Early Intervention Central Billing Office

Companion Document and Transaction Specifications for HIPAA 837 Claim Transactions

Version 1.0 - January 2012

Table of Contents

1.   Introduction

1.1 Document Purpose

Companion Documents	HIPAA Transaction Companion Documents are available to electronic trading partners to clarify information on HIPAA-compliant electronic interfaces with the Early Intervention Central Billing Office (EI-CBO).
	The ASC X12 837 Claim Transaction for professional claims is covered in this document.
HIPAA Overview	The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require the federal Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. The Act also addresses the security and privacy of health data. The long-term purpose of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of standard electronic data interchanges in health care.
	The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were reviewed through a process that included significant public and private sector input prior to publication in the Federal Register as Final Rules with legally binding implementation time frames.
	Covered entities are required to accept transmissions in the standard format and must not delay a transaction or adversely affect an entity that wants to conduct standard transactions electronically. For HIPAA, Early Intervention providers are covered entities. The EI-CBO is a Business Associate of a covered entity (DHS).
Document Objective	This Companion Guide instructs claim submitters on how to prepare and maintain a HIPAA compliant claim submission interface, including detailed information on populating claim data elements for submission to the

EI-CBO. The Companion Guide supplements the HIPAA Implementation Guide with information specific to the EI-CBO and its trading partners.

Intended Users

Companion Documents are intended for the technical staffs of providers and billing agents that are responsible for electronic transaction exchanges. They also offer a statement of HIPAA Transaction and Code Set Requirements from the EI-CBO's perspective.

Only providers that submit claims to the EI-CBO *electronically* are subject to HIPAA Transaction and Code Set requirements.

Relationship To HIPAA Implementation Guides

Companion Documents supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This document details the steps needed to FTP files to the EI-CBO for 837 Claim Transactions. It also provides specific information on the fields and values required for transactions sent to the EI-CBO.

Companion Documents are intended to supplement rather than replace the standard HIPAA Implementation Guide for each transaction set. Information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

Disclaimer

This Companion Document is a technical document describing the specific technical and procedural requirements for interfaces between the EI-CBO and its trading partners. It does not supersede either the health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts

between this document and health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

If you believe there is an error in the document, please notify the EI-CBO Call Center at 1-800-634-8540.

1.2 Contents of this Companion Document

Introduction   Section 1 provides general information on Companion
Documents and HIPAA and outlines the information
included in the remainder of the document.

Transaction   Section 2 provides an overview of the transaction or
Overview   transactions included in this Companion Document
including information on:
- The purpose of the transaction.
- The standard Implementation Guide for the
  transaction.
- Replaced and impacted EI-CBO files and processes.
- Transmission schedules.

Technical   Section 3 provides a brief statement of the technical
Infrastructure   interfaces required for trading partners to communicate
with the EI-CBO via electronic transactions.

Transaction   Section 4 provides information relating to the transactions
Standards   included in this Companion Document including:
- General HIPAA transaction standards.
- Data interchange conventions applicable to the
  transactions.
- Procedures for acknowledgment transactions.

Transaction   Section 5 provides specific information relating to the
Specifications   transaction(s) in this Companion Document including:
- A statement of the purpose of transaction
  specifications between the EI-CBO and their trading
  partners.
- EI-CBO specific data requirements for the
  transaction(s) at the data element level.

The Data Requirements portion of each Transaction
Specification defines in detail how HIPAA Transactions are
formatted and populated for exchanges with the EI-CBO.
This section covers transaction data elements about which
the EI-CBO provides information not to be found in the
standard Implementation Guide.

2.   837 Claim Transactions

2.1 Transaction Overview

Claim Submission	HIPAA compliant 837 Claim Transactions are designed for use by health care providers to electronically submit fee-for-service claims to health care payers. Providers and other entities that submit claims to the EI-CBO electronically are required to use the formats and code sets of the 837. The 837 Transaction has hundreds of data elements that describe medical services. Electronic claim submission by providers or their billing agents and claim adjudication by the EI-CBO are not changed by HIPAA mandates. What has changed significantly are the formats of the submitted claims and the code sets used to describe claim data.
Claim Adjudication	Within the EI-CBO system, claim adjudication and reporting will continue with modifications (state-only HCPCS Procedure Codes, for example, will no longer be recognized). Basic claim data elements, including identifiers, dates, and diagnosis codes remain unchanged. Following claim adjudication, an additional HIPAA transaction set notifies submitting providers of the adjudication results. This is the 835 Claim Remittance Advice Transaction.
Processes Replaced or Impacted	Replaced Processes None Impacted Processes • Claims from contracted fee-for-service providers now have HIPAA compliant transaction formats and code sets. • Submitters of electronic claims can receive remittance advices from the EI-CBO with the HIPAA compliant 835 Transaction.

2.2 837 Claim Transactions

Purpose

The purpose of the two types of 837 Claims Transactions is to enable medical providers of all types to submit claims for payment for services. To some extent, the 837 Transactions reflect HCFA-1500 and UB-92 claim formats, with the addition of many supplementary and specialized data structures. Approved fee-for-service providers or their billing agents can transmit 837 Claim Transactions in batch mode through a clearinghouse, where they will be relayed on to the EI-CBO or to the EI-CBO File Transfer Protocol (FTP) Server directly.

Standard Implementation Guides

The Standard Implementation Guides for Claim Transactions are:

- 837 Health Care Claim: Professional (005010X222A1)
- 837 Health Care Claim: Institutional (005010X223A2)

Submission Schedule

Claim submitters can transmit 837 Transactions which contain batches of claims to the EI-CBO at any time during the day or night.

Upon receipt of an electronic submission, a 997 Functional Acknowledgment will be returned to the sender.

The EI-CBO processes claims every evening, and sends 835 Remittance Advice Transactions to claim submitters that request them on a weekly basis. They are issued at the same time as claim payments.

3.   Technical Infrastructure and Procedures

3.1 Technical Environment

Clearinghouse Submission	If you are not already submitting through a clearinghouse and would like to do so,
	Access the Availity Clearinghouse website at http://www.Availity.com.
	Or call 1-800-AVAILITY (282-4548)
	If you are already submitting electronic claims through another clearinghouse, verify with Availity that these claims can be passed through the existing clearinghouse on to Availity for "pick up" by the EI-CBO.
EI-CBO Data Center Communications Requirements	For those providers who have the technical expertise to send files directly to the EI-CBO, connection to the EI-CBO will be made by going through the Internet to the EI-CBO File Transfer Protocol (FTP) Server. EI-CBO will assign each provider a user name and password. All files must be encrypted using PGP.

Interest in Electronic Submission	Providers interested in electronic claims submission to the EI-CBO through a clearinghouse should contact Availity or their existing clearinghouse. Providers interested in direct electronic claims submission to the EI-CBO should contact the EI-CBO at 1-800-634-8540.
Technical Assistance and Help	For technical assistance with electronic claims submitted via a clearinghouse, please contact the technical representative or project manager assigned to you by your clearinghouse. For technical assistance with electronic claims submitted directly to the EI-CBO, please contact the EI-CBO at 1-800-634-8540.

File Naming Conventions

837 Transaction

The 837 Transaction has two separate formats for professional and institutional claims.

xxxx.ccyymmdd.hhmmss.837

xxxx	is "prof" for professional and "inst" for institutional files.
ccyymmdd	is the date processed, using the 4-digit calendar year, 2-digit month and 2-digit day (20040301).
hhmmss	is the time processed in hours, minutes and seconds.
837	is the Transaction type.

997 Functional Acknowledgement Transactions

A 997 can be sent as an acknowledgement for each GS/GE Envelope or Functional Group of one or more transactions within the interchange or to report on some types of syntactical errors.

ccyymmdd.000000000.997

ccyymmdd   is the date processed, using the 4-
               digit calendar year, 2-digit month and
               2-digit day (20040301).

000000000   is the unique 9 character Interchange
               Control Number created for every file
               EI-CBO sends to the trading partner
               regardless of the transaction type.

997   is the acknowledgement type.

4.   Transaction Standards

4.1 General Information

HIPAA Requirements

HIPAA standards are specified in Implementation Guides for each transaction set and in authorized Implementation Guide Addenda. The Addenda Documents for the two types of 837 Transactions were published in final form in June 2010. In this Companion Document, the EI-CBO uses Version 5010 837 Transactions as modified by final Addenda.

An overview of requirements specific to each transaction can be found in each Implementation Guide. Implementation Guides contain information related to:

- The format and content of interchanges and functional groups of transactions.
- The format and content of the Header, Detail, and Trailer Segments specific to the transaction.
- Code sets and values authorized for use in the transaction.

Companion Documents can be seen as a bridge between Implementation Guides and claim requirements specific to the EI-CBO. For claims, this Companion Document, in combination with the Implementation Guides, tells how to prepare data in HIPAA standard formats for submission to the EI-CBO.

4.2 Data Interchange Conventions

Overview of Data Interchange

When receiving 837 Claim Transactions from providers, the EI-CBO follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All 837 Transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, functional group level GS/GE envelopes. The segments and data elements used in outer envelopes are documented in Appendix B of Implementation Guides and later in this section.

Transaction Specifications assume that security considerations involving user identifiers, passwords, and encryption procedures are handled by the EI-CBO FTP Server and not through the ISA Segment.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures, has fixed fields of a fixed length. Blank fields cannot be left out.

Envelope Specifications Table

Definitions of table columns follow:

Loop ID
The Implementation Guide's identifier for a data loop within a transaction.

Element ID
The Implementation Guide's identifier for a data element within a segment.

Description
A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.

ID
ID = Identifier
AN = Alphanumeric
DT = Date
TM = Time
N0 = Number

Element Min/Max
How the data element is defined in the Implementation Guide. For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated.

Usage Requirement
R = Required
S = Situational

Valid Values
The valid values from the Implementation Guide that are used by EI-CBO.

1500 Box or UB92 Box
Box on HCFA 1500 or UB 92 where data was printed.

Comment
Definitions of valid values used by the EI-CBO and
additional information about the EI-CBO data
element requirements.

4.3 Testing Procedures

Testing Procedures

Each EI-CBO trading partner is responsible for ensuring that its transactions are compliant with HIPAA mandates based on the types of testing described below.

The EI-CBO encourages providers and other entities to use a third party tool to certify that the entity can produce and accept HIPAA compliant transactions. Success is determined by the ability to pass the six types of compliance tests listed below. The initial four of the six types of testing are also used as categories for edits performed by the EI-CBO translator. The testing types have been developed by the Workgroup for Electronic Data Interchange (WEDI), a private sector organization concerned with implementation of electronic transactions.

They are:

1. Integrity Testing, which validates the basic syntactical integrity of the provider's EDI file.
2. Implementation Guide Requirements Testing, which involves requirements imposed by the transaction's HIPAA Implementation Guide, including validation of data element values specified in the Guide.
3. Balancing Testing, which requires that summary-level data be numerically consistent with corresponding detail level data, as defined in the transaction's Implementation Guide.
4. Inter-Segment Situation Testing, which validates inter-segment situations specified in the Implementation Guide.
5. External Code Set Testing, which validates code set values for HIPAA mandated codes defined and maintained outside of Implementation Guides.
6. Product Type or Line of Service Testing, validates specific requirements defined in the Implementation Guide for specialized services such as services performed by an associate provider.

5.　Transaction Specifications

5.1　837 Transaction Specifications

Purpose

Transaction specifications are designed, in combination with HIPAA Implementation Guides, to identify data to be transmitted between the EI-CBO trading partners along with data type and format. Data structures that are fully covered by the HIPAA Implementation Guide are not mentioned in this section. Only transaction data with submission requirements specific to the EI-CBO claims is included.

The data element level Transaction Specifications in this section show in an Adjudication Usage column whether each element listed is required, required if applicable, or optional. Because the Transaction Specifications are limited to data elements not fully covered in Implementation Guides, they are not a complete list of the data elements required by the EI-CBO for claim adjudication. Some required claim data elements, primarily identification and control fields, are adequately covered in one of the 837 Implementation Guides and do not appear in this document.

EI-CBO claims fit the business model offered by the 837 Claim Transaction quite well. Providers submit fee-for-service claims to EI-CBO, which responds by editing and adjudicating the claims, authorizing payment to the provider the amounts determined, and reporting adjudication results on remittance advices. Under HIPPA, both the claim submission and the remittance advice components of the process are heavily impacted by new electronic transactions. However, the internal rules and algorithms that the EI-CBO uses to adjudicate claims are not directly affected.

Relationship to HIPAA Implementation Guide

Transaction specifications are intended to supplement the data in the Implementation Guides for each transaction set with specific information pertaining to the trading partners using the transaction set.

The information in the Transaction Specifications portion of this Companion Document is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

5.2 Claim Transaction Specifications

Overview

Professional 837 Claim Transactions from the EI-CBO fee-for-service providers contain data to enable the EI-CBO to adjudicate professional claims, plus a number of additional fields, including fields with coordination of benefits data, that are desirable for reporting and are of interest to the EI-CBO. The purpose of these Transaction Specifications are to identify critical data elements and data element values that the EI-CBO needs in Claim Transactions and to let providers know how to populate and transmit electronic claim data for the EI-CBO.

The specifications in this section apply only to 837 Professional Claim Transactions that providers send to EI-CBO. Only data elements that are used by EI-CBO in ways that require explanations that go beyond information in standard HIPAA Implementation Guides are included.

General Transaction Specifications

Processing Stipulations:
- Patient loops, 2000C and 2010CA, are ignored because the EI-CBO subscriber is always the same as the patient.
- Negative quantities or amounts are rejected.
- The only valid values for CLM05-3 (Claim Frequency Type Code) are "1" original and "7" replacement. Claims with a value of "7" will be processed as original claims and may result in duplicate claim rejection if original claim resulted in a payment. These claim adjustments must be submitted through the paper process.
- Transportation claims must be submitted through the paper process.
- Associate Providers must be indicated in Loop 2300 NTE02 in the format ASSOCIATE LASTNAME, FIRSTNAME format.
- Valid EI HCPCS Procedure Codes, modifiers, and place of service codes are a subset of the standard set. See Section 6 for valid code sets.

5.3 837P Worksheet

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
ISA	**INTERCHANGE CONTROL HEADER**		**1**	**R**			
ISA01	Authorization Information Qualifier	ID	2-2	R	00		00 - No Security Information Present
ISA02	Authorization Information	AN	10-10	R			
ISA03	Security Information Qualifier	ID	2-2	R	00		00 - No Security Information Present
ISA04	Security Information	AN	10-10	R			
ISA05	Interchange ID Qualifier	ID	2-2	R	30, ZZ		30 = Tax ID, ZZ = Mutually Defined
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R	ZZ		ZZ - Mutually Defined
ISA08	Interchange Receiver ID	AN	15-15	R			36434 - CBO Assigned Payer ID
ISA09	Interchange Date	DT	6-6	R	YYMMDD		
ISA10	Interchange Time	TM	4-4	R	HHMM		
ISA11	Repetition Separator	N/A	1-1	R			
ISA12	Interchange Control Version Number	ID	5-5	R	00501		
ISA13	Interchange Control Number	N0	9-9	R			
ISA14	Acknowledgement Requested	ID	1-1	R	0		0 = No acknowledgement requested
ISA15	Usage Indicator	ID	1-1	R	P		
ISA16	Component Element Separator	AN	1-1	R			
GS	**FUNCTIONAL GROUP HEADER**		**1**	**R**			
GS01	Functional Identifier Code	ID	2-2	R	HC		
GS02	Application Sender Code	AN	2-15	R			Provider nine character federal tax ID number
GS03	Application Receiver Code	AN	2-15	R	36434		36434 - CBO Assigned Payer ID
GS04	Date	DT	8-8	R	CCYYMMDD		

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
GS05	Time	TM	4-8	R	HHMMSSDD		
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R	X		
GS08	Version Identifier Code	AN	1-12	R	005010X222A 1		837P
ST	**TRANSACTION SET HEADER**		**1**	**R**			
ST01	Transaction Set Identifier Code	ID	3-3	R	837		
ST02	Transaction Set Control Number	AN	4-9	R			This number is created uniquely by the sender and should match the number in SE02.
ST03	Implementation Convention Reference	AN	1-35	R	005010X222A 1		
BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**			
BHT01	Hierarchical Structure Code	ID	4-4	R	0019		
BHT02	Transaction Set Purpose Code	ID	2-2	R	00		00 - Original
BHT03	Originator Application Transaction ID	AN	1-30	R			
BHT04	Transaction Set Creation Date	DT	8-8	R	CCYYMMDD		
BHT05	Transaction Set Creation Time	TM	4-8	R	HHMM		
BHT06	Claim or Encounter ID	ID	2-2	R	CH		CH - Chargeable
NM1	**SUBMITTER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	41		
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		
NM103	Submitter Last or Organization Name	AN	1-35	R		33	Provider Billing Name-If submitter is the billing provider.
NM104	Submitter First Name	AN	1-25	S		33	Provider Billing Name-If submitter is the billing provider.

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
NM105	Submitter Middle Name	AN	1-25	S		33	Provider Billing Name-If submitter is the billing provider.
NM108	Identification Code Qualifier	ID	1-2	R	46		
NM109	Submitter Identifier	AN	2-80	R		NONE	
PER	**SUBMITTER EDI CONTACT INFORMATION**		**2**	**R**			
PER01	Contact Function Code	ID	2-2	R	IC		
PER02	Submitter Contact Name	AN	1-60	R		NONE	
PER03	Communication Number Qualifier	ID	2-2	R	ED, EM, FX. TE		ED=EDI contact #, EM=email, FX=Fax, TE=telephone
PER04	Communication Number	AN	1-80	R		NONE	
PER05	Communication Number Qualifier	ID	2-2	S	EX		EX=Extension
PER06	Communication Number	AN	1-80	S		NONE	
PER07	Communication Number Qualifier	ID	2-2	S	ED, EM, EX, FX, TE		
PER08	Communication Number	AN	1-80	S		NONE	
NM1	**RECEIVER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	40		
NM102	Entity Type Qualifier	ID	1-1	R	2		
NM103	Receiver Name	AN	1-35	R	Central Billing Office		
NM108	Identification Code Qualifier	ID	1-2	R	46		
NM109	Receiver Primary Identifier	AN	2-80	R	36434	NONE	
HL	**BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL**		**1**	**R**			
HL01	Hierarchical ID Number	AN	1-12	R			

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
HL03	Hierarchical Level Code	ID	1-2	R	20		
HL04	Hierarchical Child Code	ID	1-1	R	1		
NM1	**Billing Provider Name**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	85		
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		
NM103	Billing Provider Last or Organizational Name	AN	1-35	R		33	
NM104	Billing Provider First Name	AN	1-25	S		33	
NM105	Billing Provider Middle Name	AN	1-25	S		33	
NM107	Billing Provider Name Suffix	AN	1-10	S		33	
NM108	Identification Code Qualifier	ID	1-2	S	XX		Indicates NPI
NM109	Billing Provider Identifier	AN	2-80	S		25	Must send NPI here if available. Tax ID is required
N3	**BILLING PROVIDER ADDRESS**		**1**	**R**			
N301	Billing Provider Address Line	AN	1-55	R		33	
N302	Billing Provider Address Line	AN	1-55	S		33	
N4	**BILLING PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**			
N401	Billing Provider City Name	AN	2-30	R		33	
N402	Billing Provider State or Province Code	ID	2-2	R		33	
N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R		33	
N404	Country Code	ID	2-3	S			
REF	**BILLING PROVIDER TAX IDENTIFICATION**		**1**	**R**			

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
REF01	Reference Identification Qualifier	ID	2-3	R	EI = Tax ID, SY = SSN		
REF02	Reference Identification	AN	1-50	R		25	Billing Provider Tax identification
HL	**SUBSCRIBER HIERARCHICAL LEVEL**		**1**	**R**			
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R	22		22 - Subscriber
HL04	Hierarchical Child Code	ID	1-1	R	0		Because our subscriber is always the patient, there are no subordinate HL's to this HL segment.
SBR	**SUBSCRIBER INFORMATION**		**1**	**R**			
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	P		P = Primary
SBR02	Individual Relationship Code	ID	2-2	S	18		The patient is always the insured in the EI Program.
SBR03	Insured Group or Policy Number	AN	1-30	S		11	Box 11 on the HCFA1500 form.
SBR04	Insured Group Name	AN	1-60	S		NONE	
SBR09	Claim Filing Indicator Code	ID	1-2	S	OF		OF - Other Federal
NM1	**SUBSCRIBER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	IL		
NM102	Entity Type Qualifier	ID	1-1	R	1		1 - Person
NM103	Subscriber Last Name	AN	1-35	R		4	
NM104	Subscriber First Name	AN	1-25	R		4	
NM105	Subscriber Middle Name	AN	1-25	S		4	
NM107	Subscriber Name Suffix	AN	1-10	S		4	

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
NM108	Identification Code Qualifier	ID	1-2	S	MI		EI Child ID
NM109	Subscriber Primary Identifier	AN	2-80	S		1a	
N3	**SUBSCRIBER ADDRESS**		**1**	**S**		7	Required because the patient is the same person as the subscriber.
N301	Subscriber Address Line	AN	1-55	R		7	Insured's Address
N302	Subscriber Address Line	AN	1-55	S			
N4	**SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**			Required because the patient is the same person as the subscriber.
N401	Subscriber City Name	AN	2-30	R		7	Insured's City
N402	Subscriber State Code	ID	2-2	R		7	Insured's State
N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R		7	Insured's Zip
N404	Subscriber Country Code	ID	2-3	S			
DMG	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**			Required because the patient is the same person as the subscriber.
DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8		
DMG02	Subscriber Birth Date	AN	1-35	R	CCYYMMDD	11a	Insured's DOB.
DMG03	Subscriber Gender Code	ID	1-1	R	F, M, U	11a	Insured's DOB.
NM1	**PAYER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	PR		
NM102	Entity Type Qualifier	ID	1-1	R	2		2 = Non person entity
NM103	Payer Name	AN	1-35	R	CBO	11c	
NM108	Identification Code Qualifier	ID	1-2	R	PI		
NM109	Payer Identifier	AN	2-80	R	364345660		

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
CLM	**CLAIM INFORMATION**		**1**	**R**			
CLM01	Patient Account Number	AN	1-38	R		26	Patient Account Number - will be returned on the ERA.
CLM02	Total Claim Charge Amount	R	1-18	R		28	This is the sum of all the service line detail charges.
CLM05	Place of Service Code			R			This is a composite.
CLM05-1	Facility Type Code	AN	1-2	R	03, 11, 12, 16, 62, 99	24-B	03 = Regular Nursery School/Day Care (offsite)
							11 = Service Provider Location (onsite)
							12 = Home (offsite)
							16 = Family Day Care (offsite)
							62 = Early Intervention Program (onsite)
							99 = Other Setting (offsite)
CLM05-2	Facility Code Qualifier	ID	1-2	R	B		
CLM05-3	Claim Frequency Code	ID	1-1	R	1, 7	NONE	All corrections, voids and replacement claims to previously paid claims should be sent on paper.
CLM06	Provider or Supplier Signature Indicator	ID	1-1	R	Y	31	
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R	Y	13	All EI claims are assigned.
CLM09	Release of Information Code	ID	1-1	R	I, Y	12	
CLM10	Patient Signature Source Code	ID	1-1	S	P	NONE	Required if CLM09 has a value other than N.
REF	**PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**2**	**S**			
REF01	Reference Identification Qualifier	ID	2-3	R	G1		
REF02	Prior Authorization or Referral Number	AN	1-30	R		23	This is the authorization number assigned by CBO for authorization of these services.

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
REF	**MEDICAL RECORD NUMBER**		**1**	**S**			
REF01	Reference Identification Qualifier	ID	2-3	R	EA		
REF02	Medical Record Number	AN	1-30	R			EI Child ID
NTE	**CLAIM NOTE**		**1**	**S**			**This segment is required if an associate provider rendered services.**
NTE01	Note Reference Code	ID	3-3	R	ADD		ADD = Additional Information
NTE02	Claim Note Text	AN	1-80	R			The first 10 characters will be "Associate " followed by the Associate's Lastname, Firstname. Example: Associate: Jones, Mary (Please note there is a space between the Associate: and the Lastname)
HI	**HEALTH CARE DIAGNOSIS CODE**		**1**	**S**			
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R	BK		BK = Principal diagnosis. Only the principal diagnosis is recognized by CBO.
HI01-2	Diagnosis Code	AN	1-30	R			
HI01-3	Diagnosis Code	AN	1-30	S			
HI01-4	Diagnosis Code	AN	1-30	S			
HI01-5	Diagnosis Code	AN	1-30	S			
NM1	**RENDERING PROVIDER NAME**		**1**	**S**			
NM101	Entity Identifier Code	ID	2-3	R	82		

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		
NM103	Rendering Provider Last or Organization Name	AN	1-35	R		33	
NM104	Rendering Provider First Name	AN	1-25	S		33	
NM105	Rendering Provider Middle Name	AN	1-25	S		33	
NM107	Rendering Provider Name Suffix	AN	1-10	S		33	
NM108	Identification Code Qualifier	ID	1-2	S	XX		
NM109	Rendering Provider Identifier	AN	2-80	S		25	This is the NPI.
PRV	**RENDERING PROVIDER SPECIALTY INFORMATION**		**1**	**S**			
PRV01	Provider Code	ID	1-3	R	PE		
PRV02	Reference Identification Qualifier	ID	2-3	R	PXC		
PRV03	Provider Taxonomy Code	AN	1-30	R		NONE	
SBR	**OTHER SUBSCRIBER INFORMATION**		**1**	**S**			Used for Coordination of Benefits.
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	P, S, T		
SBR02	Individual Relationship Code	ID	2-2	R	01		
SBR03	Insured Group or Policy Number	AN	1-30	S		9A	
SBR04	Other Insured Group Name	AN	1-60	S			
SBR05	Insurance Type Code	ID	1-3	S	12, 13, 14, 15, 16, 41, 42, 43, 47		
SBR09	Claim Filing Indicator Code	ID	1-2	S	ZZ		
OI	**OTHER INSURANCE COVERAGE**		**1**	**R**			

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
	INFORMATION						
OI03	Benefits Assignment Certification Indicator	ID	1-1	R	N, Y, W		
OI04	Patient Signature Source Code	ID	1-1	S	P		
OI06	Release of Information Code	ID	1-1	R	I, Y		
NM1	**OTHER SUBSCRIBER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	IL		
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		
NM103	Other Insured Last Name	AN	1-35	R			
NM104	Other Insured First Name	AN	1-25	S			
NM105	Other Insured Middle Name	AN	1-25	S			
NM107	Other Insured Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R	MI, IL		
NM109	Other Insured Identifier	AN	2-80	R			
N3	**OTHER SUBSCRIBER ADDRESS**		**1**	**S**			
N301	Other Insured Address Line	AN	1-55	R			
N302	Other Insured Address Line	AN	1-55	S			
N4	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**			
N401	Other Insured City Name	AN	2-30	S			
N402	Other Insured State Code	ID	2-2	S			
N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			
N404	Country Code	ID	2-3	S			

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
REF	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**		3	S			
REF01	Reference Identification Qualifier	ID	2-3	R	SY		
REF02	Other Insured Additional Identifier	AN	1-30	R			
NM1	**OTHER PAYER NAME**		1	R			
NM101	Entity Identifier Code	ID	2-3	R	PR		
NM102	Entity Type Qualifier	ID	1-1	R	2		
NM103	Other Payer Last or Organization Name	AN	1-35	R			
NM108	Identification Code Qualifier	ID	1-2	R	PI, XV		
NM109	Other Payer Primary Identifier	AN	2-80	R			
LX	**SERVICE LINE**		1	R			
LX01	Assigned Number	N0	1-6	R			
SV1	**PROFESSIONAL SERVICE**		1	R			
SV101	Medical Procedure Identifier			R			This is a composite.
SV101-1	Product or Service ID Qualifier	ID	2-2	R	HC	NONE	HC = HCPCS
SV101-2	Procedure Code	AN	1-48	R		24D OR 19	See valid list of codes.
SV101-3	Procedure Modifier	AN	2-2	S		24D	See valid list of codes.
SV101-4	Procedure Modifier	AN	2-2	S		24D	See valid list of codes.
SV102	Line Item Charge Amount	R	1-18	R		24F	
SV103	Unit or Basis for Measurement Code	ID	2-2	R	UN		
SV104	Service Unit Count	R	1-15	R		24G	Units of measure. For services billed by time, one unit = 15 min.
SV105	Place of Service Code	AN	1-2	S	03, 11, 12, 16, 62, 99	24B	Only needed if place of service at the line level is different from the place of

Element ID	Description	ID	Min Max	Usage	Valid Values	1500 BOX	Comments
							service at the claim level.
SV107	Diagnosis Code Pointer			S			This is a composite.
SV107-1	Diagnosis Code Pointer	N0	1-2	R		24E	
SV107-2	Diagnosis Code Pointer	N0	1-2	S		24E	
SV107-3	Diagnosis Code Pointer	N0	1-2	S		24E	
SV107-4	Diagnosis Code Pointer	N0	1-2	S		24E	
DTP	**DATE - SERVICE DATE**		**1**	**R**			
DTP01	Date Time Qualifier	ID	3-3	R	472		
DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8, RD8		
DTP03	Service Date	AN	1-35	R	CCYYMMDD		Must always be a single date of service.
SE	**TRANSACTION SET TRAILER**		**1**	**R**			
SE01	Transaction Segment Count	N0	1-10	R			
SE02	Transaction Set Control Number	AN	4-9	R			
GE	**FUNCTION GROUP TRAILER**		**1**	**R**			
GE01	Number of Transaction Sets Included	N0	1-6	R			
GE02	Group Control Number	N0	1-9	R			
IEA	**INTERCHANGE CONTROL TRAILER**		**1**	**R**			
IEA01	Number of Included Functional Groups	N0	1-5	R			
IEA02	Interchange Control Number	N0	9-9	R			

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Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
ISA	**INTERCHANGE CONTROL HEADER**		1	R			
ISA01	Authorization Information Qualifier	ID	2-2	R	00		00 - No Security Information Present
ISA02	Authorization Information	AN	10-10	R			
ISA03	Security Information Qualifier	ID	2-2	R	00		00 - No Security Information Present
ISA04	Security Information	AN	10-10	R			
ISA05	Interchange ID Qualifier	ID	2-2	R	30, ZZ		30 = Tax ID, ZZ = Mutually Defined
ISA06	Interchange Sender ID	AN	15-15	R			
ISA07	Interchange ID Qualifier	ID	2-2	R	ZZ		ZZ - Mutually Defined
ISA08	Interchange Receiver ID	AN	15-15	R			36434 - CBO Assigned Payer ID
ISA09	Interchange Date	DT	6-6	R	YYMMDD		
ISA10	Interchange Time	TM	4-4	R	HHMM		
ISA11	Repetition Separator	ID	1-1	R			
ISA12	Interchange Control Version Number	ID	5-5	R	00501		
ISA13	Interchange Control Number	N0	9-9	R			
ISA14	Acknowledgement Requested	ID	1-1	R	0		0 = No acknowledgement requested
ISA15	Usage Indicator	ID	1-1	R	P		

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
ISA16	Component Element Separator	AN	1-1	R			
GS	**FUNCTIONAL GROUP HEADER**		**1**	**R**			
GS01	Functional Identifier Code	ID	2-2	R	HC		
GS02	Application Sender Code	AN	2-15	R			Provider nine character federal tax ID number
GS03	Application Receiver Code	AN	2-15	R	36434		36434 - CBO Assigned Payer ID
GS04	Date	DT	8-8	R	CCYYMMDD		
GS05	Time	TM	4-8	R	HHMMSSDD		
GS06	Group Control Number	N0	1-9	R			
GS07	Responsible Agency Code	ID	1-2	R	X		
GS08	Version Identifier Code	AN	1-12	R	005010X223A2		837I
ST	**TRANSACTION SET HEADER**		**1**	**R**			
ST01	Transaction Set Identifier Code	ID	3-3	R	837		
ST02	Transaction Set Control Number	AN	4-9	R			This number is created uniquely by the sender and should match the number in SE02.
ST03	Implementation Convention Reference	AN	1-35	R	005010X223A2		
BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**		**1**	**R**			
BHT01	Hierarchical Structure Code	ID	4-4	R	0019		

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
BHT02	Transaction Set Purpose Code	ID	2-2	R	00		00 - Original
BHT03	Originator Application Transaction ID	AN	1-30	R			
BHT04	Transaction Set Creation Date	DT	8-8	R	CCYYMMDD		
BHT05	Transaction Set Creation Time	TM	4-8	R	HHMM		
BHT06	Claim or Encounter ID	ID	2-2	R	CH		CH - Chargeable
NM1	**SUBMITTER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	41		
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		
NM103	Submitter Last or Organization Name	AN	1-35	R		33	Provider Billing Name-If submitter is the billing provider.
NM104	Submitter First Name	AN	1-25	S		33	Provider Billing Name-If submitter is the billing provider.
NM105	Submitter Middle Name	AN	1-25	S		33	Provider Billing Name-If submitter is the billing provider.
NM108	Identification Code Qualifier	ID	1-2	R	46		
NM109	Submitter Identifier	AN	2-80	R		NONE	
PER	**SUBMITTER EDI CONTACT INFORMATION**		**2**	**R**			
PER01	Contact Function Code	ID	2-2	R	IC		
PER02	Submitter Contact Name	AN	1-60	R		NONE	

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
PER03	Communication Number Qualifier	ID	2-2	R	ED, EM, FX. TE		ED=EDI contact #, EM=email, FX=Fax, TE=telephone
PER04	Communication Number	AN	1-80	R		NONE	
PER05	Communication Number Qualifier	ID	2-2	S	EX		EX=Extension
PER06	Communication Number	AN	1-80	S		NONE	
PER07	Communication Number Qualifier	ID	2-2	S	ED, EM, EX, FX, TE		
PER08	Communication Number	AN	1-80	S		NONE	
NM1	**RECEIVER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	40		
NM102	Entity Type Qualifier	ID	1-1	R	2		
NM103	Receiver Name	AN	1-35	R	Central Billing Office		
NM108	Identification Code Qualifier	ID	1-2	R	46		
NM109	Receiver Primary Identifier	AN	2-80	R	36434	NONE	
HL	**BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL**		**1**	**R**			
HL01	Hierarchical ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R	20		
HL04	Hierarchical Child Code	ID	1-1	R	1		
NM1	**Billing Provider Name**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	85		
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
NM103	Billing Provider Last or Organizational Name	AN	1-35	R		Top Left	
NM104	Billing Provider First Name	AN	1-25	S			
NM105	Billing Provider Middle Name	AN	1-25	S			
NM107	Billing Provider Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R	XX		The NPI
NM109	Billing Provider Identifier	AN	2-80	R		5	The NPI
N3	**BILLING PROVIDER ADDRESS**		**1**	**R**			
N301	Billing Provider Address Line	AN	1-55	R		Top Left	
N302	Billing Provider Address Line	AN	1-55	S		Top Left	
N4	**BILLING PROVIDER CITY/STATE/ZIP CODE**		**1**	**R**			
N401	Billing Provider City Name	AN	2-30	R		Top Left	
N402	Billing Provider State or Province Code	ID	2-2	R		Top Left	
N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	R		Top Left	
N404	Country Code	ID	2-3	S			
REF	**BILLING PROVIDER TAX IDENTIFICATION**		**1**	**R**			
REF01	Reference Identification	ID	2-3	R	EI		

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
	Qualifier						
REF02	Reference Identification	AN	1-50	R			Billing Provider Tax ID
HL	**SUBSCRIBER HIERARCHICAL LEVEL**		**1**	**R**			
HL01	Hierarchical ID Number	AN	1-12	R			
HL02	Hierarchical Parent ID Number	AN	1-12	R			
HL03	Hierarchical Level Code	ID	1-2	R	22		22 - Subscriber
HL04	Hierarchical Child Code	ID	1-1	R	0		Because our subscriber is always the patient, there are no subordinate HL's to this HL segment.
SBR	**SUBSCRIBER INFORMATION**		**1**	**R**			
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	P		P = Primary
SBR02	Individual Relationship Code	ID	2-2	S	18		The patient is always the insured in the EI Program.
SBR03	Insured Group or Policy Number	AN	1-30	S		62	
SBR04	Insured Group Name	AN	1-60	S		61	
SBR09	Claim Filing Indicator Code	ID	1-2	S	OF		OF - Other Federal
NM1	**SUBSCRIBER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	IL		
NM102	Entity Type Qualifier	ID	1-1	R	1		1 - Person
NM103	Subscriber Last Name	AN	1-35	R		58	
NM104	Subscriber First Name	AN	1-25	R		58	

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
NM105	Subscriber Middle Name	AN	1-25	S		58	
NM107	Subscriber Name Suffix	AN	1-10	S		58	
NM108	Identification Code Qualifier	ID	1-2	S	MI		EI Child ID
NM109	Subscriber Primary Identifier	AN	2-80	S		60	
N3	**SUBSCRIBER ADDRESS**		**1**	**S**		13	Required because the patient is the same person as the subscriber.
N301	Subscriber Address Line	AN	1-55	R		13	Insured's Address
N302	Subscriber Address Line	AN	1-55	S			
N4	**SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**			Required because the patient is the same person as the subscriber.
N401	Subscriber City Name	AN	2-30	R		13	Insured's City
N402	Subscriber State Code	ID	2-2	R		13	Insured's State
N403	Subscriber Postal Zone or ZIP Code	ID	3-15	R		13	Insured's Zip
N404	Subscriber Country Code	ID	2-3	S			
DMG	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		**1**	**S**			Required because the patient is the same person as the subscriber.
DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8		
DMG02	Subscriber Birth Date	AN	1-35	R	CCYYMMDD	14	Insured's DOB.
DMG03	Subscriber Gender Code	ID	1-1	R	F, M, U	15	Insured's DOB.

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
NM1	**PAYER NAME**		1	**R**			
NM101	Entity Identifier Code	ID	2-3	R	PR		
NM102	Entity Type Qualifier	ID	1-1	R	2		2 = Non person entity
NM103	Payer Name	AN	1-35	R	CBO	50	
NM108	Identification Code Qualifier	ID	1-2	R	PI		
NM109	Payer Identifier	AN	2-80	R	364345660		
CLM	**CLAIM INFORMATION**		1	**R**			
CLM01	Patient Account Number	AN	1-38	R		3	Patient Account Number - will be returned on the ERA.
CLM02	Total Claim Charge Amount	R	1-18	R		47	This is the sum of all the service line detail charges.
CLM05	Place of Service Code			R			This is a composite.
CLM05-1	Facility Type Code	AN	1-2	R	03, 11, 12, 16, 62, 99	4	1st two positions of Bill Type
CLM05-2	Facility Code Qualifier	ID	1-2	R	A		
CLM05-3	Claim Frequency Code	ID	1-1	R	1, 7	4	3rd position of Bill Type
CLM07	Provider Accept Assignment Code	ID	1-1	R	A, B, C		
CLM08	Benefits Assignment Certification Indicator	ID	1-1	R	Y	53	All EI claims are assigned.
CLM09	Release of Information Code	ID	1-1	R	I, Y	52	

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
REF	**PRIOR AUTHORIZATION OR REFERRAL NUMBER**		**2**	**S**			
REF01	Reference Identification Qualifier	ID	2-3	R	G1		
REF02	Prior Authorization or Referral Number	AN	1-30	R		63	This is the authorization number assigned by CBO for authorization of these services.
REF	**MEDICAL RECORD NUMBER**		**1**	**S**			
REF01	Reference Identification Qualifier	ID	2-3	R	EA		
REF02	Medical Record Number	AN	1-30	R		23	EI Child ID
NTE	**CLAIM NOTE**		**1**	**S**			**This segment is required if an associate provider rendered services.**
NTE01	Note Reference Code	ID	3-3	R	ADD		ADD = Additional Information
NTE02	Claim Note Text	AN	1-80	R		None	The first 10 characters will be "Associate " followed by the Associate's Lastname, Firstname. Example: Associate: Jones, Mary (Please note there is a space between the Associate: and the Lastname)
HI	**HEALTH CARE**		**1**	**S**			

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
	DIAGNOSIS CODE						
HI01	HEALTH CARE CODE INFORMATION			R			
HI01-1	Diagnosis Type Code	ID	1-3	R	BK		BK = Principal diagnosis. Only the principal diagnosis is recognized by CBO.
HI01-2	Diagnosis Code	AN	1-30	R		67	
HI01-3	Diagnosis Code	AN	1-30	S			
HI01-4	Diagnosis Code	AN	1-30	S			
HI01-5	Diagnosis Code	AN	1-30	S			
HI	**VALUE CODE (used for Place of Service)**		**1**	**S**			
HI01	VALUE CODE			R			
HI101-1	Code Type	ID	2	R	BE		
HI101-2	Value Code Qualifier	AN	2	R	61		61 = Only supported value
HI101-5	Place Of Service	AN	2	R			Use Amount field to send Place of Service code
NM1	**ATTENDING or OTHER PROVIDER NAME (used for Rendering Provider)**		**1**	**R**			Use 2310A or 2310C to send Rendering Provider
NM101	Entity Identifier Code	ID	2-3	R	71 or 73		
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		
NM103	Rendering Provider Last or Organization Name	AN	1-35	R		82/83	
NM104	Rendering Provider First Name	AN	1-25	S		82/83	

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
NM105	Rendering Provider Middle Name	AN	1-25	S		82/83	
NM107	Rendering Provider Name Suffix	AN	1-10	S		82/83	
NM108	Identification Code Qualifier	ID	1-2	R	24, 34, XX		24 for Tax ID, 34 for SSN, XX for NPI
NM109	Rendering Provider Identifier	AN	2-80	R		82/83	This is the Tax ID, SSN, or NPI.
REF	**ATTENDING or OTHER PROVIDER TAX ID (user for Rendering Provider Tax ID)**		**1**	**S**			If NPI is sent in NM1 segment, use REF segment to send Rendering Provider Tax ID or SSN
REF01	Ref ID Qualifier	ID	1	R	EI or SY	82/83	EI for Tax ID or SY for SSN
REF02	Rendering Provider Tax ID or SSB	AN	1-10	R		82/83	This is the Rendering Provider Tax ID or SSN
SBR	**OTHER SUBSCRIBER INFORMATION**		**1**	**S**			Used for Coordination of Benefits.
SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	P, S, T	50	
SBR02	Individual Relationship Code	ID	2-2	R	01	59	
SBR03	Insured Group or Policy Number	AN	1-30	S		62	
SBR04	Other Insured Group Name	AN	1-60	S		61	
SBR09	Claim Filing Indicator Code	ID	1-2	S	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF,		

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
					TV, VA, WC, ZZ		
OI	**OTHER INSURANCE COVERAGE INFORMATION**		**1**	**R**			
OI03	Benefits Assignment Certification Indicator	ID	1-1	R	N, Y		
OI06	Release of Information Code	ID	1-1	R	I, Y		
NM1	**OTHER SUBSCRIBER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	IL		
NM102	Entity Type Qualifier	ID	1-1	R	1, 2		
NM103	Other Insured Last Name	AN	1-35	R			
NM104	Other Insured First Name	AN	1-25	S			
NM105	Other Insured Middle Name	AN	1-25	S			
NM107	Other Insured Name Suffix	AN	1-10	S			
NM108	Identification Code Qualifier	ID	1-2	R	MI, IL		
NM109	Other Insured Identifier	AN	2-80	R			
N3	**OTHER SUBSCRIBER ADDRESS**		**1**	**S**			
N301	Other Insured Address Line	AN	1-55	R			
N302	Other Insured Address Line	AN	1-55	S			

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
N4	**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**		**1**	**S**			
N401	Other Insured City Name	AN	2-30	S			
N402	Other Insured State Code	ID	2-2	S			
N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S			
N404	Country Code	ID	2-3	S			
REF	**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**		**3**	**S**			
REF01	Reference Identification Qualifier	ID	2-3	R	SY		
REF02	Other Insured Additional Identifier	AN	1-30	R			
NM1	**OTHER PAYER NAME**		**1**	**R**			
NM101	Entity Identifier Code	ID	2-3	R	PR		
NM102	Entity Type Qualifier	ID	1-1	R	2		
NM103	Other Payer Last or Organization Name	AN	1-35	R			
NM108	Identification Code Qualifier	ID	1-2	R	PI, XV		
NM109	Other Payer Primary Identifier	AN	2-80	R			
LX	**SERVICE LINE**		**1**	**R**			
LX01	Assigned Number	N0	1-99	R			

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
SV2	**INSTITUTIONAL SERVICE LINE**		**1**	**R**			
SV201	Revenue Code	AN	1-48	S			Revenue Code will be ignored. Procedure or HCPCS code must be sent
SV201	Medical Procedure Identifier			R			This is a composite.
SV202-1	Product or Service ID Qualifier	ID	2-2	R	HC	NONE	HC = HCPCS
SV202-2	HCPCS Procedure Code	AN	1-48	R		44	See valid list of codes.
SV202-3	Procedure Modifier	AN	2-2	S			See valid list of codes.
SV202-4	Procedure Modifier 2	AN	2-2	S			See valid list of codes.
SV203	Line Item Charge Amount	R	1-18	R		47	
SV204	Unit or Basis for Measurement Code	ID	2-2	R	UN		
SV205	Service Unit Count	R	1-15	R		46	Units of measure. For services billed by time, one unit = 15 min.
DTP	**DATE - SERVICE DATE**		**1**	**R**			
DTP01	Date Time Qualifier	ID	3-3	R	472		
DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8		
DTP03	Service Date	AN	1-35	R	CCYYMMDD	45	
SE	**TRANSACTION SET TRAILER**		**1**	**R**			
SE01	Transaction Segment Count	NO	1-10	R			

Element ID	Description	ID	Min Max	Usage	Valid Values	UB92 BOX	Comments
SE02	Transaction Set Control Number	AN	4-9	R			
GE	**FUNCTION GROUP TRAILER**		**1**	**R**			
GE01	Number of Transaction Sets Included	N0	1-6	R			
GE02	Group Control Number	N0	1-9	R			
IEA	**INTERCHANGE CONTROL TRAILER**		**1**	**R**			
IEA01	Number of Included Functional Groups	N0	1-5	R			
IEA02	Interchange Control Number	N0	9-9	R			

6.0 Code Sets

6.1 Place of Service Codes

Place of Service	Description
03	Regular Nursery School/Day Care (offsite)
11	Serivce Provider Locations (onsite)
12	Home (offsite)
16	Family Day Care (offsite)
62	Early Intervention Program (onsite)
99	Other Setting (offsite)

6.2 HCPCS/Procedure Codes

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
ASSISTIVE TECHNOLOGY	A4636			HANDGRIP-CANE CRUTCH OR			
ASSISTIVE TECHNOLOGY	A4637			TIP-CANE CRUTCH OR WALKE			
ASSISTIVE TECHNOLOGY	A9300			EXERCISE EQUIPMENT			
ASSISTIVE TECHNOLOGY	A9900			MISC SUPP/ACCES/SERV COM			
ASSISTIVE TECHNOLOGY	C1000			SWITCH ACTIVATED DEVICE			
ASSISTIVE TECHNOLOGY	C1010			SWITCH, BATTERY ADAPTER			
ASSISTIVE TECHNOLOGY	C1020			COMPUTER ACCESS, SOFTWAR			
ASSISTIVE TECHNOLOGY	C1500			ADAPTIVE FEEDING UTENSIL			
ASSISTIVE TECHNOLOGY	C1510			FEEDING CUP			
ASSISTIVE TECHNOLOGY	C1599			ADL/ADAPTIVE, MISCELLANE			
ASSISTIVE TECHNOLOGY	C2000			HEARING AID PEDIATRIC CA			
ASSISTIVE TECHNOLOGY	C2010			HEARING AID ALLIGATOR CL			
ASSISTIVE TECHNOLOGY	C3000			THERAPY BALL, ANY SIZE			
ASSISTIVE TECHNOLOGY	C3010			ROLL, BOLSTER, ANY SIZE			
ASSISTIVE TECHNOLOGY	C3020			WEIGHTED VEST			
ASSISTIVE TECHNOLOGY	C3030			THERAPY BALL			
ASSISTIVE TECHNOLOGY	C3050			ANKLE WEIGHTS			
ASSISTIVE TECHNOLOGY	E0110			CRUTCH-FOREARM ADJ OR FX			
ASSISTIVE TECHNOLOGY	E0111			CRUTCH-FOREARM ADJ OR FX			
ASSISTIVE TECHNOLOGY	E0130			WALKER-RIGID			
ASSISTIVE TECHNOLOGY	E0135			WALKER-FOLDING			
ASSISTIVE TECHNOLOGY	E0141			WALKER-WHEELED WITHOUT S			
ASSISTIVE TECHNOLOGY	E0142			WALKER-RIGID WHEELED WIT			
ASSISTIVE TECHNOLOGY	E0143			WALKER-FOLD WHEEL WITHOU			
ASSISTIVE TECHNOLOGY	E0144			ENCL FRAM FOLDING WALKER			
ASSISTIVE TECHNOLOGY	E0146			WALKER-WHEELED WITH SEAT			
ASSISTIVE TECHNOLOGY	E0153			CRUTCH-FOREARM-PLATFORM			
ASSISTIVE TECHNOLOGY	E0154			WALKER-PLATFORM ATTMT,EA			
ASSISTIVE TECHNOLOGY	E0155			WALKER-WHEEL ATT FOR PIC			
ASSISTIVE TECHNOLOGY	E0158			LEG EXTENSIONS FOR A WAL			
ASSISTIVE TECHNOLOGY	E0188			PAD-SHEEPSKIN-SYNTHETIC			

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
ASSISTIVE TECHNOLOGY	E0189			PAD-SHEEPSKN,LBSWOOL,ANY			
ASSISTIVE TECHNOLOGY	E0245			TUB STOOL OR BENCH			
ASSISTIVE TECHNOLOGY	E1399			DURABLE MEDICAL EQUIPMEN			
ASSISTIVE TECHNOLOGY	E1802			DYN ADJUSTBL FORARM PRON			
ASSISTIVE TECHNOLOGY	E1902			CMNCT BD NON-ELEC AUG/AL			
ASSISTIVE TECHNOLOGY	K0113			TRUNK SUPPORT DEVICE W/O			
ASSISTIVE TECHNOLOGY	K0541			DIG SPEECH GEN DEVICE <			
ASSISTIVE TECHNOLOGY	K0542			DIG SPEECH GEN DEVICE >			
ASSISTIVE TECHNOLOGY	K0544			SYN SPEECH GEN DEVICE MX			
ASSISTIVE TECHNOLOGY	K0546			ACCESS SPEECH GEN DEVICE			
ASSISTIVE TECHNOLOGY	K0547			ACCESS FOR SPEECH GEN DE			
ASSISTIVE TECHNOLOGY	L0120			COLLAR-FOAM,CERV,FLX NON			
ASSISTIVE TECHNOLOGY	L0984			PROTECTIVE BODY SOCK EAC			
ASSISTIVE TECHNOLOGY	L1500			THKAO MOBILITY FRAME			
ASSISTIVE TECHNOLOGY	L1510			THKAO STANDING FRAME			
ASSISTIVE TECHNOLOGY	L1520			THKAO SWIVEL WALKER			
ASSISTIVE TECHNOLOGY	L1600			HO ABD CON HIP JT,FLEX F			
ASSISTIVE TECHNOLOGY	L1610			HO ABD HIP JT,FLEX FREJK			
ASSISTIVE TECHNOLOGY	L1620			HO ABD HIP JT,FLEX PAVLI			
ASSISTIVE TECHNOLOGY	L1630			HO ABD CON HIP JT SEMI-F			
ASSISTIVE TECHNOLOGY	L1640			HO HIP STATIC PELVIC/SPR			
ASSISTIVE TECHNOLOGY	L1650			HO HIP JT,STATIC ADJ CUS			
ASSISTIVE TECHNOLOGY	L1660			HO HIP JT,STATIC PLASTIC			
ASSISTIVE TECHNOLOGY	L1680			HO HIP JT,DYNAMIC ADJ HI			
ASSISTIVE TECHNOLOGY	L1690			COMB BILAT LS HIP ORTH A			
ASSISTIVE TECHNOLOGY	L1800			KO ELASTIC WITH STAYS			
ASSISTIVE TECHNOLOGY	L1810			KO ELASTIC WITH JOINTS			
ASSISTIVE TECHNOLOGY	L1830			KO IMMOBILIZER CANVAS LO			
ASSISTIVE TECHNOLOGY	L1860			KO MOD OF SUPR PROS SKT			
ASSISTIVE TECHNOLOGY	L1901			ANK ORTHOSIS ELASTIC PRE			
ASSISTIVE TECHNOLOGY	L1902			AFO ANKLE GAUNTLET CUSTO			
ASSISTIVE TECHNOLOGY	L1904			AEO ANKLEGAUNTLET MOLDED			
ASSISTIVE TECHNOLOGY	L1920			AFO SIN UPRT STATIC/ADJ			
ASSISTIVE TECHNOLOGY	L1930			AFO CUSTOM FITTED PLASTI			

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
ASSISTIVE TECHNOLOGY	L1940			AFO MOLDED TO PATIENT PL			
ASSISTIVE TECHNOLOGY	L1945			AFO RIGID ANTTIBIAL FI R			
ASSISTIVE TECHNOLOGY	L1950			AFO SPIRAL MOLD TO PAT P			
ASSISTIVE TECHNOLOGY	L1960			AFO POST SOLID ANK MOLD			
ASSISTIVE TECHNOLOGY	L1970			AFO PLASTIC MOLD W/ ANKL			
ASSISTIVE TECHNOLOGY	L1980			AFO SINGLE UPRT DORI SOL			
ASSISTIVE TECHNOLOGY	L1990			AFO DOUBLE UPRT DORS SOL			
ASSISTIVE TECHNOLOGY	L2000			KAFO SIN UPRI FREE KNEE			
ASSISTIVE TECHNOLOGY	L2010			KAFO SIN UP WITHOUT KNEE			
ASSISTIVE TECHNOLOGY	L2020			KAFO DOUBLE UP FREE KNEE			
ASSISTIVE TECHNOLOGY	L2030			KAFO DOUBLE UP W/OUT KNE			
ASSISTIVE TECHNOLOGY	L2035			KAFO FULL PLSTC STAT PRE			
ASSISTIVE TECHNOLOGY	L2036			KAFO,FULL PLASTIC MOLDED			
ASSISTIVE TECHNOLOGY	L2037			KAFO SINUPRIGHT FREE KNE			
ASSISTIVE TECHNOLOGY	L2038			KAFO NO KNEE JT MULTIAXI			
ASSISTIVE TECHNOLOGY	L2040			HKAFO TOR CON,BIL ROT ST			
ASSISTIVE TECHNOLOGY	L2050			HKAFO TOR CON,BIL TOR,HI			
ASSISTIVE TECHNOLOGY	L2060			HKAF TOR CON,BALL BR HIP			
ASSISTIVE TECHNOLOGY	L2070			HKAFO TOR CON.UNI ROT ST			
ASSISTIVE TECHNOLOGY	L2080			HKAFO TOR CON UNI TOR CA			
ASSISTIVE TECHNOLOGY	L2090			HKAFO TOR CON BALL BR HI			
ASSISTIVE TECHNOLOGY	L2200			ADD LOWER EX LIM ANK MOT			
ASSISTIVE TECHNOLOGY	L2210			ADD LOWER EXT,DORSIFLEX			
ASSISTIVE TECHNOLOGY	L2220			ADD LOWER EXT DORS/PLAN			
ASSISTIVE TECHNOLOGY	L2230			ADD LOWER EX SP FL CALIP			
ASSISTIVE TECHNOLOGY	L2240			ADD LOWER EX,ROUND CAL A			
ASSISTIVE TECHNOLOGY	L2250			ADD LOWER EX,PLT MOLDED			
ASSISTIVE TECHNOLOGY	L2260			ADD LOWER EX,REINFOR SOL			
ASSISTIVE TECHNOLOGY	L2265			AD LE LONG TONGUE STIRRU			
ASSISTIVE TECHNOLOGY	L2270			ADD LOWER EX, VARGUS/VAL			
ASSISTIVE TECHNOLOGY	L2275			ADDITION TO LOWER EXTREM			
ASSISTIVE TECHNOLOGY	L2280			ADD LOWER EX MOLD INNER			
ASSISTIVE TECHNOLOGY	L2300			ADD LOWER EX,ABD BAR JOI			
ASSISTIVE TECHNOLOGY	L2310			ADD LOWER EX,ABD BAR STR			
ASSISTIVE TECHNOLOGY	L2320			ADD LOWER EX NON-MOLDED			

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
ASSISTIVE TECHNOLOGY	L2330			ADD LOWER EX LACER MOLDE			
ASSISTIVE TECHNOLOGY	L2335			ADD LOW EXTRM ANT SWING			
ASSISTIVE TECHNOLOGY	L2340			ADD LOWER EX PRE-TIB SHE			
ASSISTIVE TECHNOLOGY	L2350			ADD LOWER EX PROS TY SKT			
ASSISTIVE TECHNOLOGY	L2360			ADD LOWER EX EXTENDED ST			
ASSISTIVE TECHNOLOGY	L2370			ADD LOWER EXTRM PATTEN B			
ASSISTIVE TECHNOLOGY	L2375			AD LOW EXTRM TORSO CON A			
ASSISTIVE TECHNOLOGY	L2380			AD LOW EXT TORSN CONTR S			
ASSISTIVE TECHNOLOGY	L2405			ADD KNE JOINT DROP LOCK,			
ASSISTIVE TECHNOLOGY	L2415			ADTO KNE JOINT CAM LOCK,			
ASSISTIVE TECHNOLOGY	L2425			ADTO KNE DISC/DIAL LOCK,			
ASSISTIVE TECHNOLOGY	L2430			ADD KNEE JOINT, RATCHET/			
ASSISTIVE TECHNOLOGY	L2435			ADTO KNE,POLYCENTRIC JNT			
ASSISTIVE TECHNOLOGY	L2580			ADD LOWER EX,GLU/ISC,PEL			
ASSISTIVE TECHNOLOGY	L2600			ADD LOWER EX,PEL HIP CLE			
ASSISTIVE TECHNOLOGY	L2622			ADD PELVIC CONTROL HIP J			
ASSISTIVE TECHNOLOGY	L2624			AD PELV CNTRL HIP,FLEX E			
ASSISTIVE TECHNOLOGY	L2627			AD LE PELVIC CON HOLD RE			
ASSISTIVE TECHNOLOGY	L2628			AD LE PELVIC CONT RECIP			
ASSISTIVE TECHNOLOGY	L2630			ADD LOWER EX,PELVIC,BAND			
ASSISTIVE TECHNOLOGY	L2640			ADD LOWER EX,BAND/BELT B			
ASSISTIVE TECHNOLOGY	L2650			ADD LOWER EX,PEL/THOR,GL			
ASSISTIVE TECHNOLOGY	L2660			ADD LOWER EX,THORACIC CO			
ASSISTIVE TECHNOLOGY	L2670			ADD LOWER EX,THOR CON,PA			
ASSISTIVE TECHNOLOGY	L2680			ADD LOWER EX,THOR CON,LA			
ASSISTIVE TECHNOLOGY	L2760			ADD LOWER EX ORTH,EXTENS			
ASSISTIVE TECHNOLOGY	L2768			ORTHOTIC SIDE BAR DISCON			
ASSISTIVE TECHNOLOGY	L2770			ADD LOWER EX ORTH,STAIN-			
ASSISTIVE TECHNOLOGY	L2785			AD TO LO EXT DROP LOCK R			
ASSISTIVE TECHNOLOGY	L2795			ADTO KNEE CONTRL,FULL KN			
ASSISTIVE TECHNOLOGY	L2800			AD KNEE CONTRL,KNEE CAP			
ASSISTIVE TECHNOLOGY	L2810			ADTO KNEE CONTROL,CONDYL			
ASSISTIVE TECHNOLOGY	L2820			ADD INTERFACE BELOW KNEE			
ASSISTIVE TECHNOLOGY	L2830			ADD INTERFACE ABOVE KNEE			
ASSISTIVE TECHNOLOGY	L2860			ADD LOWER EXTREM JOINT,			

Version 2.0

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
ASSISTIVE TECHNOLOGY	L2999			UNLISTED PROC LOWER EXT			
ASSISTIVE TECHNOLOGY	L3000			FT INS REMOVABLE,MOLD,UC			
ASSISTIVE TECHNOLOGY	L3001			FT INSERT,REM-MOLD SPENC			
ASSISTIVE TECHNOLOGY	L3002			FT INSERT,REM-MOLD PLAST			
ASSISTIVE TECHNOLOGY	L3003			FT INS REM-MOLD SILICONE			
ASSISTIVE TECHNOLOGY	L3010			FT INS REM-MOLD LONG ARC			
ASSISTIVE TECHNOLOGY	L3020			FT INS REM-MOLD LONG/MET			
ASSISTIVE TECHNOLOGY	L3030			FT INS REM,FORM TO FT,AR			
ASSISTIVE TECHNOLOGY	L3040			FT ARCH SUP,REM,PREMOLD			
ASSISTIVE TECHNOLOGY	L3050			FT ARCH SUP REM PREMOLD			
ASSISTIVE TECHNOLOGY	L3060			FT ARCH SUP REM PREMOLD			
ASSISTIVE TECHNOLOGY	L3070			FT ARCH SUP,NON-REM,LONG			
ASSISTIVE TECHNOLOGY	L3080			FT ARCH SUP,NON-REM META			
ASSISTIVE TECHNOLOGY	L3090			FT ARCH SUP NON-REM LONG			
ASSISTIVE TECHNOLOGY	L3140			FT ABD ROT BARS,ATT TO S			
ASSISTIVE TECHNOLOGY	L3150			FT ABD ROT BARS,CLAMPED			
ASSISTIVE TECHNOLOGY	L3170			FOOT-PLASTIC HEEL STABIL			
ASSISTIVE TECHNOLOGY	L3201			ORTH SHOE,OXF SUPIN/PRON			
ASSISTIVE TECHNOLOGY	L3202			ORTH SHOE,OXF SUPIN/CHIL			
ASSISTIVE TECHNOLOGY	L3204			ORTH SHOE,HIGHTOP SUP/PR			
ASSISTIVE TECHNOLOGY	L3206			ORTH SHOE,HIGHTOP SUP/PR			
ASSISTIVE TECHNOLOGY	L3212			BENESCH BOOT PAIR-INFANT			
ASSISTIVE TECHNOLOGY	L3213			BENESCH BOOT PAIR-CHILD			
ASSISTIVE TECHNOLOGY	L3257			ORTHOPEDC SHOES SPLIT SI			
ASSISTIVE TECHNOLOGY	L3300			LIFT HEEL METATARSAL PER			
ASSISTIVE TECHNOLOGY	L3310			LIFT HEEL/SOL NEOPREN PE			
ASSISTIVE TECHNOLOGY	L3320			LIFT HEEL/SOLE CORK PER			
ASSISTIVE TECHNOLOGY	L3332			LIFT INSIDE SHOE ONE-HAL			
ASSISTIVE TECHNOLOGY	L3350			HEEL WEDGE			
ASSISTIVE TECHNOLOGY	L3380			CLUBFOOT WEDGE			
ASSISTIVE TECHNOLOGY	L3580			MISC SHOE ADD CONVERT IN			
ASSISTIVE TECHNOLOGY	L3700			ELBOW ORTHOSES ELASTIC S			
ASSISTIVE TECHNOLOGY	L3701			ELB ORTHOSIS ELASTIC PRE			
ASSISTIVE TECHNOLOGY	L3710			ELASTIC WITH METAL JOINT			
ASSISTIVE TECHNOLOGY	L3720			EO ARM CUFFS FREE MOTION			

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
ASSISTIVE TECHNOLOGY	L3730			EO DOUBLE UPRIGHT CUFFS			
ASSISTIVE TECHNOLOGY	L3740			EO ADJUSTABLE WITH CONTR			
ASSISTIVE TECHNOLOGY	L3760			PREFAB ELB ORTHOSIS W/AD			
ASSISTIVE TECHNOLOGY	L3762			ELB ORTHOS RIGD W/O JNT			
ASSISTIVE TECHNOLOGY	L3800			WRIST HAND FINGER ORTHOS			
ASSISTIVE TECHNOLOGY	L3805			WHFO LONG OPPENS NO ATTA			
ASSISTIVE TECHNOLOGY	L3807			WHFO EXTEN ASST/AIR SUPP			
ASSISTIVE TECHNOLOGY	L3810			WHFO ADDITIONS TO SHORT			
ASSISTIVE TECHNOLOGY	L3890			ADD TO UPPER EXTREMITY J			
ASSISTIVE TECHNOLOGY	L3906			WHFO WRIST MOLDED TO MOD			
ASSISTIVE TECHNOLOGY	L3907			WRIST GAUNTLET THUMB SPI			
ASSISTIVE TECHNOLOGY	L3908			WHFO WRIST CANVAS OR LEA			
ASSISTIVE TECHNOLOGY	L3909			WRIST ORTHOSIS ELASTIC P			
ASSISTIVE TECHNOLOGY	L3911			WRST HND FNGR ORTHOSIS E			
ASSISTIVE TECHNOLOGY	L3912			WHFO GLOVE ELASTIC FNGR			
ASSISTIVE TECHNOLOGY	L3914			WHFO WRIST EXTENSION COC			
ASSISTIVE TECHNOLOGY	L3923			PREFAB HAND FINGR ORTHOS			
ASSISTIVE TECHNOLOGY	L3936			WHFO PALMER			
ASSISTIVE TECHNOLOGY	L3938			WHFO DORSAL WRIST			
ASSISTIVE TECHNOLOGY	L3946			WHFO COMPOSITE ELASTIC			
ASSISTIVE TECHNOLOGY	L3956			ADD JOINT TO UPPER EXTRE			
ASSISTIVE TECHNOLOGY	L3999			UNLIST PROC UPPER LIMB O			
ASSISTIVE TECHNOLOGY	L4210			REP ORTH DEV REP OR REPL			
ASSISTIVE TECHNOLOGY	L4392			REPLACE SOFT INTERFACE M			
ASSISTIVE TECHNOLOGY	Q4051			SPLINT SUPPLIES, MISCELL			
ASSISTIVE TECHNOLOGY	S5199			PERSONAL CARE ITEM NOS E			
ASSISTIVE TECHNOLOGY	S8470			PSTN DEVC STANDER PT UNA			
ASSISTIVE TECHNOLOGY	V5014			HEARING AID REPAIR			
ASSISTIVE TECHNOLOGY	V5060			HEARING AID, MONAURAL			
ASSISTIVE TECHNOLOGY	V5140			BINAURAL, BEHIND THE EAR			
ASSISTIVE TECHNOLOGY	V5150			BINAURAL, GLASSES			
ASSISTIVE TECHNOLOGY	V5160			DISPENSING FEE, BINAURAL			
ASSISTIVE TECHNOLOGY	V5241			DISPENSING FEE MONAURAL			
ASSISTIVE TECHNOLOGY	V5264			EAR MOLD/INSERT NOT DISP			

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
ASSISTIVE TECHNOLOGY	V5266			BATTERY FOR USE IN HEARI			
ASSISTIVE TECHNOLOGY	V5267			HEARING AID SUPPLIES/ACC			
ASSISTIVE TECHNOLOGY	V5336			COMMUNICATIVE SYSTEM REP			
AUDIOLOGICAL	92506			SPEECH ASSMT OFFSITE	Individual	Offsite	1 unit = 15min
AUDIOLOGICAL	92506			SPEECH ASSMT ONSITE	Individual	Onsite	1 unit = 15min
AUDIOLOGICAL	92507			SPEECH THER IND OFFSITE	Individual	Offsite	1 unit = 15min
AUDIOLOGICAL	92507			SPEECH THER IND ONSITE	Individual	Onsite	1 unit = 15min
AUDIOLOGICAL	92508			SPEECH THER GROUP	Group		1 unit = 15min
AUDIOLOGICAL	92508			SPEECH THER GROUP	Group		1 unit = 15min
AUDIOLOGICAL	99271			SP IFSP DEV OFFSITE	Individual	Offsite	1 unit = 15min
AUDIOLOGICAL	99271			SP IFSP DEV ONSITE	Individual	Onsite	1 unit = 15min
AUDIOLOGICAL	V5008			AUDIOLOGICAL EXAM	Individual		
AUDIOLOGICAL	V5010			HEARING AID ASSESSMENT	Individual		
DEVELOPMENTAL THERAPY	96111			DEV THER EVAL OFFSITE	Individual	Offsite	1 unit = 15min
DEVELOPMENTAL THERAPY	96111			DEV THER EVAL ONSITE	Individual	Onsite	1 unit = 15min
DEVELOPMENTAL THERAPY	T1024			DEV THER IFSP OFFSITE	Individual	Offsite	1 unit = 15min
DEVELOPMENTAL THERAPY	T1024			DEV THER IFSP ONSITE	Individual	Onsite	1 unit = 15min
DEVELOPMENTAL THERAPY	T1027	HQ		DEV THERAPY GROUP	Group		1 unit = 15min
DEVELOPMENTAL THERAPY	T1027	HQ		DEV THERAPY GROUP	Group		1 unit = 15min
DEVELOPMENTAL THERAPY	T1027	TL		FAM TRAIN/SUP SER ONSITE	Individual	Onsite	1 unit = 15min
DEVELOPMENTAL THERAPY	T1027	TL		FAM TRAIN/SUP SV OFFSITE	Individual	Offsite	1 unit = 15min
DIAGNOSTIC EVALUATION	99274			MEDICAL TEAM DIAG EVAL			
DIAGNOSTIC EVALUATION	99274			MEDICAL TEAM DIAG EVAL			
FAMILY TRAINING/SUPPORT	T1013	HQ		FAM TRAIN/SUP SER GROUP	Group		1 unit = 15min
FAMILY TRAINING/SUPPORT	T1013	HQ		FAM TRAIN/SUP SER GROUP	Group		1 unit = 15min
FAMILY TRAINING/SUPPORT	T1013			FAM TRAIN/SUP SER ONSITE	Individual	Onsite	1 unit = 15min
FAMILY TRAINING/SUPPORT	T1013			FAM TRAIN/SUP SV OFFSITE	Individual	Offsite	1 unit = 15min
FAMILY TRAINING/SUPPORT	T1024	SE		VISION IFSP DEV OFFSITE	Individual	Offsite	1 unit = 15min
FAMILY TRAINING/SUPPORT	T1024	SE		VISION IFSP DEVEL ONSITE	Individual	Onsite	1 unit = 15min
FAMILY TRAINING/SUPPORT	T1027	HQ	TL	FAM TRAIN/SUP SER GROUP	Group		1 unit = 15min
FAMILY TRAINING/SUPPORT	T1027	HQ	TL	FAM TRAIN/SUP SER GROUP	Group		1 unit = 15min
FAMILY TRAINING/SUPPORT	T1027			DEV THERAPY IND OFFSITE	Individual	Offsite	1 unit = 15min
FAMILY TRAINING/SUPPORT	T1027			DEV THERAPY IND ONSITE	Individual	Onsite	1 unit = 15min
HEALTH	99371			HEALTH PHYS TO PROVIDER			
HEALTH	99371			HEALTH PHYS TO PROVIDER			

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
HEALTH	99372			HEALTH PHYS TO FAMILY			
HEALTH	99372			HEALTH PHYS TO FAMILY			
NURSING/HEALTH	99272			NURSING IFSP DEV OFFSITE	Individual	Offsite	1 unit = 15min
NURSING/HEALTH	99272			NURSING IFSP DEV ONSITE	Individual	Onsite	1 unit = 15min
NURSING/HEALTH	T1001			NURSING EVAL OFFSITE	Individual	Offsite	1 unit = 15min
NURSING/HEALTH	T1001			NURSING EVAL ONSITE	Individual	Onsite	1 unit = 15min
NURSING/HEALTH	T1002	HQ		NURSING SERVICE GROUP	Group		1 unit = 15min
NURSING/HEALTH	T1002	HQ		NURSING SERVICE GROUP	Group		1 unit = 15min
NURSING/HEALTH	T1002			NURSING SERVICE OFFSITE	Individual	Offsite	1 unit = 15min
NURSING/HEALTH	T1002			NURSING SERVICE ONSITE	Individual	Onsite	1 unit = 15min
NUTRITION	97802			NUTRITION ASSMT OFFSITE	Individual	Offsite	1 unit = 15min
NUTRITION	97802			NUTRITION ASSMT ONSITE	Individual	Onsite	1 unit = 15min
NUTRITION	97803			NUTRITION SERV OFFSITE	Individual	Offsite	1 unit = 15min
NUTRITION	97803			NUTRITION SERV ONSITE	Individual	Onsite	1 unit = 15min
NUTRITION	97804			NUTRITION SERV GROUP	Group		1 unit = 15min
NUTRITION	97804			NUTRITION SERV GROUP	Group		1 unit = 15min
NUTRITION	T1023			NUTRI IFSP DEV OFFSITE	Individual	Offsite	1 unit = 15min
NUTRITION	T1023			NUTRI IFSP DEV ONSITE	Individual	Onsite	1 unit = 15min
OCCUPATIONAL THERAPY	97003			OCCUP THER EVAL OFFSITE	Individual	Offsite	1 unit = 15min
OCCUPATIONAL THERAPY	97003			OCCUP THER EVAL ONSITE	Individual	Onsite	1 unit = 15min
OCCUPATIONAL THERAPY	97150	SC		OCC THERAPY GROUP	Group		1 unit = 15min
OCCUPATIONAL THERAPY	97150	SC		OCC THERAPY GROUP	Group		1 unit = 15min
OCCUPATIONAL THERAPY	97530			OCC THERAPY IND OFF	Individual	Offsite	1 unit = 15min
OCCUPATIONAL THERAPY	97530			OCC THERAPY IND ONSITE	Individual	Onsite	1 unit = 15min
OCCUPATIONAL THERAPY	99271	SC		OT IFSP DEVEL OFFSITE	Individual	Offsite	1 unit = 15min
OCCUPATIONAL THERAPY	99271	SC		OT IFSP DEVEL ONSITE	Individual	Onsite	1 unit = 15min
PHYSICAL THERAPY	97001			PHY THER EVAL OFFSITE	Individual	Offsite	1 unit = 15min
PHYSICAL THERAPY	97001			PHY THER EVAL ONSITE	Individual	Onsite	1 unit = 15min
PHYSICAL THERAPY	97110			PHYS THERAPY IND OFFSITE	Individual	Offsite	1 unit = 15min
PHYSICAL THERAPY	97110			PHYS THERAPY IND ONSITE	Individual	Onsite	1 unit = 15min
PHYSICAL THERAPY	97150	SE		PHYS THERAPY GROUP	Group		1 unit = 15min
PHYSICAL THERAPY	97150	SE		PHYS THERAPY GROUP	Group		1 unit = 15min
PHYSICAL THERAPY	99271	SE		PHYS THER IFSP OFFSITE	Individual	Offsite	1 unit = 15min
PHYSICAL THERAPY	99271	SE		PHYS THER IFSP ONSITE	Individual	Onsite	1 unit = 15min
PSYCHOLOGICAL	96150			PSYCH EVAL OFFSITE	Individual	Offsite	1 unit = 15min

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
PSYCHOLOGICAL	96150			PSYCH EVAL ONSITE	Individual	Onsite	1 unit = 15min
PSYCHOLOGICAL	96152			PSYCH SERV IND OFFSITE	Individual	Offsite	1 unit = 15min
PSYCHOLOGICAL	96152			PSYCH SERV IND ONSITE	Individual	Onsite	1 unit = 15min
PSYCHOLOGICAL	96153			PSYCH SERVICE GROUP	Group		1 unit = 15min
PSYCHOLOGICAL	96153			PSYCH SERVICE GROUP	Group		1 unit = 15min
PSYCHOLOGICAL	99273			PSYCH IFSP DEV OFFSITE	Individual	Offsite	1 unit = 15min
PSYCHOLOGICAL	99273			PSYCH IFSP DEV ONSITE	Individual	Onsite	1 unit = 15min
SERVICE COORDINATION	T1017			SERVICE COORDINATION	Individual		1 unit = 15min
SERVICE COORDINATION	T1017			SERVICE COORDINATION	Individual		1 unit = 15min
SOCIAL WORK	90802			SOCIAL EVAL OFFSITE	Individual	Offsite	1 unit = 15min
SOCIAL WORK	90802			SOCIAL EVAL ONSITE	Individual	Onsite	1 unit = 15min
SOCIAL WORK	99275			SOCIAL IFSP DEV OFFSITE	Individual	Offsite	1 unit = 15min
SOCIAL WORK	99275			SOCIAL IFSP DEV ONSITE	Individual	Onsite	1 unit = 15min
SOCIAL WORK	H0004	HQ		SOCIAL SERVICE GROUP	Group		1 unit = 15min
SOCIAL WORK	H0004	HQ		SOCIAL SERVICE GROUP	Group		1 unit = 15min
SOCIAL WORK	H0004			SOCIAL SER IND OFFSITE	Individual	Offsite	1 unit = 15min
SOCIAL WORK	H0004			SOCIAL SER IND ONSITE	Individual	Onsite	1 unit = 15min
SPEECH THERAPY	92506	TL		AUR REHAB ASSMT OFFSITE	Individual	Offsite	1 unit = 15min
SPEECH THERAPY	92506	TL		AURAL REHAB ASSMT ONSITE	Individual	Onsite	1 unit = 15min
SPEECH THERAPY	92507	TL		AURAL REHAB SERV OFFSITE	Individual	Offsite	1 unit = 15min
SPEECH THERAPY	92507	TL		AURAL REHAB SERV ONSITE	Individual	Onsite	1 unit = 15min
SPEECH THERAPY	92508	TL		AURAL REHAB SERV GROUP	Group		1 unit = 15min
SPEECH THERAPY	92508	TL		AURAL REHAB SERV GROUP	Group		1 unit = 15min
SPEECH THERAPY	99271	TL		A/R IFSP DEV OFFSITE	Individual	Offsite	1 unit = 15min
SPEECH THERAPY	99271	TL		A/R IFSP DEV ONSITE	Individual	Onsite	1 unit = 15min
TRANSPORTATION	A0090			TRANS PRIVATE AUTO			1 unit = 1 Mile
TRANSPORTATION	A0100			TRANSPORTATION TAXI			
TRANSPORTATION	A0120			TRANS SERVICE CAR			
TRANSPORTATION	A0425			TRANSPORTATION MILEAGE			1 unit = 1 Mile
TRANSPORTATION	EITR1			GENERIC TRANSPORATION			
VISION	92015			OPTOMETRIC EXAM	Individual		
VISION	92340			DISPENSING FEE	Individual		
VISION	99173			VISION ASSMT OFFSITE	Individual	Offsite	1 unit = 15min
VISION	99173			VISION ASSMT ONSITE	Individual	Onsite	1 unit = 15min
VISION	T1024	TL		FAM TRAIN IFSP OFFSITE	Individual	Offsite	1 unit = 15min

Service	HCPCS/ Procedure Code	Mod 1	Mod 2	Procedure/Supply Description	Method	Site Code	Type of Units
VISION	T1024	TL		FAM TRAIN IFSP ONSITE	Individual	Onsite	1 unit = 15min
VISION	V2020			FRAME			
VISION	V2025			FRAME			
VISION	V2799	HQ		VISION SERVICES GROUP	Group		1 unit = 15min
VISION	V2799	HQ		VISION SERVICES GROUP	Group		1 unit = 15min
VISION	V2799			VISION SERVICES OFFSITE	Individual	Offsite	1 unit = 15min
VISION	V2799			VISION SERVICES ONSITE	Individual	Onsite	1 unit = 15min