

Level	CMS 1500 Claim Form Locator			837P		General Notes	Name of JSON Field	Data Type	Min Value or Length	Max Value or Length	Required
	Item Number	Title	Loop ID	Segment/Data Element	Notes						
Claim	Apex	Apex Payer ID					Apex_PayerId	string			Y
Claim	Apex	Vendor Claim ID					Apex_VendorClaimId	string	1	50	Y
Claim	header	Payer Name	2010BB	NM103	Carrier Block		F00_PayerName	string	1	60	Y
Claim	header	Payer Address 1	2010BB	N301	Carrier Block		F00_PayerAddress1	string	1	55	N
Claim	header	Payer Address 2	2010BB	N302	Carrier Block		F00_PayerAddress2	string	1	55	N
Claim	header	Payer City	2010BB	N401	Carrier Block		F00_PayerCity	string	2	30	N
Claim	header	Payer State	2010BB	N402	Carrier Block		F00_PayerState	string	2	2	N
Claim	header	Payer Zip	2010BB	N403	Carrier Block		F00_PayerZip	string	3	15	N
Claim	1	Medicare, Medicaid, TRICARE, CHAMPVA, Group Health Plan, FECA, Black Lung, Other	2000B	SBR09	Claim Filing Indicator Code in the 837P.		F01_ClaimType	ClaimCoverageType enumeration			N
Claim	1a	Insured's ID Number	2010BA	NM109	Subscriber Primary Identifier in the 837P.		F01A_InsuredId	string	2	80	Y
Claim	2	Patient's Last Name	2010CA or 2010BA	NM103			F02_PatientNameLast	string	1	60	Y
Claim	2	Patient's First Name	2010CA or 2010BA	NM104			F02_PatientNameFirst	string	1	35	Y
Claim	2	Patient's Middle Name	2010CA or 2010BA	NM105			F02_PatientNameMiddle	string	1	25	N
Claim	2	Patient's Suffix	2010CA or 2010BA	NM107			F02_PatientSuffix	string	1	10	N
Claim	3	Patient's Birth Date	2010CA or 2010BA	DMG02			F03_PatientDob	date YYYY-MM-DD	10	10	Y
Claim	3	Insured's Sex	2010CA or 2010BA	DMG03	Sex is Gender in the 837P.	M, F, Unknown	F03_PatientSex	Sex enumeration			Y
Claim	4	Insured's Name	2010BA	NM103	Subscriber in the 837P.		F04_InsuredNameLast	string	1	60	Y
Claim	4	Insured's Name	2010BA	NM104	Subscriber in the 837P.		F04_InsuredNameFirst	string	1	35	N
Claim	4	Insured's Name	2010BA	NM105	Subscriber in the 837P.		F04_InsuredNameMiddle	string	1	25	N
Claim	4	Insured's Name	2010BA	NM107	Subscriber in the 837P.		F04_InsuredSuffix	string	1	10	N
Claim	5	Patient's Address	2010CA	N301			F05_PatientAddress1	string	55	N	
Claim	5	Patient's Address	2010CA	N302			F05_PatientAddress2	string	55	N	
Claim	5	Patient's Address	2010CA	N401			F05_PatientCity	string	2	30	Y
Claim	5	Patient's Address	2010CA	N402			F05_PatientState	string	2	2	Y
Claim	5	Patient's Address	2010CA	N403			F05_PatientZip	string	3	15	Y
Claim	6	Patient Relationship to Insured	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 enumeration			Y
Claim	7	Insured's Address	2010BA	N301	Subscriber Address in the 837P.		F07_InsuredAddress1	string		55	Y
Claim	7	Insured's Address	2010BA	N302	Subscriber Address in the 837P.		F07_InsuredAddress2	string		55	N
Claim	7	Insured's Address	2010BA	N401	Subscriber Address in the 837P.		F07_InsuredCity	string	2	30	Y
Claim	7	Insured's Address	2010BA	N402	Subscriber Address in the 837P.		F07_InsuredState	string	2	2	Y
Claim	7	Insured's Address	2010BA	N403	Subscriber Address in the 837P.		F07_InsuredZip	string	3	15	Y
Claim	9	Other Insured's Name	2330A	NM103	Other Subscriber Name in the 837P.		F09_OtherInsuredNameLast	string	1	60	N
Claim	9	Other Insured's Name	2330A	NM104	Other Subscriber Name in the 837P.		F09_OtherInsuredNameFirst	string		35	N
Claim	9	Other Insured's Name	2330A	NM105	Other Subscriber Name in the 837P.		F09_OtherInsuredNameMiddle	string		25	N
Claim	9	Other Insured's Name	2330A	NM107	Other Subscriber Name in the 837P.		F09_OtherInsuredSuffix	string		10	N
Claim	9	Other Insured's relation to patient					F09_PatientRelationshipToInsured	Relationship enumeration			N
Claim	9a	Other Insured's Policy or Group Number	2320	SBR03	Insured Group or Policy Number in the 837P.		F09A_OtherInsuredGroupNum	string		50	N
Claim	9d	Insurance Plan Name or Program Name	2320	SBR04	Other Insured Group Name in the 837P.		F09D_OtherPlanName	string		60	N
Claim	10a	Is Patient's Condition Related to: Employment	2300	CLM11-1, CLM11-2, CLM11-3	Related Causes Code in the 837P.	Boolean - true/false	F10A_PatientCondEmployment	boolean			N
Claim	10b	Is Patient's Condition Related to: Auto Accident	2300	CLM11-1, CLM11-2, CLM11-3	Related Causes Code in the 837P.		F10B_PatientCondAutoAccident	boolean			N
Claim	10b	Is Patient's Condition Related to: Auto Accident	2300	CLM11-4	Related Causes Code in the 837P.	If F10B_PatientCondAutoAccident is set, then set F10B_PatientCondAutoAccidentState.	F10B_PatientCondAutoAccidentState	string			N
Claim	10c	Is Patient's Condition Related to: Other Accident	2300	CLM11-1, CLM11-2, CLM11-3	Related Causes Code in the 837P.		F10C_PatientCondOtherAccident	boolean	2	2	N
Claim	11	Insured's Policy, Group, or FECA Number	2000B	SBR03	Subscriber Group or Policy Number in the 837P.		F11_InsuredPolicyGroupOrFecaNumber	string	1	50	N
Claim	11a	Insured's Date of Birth	2010BA	DMG02	Subscriber Birth Date in the 837P.		F11A_InsuredDob	date YYYY-MM-DD	10	10	Y
Claim	11a	Insured's Date of Birth, Sex	2010BA	DMG03	Subscriber Gender Code in the 837P.	M, F, Unknown	F11A_InsuredSex	Sex enumeration			Y
Claim	11c	Insurance Plan Name or Program Name	2000B	SBR04	Subscriber Group Name in the 837P.		F11C_PlanName	string		29	N
Claim	12	Patient's or Authorized Person's Signature	2300	CLM09	Release of Information Code in the 837P.		F12_PatientAuthorization	PatientAuthorization enumeration			Y
Claim	12	Patient's or Authorized Person's Signature Date	2300	CLM09	Release of Information Code in the 837P.		F12_PatientAuthorizationDate	date YYYY-MM-DD	10	10	N
Claim	13	Insured's or Authorized Persons Signature	2300	CLM08	Benefits Assignment Certification Indicator in the 837P.		F13_InsuredAuthorization	InsuredAuthorization enumeration			Y
Claim	14	Date of Current Illness, Injury, Pregnancy	2300	DTP01 DTP03	In the 837P: Date - Onset of Current Illness or Symptom Qualifier 431		F14_DateOfCurrentIllnessOrSymptom	date YYYY-MM-DD	10	10	N
Claim	14	Date of Current Illness, Injury, Pregnancy	2300	DTP01 DTP03	In the 837P: Date - Last Menstrual Period Qualifier 484		F14_LastMenstrualPeriodDate	date YYYY-MM-DD	10	10	N
Claim	15	Other Date (previously if Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Initial Treatment Date, Qualifier 454		F15_InitialTreatmentDate	date YYYY-MM-DD	10	10	N
Claim	15	Other Date (previously if Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Last Seen Date, Qualifier 304		F15_LastSeenDate	date YYYY-MM-DD	10	10	N
Claim	15	Other Date (previously if Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Acute Manifestation, Qualifier 453 F15_AcuteManifestationDate Required when Loop ID=2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare. If not required by this implementation guide, do not send.	This field is required when X12_AcuteManifestationCode is set to "AcuteCondition" or "AcuteManifestationOfChronicCondition".	F15_AcuteManifestationDate	date YYYY-MM-DD	10	10	N
Claim	15	Other Date (previously if Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Accident, Qualifier 439		F15_AccidentDate	date YYYY-MM-DD	10	10	N
Claim	15	Other Date (previously if Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Last X-ray Date, Qualifier 455		F15_LastXRayDate	date YYYY-MM-DD	10	10	N
Claim	15	Other Date (previously if Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Hearing and Vision Prescription Date, Qualifier 471		F15_HearingAndVisionPrescriptionDate	date YYYY-MM-DD	10	10	N

Claim	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 Patient Has Had Same or Similar Illness)	2300	DTP03	Titled in the 837P: Date - Assumed and Relinquished Care Dates. Qualifier 091		F15_AssumedCareEndDate	date YYYY-MM-DD	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			
Claim	X12	Dates Patient Unable to Work in Current Occupation	2300	DTP03 qualifier 360	Crosswalk: Disability From Date and Work Return Date in the 837P. Apex: DTP - DATE - DISABILITY DATES, Implementation Name for DTP03 is Disability From Date Qualifier 360 Either neither or both of F15_DisabilityDateFrom and F15_DisabilityDateTo must be set, in order to match the behavior of our electronic claim form. If both are set, they go in a single DTP segment with a qualifier of 314 and a syntax of RD8.	If X12_DisabilityDateTo is set, then this field must also be set.	X12_DisabilityDateFrom	date YYYY-MM-DD	10	10	N			
Claim	X12	Dates Patient Unable to Work in Current Occupation	2300	DTP03 qualifier 361	Crosswalk: Disability From Date and Work Return Date in the 837P. If both are set, they go in a single DTP segment with a qualifier of 314 and a syntax of RD8. Apex: DTP - DATE - DISABILITY DATES, Implementation Name for DTP03 is Disability From Date Qualifier 361 (DTP02 data element)	Either neither or both of F15_DisabilityDateFrom and F15_DisabilityDateTo must be set, in order to match the behavior of our electronic 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	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	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		N
Claim	17	Name of Referring Provider or Other Source	2310A	NM105		Middle Name	F17_ReferringProviderNameMiddle					35		N
Claim	17	Name of Referring Provider or Other Source	2310A	NM107		Suffix	F17_ReferringProviderSuffix					25		N
Claim	17a	Other ID#	2310A	REF02	Referring Provider Secondary Identifier in the 837P.		F17A_ReferringProviderIdNumber					1	50	N
Claim	17b	NPI #	2310A	NM109	Referring Provider Identifier in the 837P.		F17B_ReferringProviderNpi					10	10	N
Claim	17	Name of Referring Provider or Other Source	2310D	NM103	Qualifier DQ	Last Name	F17_SupervisingProviderNameLast					60		N
Claim	17	Name of Referring Provider or Other Source	2310D	NM104		First Name	F17_SupervisingProviderNameFirst					35		N
Claim	17	Name of Referring Provider or Other Source	2310D	NM105		Middle Name	F17_SupervisingProviderNameMiddle					25		N
Claim	17	Name of Referring Provider or Other Source	2310D	NM107		Suffix	F17_SupervisingProviderSuffix					10		N
Claim	17a	Other ID#	2310D	REF02	Supervising Provider Secondary Identifier in the 837P.		F17A_SupervisingProviderIdNumber					1	50	N
Claim	17b	NPI #	2310D	NM109	Supervising Provider Identifier in the 837P.		F17B_SupervisingProviderNpi					10	10	N
Claim	17	Name of Referring Provider or Other Source	2420E	NM103	Qualifier DK	Last Name	F17_OrderingProviderNameLast					60		N
Claim	17	Name of Referring Provider or Other Source	2420E	NM104		First Name	F17_OrderingProviderNameFirst					35		N
Claim	17	Name of Referring Provider or Other Source	2420E	NM105		Middle Name	F17_OrderingProviderNameMiddle					25		N
Claim	17	Name of Referring Provider or Other Source	2420E	NM107		Suffix	F17_OrderingProviderSuffix					10		N
Claim	17a	Other ID#	2420E	REF02	Ordering Provider Secondary Identifier in the 837P.		F17A_OrderingProviderIdNumber					1	50	N
Claim	17b	NPI #	2420E	NM109	Ordering Provider Identifier in the 837P.		F17B_OrderingProviderNpi					10	10	N
Claim	18	Hospitalization Dates Related to Current Services	2300	DTP03	Related Hospitalization Admission Date in the 837P.	YYYY-MM-DD	F18_HospitalizationDateFrom	date YYYY-MM-DD	10	10	N			
Claim	18	Hospitalization Dates Related to Current Services	2300	DTP03	Related Hospitalization Discharge Date in the 837P.	YYYY-MM-DD	F18_HospitalizationDateTo	date YYYY-MM-DD	10	10	N			
Claim	19	Additional Claim Information (previously Reserved for Local Use)	2300	NTE NTE01=ADD	NTE - CLAIM NOTE PWK - CLAIM SUPPLEMENTAL INFORMATION  Only the NTE segment with the ADD qualifier is supported at this time. The PWK - CLAIM SUPPLEMENTAL INFORMATION segment is not supported at this time		F19_ClaimSupplementalInfoNoteText	string				1	80	N
Claim	21	Diagnosis or Nature of Illness or Injury	2300	H101-2, H102-2, H103-2, H104-2, H105-2, H106-2, H107-2, H108-2, H109-2, H110-2, H111-2, H112-2	Outside Lab is on form - yes/no boxes - not in PS1, so don't know where it goes.	2300 H10X-1 Diagnosis Type = 9 or 10. Date of service after 10/1/2015 requires 10.	F21_IcdIndicator	string				1	3	N

Claim	21	Diagnosis or Nature of Illness or Injury	2300	H101-2, H102-2, H103-2, H104-2, H105-2, H106-2, H107-2, H108-2, H109-2, H110-2, H111-2, H112-2	2300 H10X-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 claim	F21_DiagnosisCodes	array of strings, each string 1 to 30 characters	1	12	Y	
Claim	22	Medicaid Resubmission and/or Original Reference Number	2300	CLM05-3	Claim Frequency Code in the 837P.		F22_MedicaidResubmissionCode	string		11	N	
Claim	23	Prior Authorization Number	2300	REF02	Payer Claim Control Number in the 837P.		F22_OriginalReferenceNumber	string		50	N	
Claim			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	
Claim			2300	REF02	Clinical Laboratory Improvement Amendment Number in the 837P.		F23_ClinicalLaboratoryImprovementAmendmentNumber	string		50	N	
Claim			2300	REF02	Mammography Certification Number in the 837P.		F23_MammographyCertificationNumber	string		50	N	
Claim						This JSON field contains an array of claim line objects. The line-level fields identified below are the fields of the claim line object.	F24_ClaimLines	claim line			50	N
Claim	24 A-H Shaded Line	Note	2400	NTE NTE01=ADD	NTE - LINE NOTE PWK - LINE SUPPLEMENTAL INFORMATION Only the NTE segment with the ADD qualifier is supported at this time. The PWK - LINE SUPPLEMENTAL INFORMATION segment is not supported at this time.		F24_Shaded_LineNoteText	string	1		Y	
Line	24A	Date(s) of Service	2400	DTP03	Service Date in the 837P.		F24A_DateOfServiceFrom	date YYYY-MM-DD	1	80	N	
Line	24A	Date(s) of Service	2400	DTP03	Service Date in the 837P.		F24A_DateOfServiceTo	date YYYY-MM-DD	10	10	Y	
Line	24B	Place of Service	2400	SV105	Place of Service Code in the 837P.	X12_PlaceOfServiceCode is not present on the printed form, but it is required by Apex. F24B_PlaceOfServiceCode may be used to override the place of service for a particular claim line.	F24B_PlaceOfServiceCode		10	10	N	
Line	24C	EMG	2400	SV109	Emergency Indicator in the 837P.	Boolean - true / false	F24C_Emg	boolean	1	2	Y	
Line	24D	Procedures, Services, or Supplies	2400	SV101-1, SV101-2	There are 4 qualifiers for SV101-1 in the spec, but only "HC" is supported at this time. F24D_HcpcsProcedureCode will be used for both Medicare and other claims. Product/Service ID in the 837P. The value placed in this field goes into SV101-2. Setting a value in this field implies a value of "HC" in SV101-1.		F24D_HcpcsProcedureCode				N	
Line	24D	Procedures, Services, or Supplies	2400	SV101-3 to SV101-6	Product/Service ID and Procedure Modifier in the 837P.	If present, must contain 1 to 4 strings, each exactly two characters in length.	F24D_Modifiers	array of strings	1	48	Y	
Line	24D	Procedures, Services, or Supplies	2400	SV101-7			X12_Description	string	1	4	N	
Line	24E	Diagnosis Pointer	2400	SV107 (1-4)	Diagnosis Code Pointer in the 837P. Alpha pointers on the 1500 claim form MUST be converted to numeric pointers in the 837P.	Valid values are the single characters A through L. Each entry refers to a diagnosis code in F21_DiagnosisCodes, where A refers to the first diagnosis code in F21_DiagnosisCodes, B refers to the second, etc.	F24E_DiagnosisPointers	array of strings maximum number of strings is 4, each string can only contain 1 character, A-L	1	80	N	
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 string, 1 char	4 strings, 1 char each	Y	
Line	24G	Days or Units	2400	SV104	Service Unit Count in the 837P.	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.	F24G_DaysOrUnits	decimal			Y	
Line	24H	EPSDT/Family Plan	2400	SV111	EPSDT Indicator in the 837P.	Boolean - true / false	F24H_EarlyPeriodicScreeningDiagnosisAndTreatment	boolean	1	9	N	
Line	24H	EPSDT/Family Plan	2400	SV112	Family Planning Indicator in the 837P.	Boolean true/false	F24H_FamilyPlanning	boolean			N	
Line	24J Shaded Line	Rendering Provider ID #	2420A	PRV01 - PRV03	Provider Taxonomy Code in the 837P. Qualifier: PXC. The use of this field implicitly determines the qualifier in PRV02.	For claim level information, see X12_RendProviderTaxonomyCode, etc.	F24J_Shaded_RendProviderTaxonomyCode	string			N	
Line	24J Shaded Line	Rendering Provider ID #	2420A	REF01, REF02	Rendering Provider Secondary Identifier in the 837P. The use of these fields implicitly determines the qualifier in REF01.		F24J_Shaded_RendProviderStateLicenseNumber F24J_Shaded_RendProviderUpmNumber F24J_Shaded_RendProviderCommercialNumber F24J_Shaded_RendProviderLocationNumber	string	1	50	N	
Line	24J	Rendering Provider ID #	2420A	NM109	Rendering Provider Identifier in the 837P.	For claim level rendering provider NPI, see X12_RenderingNPI.	F24J_RenderingNpi	string	1	50	N	
Claim	25	Federal Tax ID Number	2010AA	REF02 REF01=EI	Reference Identification Qualifier and Billing Provider Tax Identification Number in the 837P REF - BILLING PROVIDER TAX IDENTIFICATION. EI=Employer Identification Number	Employer Identification Number used as the Billing Provider Tax Id. The value should contain no hyphens. At most one of F25_FederalTaxIdEin and F25_FederalTaxIdSsn should be set.	F25_FederalTaxIdEin	string			15	N
Claim	25	Federal Tax ID Number	2010AA	REF02 REF01=SY	Reference Identification Qualifier and Billing Provider Tax Identification Number in the 837P. REF - BILLING PROVIDER TAX IDENTIFICATION SY=Social Security Number.	Social Security Number used as the Billing Provider Tax Id. The value should contain no hyphens. At most one of F25_FederalTaxIdEin and F25_FederalTaxIdSsn should be set.	F25_FederalTaxIdSsn	string	9		9	N

Claim	26	Patient's Account No.	2300	CLM01	Patient Control Number in the 837P.		F26_PatientAccountNumber	string			38	N	
Claim	27	Accept Assignment?	2300	CLM07	Assignment or Plan Participation Code in the 837P. Qualifiers are A (Assigned) B (Accept on Clinical Lab Services) C (Not Assigned)		F27_AcceptAssignment	AssignmentOrPlanParticipationCode enumeration				N	
Claim	28	Total Charge	2300	CLM02	Total Claim Charge Amount in the 837P.		F28_TotalCharge	decimal				Y	
Claim	29	Amount Paid	2300	AMT02	Patient Amount Paid in the 837P.		F29_PatientAmountPaid	decimal				N	
Claim			2320	AMT02	Payer Paid Amount in the 837P.		F29_PayerAmountPaid	decimal				N	
Claim	31	Signature of Physician or Supplier Including Degrees or Credentials	2300	CLM06	Provider or Supplier Signature Indicator in the 837P.	Boolean- true / false	F31_PhysicianOrSupplierSignaturesOnFile	boolean				Y	
Claim	32	Service Facility Location Information	2310C	NM103			F32_FacilityName	string			60	N	
Claim	32	Service Facility Location Information	2310C	N301			F32_FacilityAddress1	string			55	N	
Claim	32	Service Facility Location Information	2310C	N302			F32_FacilityAddress2	string			55	N	
Claim	32	Service Facility Location Information	2310C	N401			F32_FacilityCity	string	2		30	N	
Claim	32	Service Facility Location Information	2310C	N402			F32_FacilityState	string	2		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
Claim	32b	Other ID #	2310C	REF01 REF02	Reference Identification Qualifier and Laboratory or Facility Secondary Identifier in the 837P.		F32B_FacilityIdStateLicenseNumber	string		1		50	N
Claim	32b	Other ID #	2310C	REF01 REF02	Reference Identification Qualifier and Laboratory or Facility Secondary Identifier in the 837P.		F32B_FacilityIdProviderCommercialLicenseNumber	string		1		50	N
Claim	32b	Other ID #	2310C	REF01 REF02	Reference Identification Qualifier 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	Y
Claim	33	Billing Provider Info & Ph #	2010AA	NM104			F33_BillingProviderNameFirst	string		1		35	N
Claim	33	Billing Provider Info & Ph #	2010AA	NM105			F33_BillingProviderNameMiddle	string		1		25	N
Claim	33	Billing Provider Info & Ph #	2010AA	NM107			F33_BillingProviderSuffix	string		1		10	N
Claim	33	Billing Provider Info & Ph #	2010AA	N301			F33_BillingProviderAddress1	string		1		55	Y
Claim	33	Billing Provider Info & Ph #	2010AA	N302			F33_BillingProviderAddress2	string		1		55	N
Claim	33	Billing Provider Info & Ph #	2010AA	N401			F33_BillingProviderCity	string	2		30	Y	
Claim	33	Billing Provider Info & Ph #	2010AA	N402			F33_BillingProviderState	string	2		2	Y	
Claim	33	Billing Provider Info & Ph #	2010AA	N403			F33_BillingProviderZip	string	3		15	N	
Claim	33	Billing Provider Info & Ph #	2010AA	PER04			F33_BillingProviderPhoneNumber	string		1		256	N
Claim	33a	NPI #	2010AA	NM109	Billing Provider Identifier in the 837P.		F33A_BillingProviderNpi	string		10		10	Y
Claim	33b	Other ID #	2000A	PRV1-PRV03	Provider Taxonomy Code in the 837P.		F33B_BillingProviderTaxonomyCode	string		1		50	N
Claim	33b	Other ID #	2010AA	REF01, REF02	Titled Reference Identification Qualifier and Billing Provider Additional Identifier in the 837P.		F33B_BillingProviderSsn	string		1		50	Y*
Line	X12	Anesthesia	2400	SV104 - Quantity Other fields filled in because it is 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 Code - Anesthesia CPT code - ex 00142 lets surgery (see spec ex) -SV101-3 - SV101-6 Procedure Modifier -SV102 Monetary 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 <b>How to correlate with F24A - F24I Service Line Entry</b>	Defaults to false (non-anesthesia). If true, then F24G_DaysOrUnits must be set to the number of minutes.	X12_Anesthesia	boolean					N
Claim	X12	Claim Level Payer Amount	2320	AMT02	Loop 2320 AMT AMT - COORDINATION OF BENEFITS (COB)	PAYER PAID AMOUNT. Looks like this is claim level primary payer amount or the sum of all the line item primary payer paid amounts	X12_ClaimPrimaryPayerPaidAmount	nullable decimal					N
Line	X12	F24_LineAdjudicationDate	2430	DTP01-03	Loop 2420 DTP Line Check Or Remittance Date DTP01 - 573, DTP02 - D8, DTP03 - Adjudication or Payment Date		X12_AdjudicationOrPaymentDate	date YYYY-MM-DD					N
Line	X12	F24_LineAdjustments	2430	CAS01-19	Should be an array of adjustments where the members have the info. Loop 2340 CAS - Group Code is in CAS01, and then up to 6 adjustments Reason Code, Amount, Quantity in 2-4, 5-7, 8-10, 11-13, 14-16 and 17-9 associated with that code.	Each of these fields consists of an array of objects of type ServiceLineAdjustment, which is defined to consist of: ReasonCode (string) MonetaryAmount (monetary amount, decimal number) Quantity (optional, decimal number)	X12_LineContractualObligationAdjustments X12_LineCorrectionAndReversalAdjustments X12_LineOtherAdjustments X12_LinePayorInitiatedReductions X12_LinePatientResponsibilityAdjustments  See X12_ClaimContractualObligationAdjustments, etc., for claim level adjustments.	array of objects		10		10	N



Claim	X12		2320	CAS01-19	See line level equivalents.	See comments for line level adjustments, X12_LineContractualObligationAdjustments, etc	X12_ClaimContractualObligationAdjustments X12_ClaimCorrectionAndReversalAdjustments X12_ClaimOtherAdjustments X12_ClaimPayorInitiatedReductions X12_ClaimPatientResponsibilityAdjustments	Each is and Array of Claims adjustments			N
Claim	X12	x12_MedicalRecordNumber	2300	REF02	REF - MEDICAL RECORD NUMBER		X12_MedicalRecordNumber	string	1	50	N
Claim	X12		2300	CRC	CRC - PATIENT CONDITION INFORMATION: VISION The field names imply which code category: E1, E2, or E3 (CRC01). The boolean gives the value of CRC02. The array of ConditionCodes provide the values for CRC03-CRC07: L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 Replacement Due to Loss or Theft L3 Replacement Due to Breakage or Damage L4 Replacement Due to Patient Preference L5 Replacement Due to Medical Reason	Each field consists of an object with two fields: CertificationConditionIndicator (boolean), and ConditionCodes (array of one to five strings, "L1", "L2", etc.). Example: "X12_SpectacleLenses": { "CertificationConditionIndicator": true, "ConditionCodes": [ "L1", "L4" ] }	X12_SpectacleLenses X12_ConditionCodes X12_SpectacleFrames				N
Claim	X12	X12_DelayReasonCode	2300	CN1	CN1 - CONTRACT INFORMATION		X12_DelayReasonCode	DelayReasonCode enumeration			N
Claim	X12	X12_OtherPayerName	2330B	NM103	Loop 2330B NM101 = PR (Payer) NM102 = 2 (Non-Person Entity) NM103 = Other Organization Name		X12_OtherPayerName	string	1	60	N
Claim	X12	X12_AmbulanceCertifications	2300	CRC	CRC - AMBULANCE CERTIFICATION The CRC02 value is a boolean condition for Yes/No 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 unconscious or in shock 06 Patient was transported in an emergency situation 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)	Each field consists of an object with two fields: CertificationConditionIndicator (boolean), and ConditionCodes (array of one to five strings, "01", "04", "06", "09", etc.). Example: "X12_AmbulanceCertification": { "CertificationConditionIndicator": true, "ConditionCodes": [ "01", "04", "06", "09" ] }	X12_AmbulanceCertification				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			
Claim	X12	X12_AmbulanceTransportReasonCode	2300	CR104	CR1 - AMBULANCE TRANSPORT INFORMATION Ambulance Transport Reason Code: NearestFacility PreferredPhysician NearFamily Specialist Rehabilitation	This field is required only if PlaceOfService 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	1	10	N
Claim	X12	X12_AmbulanceTransportDistance	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
									1	15	N



Claim	X12	X12_AmbulanceDropOffAddress1	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)  This is Address line 1  Example: "X12_AmbulanceDropOffAddress1": "123 MAIN STREET"	X12_AmbulanceDropOffAddress1	string				
Claim	X12	X12_AmbulanceDropOffAddress2	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) and a second address line is needed  Example: "X12_AmbulanceDropOffAddress2": "SUITE #200"	X12_AmbulanceDropOffAddress2	string	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)  This is the Ambulance Pickup Location city  Example: "X12_AmbulanceDropOffCity": "MY TOWN"	X12_AmbulanceDropOffCity	string	1	55	N	
Claim	X12	X12_AmbulanceDropOffState	2310F	N402	N3 - AMBULANCE DROP-OFF 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)  This is the Ambulance Pickup Location State or Province Code  Example: "X12_AmbulanceDropOffState": "NY"	X12_AmbulanceDropOffState	string	2	30	N	
Claim	X12	X12_AmbulanceDropOffZip	2310F	N403	N3 - AMBULANCE DROP-OFF LOCATION Postal Code	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_AmbulanceDropOffState": "10022"	X12_AmbulanceDropOffZip	string	2	2	N	
Claim	X12	X12_AmbulanceDropOffCountry	2310F	N404	N3 - AMBULANCE DROP-OFF LOCATION Country	This field is required only if PlaceOfService code is 41 (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"	X12_AmbulanceDropOffZip	string	3	15	N	
Line	X12	X12_AmbulanceCertifications	2400	CRC	CRC - AMBULANCE CERTIFICATION The CRC02 value is a boolean condition for Yes/No 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 unconscious or in shock 06 Patient was transported in an emergency situation 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)	Each field consists of an object with two fields: CertificationConditionIndicator (boolean), and ConditionCodes (array of one to five strings, "01", "04", "06", "09", etc.).  Example: "X12_AmbulanceCertification": { "CertificationConditionIndicator": true, "ConditionCodes": ["01", "04", "06", "09"] }	X12_AmbulanceCertification		2	3	N	
Line	X12	X12_AmbulancePatientWeight	2400	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
									1	10	N	





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)  This is the Ambulance Pickup Location State or Province Code  Example: "X12_AmbulancePickupState":"NY"	X12_AmbulancePickupState	string					
Line	X12	X12_AmbulancePickupZip	2420G	N403	N3 - AMBULANCE PICKUP LOCATION Postal Code	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	
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)  This is the Country Code, required when the address is outside of the United States of America  Example: "X12_AmbulancePickupState":"CAN"	X12_AmbulancePickupZip	string	3		15	N	
Line	X12	X12_AmbulanceDropOffAddress1	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)  This is Address line 1  Example: "X12_AmbulanceDropOffAddress1":"124 MAIN STREET"	X12_AmbulanceDropOffAddress1	string	2		3	N	
Line	X12	X12_AmbulanceDropOffAddress2	2420H	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) and a second address line is needed  Example: "X12_AmbulanceDropOffAddress2":"SUITE #200"	X12_AmbulanceDropOffAddress2	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)  This is the Ambulance Pickup Location city  Example: "X12_AmbulanceDropOffCity":"MY TOWN"	X12_AmbulanceDropOffCity	string	1		55	N	
Line	X12	X12_AmbulanceDropOffState	2420H	N402	N3 - AMBULANCE DROP-OFF 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)  This is the Ambulance Pickup Location State or Province Code  Example: "X12_AmbulanceDropOffState":"NY"	X12_AmbulanceDropOffState	string	2		30	N	
Line	X12	X12_AmbulanceDropOffZip	2420H	N403	N3 - AMBULANCE DROP-OFF LOCATION Postal Code	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_AmbulanceDropOffState":"10022"	X12_AmbulanceDropOffZip	string	2		2	N	
									3		15	N	

Line	X12	X12_AmbulanceDropOffCountry	2420H	N404	N3 - AMBULANCE DROP-OFF LOCATION Country	This field is required only if PlaceOfService code is 41 (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"	X12_AmbulanceDropOffZip	string				
Line	X12	X12_AmbulancePatientCount	2400	QT02	QTY - AMBULANCE PATIENT COUNT	This field is required only if PlaceOfService code is 41 (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_AmbulanceDropOffZip	string		2	3	N
										1	15	N