03	Provider Taxonomy Code	AN30	R
	PROV-SPEC-CODE	X(2)	837P	255	PRV03	Provider Taxonomy Code	AN30	R
	PROV-SPEC-CODE	X(2)	837P	505	PRV03	Provider Taxonomy Code	AN30	R
	PROV-SPLIT-BILL-IND	X(1)						
	PROV-SSN-IRS-NUM-IN	X(1)						
	PROV-SS-NUM	X(9)	277	050	NM109	Information Receiver Identification Number	AN80	R
	PROV-SS-NUM	X(9)	278Resp	180	REF02	Requester Supplemental Identifier	AN30	R
	PROV-SS-NUM	X(9)	820	010	ENT04	Organization Identification Code	AN80	S
	PROV-SS-NUM	X(9)	834	190	N 104	Insurer Identification Code	AN80	R
	PROV-SS-NUM	X(9)	835	140	N 104	Payee Identification Code	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	PROV-SS-NUM	X(9)	835	180	REF02	Additional Payee Identifier	AN30	R
	PROV-STATE	X(02)	820	100	N 402	Information Receiver State Code	ID2	R
	PROV-STATE	X(02)	834	360	N 402	Member State Code	ID2	R
	PROV-STATE	X(02)	835	170	N 402	Payee State Code	ID2	R
	PROV-TAX-CODE	X(2)						
	PROV-TELE-NUM	9(10)	271	220	PER04	Benefit Related Entity Communication Number	AN80	S
	PROV-TELE-NUM	9(10)	278Resp	220	PER03	Communication Number Qualifier	ID2	S
	PROV-TELE-NUM	9(10)	834	370	PER04	Communication Number	AN80	R
	PROV-TYPE	X(2)						
	PROV-TYPE-PRAC-ORGA	X(01)						
	PROV-WARRANT-MEDIA	X(1)						
	PROV-XREF-NUM	9(10)						
	PROV-YEAR-END-DATE	9(4)	835	005	TS303	Fiscal Period Date	DT8	R
	PROV-YEAR-END-DATE	9(4)	835	010	PLB02	Fiscal Period Date	DT8	R
	PROV-ZIP-CODE	9(9)	820	100	N 403	Information Receiver Postal Zone or ZIP Code	ID15	R
	PROV-ZIP-CODE	9(9)	834	360	N 403	Member Postal Zone or Zip Code	ID15	R
	PROV-ZIP-CODE	9(9)	835	170	N 403	Payee Postal Zone or ZIP Code	ID15	R
	RECEIVE-CORRESPOND	X(1)						
	RECORD-CODE	X(2)						
	RECORD-COUNT	9(7)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	TAPE-BILL-IND	X(1)						
	TERM-ADDRESS	S9(5)						
	TERM-DECEASED	S9(5)						
	TERM-LIC-EXPIRED	S9(5)						
	TERM-LIC-REVOKED	S9(5)						
	TERM-MED-AUTHORITY	S9(5)						
	TERM-NO-CORE-AGMNT	S9(5)						
	TERM-OTHER-INVOL	S9(5)						
	TERM-PROV-NUM-CHG	S9(5)						
	TERM-VOLUNTARY	S9(5)						
	TOTAL-ADDS	S9(7)						
	TOTAL-CHANGES	S9(7)						
	TOTAL-CURRENT	S9(7)						
	TOTAL-DELETES	S9(7)						
	TOTAL-MONTH-BEGIN	S9(7)						
	TPL-LISTING-IND	X(01)						
	TRANSIT-ROUTING-NUM	X(9)	820	020	BPR13	Receiving Depository Financial Institution (DFI) Identifier	AN12	S
	TRANSIT-ROUTING-NUM	X(9)	835	020	BPR13	Receiver or Provider Bank ID Number	AN12	S
	UD-INDICATOR	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Prov-File	UTIL-REPORT-IND	X(01)						
Recip-Elig-File	ADDRESS-LINE-1_home	X(20)						
	ADDRESS-LINE-1_work	X(24)						
	ADDRESS-LINE-2_home	X(24)						
	ADDRESS-LINE-2_work	X(24)						
	ADDRESS-LINE-3_home	X(22)						
	ADDRESS-LINE-3_work	X(24)						
	ALIEN-IND	X(1)	834	080	DMG06	Citizenship Status Code	ID2	S
	AMT-PAID-BY-MCARE	S9(5)V99						
	ARCHIVE-DATE	X(06)						
	ASSIST-APPRV-DATE	9(5)						
	BACK-PAY-CODE	X(1)						
	BUY-IN-ELIG-DATE	9(5)						
	BUYIN-ELIGIBILITY	X(1)						
	BUY-IN-PREM-AMOUNT	S9(5)V99						
	BUY-IN-PREM-PERIOD	9(5)						
	CARRIER-ID	X(4)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	CARRIER-ID	X(4)	834	410	N 104	Insured Group or Policy Number	AN80	S
	CARRIER-ID	X(4)	835	034	NM109	Corrected Priority Payer Identification Number	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	CARRIER-NAME	X(20)	271	180	NM103	Benefit Related Entity Last or Organization Name	AN35	S
	CARRIER-NAME	X(20)	834	410	N 102	Insurer Name	AN60	S
	CARRIER-NAME	X(20)	835	034	NM103	Corrected Priority Payer Name	AN35	R
	CASE-CLIENT-ID	X(09)						
	CITY_home	X(24)	834	060	N 401	Subscriber City Name	AN30	R
	CITY_work	X(24)						
	CLERK-IDENTIFICATIO	9(3)						
	CLOSING-RSN-CODE	X(2)						
	COV-BEGIN-DATE	9(5)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	COV-BEGIN-DATE	9(5)	834	450	DTP03	Coordination of Benefits Date	AN35	R
	COV-END-DATE	9(5)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	COV-END-DATE	9(5)	834	450	DTP03	Coordination of Benefits Date	AN35	R
	CSO-OF-RESIDENCE	9(2)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	DATE-ADDED	9(5)						
	DATE-OF-LAST-TRANS_eligibility	9(5)						
	DATE-OF-LAST-TRANS_TPL_detail	9(5)						
	DATE-OF-LAST-TRANS_TPL_header	9(5)						
	DATE-OF-PIC-CHANGE	9(5)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	DUAL-ENROLL-DATE	9(05)						
	DUAL-ENROLL-IND	X(01)						
	EPSDT-REQ-IND	X(1)						
	GROUP-NUMBER	X(10)	271	140	REF02	Subscriber Eligibility or Benefit Identifier	AN30	R
	GROUP-NUMBER	X(10)	834	405	REF02	Insured Group or Policy Number	AN30	R
	LAST-MAINT-CLERK_TPL_detail	X(4)						
	LAST-MAINT-CLERK_TPL_header	X(4)						
	LCP-MI-DED-CASE	X(1)						
	LOCAL-OFFICE-CODE	9(2)						
	MATCH-CODE	X(1)	271	130	EB 05	Plan Coverage Description	AN50	S
	MEDICAL-CODE	X(1)	271	130	EB 05	Plan Coverage Description	AN50	S
	MEMBERSHIP-NUMBER	X(9)	271	140	REF02	Subscriber Eligibility or Benefit Identifier	AN30	R
	NAME-OF-INSURED	X(20)	271	180	NM103	Benefit Related Entity Last or Organization Name	AN35	S
	NH-DISCHARGE-CODE	X(1)						
	NH-STOP-CLAIM-IND	X(01)						
	NUM-ELIG-SPANS	S9(3)						
	NUM-IN-FAMILY	9(2)						
	NUM-OF-BUY-IN-VAR	S9(3)						
	NUM-OF-LOCK-IN-VAR	S9(3)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	NUM-OF-NH-VAR	S9(3)						
	NUM-OF-PCOP-VAR	S9(03)						
	NUM-OF-RECIP-IDS	S9(3)						
	NUM-OF-TPL-DTL-VAR	S9(3)						
	NUM-OF-TPL-HDR-VAR	S9(3)						
	ORIGINAL-RECIP-ID	X(14)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	PCOP-BEGIN-DATE	9(05)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	PCOP-BEGIN-DATE	9(05)	834	270	DTP03	Coverage Period	AN35	R
	PCOP-BILLING-PROV	9(07)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	PCOP-BILLING-PROV	9(07)	271	223	PRV03	Provider Identifier	AN30	R
	PCOP-BILLING-PROV	9(07)	834	190	N 104	Insurer Identification Code	AN80	R
	PCOP-CLERK-ID	9(03)						
	PCOP-DATE-LAST-TRAN	9(05)						
	PCOP-END-DATE	9(05)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	PCOP-END-DATE	9(05)	834	270	DTP03	Coverage Period	AN35	R
	PCOP-INFO-IND	X(02)						
	PCOP-INFO-IND-2	X(02)						
	PCOP-PERFORM-PROV	9(07)	834	320	NM109	Provider Identifier	AN80	S
	PCOP-PREM-DATE	9(05)						
	PCOP-TYPE	X(01)	271	130	EB 05	Plan Coverage Description	AN50	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	PCOP-TYPE	X(01)	834	260	HD 04	Plan Coverage Description	AN50	S
	POL-CERT-NUM	X(15)	271	140	REF02	Subscriber Eligibility or Benefit Identifier	AN30	R
	POL-CERT-NUM	X(15)	834	400	COB02	Insured Group or Policy Number	AN30	S
	POLICYHOLDER-NAME	X(20)	271	140	REF03	Plan Sponsor Name	AN80	S
	POLICYHOLDER-NAME	X(20)	271	180	NM103	Benefit Related Entity Last or Organization Name	AN35	S
	POST-PAY-ANL-INDIC	X(1)						
	POST-PAY-COV-CODE	X(1)						
	POST-PROV-TYPE-CD	X(02)						
	POST-PROV-TYPE-IND	X(01)						
	PREG-DUE-DATE	9(05)						
	PREM-BEGIN-DATE	9(05)						
	PREM-END-DATE	9(05)						
	PREM-INFO-IND	X(02)						
	PREM-PAID-DATE	9(05)						
	PREM-PAY-AMOUNT	9(05)V99						
	PREM-PAYMENT-CYCLE	X(01)						
	PREM-PAY-PROVIDER	9(07)						
	PRE-PAY-COV-CODE	X(1)						
	PRE-PROV-TYPE-CD	X(02)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	PRE-PROV-TYPE-IND	X(01)						
	PRIMARY-LANG-IND	X(2)	834	150	LUI02	Language Code	AN80	S
	PRIOR-CASE-NO	X(11)						
	PROGRAM-CODE	X(1)	271	130	EB 03	Service Type Code	ID2	S
	PROGRAM-CODE	X(1)	271	130	EB 05	Plan Coverage Description	AN50	S
	PROV-NUMBER	X(10)						
	RECIP-ADDR-LINE-1	X(25)	834	050	N 301	Subscriber Address Line	AN55	R
	RECIP-ADDR-LINE-2	X(20)	834	050	N 302	Subscriber Address Line	AN55	S
	RECIP-ADDR-LINE-3	X(20)	834	060	N 402	Subscriber State Code	ID2	R
	RECIP-AU-NUMBER	X(09)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-CASE-NUMBER	X(11)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-CASE-NUMBER	X(11)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-CLIENT-ID	X(09)	270	040	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-CLIENT-ID	X(09)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-CLIENT-ID	X(09)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-COUNTY-CODE	9(2)	271	070	N 406	Location Identification Code	AN30	S
	RECIP-COUNTY-CODE	9(2)	834	060	N 406	Location Identification Code	AN30	S
	RECIP-DATE-OF-BIRTH	9(7)	270	100	DMG02	Subscriber Birth Date	AN35	S
	RECIP-DATE-OF-BIRTH	9(7)	271	100	DMG02	Subscriber Birth Date	AN35	S
	RECIP-DATE-OF-BIRTH	9(7)	278Req	250	DMG02	Subscriber Birth Date	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	RECIP-DATE-OF-BIRTH	9(7)	278Resp	250	DMG02	Subscriber Birth Date	AN35	R
	RECIP-DATE-OF-BIRTH	9(7)	834	080	DMG02	Member Birth Date	AN35	R
	RECIP-DATE-OF-DEATH	9(5)	834	010	INS12	Insured Individual Death Date	AN35	S
	RECIP-DISABLITY-COD	X(01)	834	010	INS10	Handicap Indicator	ID1	S
	RECIP-DISABLITY-COD	X(01)	834	200	DSB01	Disability Type Code	ID1	R
	RECIP-ELIG-AIX1-SUB	X(2)						
	RECIP-ELIG-AIX2-SUB	X(2)						
	RECIP-ELIG-AIX3-SUB	X(02)						
	RECIP-ELIG-AIX4-SUB	X(02)						
	RECIP-ELIG-BEG-DATE	9(5)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	RECIP-ELIG-BEG-DATE	9(5)	834	029	DTP03	Status Information Effective Date	AN35	R
	RECIP-ELIG-END-DATE	9(5)	271	150	DTP03	Eligibility or Benefit Date Time Period	AN35	R
	RECIP-ELIG-END-DATE	9(5)	834	029	DTP03	Status Information Effective Date	AN35	R
	RECIP-ELIG-END-DATE	9(5)	835	050	DTM02	Claim Date	DT8	R
	RECIP-EXCEP-INDIC	X(1)	271	130	EB 03	Service Type Code	ID2	S
	RECIP-EXCEP-INDIC	X(1)	271	130	EB 04	Insurance Type Code	ID3	S
	RECIP-EXCEP-INDIC	X(1)	271	130	EB 05	Plan Coverage Description	AN50	S
	RECIP-FIRST-NAME	X(9)	271	030	NM104	Subscriber First Name	AN25	S
	RECIP-FIRST-NAME	X(9)	278Resp	170	NM104	Subscriber First Name	AN25	S
	RECIP-FIRST-NAME	X(9)	834	030	NM104	Subscriber First Name	AN25	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	RECIP-HIST-POINTER	S9(4)						
	RECIP-IDENT-NUMBER	X(14)	270	030	NM109	Subscriber Primary Identifier	AN80	S
	RECIP-IDENT-NUMBER	X(14)	271	030	NM109	Subscriber Primary Identifier	AN80	S
	RECIP-IDENT-NUMBER	X(14)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-IDENT-NUMBER	X(14)	278Resp	170	NM109	Subscriber Primary Identifier	AN80	R
	RECIP-IDENT-NUMBER	X(14)	834	020	REF02	Subscriber Identifier	AN30	R
	RECIPIENT-DATE-ADDE	S9(5)						
	RECIP-LAST-NAME	X(13)	271	030	NM103	Subscriber Last Name	AN35	S
	RECIP-LAST-NAME	X(13)	278Resp	170	NM103	Subscriber Last Name	AN35	S
	RECIP-LAST-NAME	X(13)	834	030	NM103	Subscriber Last Name	AN35	R
	RECIP-LAST-TRAN-DT	S9(5)						
	RECIP-MIDDLE-INIT	X(1)	271	030	NM105	Subscriber Middle Name	AN25	S
	RECIP-MIDDLE-INIT	X(1)	278Resp	170	NM105	Subscriber Middle Name	AN25	S
	RECIP-MIDDLE-INIT	X(1)	834	030	NM105	Subscriber Middle Name	AN25	S
	RECIP-NH-BEGIN-DATE	9(5)						
	RECIP-NH-END-DATE	9(5)						
	RECIP-NH-PAT-CLASS	X(2)						
	RECIP-NH-SHARE-AMT	S9(5)V99						
	RECIP-PHONE-NUMBER	X(10)	834	040	PER04	Communication Number	AN80	R
	RECIP-RACE-CODE	X(1)	834	080	DMG05	Race or Ethnicity Code	ID1	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	RECIP-RACE-CODE3	X(03)						
	RECIP-SEX-CODE	X(1)	270	100	DMG03	Subscriber Gender Code	ID1	S
	RECIP-SEX-CODE	X(1)	271	100	DMG03	Subscriber Gender Code	ID1	S
	RECIP-SEX-CODE	X(1)	278Req	250	DMG03	Subscriber Gender Code	ID1	S
	RECIP-SEX-CODE	X(1)	278Resp	250	DMG03	Subscriber Gender Code	ID1	S
	RECIP-SEX-CODE	X(1)	834	080	DMG03	Gender Code	ID1	R
	RECIP-SS-CLAIM-NUM	X(12)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-SSI-CODE	X(1)						
	RECIP-SS-NUMBER	X(9)	271	040	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-SS-NUMBER	X(9)	278Req	180	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-SS-NUMBER	X(9)	278Resp	180	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-SS-NUMBER	X(9)	834	030	NM109	Subscriber Identifier	AN80	S
	RECIP-TRIBAL-CODE	X(04)						
	RECIP-WORKER-NUMBER	X(2)						
	RECIP-ZIP-CODE	9(5)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
	RESTRICT-BEGIN-DATE	9(5)						
	RESTRICT-END-DATE	9(5)						
	RESTRICT-PROV-NUM	9(10)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	SOC-SEC-NUMBER	9(09)						
	SOURCE-OF-TPL	X(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Recip-Elig-File	SSA-INFO-EXCH-CODE	X(4)						
	SSI-RELATIVE-WEIGHT	S9(07)V99						
	SSN-OF-INSURED	X(9)	271	180	NM109	Benefit Related Entity Identifier	AN80	S
	SSN-OF-INSURED	X(9)	834	405	REF02	Insured Group or Policy Number	AN30	R
	STATUS-INDIC_TPL_detail	X(1)						
	STATUS-INDIC_TPL_header	X(1)						
	SVCS-COV-BY-TPL	X(1)						
	THIRD-PARTY-PMT-AMT	S9(7)V99						
	THIRD-PRTY-MED-INS	X(1)						
	TIME-ADDED	9(8)						
	TPL-CODES	X(14)						
	TPL-TYPE-INSURANCE	X(1)						

Column Heading Legend:

"DT" = Data Type