No.     No. </th <th>Level</th> <th>CMS 150</th> <th>0 Claim Form Locator</th> <th></th> <th></th> <th>837P</th> <th>General Notes</th> <th>Name of JSON Field</th> <th>Data Type</th> <th>Min</th> <th>Max</th> <th>Required</th>	Level	CMS 150	0 Claim Form Locator			837P	General Notes	Name of JSON Field	Data Type	Min	Max	Required
No.         No. <th></th> <th>Item</th> <th></th> <th>Loop ID</th> <th>Segment/Data Element</th> <th></th> <th></th> <th></th> <th>butu type</th> <th>Value or</th> <th>Value or</th> <th>required</th>		Item		Loop ID	Segment/Data Element				butu type	Value or	Value or	required
American Americ										1	50	Y
Matrix         Matrix <thmatrix< th=""> <thmatrix< th=""> <thmatrix< t<="" td=""><td>Claim</td><td>header</td><td>Payer Name</td><td></td><td></td><td></td><td></td><td>F00_PayerName</td><td>string</td><td>1</td><td>60</td><td>Y</td></thmatrix<></thmatrix<></thmatrix<>	Claim	header	Payer Name					F00_PayerName	string	1	60	Y
No.         No. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td>										1		
Mark Mark Mark Mark Mark Mark Mark Mark	laim	header	Payer City	2010BB	N401	Carrier Block		F00_PayerCity		2	30	N
No.										2		
No.         No. <td>Jaim</td> <td></td> <td>Medicare, Medicaid.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td>15</td> <td>N</td>	Jaim		Medicare, Medicaid.							3	15	N
No.         No. <td></td> <td></td> <td>Health Plan, FECA, Black</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>enumeration</td> <td></td> <td></td> <td></td>			Health Plan, FECA, Black						enumeration			
31         31         30		1a		2010BA	NM109	Subscriber Primary Identifier in the 837P.		F01A_InsuredId	string	2	80	N Y
Normal	laim	2	Patient's Last Name		NM103			F02_PatientNameLast	string	1		
30     30    <		2	Patient's First Name	2010CA or	NM104			F02_PatientNameFirst	string	1		
30     30     30     Amount     Monto     Mon		2	Patient's Middle Name	2010CA or	NM105			F02_PatientNameMiddle	string	1		
No		2	Patient's Suffix	2010CA or	NM107			F02_PatientSuffix	string	1		
No.         Description         State		3		2010CA or	DMG02			F03_PatientDob	date YYYY-MM-DD	1		
No.         No. <td>Claim</td> <td>3</td> <td>Date Patient's Sex</td> <td>2010BA 2010CA or</td> <td>DMG03</td> <td>Sex is Gender in the 837P.</td> <td>M. F. Unknown</td> <td>F03 PatientSex</td> <td></td> <td>10</td> <td>10</td> <td>Y</td>	Claim	3	Date Patient's Sex	2010BA 2010CA or	DMG03	Sex is Gender in the 837P.	M. F. Unknown	F03 PatientSex		10	10	Y
And     And     And     Beacher Merror     Beacher Merror     Beacher Merror     Beacher Merror     Beacher Merror     Beacher Merror     Control     Contro     Control     Cont		4		2010BA				F04 InsuredNamel ast		1	60	Y
Math Math Math Math Mark Mark Mark Mark Mark Mark Mark Mark		4	Insured's Name	2010BA	NM104	Subscriber in the 837P.		F04_InsuredNameFirst	string	1		
No.     No. </td <td>laim</td> <td>4</td> <td>Insured's Name</td> <td>2010BA</td> <td>NM105</td> <td>Subscriber in the 837P.</td> <td></td> <td>F04_InsuredNameMiddle</td> <td>string</td> <td>1</td> <td>25</td> <td>N</td>	laim	4	Insured's Name	2010BA	NM105	Subscriber in the 837P.		F04_InsuredNameMiddle	string	1	25	N
No.       No.       Normal decision						Subscriber in the 837P.				1		
No.         No. <td></td> <td></td> <td></td> <td>2010CA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				2010CA								
Image         Image <th< td=""><td>laim</td><td>5</td><td>Patient's Address</td><td>2010CA</td><td>N401</td><td></td><td></td><td>F05_PatientCity</td><td>string</td><td>2</td><td>30</td><td>Y</td></th<>	laim	5	Patient's Address	2010CA	N401			F05_PatientCity	string	2	30	Y
No.         No. <td></td> <td>5</td> <td>Patient's Address</td> <td>2010CA</td> <td>N403</td> <td></td> <td></td> <td>F05_PatientZip</td> <td>string</td> <td>2</td> <td></td> <td></td>		5	Patient's Address	2010CA	N403			F05_PatientZip	string	2		
No.         No. <td></td> <td>6</td> <td></td> <td>2000B 2000C</td> <td>SBR02 PAT01</td> <td>Individual Relationship Code in the 837P.</td> <td>Of the relationships in the enumeration, only Child, Other, Self, and Spouse are accepted in this context</td> <td>F06_PatientRelationshipToInsured</td> <td>Relationship</td> <td> </td> <td> </td> <td></td>		6		2000B 2000C	SBR02 PAT01	Individual Relationship Code in the 837P.	Of the relationships in the enumeration, only Child, Other, Self, and Spouse are accepted in this context	F06_PatientRelationshipToInsured	Relationship			
matrix     matrix </td <td>1-1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>enumeration</td> <td></td> <td></td> <td>~</td>	1-1								enumeration			~
No.         No.         Name Additional Soliton         Name Addition		7	Insured's Address	2010BA	N301	Subscriber Address in the 837P.		F07_InsuredAddress1	string		50	Y
No.     No. </td <td></td> <td>7</td> <td>Insured's Address</td> <td>2010BA</td> <td>N302</td> <td>Subscriber Address in the 837P.</td> <td></td> <td>F07_InsuredAddress2</td> <td>string</td> <td> </td> <td></td> <td>N</td>		7	Insured's Address	2010BA	N302	Subscriber Address in the 837P.		F07_InsuredAddress2	string			N
Image         Image <th< td=""><td></td><td>7</td><td>Insured's Address</td><td>2010BA</td><td>N401</td><td>Subscriber Address in the 837P.</td><td></td><td>F07_InsuredCity</td><td>string</td><td></td><td></td><td></td></th<>		7	Insured's Address	2010BA	N401	Subscriber Address in the 837P.		F07_InsuredCity	string			
International and a participation of a state state of a state of		7	Insured's Address	2010BA	N402	Subscriber Address in the 837P.		F07_InsuredState		2		Y
Image         Image <th< td=""><td></td><td>7</td><td>Insured's Address</td><td></td><td></td><td>Subscriber Address in the 837P.</td><td></td><td></td><td></td><td>2</td><td></td><td>Y</td></th<>		7	Insured's Address			Subscriber Address in the 837P.				2		Y
Image         Image <th< td=""><td>Claim</td><td>9</td><td>Other Insured's Name</td><td></td><td></td><td>Other Subscriber Name in the 837P</td><td></td><td></td><td></td><td>3</td><td>15</td><td>Y</td></th<>	Claim	9	Other Insured's Name			Other Subscriber Name in the 837P				3	15	Y
Image         Image <th< td=""><td>Claim</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>60</td><td>N</td></th<>	Claim									1	60	N
Note         Note <th< td=""><td>Claim</td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td>35</td><td>N</td></th<>	Claim							_			35	N
Mail         Mail <th< td=""><td>laim</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>string</td><td></td><td>25</td><td>N</td></th<>	laim								string		25	N
Image         Image <t< td=""><td>laim</td><td></td><td></td><td>2330A</td><td>NM107</td><td>Other Subscriber Name in the 837P.</td><td></td><td></td><td>string</td><td></td><td>10</td><td>N</td></t<>	laim			2330A	NM107	Other Subscriber Name in the 837P.			string		10	N
Image         Image <th< td=""><td></td><td>9</td><td>Other Insured's relation to patient</td><td></td><td></td><td></td><td></td><td>F09_PatientRelationshipToInsured</td><td></td><td></td><td></td><td></td></th<>		9	Other Insured's relation to patient					F09_PatientRelationshipToInsured				
Image         Operation         Op	Claim	00		2220	SBB03	Insured Group or Policy Number in the \$27P		E00.4 OtherInsuredGroupNum				N
No.         No.         Program have the system         No.         Production (No.         No.         No.        <	laim		Group Number						-		50	N
No.         Proof Proof Control Analysis         Solar         Control Analysis         Proof Proof Control Control Analysis         No.         <		9d	Insurance Plan Name or Program Name	2320	SBR04	Other Insured Group Name in the 837P.		F09D_OtherPlanName	string			
Image         Image <th< td=""><td>laim</td><td>10a</td><td></td><td>2300</td><td></td><td>Related Causes Code in the 837P.</td><td>Boolean - true/false</td><td>F10A_PatientCondEmployment</td><td>boolean</td><td></td><td>60</td><td>N</td></th<>	laim	10a		2300		Related Causes Code in the 837P.	Boolean - true/false	F10A_PatientCondEmployment	boolean		60	N
Name         Participation         Participation         Control         Participation         Paritipation         Participation	laim	10b	Is Patient's Condition Related	2300		Related Causes Code in the 837P.			boolean			N
No.       First, PatientConductations       Price, PatientCond	Claim											N
No.         Product Condent Round Park         Solution         Cultified Condent Round Park         Cultified Condent Round Park         Product Condent Round Park         Product Condent Round Park         Product Park				2300	CLM11-4	Related Causes Code in the 837P.		F10B_PatientCondAutoAccidentState	string			
No.         Product Condent Round Park         Solution         Cultified Condent Round Park         Cultified Condent Round Park         Product Condent Round Park         Product Condent Round Park         Product Park	laim											N
Image         Image <th< td=""><td>2101111</td><td>10c</td><td></td><td>2300</td><td>CLM11-1, CLM11-2,</td><td>Related Causes Code in the 837P.</td><td></td><td>F10C_PatientCondOtherAccident</td><td>boolean</td><td></td><td>2</td><td>IN .</td></th<>	2101111	10c		2300	CLM11-1, CLM11-2,	Related Causes Code in the 837P.		F10C_PatientCondOtherAccident	boolean		2	IN .
Day         Desc         Open or ECA Mark         Vert         B37.         Desc         Desc <thdesc< th=""> <thdesc< th=""> <thdesc< th=""></thdesc<></thdesc<></thdesc<>	Claim											N
Image         Image         Market Date of Binh         20108A         MMG2         Subscher Binh Supp         Percent State of Binh         Percent State of Binh <td></td> <td>11</td> <td>Insured's Policy, Group, or FECA Number</td> <td>2000B</td> <td>SBR03</td> <td>Subscriber Group or Policy Number in the 837P.</td> <td></td> <td>F11_InsuredsPolicyGroupOrFecaNumber</td> <td>string</td> <td></td> <td></td> <td></td>		11	Insured's Policy, Group, or FECA Number	2000B	SBR03	Subscriber Group or Policy Number in the 837P.		F11_InsuredsPolicyGroupOrFecaNumber	string			
Intel Intel         Ause 1         Marce 1: Statu of Erits. Sol Autor 2: Statu of Erits. Sol Autor 2: Statu of Erits. First. Firs	Claim	11a		2010BA	DMG02	Subscriber Birth Date in the 837P		E11A InsuredDob	date VVVV MM DD	1	50	N
International matrix is present and international present and international codes in the 337P.         Process Signal and internation codes in the 337P							M E Usheeve			10	10	Y
Instant         Prior is of Authorization         Prior Methodization		11c	Insurance Plan Name or				M, F, OIKIOWI					Ŷ
Perform: Signature         Perform	Jaim			2300	CLM09	Release of Information Code in the 837P.		F12_PatientAuthorization	PatientAuthorization		29	N
Jam         Jam <td></td>												
12.11 Proferes Signature Date         12.10 Profession	laim	12	Patient's or Authorized	2300	CL M09	Release of Information Code in the 937P			data VVVV MANA DD			Y
13       hstard's of Autorizadio       2300       CLM08       Benefit Assignment Cartification Indicator in the 337P.       her 337P.	lair	12	Person's Signature Date	_000				and a ward a divided	sate in tr-wivi-DD	10	10	N
Lam         Lam <thlam< th=""> <thlam< th=""> <thlam< th=""></thlam<></thlam<></thlam<>	nun	13		2300	CLM08	Benefits Assignment Certification Indicator in		F13_InsuredAuthorization	InsuredAuthorization	10	10	ni.
Interpretation     Interpretatio	laim		Persons Signature			the 837P.			enumeration			Y
Laim         Date of Current Illness, Injury.         2300         DTPO1 DTPO3         Number S37P: Date - Last Menstrual Period Dates 424         Period Part Manual Messaria         Period DTPO3         Number S37P: Date - Last Menstrual Period Dualing 454           Jaim         15         Pher Date (provinally if Part Has Has Same or Similar Illness)         2300         DTPO3         Titled in the 837P: Date - Initial Treatment Date.         P15		14	Date of Current Illness, Injury, Pregnancy	2300	DTP01 DTP03	Symptom		F14_DateOfCurrentIlInessOrSymptom	date YYYY-MM-DD			
Lam         Pregnamory         DTP03         Qualifier 484         Califier 484	laim	14		2300		In the 837P: Date - Last Menstrual Period		F14_LastMenstrualPeriodDate	date YYYY-MM-DD	10	10	N
Instrument       Some Date (previous) if previous) if previous) if previous if previou	laim					Qualifier 484				10	10	N
15       Other Date (previous) If Parter Has Hadds me or Similar liness)       2300       DTP03       Titled in the 337P- Date - Last Seen Date. Qualifier 304       10 <td></td> <td>15</td> <td>Patient Has Had Same or</td> <td>2300</td> <td>DTP03</td> <td></td> <td></td> <td>F15_InitialTreatmentDate</td> <td>date YYYY-MM-DD</td> <td></td> <td></td> <td></td>		15	Patient Has Had Same or	2300	DTP03			F15_InitialTreatmentDate	date YYYY-MM-DD			
Laim       Smilar liness)       Comparison	LiditÜ	15	Other Date (previously If	2300	DTP03	Titled in the 837P: Date - Last Seen Date.		F15_LastSeenDate	date YYYY-MM-DD	10	10	ni -
15       Other Date (previous) If patient Has Had Stare or Similar Illness)       2300       DTP03       Titled in the 837P: Date - Acute Manifestation, Outpatient As Had Stare or Similar Illness)       F15, AcuteManifestionDate factor acuteManifestionDate factor acuteManifestation, or "AcuteManifestation, or "Ac	laim					Qualifier 304				10	10	N
Isimilar Illness)       Is		15		2300	DTP03		This field is required when X12_AcuteManifestationCode is set to "AcuteCondition" or	F15_AcuteManifestionDate	date YYYY-MM-DD			
Ising Interview       Patient Has Had Same or Processing Interview Intervi			Similar Illness)			E45 AudeMonifectionDate						
Iaim						Required when Loop ID-2300 CR208 = "A" or						
Jaim       V       Patient Kas Had Same or Patient Kas Had Same or Jaim       2300       DTP03       Titled in the 837P- Date - Accident. Qualifier 439       F15_AccidentDate       date YYY+AMM-DD       10       N         151       Other Date (previously II Patient Kas Had Same or Jaim       2300       DTP03       Titled in the 837P- Date - Accident. Qualifier 439       F15_AccidentDate       date YYY+AMM-DD       10       N         161       Other Date (previously II Patient Kas Had Same or Jaim       2300       DTP03       Titled in the 837P- Date - Last X-ray Date. Qualifier 459       F15_Last/Ray/Date       date YYY+AMM-DD       10       N         171       Other Date (previously II Patient Kas Had Same or Jaim       2300       DTP03       Titled in the 837P- Date - Hearing and Vision       F15_HearingAndVisionPrescriptionDate       date YYY+AMM-DD       10       N						the payer is Medicare. If not required by this						
1s     Other Date (previously IF) Similar Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 337P: Date - Accident. Qualifier 439     F15_AccidemDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 337P: Date - Accident. Qualifier 439     F15_LastXRayDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 837P: Date - Last X-ray Date. Qualifier 455     F15_LastXRayDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 837P: Date - Hearing and Vision Present provide that Had Starse or Present provide that Had Stars						implementation guide, do not send.						
1s     Other Date (previously IF) Similar Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 337P: Date - Accident. Qualifier 439     F15_AccidemDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 337P: Date - Accident. Qualifier 439     F15_LastXRayDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 837P: Date - Last X-ray Date. Qualifier 455     F15_LastXRayDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 837P: Date - Hearing and Vision Present provide that Had Starse or Present provide that Had Stars												
1s     Other Date (previously IF) Similar Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 337P: Date - Accident. Qualifier 439     F15_AccidemDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 337P: Date - Accident. Qualifier 439     F15_LastXRayDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 837P: Date - Last X-ray Date. Qualifier 455     F15_LastXRayDate     date YYY-MM-DD     10     10     N       1aim     1s     Other Date (previously IF) Present Has Had Starse or Similar Henes)     2300     DTP03     Titled in the 837P: Date - Hearing and Vision Present provide that Had Starse or Present provide that Had Stars												
International lines     Patient Has Had Same or Number Hise Same or Similar lines     Patient Has Had Same or Number Hise Same or Similar lines     Patient Has Had Same or Number Hise Same or Similar lines     Patient Has Had Same or Number Hise Had Same or Number Hise Same or Number Hise Hise Same or Number Hise Had Sa	laim									10	10	N
Jame     Similar Illess)     Control Telescope     Similar Illess)     Similar Illess)     Similar Illess)     Similar Illess     Similar     Similar Illess     Similar Illess		15	Patient Has Had Same or	2300	DTP03	Titled in the 837P: Date - Accident. Qualifier 439		F15_AccidentDate	date YYYY-MM-DD			
1     Other Date (previously II participations)     2300     DTP03     Titled in the 337P: Date - Last X-ray Date. Qualifier 455     F15_LastXRayDate     date YYYY-MM-DD     1     10     N       1_aim     1     Other Date (previously II participations)     2300     DTP03     Titled in the 337P: Date - Least X-ray Date. Prescription Date     F15_HearingAndVisionPrescriptionDate     date YYYY-MM-DD     10     N	laim									10	10	N
Jaim         Similar Illness)         Perform		15	Other Date (previously If Patient Has Had Samo or	2300	DTP03	Titled in the 837P: Date - Last X-ray Date. Qualifier 455		F15_LastXRayDate	date YYYY-MM-DD			
15         Other Date (previously II Patient Has Had Same or Prescription Date         0TP03         Titled in the 337P- Date - Hearing and Vision Prescription Date         F15_HearingAndVisionPrescriptionDate         date YYYY-MM-DD	laim									10	10	N
	-willf	15	Other Date (previously If	2300	DTP03			F15_HearingAndVisionPrescriptionDate	date YYYY-MM-DD	10	10	
Sama mess) Counter 4/1												

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	15	Other Date (previously If Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Assumed and Relinquished Care Dates. Qualifier 090		F15_AssumedCareStartDate	date YYYY-MM-DD			
Claim	15	Other Date (previously If	2300	DTP03	Titled in the 837P: Date - Assumed and		F15_AssumedCareEndDate	date YYYY-MM-DD	10	10	N
Claim		Patient Has Had Same or Similar Illness)			Relinquished Care Dates. Qualifier 091				10	10	N
Claim	15	Other Date (previously If Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Property and Casualty Date of First Contact. Qualifier 444		F15_PropertyCasualtyFirstContactDate	date YYYY-MM-DD	10	10	N
	X12	Dates Patient Unable to Work	2300	DTP03 qualifier 360	Crosswalk: Disability From Date and Work Return Date in the 837P. Apes: DTP - DATE - DISABILITY DATES, Implementation Name for TPPO3 is Disability From Date Calafile: 300 and 100 and 100 and 100 and 100 F15, DisabilityDateFrom and F15, DisabilityDateF15, Di	If X12_DisabilityDateTo is set, then this field must also be set.	X12_DisabiliyOateFrom	date YYYY-MM-DD			
	X12	Dates Patient Unable to Work in Current Occupation	2300	DTP03 qualifier 361	Crosswellc Disability From Date and Work Return Date in the S37P. If both are set, they go in a single DTP segment with a qualifier of 314 and a syntac R58. Ages: DTP - 0ATE - DISABILITY DATES, Implementation Name for DTP03 is Disability From Date Qualifier 361 (DTP02 data element)	Ether neither or both of F15_DisabilityDateFrom and F15_DisabilityDateTo must be set, in order to match the behavior of our detornic claim form. If X12_DisabilityDateFrom is set, then this field must also be set.	X12_DisabilityDateTo	date YYYY-MM-DD	10	10	N
Claim	16	Dates Patient Unable to Work in Current Occupation	2300	DTP03 qualifier 297	Apex: Use this for F16 instead of Disability Date From. DTP - DATE - LAST WORKED, Implementation Name for DTP03 is Work Return Date. Qualifier 297		F16_LastWorkedDate	date YYYY-MM-DD	10	10 1	N
Claim	16	Dates Patient Unable to Work in Current Occupation	2300	DTP03 qualifier 296	Crosswalk: Work Return Date in the 837P. DTP - DATE - AUTHORIZED RETURN TO WORK, Implementation Name for DTP03 is Work Return Date. Qualifier 296		F16_AuthorizedReturnedToWorkDate	date YYYY-MM-DD	10	10 1	N
Claim	17	Name of Referring Provider or Other Source	2310A	NM103	Qualifier DN	Last Name	F17_ReferringProviderNameLast		10	10	N
Claim	17	Name of Referring Provider or Other Source	2310A	NM104		First Name	F17_ReferringProviderNameFirst			60 1	N
Claim	17		2310A	NM105		Middle Name	F17_ReferringProviderNameMiddle		_	35 1	N
Claim	17	Name of Referring Provider or Other Source	2310A	NM107		Suffix	F17_ReferringProviderSuffix			25	N
Claim	17a		2310A	REF02	Referring Provider Secondary Identifier in the 837P.		F17A_ReferringProviderldNumber		_	10	
Claim	17b	NPI#	2310A	NM109	Referring Provider Identifier in the 837P.		F17B_ReferringProviderNpi		10	50 I	
	17	Name of Referring Provider or Other Source	2310D	NM103	Qualifier DQ	Last Name	F17_SupervisingProviderNameLast		10		
Claim	17	Name of Referring Provider or	2310D	NM104		First Name	F17_SupervisingProviderNameFirst			60 1	N
Claim	17	Other Source Name of Referring Provider or Other Source	2310D	NM105		Middle Name	F17_SupervisingProviderNameMiddle			35 1	N
Claim	17	Name of Referring Provider or	2310D	NM107		Suffix	F17_SupervisingProviderSuffix			25	N
Claim	17a	Other Source	2310D	REF02	Supervising Provider Secondary Identifier in the	-ujjin	F17A_SupervisingProviderIdNumber			10	N
Claim	17b	NPI#	2310D	NM109	837P. Supervising Provider Identifier in the 837P.		F17B_SupervisingProviderNpi		1	50 1	N
Claim	175	Name of Referring Provider or	2420E	NM109 NM103	Qualifier DK	Last Name	F17_OrderingProviderNameLast	<u>├</u> ───	10	10	N
Claim	17	Other Source Name of Referring Provider or	2420E	NM104		First Name	F17_OrderingProviderNameFirst		+	60	N
Claim	17	Other Source Name of Referring Provider or Other Source	2420E	NM105		Middle Name	F17_OrderingProviderNameMiddle		+	35 1	N
Claim	17	Name of Referring Provider or Other Source	2420E	NM107		Suffix	F17_OrderingProviderSuffix		+	25 1	
Claim	17a		2420E	REF02	Ordering Provider Secondary Identifier in the 837P.		F17A_OrderingProviderIdNumber		+	10	N
Claim	17b	NPI#	2420E	NM109	837P. Ordering Provider Identifier in the 837P.		F17B_OrderingProviderNpi	<u> </u>	1	50 1	
Claim			2300	DTP03	Related Hospitalization Admission Date in the	YYYY-MM-DD	F18_HospitalizationDateFrom	date YYYY-MM-DD	10	10	
	18		I	DTP03	837P. Related Hospitalization Discharge Date in the 837P.	YYYY-MM-DD	F18_HospitalizationDateTo	date YYYY-MM-DD	10	10	
Claim	18 18	to Current Services Hospitalization Dates Related to Current Services	2300	51100				4			
Claim		to Current Services Hooptalization Dates Related to Current Services Additional Claim Information (previously Reserved for Local Use)	2300	NTE NTE01=ADD	ATE: CLAMN NOTE PWK. CLAMN SUPPLEMENTAL INFORMATION Only the NTE segment with the ADD qualifier is supported at this time. The PWK. CLAM SUPPLEMENTAL INFORMATION segment is not supported at this time		F19_ClaimSupplementalInfeNoteText	string			
	18	Hospitalization Dates Related to Current Services Additional Claim Information (previously Reserved for Local	2300	NTE NTE01=ADD	NTE - CLAM NOTE PWK - CLAM SUPFLMENTAL INFORMATION Only the NTE segment with the ADD qualifier is supported at this time. The PWK - CLAM SUPFLEMENTAL INFORMATION segment is not supported at this time	2300 HIOX-1 Diagnosis Type = 9 or 10. Date of service after 101/2015 requires 10.	F19_ClaimSupplementalIntoNoteText F21_IcdIndicator	string	1	80 1	N

	21	Diagnosis or Nature of Illness or Injury	2300	HI01-2, HI02-2, HI03- 2, HI04-2, HI05-2,	2300 HI0X-2 Diagnosis Code - X is 1 through 12, at least one required.	Array of strings - Up to 12 The first one is considered the primary diagnosis for the	F21_DiagnosisCodes	array of strings, each string 1 to 30	1		
				HI06-2, HI07-2, HI08- 2, HI09-2, HI10-2,		claim		characters	1		
				HI11-2, HI12-2					1		
Claim			0000	01.1105.0					1	12	Y
Claim	22	Medicaid Resubmission and/or Original Reference		CLM05-3	Claim Frequency Code in the 837P.		F22_MedicaidResubmissionCode	string	L	11	N
Claim		Number	2300	REF02	Payer Claim Control Number in the 837P.		F22_OriginalReferenceNumber	string	L	50	N
Claim	23	Prior Authorization Number	2300	REF02	Prior Authorization Number in the 837P.		F23_PriorAuthorizationNumber	string		50	N
Claim			2300	REF02	Referral Number in the 837P.		F23_ReferralNumber	string		50	N
			2300	REF02	Clinical Laboratory Improvement Amendment Number in the 837P.		F23_ClinicalLaboratoryImprovementAmendmentNumb er	string	1		
Claim							-			50	N
			2300	REF02	Mammography Certification Number in the 837P.		F23_MammographyCertificationNumber	string			
Claim					6577.		F24 ClaimLines		<b> </b>	50	N
						This JSON field contains an array of claim line objects. The line-level fields identified below are the fields of the	F24_ClaimLines	claim line	1		
						claim line object.			1		
									1		
Claim	24 A-H	Note	2400	NTE	NTE - LINE NOTE		F24_Shaded_LineNoteText	string	1		Y
	Shaded Line			NTE01=ADD	PWK - LINE SUPPLEMENTAL INFORMATION Only the NTE segment with the ADD qualifier is				1		
					supported at this time. The PWK - LINE SUPPLEMENTAL INFORMATION segment is				1		
					not supported at this time.				1		
									1		
									1		
Line									1	80	N
Line	24A	Date(s) of Service	2400	DTP03	Service Date in the 837P.		F24A_DateOfServiceFrom	date YYYY-MM-DD	10	10	v
	24A	Date(s) of Service	2400	DTP03	Service Date in the 837P.		F24A_DateOfServiceTo	date			
Line	24B	Place of Service	2400	SV105	Place of Service Code in the 837P.	X12_PlaceOfServiceCode is not present on the printed	F24B_PlaceOfServiceCode	YYYY-MM-DD	10	10	N
						form, but it is required by Apex. F24B_PlaceOfServiceCode may be used to override the					
						place of service for a particular claim line.					
Line	24C	EMG	2400	SV109	Emergency Indicator in the 837P.	Boolean - true / false	F24C_Emg	boolean	1	2	Y
Line	24D	Procedures, Services, or	2400	SV101-1, SV101-2	There are 4 qualifiers for SV101-1 in the spec.		F24D_HcpcsProcedureCode	<u> </u>	<u> </u>	<u> </u>	N
		Supplies			but only "HC" is supported at this time. F24D HcpcsProcedureCode will be used for						
					both Medicare and other claims.				1		
					Product/Service ID in the 837P. The value placed in this field goes into SV101-2. Setting a				1		
					value in this field implies a value of "HC" in				1		
					SV101-1.				1		
									1		
									1		
									1		
Line	24D	Procedures, Services, or	2400	SV101-3 to SV101-6	Product/Service ID and Procedure Modifier in	If present, must contain 1 to 4 strings, each exactly two	F24D_Modifiers		1	48	Y
	240	Supplies	2400	30101-310 30101-0	the 837P.	characters in length.	T24D_Woulders	array of strings	1		
Line									1	4	N
	24D	Procedures, Services, or Supplies	2400	SV101-7			X12_Description	string	1		
Line	24E	Diagnosis Pointer	2400	SV107 (1-4)	Diagnosis Code Pointer in the 837P.	Valid values are the single characters A through L. Each	F24E_DiagnosisPointers	array of strings	1	80	N
					Alpha pointers on the 1500 claim form MUST be converted to numeric pointers in the 837P.	entry refers to a diagnosis code in F21_DiagnosisCodes, where A refers to the first diagnosis code in		maximum number of	1		
						F21_DiagnosisCodes, B refers to the second, etc.		strings is 4, each string can only	1		
								contain 1 character, A-	1		
								L .	1	4 strings,	
									1 string,	1 char	
Line	24F	\$ Charges	2400	SV102	Line Item Charge Amount in the 837P.	Can't be less than 0, but 0 is acceptable	F24F_Charges	decimal	1 char	each	Y
Line		Days or Units	2400	SV104	Service Unit Count in the 837P.	A numeric value with optional decimal point. Up to 8	F24G_DaysOrUnits	decimal	<u> </u>		Y
		,				A numeric value with optional decimal point. Up to 8 digits are allowed, not including the decimal point. At most three digits may appear after the decimal point.		decimal	1		
								1	1		
Line	24H	EPSDT/Family	2400	SV111	EPSDT Indicator in the 837P.	Boolean - true / false	F24H_EarlyPeriodicScreeningDiagnosisAndTreatment	boolean	1	9	N
		Plan	1								
Line	24H	EPSDT/Family	2400	SV112	Family Planning Indicator in the 837P.		F24H_FamilyPlanning	boolean	<u> </u>	<u> </u>	N
Line	24H 24J	Plan	2400 2420A	PRV01 - PRV03		For claim level information, see	- Boolean true/false		<u> </u>	<u> </u>	N
	Shaded	Rendering Provider ID #	2920M	- KV01 - PKVU3	Provider Taxonomy Code in the 837P. Qualifier: PXC. The use of this field implicitly	For claim level information, see X12_RendProviderTaxonomyCode, etc.	F24J_Shaded_RendProviderTaxonomyCode	string			
	Line				determines the qualifier in PRV02.			1	1		
Line								I	1	50	N
Π	24J Shaded	Rendering Provider ID #	2420A	REF01, REF02	Rendering Provider Secondary Identifier in the 837P. The use of these fields implicitly		F24J_Shaded_RendProviderStateLicenseNumber F24J_Shaded_RendProviderUpinNumber	string			
	Line		1		determines the qualifier in REF01.		F24J_Shaded_RendProviderCommercialNumber F24J_Shaded_RendProviderLocationNumber				
								1	1		
			1								
			1								
Line	24J	Rendering Provider ID #	2420A	NM109	Rendering Provider Identifier in the 837P.	For claim level rendering provider NPI, see	F24J_RenderingNpi	string	1	50	N
						X12_RenderingNPI.			1		
Line	25	Federal Tax ID Number	2010AA	REF02	Reference Identification Qualifier and Billing	Employer Identification Number used as the Billing	F25_FederalTaxIdEin	string	⊢	10	N
	23			REF01=EI	Provider Tax Identification Number in the 837P	Provider Tax Id. The value should contain no hyphens. At most one of F25_FederalTaxIdEin and		String	1		
						F25_FederalTaxIdSsn should be set.		1	1		
			1		REF - BILLING PROVIDER TAX IDENTIFICATION.						
			1		EI=Employer Identification Number						
								1	1		
								1	1	15	N
Claire		Federal Tax ID Number	2010AA	REF02	Reference Identification Qualifier and Billing	Social Security Number used as the Billing Provider Tax	F25_FederalTaxIdSsn	string		15	CN.
Claim	25	Federal I ax ID Number		REF01=SY	Provider Tax	Id. The value should contain no hyphens. At most one of F25_FederalTaxIdEin and F25_FederalTaxIdSsn should		1	1	1	
Claim	25	Federal Tax ID Number		REFUI=ST	Identification Number in the 837P.				1		
Claim	25	Federal Tax ID Number		REPUIESI	Identification Number in the 837P. REF - BILLING PROVIDER TAX	F25_FederalTaxldEin and F25_FederalTaxldSsn should be set.					
Claim	25	Federal 1 ax ID Number		KEPUI=ST	Identification Number in the 837P. REF - BILLING PROVIDER TAX IDENTIFICATION						
Claim	25	Federal 1 ax ID Number		REFUT=ST	Identification Number in the 837P. REF - BILLING PROVIDER TAX						
Claim	25	Federai I ax ID Number		REPUISI	Identification Number in the 837P. REF - BILLING PROVIDER TAX IDENTIFICATION						
Claim	25	Federal Tax ID Number		REFUI=ST	Identification Number in the 837P. REF - BILLING PROVIDER TAX IDENTIFICATION				9	9	N

	26	Patient's Account No.	2300	CLM01	Patient Control Number in the 837P.		F26_PatientAccountNumber	string			
Claim	27	Accept Assignment?	2300	CLM07	Assignment or Plan Participation Code in the 837P. Qualifiers are A (Assigned) B (Accept on		F27_AcceptAssignment	AssignmentOrPlanPar		38	N
					837P. Qualitiers are A (Assigned) B (Accept on Clinical Lab Services) C (Not Assigned)			ticipationCode enumeration			
Claim	28	Total Charge	2300	CLM02	Total Claim Charge Amount in the 837P.		F28_TotalCharge	decimal			N
Claim	29	Amount Paid	2300	AMT02	Patient Amount Paid in the 837P.		F29_PatientAmountPaid	decimal			r N
Claim			2320	AMT02	Payer Paid Amount in the 837P.		F29_PayerAmountPaid	decimal			N
	31	Signature of Physician or Supplier Including Degrees or Credentials	2300	CLM06	Provider or Supplier Signature Indicator in the 837P.	Boolean- true / false	F31_PhysicianOrSupplierSignaturelsOnFile	boolean			
Claim	32	Service Facility Location	2310C	NM103			F32_FacilityName	string			Y
Claim	32	Information Service Facility Location	2310C	N301			F32_FacilityAddress1	string		60	
Claim	32	Information Service Facility Location	2310C	N302			F32_FacilityAddress2	string		55	
Claim Claim	32	Information Service Facility Location Information	2310C	N401			F32_FacilityCity	string	2	30	
Claim	32	Service Facility Location	2310C	N402			F32_FacilityState	string	2		N
Claim	32	Service Facility Location Information	2310C	N403			F32_FacilityZip	string	3	15	N
Claim	32a	NPI#	2310C	NM109	Laboratory or Facility Primary Identifier in the 837P.		F32A_FacilityNpi	string	10	10	N
ciuiii	32b	Other ID #	2310C	REF01 REF02	Reference Identification Qualifier and Laboratory or Facility Secondary Identifier in the 837P.		F32B_FacilityIdStateLicenseNumber	string	10	10	
Claim	32b	Other ID #	2310C	REF01 REF02	Reference Identification Qualifier and Laboratory or Facility Secondary Identifier in the		F32B_FacilityIdProviderCommercialLicenseNumber	string	1	50	N
Claim	3.04	Other ID #	2310C	REF02	Laboratory or Facility Secondary identifier in the 837P. Reference Identification Qualifier and		F32B FacilityIdI orginaMumber	string	1	50	N
Claim	32b	Other ID #	23100	REF01 REF02	Reference Identification Qualitier and Laboratory or Facility Secondary Identifier in the 837P.		F32B_FacilityIdLocationNumber	string	1	50	N
Claim	33	Billing Provider Info & Ph #	2010AA	NM103			F33_BillingProviderNameLast	string	1	60	
Claim	33	Billing Provider Info & Ph #	2010AA	NM104			F33_BillingProviderNameFirst	string	1	35	
Claim	33	Billing Provider Info & Ph #	2010AA	NM105			F33_BillingProviderNameMiddle	string	1	25	N
Claim	33	Billing Provider Info & Ph #	2010AA	NM107			F33_BillingProviderSuffix F33_BillingProviderAddress1	string	1	10	N
Claim	33 33	Billing Provider Info & Ph # Billing Provider	2010AA 2010AA	N301 N302			F33_BillingProviderAddress1 F33_BillingProviderAddress2	string	1	55	Y
Claim	33	Info & Ph # Billing Provider	2010AA 2010AA	N401			F33_BillingProviderAddress2	string	1	55	
Claim	33	Info & Ph # Billing Provider	2010AA	N402			F33_BillingProviderState	string	2	30	
Claim	33	Info & Ph # Billing Provider	2010AA	N403			F33_BillingProviderZip	string	2	-	Y
Claim Claim	33	Info & Ph # Billing Provider Info & Ph #	2010AA	PER04			F33_BillingProviderPhoneNumber	string	3	15 256	
Claim	33a	NPI#	2010AA	NM109	Billing Provider Identifier in the 837P.		F33A_BillingProviderNpi	string	10	10	
Claim	33b 33b	Other ID # Other ID #	2000A 2010AA	PRV1-PRV03 REF01, REF02	Provider Taxonomy Code in the 837P. Titled Reference Identification Qualifier and		F33B_BillingProviderTaxonomyCode F33B_BillingProviderSsn	string	1	50	
Claim		Anesthesia	2400	SV104 - Quantity Other fields filled in because it is Anesthesia Anesthesia	SV1 - PROFESSIONAL SERVICE -Looks like this is information in to make a specific Service line (2400 SV1) -SV101-1 (HC) Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes -SV101-2 Procedure Modifier -SV102 Annotary Amount -SV101-2 Procedure Modifier -SV102 Annotary Amount -SV103 Unit Or Base Measurement - For Anesthesia (MI) Minutes -SV104 Quantity (Service Unit Count) - Max length 8 digits - For Anesthesia this is where the minutes go How to correlate with F24A - F24J Service Line Entry Loop 2320 AMT AMT - COORDINATION OF BKNEFTIS (COB)	Defaults to false (non-anesthesia). If true, then F24G_DaysOrtInits must be set to the number of minutes.	X12_Anesthesia X12_ClaimPrimaryPayerPaidAmount	boolean III III III III III III III III III I	1	50	Υ* Ν
Line	X12	F24_LineAdjudicationDate	2430	DTP01-03	BENEFITS (COB)	primary payer amount or the sum of all the line item primary payer paid amounts	X12. AdjudicationOrPaymentDate	date YYYY-MM-DD			N
ante	A12	r∠+_unexuJuaicationDate	£43U	101-03	Loop 2420 DTP Line Check Or Remittance Date DTPO1 - 573, DTPO2 - D8, DTPO3 - Adjudication or Payment Date		Nyounounou (Cr. / Ny (18) ILL-BIR	uale IIII-MM-DD	10	10	N
Line	X12	F24_LineAdjustments	2430	CAS01-19	Should be an array of adjustments where the members have the info. Loop 2204 CAS- Group Code is in CASU, and then up to 6 adjustments Reason Code, Amount, Quantity in 24, 5-7, 810, 11-13, 14-16 and 17-9 associated with that code.	Each of these fields consists of an array of objects of type ServiceUneAdjustment, which is defined to consist of assancode (string) Researcode (string) Quantity (optional, decimal number) Quantity (optional, decimal number)	X12_LineContactualOhigaton-Adjustments X12_LineContectionAdfreversalAdjustments X12_LineOhierAdjustments X12_LinePayinitiaadFaductions X12_LinePayinitiaadFaductions X12_LinePayinitiaadFaductions x12_LinePayinitiaadFaductions x12_LinePatientResponsibilityAdjustments x2_LinePatientResponsibilityAdjustments, etc., for claim level adjustments.	array of objects			

Line	X12	X12_LineTestResults	2400	MEA	Lαορ 2400 ΜΕΑ	An array of objects with the fields Measurementid (of type MeasurementReferenceldCode enumeration, MKA01), MeasurementQualifier (of type MeasurementQualifier (of type MeasurementQualifier) "Interstitesuits", "MeasurementQualifier", "TextResuits", "MeasurementQualifier", "TextResuits", "Meas	X12_LineTesiResults	array of objects			N
Line	X12	F24_NDC - In Mapping Spread Sheet	2410	LINO2-LINO3		Must be in 5-42 format. Omt hyphens. If his field is set, then exactly one of X12, DrugQuarthytheranisional/his, X12, DrugQuarthyGrams, X12, DrugQuarthyMilligrams, X12, DrugQuarthyMilliters, or X12, DrugQuanthyUnits must be set.	X12_NdcCode	string			
Line	X12	F24_NDC - In Mapping Spread Sheet	2410	CTP04-CTP05		If X12_NdcCode is used, then exactly one of these fields must be set. Otherwise, do not use.	X12_DugCharitightemationalUnits X12_DugCharitightemationalUnits X12_DugCharitightemans X12_DugCharitightemans X12_DugCharitightema X12_DugCharitightemans X12_DugCharitightemans	nullable decimal	11	11	<u>N</u>
Line	X12	REF - PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER	2410	REF01-REF02	Loop 2410 REF01 - X2 (Pharmacy Prescription #) Loop 2410 REF02 - Prescription Number Loop 2410 REF02 - VY (Link #) Loop 2410 REF02 - Link Number F24_NDC - In Mapping Spread Sheet	At most one of these fields may be set.	X12_NdcPharmacyPrescriptionNumber X12_NdcLinkSequenceNumber	string			<u>~</u>
Line	X12	F24_PrimaryPayerPaidAmount	2430	SVD02	Loop 2430 Line Adjudication Information SVD02 Service Line Paid Amount??		X12_PrimaryPayerPaidAmount	nullable decimal	1	50	N
Line	X12	F24_ProviderControlNumber	2400	REF01-02	Loop 2400 REF - Line Item Control Number REF01 - 6R Provider Control Number / REF02 Line Item Control Number		X12_ProviderControlNumber	string	1	50	N
	X12		2300	CLM05-1	Facility Code Value in the 837P.	The place of service for the entire claim. May be overridden if necessary for a particular claim line by placing a value in F24B_PlaceOIServiceCode for that claim line.	X12_PlaceOfServiceCode	string			
Claim	X12	Rendering Provider Last Name	2310B	NM103	Provider Last or Organization Name	Claim level. Not on form	X12_RendProviderNameLast	string	1	60	N
Claim	X12	Rendering Provider First Name	2310B	NM104	Provider First Name	Claim level. Not on form	X12_RendProviderNameFirst	string	1	35	
Claim	X12 X12	Rendering Provider Middle Name Rendering Provider Suffix	2310B 2310B	NM105 NM106	Provider Middle Name Provider Suffix	Claim level. Not on form Claim level. Not on form	X12_RendProviderNameMiddle X12_RendProviderSuffix	string	1	25	N
<u>Claim</u> Claim	X12 X12	Rendering Provider Taxonomy Code		PRV02, PRV03	Provider Taxonomy Code in the 837P.		AIZ_RendProviderTaxonomyCode	string	1	10	
Claim	X12	Rendering Provider Secondary Identifier	2310B	REF01, REF02	Provider Secondary Identifier in the 837P.	Claim level rendering provider identifier. Optional. At most one of these may be set. This identifier may be overridden at the claim line level by one of the 24J Identifiers.	X12. RendProviderStatLicenseNumber X12. RendProviderUpinNumber X12. RendProviderUpinNumber X12. RendProviderLocationNumber	string		10	
Claim	X12	Rendering Provider NPI	2310B	NM109	Rendering Provider Identifier in the 837P.	This is the NPI of the endering provider for the entire claim. This can be optionally overliden for a particular claim line by use of F24J_RenderingNpi.	X12_RenderingNpi	string		10	
Claim	X12	x12_AcuteManifestationCondi tionCode		CR208	CR2 - SPINAL MANIFULATION SERVICE INFORMATION CR208 - Nature of Condition Code A - Acute Condition M - Acute Manifestation of a Chronic Condition	See also FIS_AcuteManifestionDate.	X12_AcuteManifestationCode	enumeration AcuteManifestationCo des	1		N
Claim	X12	x12_AmountPaidByPrimary x12_AssumedCareDate	2320	AMT02 DTP03 DTP01=090	2320 AMT - COB PayerPaid Amount Qualifier - 090	Required for secondary claims. Must reconcile with line item amounts.	X12_ClaimPrimaryPaidAmount use F15_AssumedCareStartDate	nullable decimal			N
Claim	X12	xiz_AssumedCareDate	2300	1901=090 בטייו ש	Quaitlist - 030						
Claim	X12	x12_ClaimAdjudicationDate	2330B	DTP01-DTP03	DTP - CLAIM CHECK OR REMITTANCE DATE. The Claim Adjudication Date (DTP) segment has been renamed to Claim Check or Remittance Date.		X12_ClaimAdjudicationDate	string			N

Claim	X12		2320	CA501-19	See line level equivalents.	See comments for line level adjustments, X12_lineContractualObligationAdjustments, etc	X12, ClaimContractualDisgationAdjustments X12, ClaimCorrectionAndReversalAdjustments X12, ClaimOreAdjustments X12, ClaimPadentReductions X12, ClaimPadientResponsibilityAdjustments	Each is and Array of Claims adjustments			N
Claim	x12 x12	x12_MedicalRecordNumber	2300	REF02 CRC	REF - MEDICAL RECORD NUMBER CIC - PATENT CONDITION INFORMATION: VISION The field names imply which code category: E1, E2, or E3 (CRC01). The boolean gives the value of CNC0. The array of ConditionCodes provide the values for CRC03-CRC07: LI General Standard of 20 Degree or 5 Diopter Sphere or Cylinder Change Met LI Replacement Due to Desso or Theft LI Replacement Due to Patient Preference L5 Replacement Due to Medical Reason	Each field consists of an object with two fields: Cartification:ConditionIndicator (bookean), and ConditionCodes (array of one to five strings, "L1", "L2", etc.). Example: ""L2:SpectacleLenses": { "CertificationConditionIndicator": true, "ConditionCodes": {"L1", "L4" } }	X12_MedicalRecordNumber X12_SpectradeLenses X12_ContactLenses X12_SpectradeFrames	string	1	50	N
Claim	X12	X12_DelayReasonCode	2300	CN1	CN1 - CONTRACT INFORMATION		X12_DelayReasonCode	DelayReasonCode enumeration			N
Claim	X12	X12_OtherPayerName	2330B	NM103				string			
Claim	X12	X12_AmbulanceCertifications	2300	CRC	Loop 2330B NM101 = PR (Payer) NM102 = 2 (Non-Person Entity) NM103 = Other Organization Name CRC - MMBULANCE CRETIFICATION The CRC02 value is a boolean condition for Yes/NG Condition or Response code. The array of ConditionCodes provide the values for CRC03-CRC07: 01 Patient was admitted to a hospital 04 Patient was moved by stretcher 05 Patient was ucconscisuos or in shock 06 Patient was unconscisuos or in shock 06 Patient was transported in an emergency situation 07 Patient had viable hemorrhaging 08 Ambulance service was medically necessary 12 Patient is confined to a bed or chair (Use 04 Ambulance service was medically necessary 12 Patient had viable hemorrhaging 04 Ambulance service was medically necessary 12 Patient sconfined to a bed or chair (Use	"GG", "OB", etc.). Example: "122_ambulanceCertification": { "CertificationConditionIndicator": true, "ConditionCodes": ['01", "Os", "OS", "OS"] }	X12_OtherPayerName X12_AmbulanceCertification		1	- 60	N
Claim	X12	X12_AmbulancePatientWeight	2300	CR102	CR1 - AMBULANCE TRANSPORT INFORMATION	Weight of the patient at time of transport. Required when it is necessary to justify the medical necessity of the level of ambulance services.	X12_AmbulancePatientWeight	string			N
Claim	X12	X12_AmbulanceTransportReas onCode	2300	CR104	Ambulance Transport Reason Code: NearestFacility PreferredPhysician NearFamily	This field is required only if PlaceOfService code is 41 (Anbulance by Land) or 42 (Ambulance by Air or Water). The possible codes indicating the reason for ambulance transport. are aliases for the single letter codes of A-E indicated by the SaT spec. A = NearestFacility, B=PreferredPhysician, etc. Example: "X12,AmbulanceTransportReasonCode"."NearestFacilit y	X12_AmbulanceTransportReasonCode	string	1	10	
Claim		X12 AmbulanceTransportDist	2300	CR106	CR1 - AMBULANCE TRANSPORT INFORMATION Ambulance Transport Distance	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water). The value is in terms of Miles Example: "x12_AmbulanceTransportDistance";"5"	X12_AmbulanceTransportDistance	string	1	1	N

Claim	X12	X12_AmbulanceRoundTripPur poseDescription	2300	CR109	CR1 - AMBULANCE TRANSPORT INFORMATION Round Trip Purpose Description	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulanceRoundTripPurposeDescription	string			
		posebescription			Round Trip Purpose Description	and when the ambulance service is for a round trip					
						The value is in terms of Miles					
						Example:					
						"X12_AmbulanceRoundTripPurposeDescription":"Requi red round trip for surgery"					
									1	80	N
Claim	X12	X12_AmbulanceStretcherPurp	2300	CR110	CR1 - AMBULANCE TRANSPORT INFORMATION	This field is required only if PlaceOfService code is 41	X12_AmbulanceStretcherPurposeDescription	string			
		oseDescription			Stretcher Purpose Description	(Ambulance by Land) or 42 (Ambulance by Air or Water) and when needed to justify usage of stretcher					
						The value is in terms of Miles					
						Example:					
						"X12_AmbulanceStretcherPurposeDescription":"Patient immobile"					
						Immobile					
Ch.:			224.05	1004				-	1	80	N
Claim	X12	X12_AmbulancePickupAddress 1	231UE	N301	N3 - AMBULANCE PICKUP LOCATION Address	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulancePickupAddress1	string			
						This is Address line 1					
						Example:					
						"X12_AmbulancePickupAddress1":"123 MAIN STREET"					
									1	55	N
Claim	X12	X12_AmbulancePickupAddress 2	2310E	N302	N3 - AMBULANCE PICKUP LOCATION Second Address Line (If Needed)	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulancePickupAddress2	string			
		-			Second Fiddress Enre (in Needed)	and a second address line is needed					
						Example:					
						"X12_AmbulancePickupAddress2":"SUITE #200"					
									1	55	N
Claim	X12	X12_AmbulancePickupCity	2310E	N401	N3 - AMBULANCE PICKUP LOCATION City	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulancePickupCity	string			
						This is the Ambulance Pickup Location city					
						Example:					
						"X12_AmbulancePickupCity":"MY TOWN"					
Claim	X12								2	30	N
	i i	X12_AmbulancePickupState	2310E	N402	N3 - AMBULANCE PICKUP LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402	N3 - AMBULANCE PICKUP LOCATION State or Province Code	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:	X12_AmbulancePickupState	string	2	30	N
		X12_AmbulancePickupState	2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:	X12_AmbulancePickupState	string	2	30	N
Claim	202				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState"."NY"			2	30	N
Claim	x12	X12_AmbulancePickupState	2310E 2310E	N402		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:	X12_AmbulancePickupState X12_AmbulancePickupZip	string	2	30	N
Claim	X12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This file Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)			2	2	<u>N</u>
Claim	X12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This field is required only if PlaceOfService code is 41			2	30	N N
Claim	X12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState": "NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example:			2	2	N
Claim	x12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code			2	2	N
Claim	x12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState": "NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example:			2	2	N
Claim	x12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState": "NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example:			2	2	N
Claim	X12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState": "NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example:			2	30	N
Claim	x12				State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState": "NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example:			2	2	N
Claim			2310E		State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This file Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example: "X12_AmbulancePickupState":"10022" This filed is required only if PlaceOfService code is 41 This filed is required only if PlaceOfService code is 41 This filed is required only if PlaceOfService code is 41			2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example: "X12_AmbulancePickupState":"10022"	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This file Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example: "X12_AmbulancePickupState":"10022" This field is required only if PlaceOfService code is 41 (AmbulancePickupState":"10022"	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This file Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example: "X12_AmbulancePickupState":"10022" This filed is required only if PlaceOfService code is 41 This filed is required only if PlaceOfService code is 41 This filed is required only if PlaceOfService code is 41	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This field is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY"  This field is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This field is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This field is required only if PlaceOfService code is 41 This field is req	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulancePickupState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Postal Code Example: "X12_AmbulancePickupState":"10022" This field is required only if PlaceOfService code is 41 T	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState of AmbulancePickupState of AmbulancePick	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState of AmbulancePickupState of AmbulancePick	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState of AmbulancePickupState of AmbulancePick	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState of AmbulancePickupState of AmbulancePick	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState of AmbulancePickupState of AmbulancePick	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState of AmbulancePickupState of AmbulancePick	X12_AmbulancePickupZip	string	2	2	N
		X12_AmbulancePickupZip	2310E	N403	State or Province Code N3 - AMBULANCE PICKUP LOCATION Postal Code N3 - AMBULANCE PICKUP LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "NY" This filed is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState": "10022" This filed is required only if PlaceOfService code is 41 (AmbulancePickupState of AmbulancePickupState of AmbulancePick	X12_AmbulancePickupZip	string	2	2	N

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Claim	X12	X12_AmbulanceDropOffAddre ss1	2310E	N301	N3 - AMBULANCE DROP-OFF LOCATION Address	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulanceDropOffAddress1	string			
						This is Address line 1					
						Example:					
						"X12_AmbulanceDropOffAddress1":"123 MAIN STREET"					
									1	55	N
Claim		X12_AmbulanceDropOffAddre ss2	2310F	N302	N3 - AMBULANCE DROP-OFF LOCATION Second Address Line (If Needed)	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulanceDropOffAddress2	string	T		
						and a second address line is needed					
						Example: "X12_AmbulanceDropOffAddress2":"SUITE #200"					
									1	55	N
Claim	X12	X12_AmbulanceDropOffCity	2310F	N401	N3 - AMBULANCE DROP-OFF LOCATION City	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulanceDropOffCity	string			
						This is the Ambulance Pickup Location city					
						Example:					
						"X12_AmbulanceDropOffCity":"MY TOWN"					
									,	30	N
Claim	X12	X12_AmbulanceDropOffState	2310F	N402	N3 - AMBULANCE DROP-OFF LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffState	string		30	
					State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water)					
						This is the Ambulance Pickup Location State or Province Code					
						Example:					
						"X12_AmbulanceDropOffState":"NY"					
Claim	X12	X12_AmbulanceDropOffZip	2310F	N403	N3 - AMBULANCE DROP-OFF LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffZip	string	2	2	N
					Postal Code	(Ambulance by Land) or 42 (Ambulance by Air or Water)					
						This is the Postal Code					
						Example: "X12_AmbulanceDropOffState":"10022"					
Claim	X12	X12_AmbulanceDropOffCount	2310F	N404	N3 - AMBULANCE DROP-OFF LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffZip	string	3	15	N
		ry			Country	(Ambulance by Land) or 42 (Ambulance by Air or Water)					
						This is the Country Code, required when the address is outside of the United States of America					
						Example:					
						"X12_AmbulanceDropOffState":"CAN"					
Line	X12	X12_AmbulanceCertifications	2400	CRC	CRC - AMBULANCE CERTIFICATION	Each field consists of an object with two fields:	X12_AmbulanceCertification		2	3	N
	~12		_ +00		The CRC02 value is a boolean condition for Yes/No Condition or Response code. The array	CertificationConditionIndicator (boolean), and ConditionCodes (array of one to five strings, "01", "04",					
					of ConditionCodes provide the values for CRC03-CRC07:	"06", "09", etc.).					
					01 Patient was admitted to a hospital 04 Patient was moved by stretcher	Example: "X12_AmbulanceCertification": {					
					05 Patient was unconscious or in shock	"CertificationConditionIndicator": true,					
					06 Patient was transported in an emergency situation	"ConditionCodes":["01","04","06","09"] }					
					07 Patient had to be physically restrained 08 Patient had visible hemorrhaging						
					09 Ambulance service was medically necessary 12 Patient is confined to a bed or chair (Use						
					code 12 to indicate patient was bedridden during transport)						
Line	X12	X12_AmbulancePatientWeight	2400	CR102	CR1 - AMRI II ANCE TRANSPORT INCORMATION	Weight of the patient at time of transport. Required	X12_AmbulancePatientWeight	string			N
LITE	~12		2400	CA102	CITE - AMIDULAINCE TRAINSPORT INFORMATION	when it is necessary to justify the medical necessity of		54.11g			
						the level of ambulance services.					
									1	10	N

Line	x12	X12_AmbulanceTransportReas onCode	2400	CR104	CR1 - MBULANCE TRANSPORT INFORMATION Ambulance Transport Reason Code: NearestFacility PreferredPhysician NearFamily Specialist Rehabilitation	This field is required only if PlaceOService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water). The possible codes indicating the reason for ambulance transport. are aliases for the single letter codes of A.E. indicated by the 837 spec. A = NearestFacility, B+PreferredPhysician, etc. Example: "X12, AmbulanceTransportReasonCode"; "NearestFacility"	X12_AmbulanceTransportReasonCode	string			N
Line	X12	X12_AmbulanceTransportDist ance	2400	CR106	CR1 - AMBULANCE TRANSPORT INFORMATION Ambulance Transport Distance	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water). The value is in terms of Miles Example: "X12_AmbulanceTransportDistance":"S"	X12_AmbulanceTransportDistance	string	1	Ť	N
Line	X12	X12_AmbulanceRoundTripPur poseDescription	2400	CR109	CR1 - AMBULANCE TRANSPORT INFORMATION Round Trip Purpose Description	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) and when the ambulance service is for a round trip The value is in terms of Miles Example: "X12, AmbulanceRoundTripPurposeDescription":"Requi red round trip for surgery"	X12_AmbulanceRoundTripPurposeDescription	string	1	15	N
Line	X12	X12_AmbulanceStretcherPurp oseDescription	2400	CR110	CR1 - AMBULANCE TRANSPORT INFORMATION Stretcher Purpose Description	This field is required only if PateoOService code is 41 (Ambulance by Lang) of 24 (Ambulance by Lang) and and when needed to justify usage of stretcher The value is in terms of Miles Esample: "X12_AmbulanceStretcherPurposeDescription"-"Patient immobile"	X12_AmbulanceStretcherPurposeDescription	string		80	
Line	X12	X12_AmbulancePickupAddress	2420G	N301	N3 - AMBULANCE PICKUP LOCATION Address	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is Address line 1 Example: "X12_AmbulancePickupAddress1":"123 MAIN STREET"	X12_AmbulancePickupAddress1	string	1		N
Line	X12	X12_AmbulancePickupAddress 2	2420G	N302	N3 - AMBULANCE PICKUP LOCATION Second Address Line (If Needed)	This field is required only if PlaceOService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) and a second address line is needed Example: "X12_AmbulancePickupAddress2"."SUITE #200"	X12_AmbulancePickupAddress2	string	1	55	
Line	X12	X12_AmbulancePickupCity	24206	N401	N3 - AMBULANCE PICKUP LOCATION City	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulancePickupCity":"MY TOWN"	X12_AmbulancePickupCity	string	1	55	N
1										30	

Line	X12	X12_AmbulancePickupState	2420G	N402	N3 - AMBULANCE PICKUP LOCATION State or Province Code	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulancePickupState	string		
						This is the Ambulance Pickup Location State or Province Code				
						Example:				
						"X12_AmbulancePickupState":"NY"				
Line	X12	X12_AmbulancePickupZip	2420G	N403	N3 - AMBULANCE PICKUP LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulancePickupZip	string	2	2 N
Line		All_Ambalancer (exapely	14200	11405	Postal Code	(Ambulance by Land) or 42 (Ambulance by Air or Water)		5.1115		
						This is the Postal Code				
						Example:				
						"X12_AmbulancePickupState":"10022"				
									3	15 N
Line	X12	X12_AmbulancePickupCountry	2420G	N404	N3 - AMBULANCE PICKUP LOCATION Country	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulancePickupZip	string		
					Country					
						This is the Country Code, required when the address is outside of the United States of America				
						Example: "X12_AmbulancePickupState":"CAN"				
									2	3 N
Line	X12	X12_AmbulanceDropOffAddre ss1	2420H	N301	N3 - AMBULANCE DROP-OFF LOCATION Address	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulanceDropOffAddress1	string		
		551			Address					
						This is Address line 1				
						Example:				
						"X12_AmbulanceDropOffAddress1":"124 MAIN STREET"				
Line	X12	X12_AmbulanceDropOffAddre	242011	N302	N3 - AMBULANCE DROP-OFF LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffAddress2	string	1	55 N
Line	×12	ss2	24200	11302	Second Address Line (If Needed)	(Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbdianceDropOffAddress2	string		
						and a second address line is needed				
						Example:				
						"X12_AmbulanceDropOffAddress2":"SUITE #200"				
									1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401	N3 - AMBULANCE DROP-OFF LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401	N3 - AMBULANCE DROP-OFF LOCATION City	This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)	X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401			X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example:	X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city	X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example:	X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example:	X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example:	X12_AmbulanceDropOffCity	string	1	55 N
Line	X12	X12_AmbulanceDropOffCity	2420H	N401		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example:	X12_AmbulanceDropOffCity	string	1	55 N
					City	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN"			2	55 N 30 N
Line		X12_AmbulanceDropOffCity X12_AmbulanceDropOffState		N401		(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffCity X12_AmbulanceDropOffState	string	2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water)			2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41			2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code			2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province			2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:			2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:			2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:			2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:			2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCRy":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY"	X12_AmbulanceDropOHState	string	2	
					City N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example:			2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This the Ambulance Pickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOHState	string	2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This field is required only if PlaceOfService code is 41 (Ambulance Dickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This field is required only if PlaceOfService code is 41 (Ambulance bropOffState":"NY"	X12_AmbulanceDropOHState	string	2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCity":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This field hance Pickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This field is required only if PlaceOfService code is 41 (AmbulanceDropOffState":"NY"	X12_AmbulanceDropOHState	string	2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCRy":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY"	X12_AmbulanceDropOHState	string	2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCRy":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY"	X12_AmbulanceDropOHState	string	2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCRy":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY"	X12_AmbulanceDropOHState	string	2	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	City N3 - AMBULANCE DROP-OFF LOCATION State or Province Code N3 - AMBULANCE DROP-OFF LOCATION	(Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location city Example: "X12_AmbulanceDropOffCRy":"MY TOWN" This field is required only if PlaceOfService code is 41 (Ambulance by Land) or 42 (Ambulance by Air or Water) This is the Ambulance Pickup Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY" This field is required only if PlaceOfService code is 41 (Ambulance by Location State or Province Code Example: "X12_AmbulanceDropOffState":"NY"	X12_AmbulanceDropOHState	string	2	

Line	X12	X12_AmbulanceDropOffCount	2420H	N404	N3 - AMBULANCE DROP-OFF LOCATION	This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffZip	string			
		rv			Country	(Ambulance by Land) or 42 (Ambulance by Air or Water)					
						This is the Country Code, required when the address is					
						outside of the United States of America					
						outside of the United States of America					
						Example:					
						"X12_AmbulanceDropOffState":"CAN"					
				1	1			1			
				1	1			1			
									2	3	N
Line	X12	X12_AmbulancePatientCount	2400	QT02	QTY - AMBULANCE PATIENT COUNT	This field is required only if PlaceOfService code is 41	X12_AmbulanceDropOffZip	string	2	3	19
Line	×12	X12_AmbulancePatientCount	2400	Q102				string			
						(Ambulance by Land) or 42 (Ambulance by Air or Water)					
						and when more than one patient is transported in the					
						same vehicle for Ambulance or non-emergency					
						transportation services.					
						Example:					
						"X12 AmbulancePatientCount":"2"					
						X12_AmbulancePatientCount : 2					
				1	1						
				1	1						
				1	1						
				1	1						
				1	1						
				1	1						
				1	1						
				1	1						
				1	1				1	15	N
L		1							1	15	