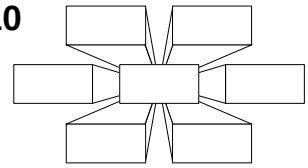
Introduction ANSI X12 Standards

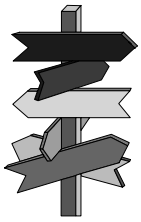
Introduction to ANSI X12 Standards

004010



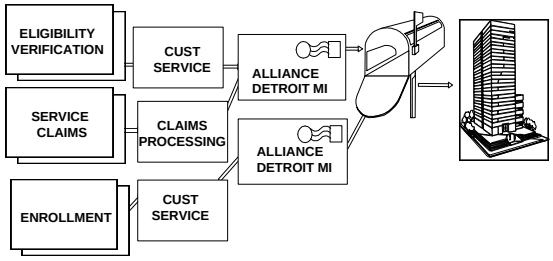
Who needs to understand them?

Session Objectives



- Standards support business activity
- Introduce standards documentation
- Introduce standards implementation guidelines
- Develop sample 837 transaction set

NORMAL BUSINESS

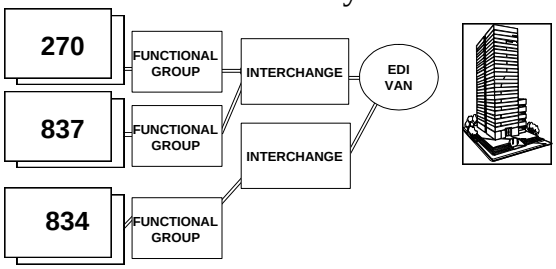


Introduction ANSI X12 Standards

PAPER vs EDI

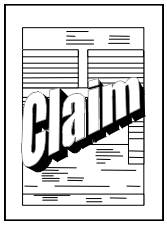
Document -	Transaction
Little Envelope -	Functional Group
Big Envelope -	Interchange
Postal Service -	VAN
Courier Delivery -	Point-to-Point
Human Audit -	Machine Audit

EDI Delivery



Standards Language

Document -	Transaction
Line -	Segment
Phrase -	Composite Element
Word -	Simple Element
Code -	Identifier
Punctuation -	Delimiters
Grammar -	Syntax



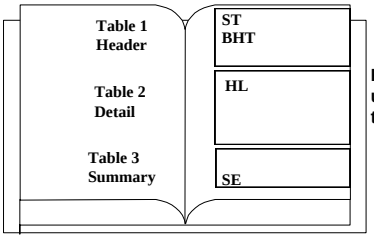
SIMPLE AND COMPOSITE DATA ELEMENTS

```
N1*PR*ABC INS CO*PI*ABC47~
TOO*JP*8*F:L~
```

Levels of Standards Documentation

- ANSI X12 Standards Documentation
- Industry Implementation Guidelines
- Trading Partner Profiles

Section I - Transaction Set Tables



Related information usually appears together.

STANDARD

837 Health Care Claim

Functional Group ID: **HC**

Table 1 – Header

POS#	SEG ID	NAME	REQ. DES	MAX USE	LOOP REPEAT
005	**ST**	Transaction Set Header	M	1	
010	**BHT**	Beginning of Hierarchical Transaction	M	1	
		LOOP ID – 1000			10
020	**NM1**	Individual or Organization Name	O	1	
045	**PER**	Administration Communication Contact	O	2	

Table 2 – Detail

POS#	SEG ID	NAME	REQ. DES	MAX USE	LOOP REPEAT
		LOOP ID – 2000			>1
001	**HL**	Hierarchical Level	M	1	
003	**PRV**	Provider Information	O	1	
		LOOP ID – 2010			10
015	**NM1**	Individual or Organization Name	O	1	
040	**PER**	Administration Communication Contact	O	2	
555	**SE**	Transaction Set Trailer	M	1	

IMPLEMENTATION

837 Health Care Claim: Professional

Table 1 – Header

PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
62	005	**ST**	Transaction Set Header	R	1	
63	010	**BHT**	Beginning of Hierarchical Transaction	R	1	
			LOOP ID – 1000A SUBMITTER NAME			1
67	020	**NM1**	Submitter Name	R	1	
71	045	**PER**	Submitter EDI Contact Information	R	2	

Table 2 – Detail – Billing/Pay-To Provider

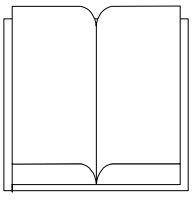
PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID – 2000A BILLING/PAY-TO-PROVIDER			>1
77	001	**HL**	Billing/Pay-to-Provider Hierarchical Level	R	1	
			LOOP ID – 2010AA BILLNG PROVIDER NAME			1
84	015	**NM1**	Billing Provider Name	R	1	

Table 2 – Detail – Subscriber

PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
573	555	**SE**	Transaction Set Trailer	R	1	

Transaction Set Tables

- Permitted segments
  - Required order
    - Presence requirement
      - How many
        - Loops



IMPLEMENTATION STANDARD **RECEIVER NAME**

NM1 Individual or Organization Name

Level: Header

Syntax: **1. P0809**

If either NM108 or NM109 is present, then the other is required.

NM1 *	NM101 98 **Entity ID Code** M ID 2/3	* NM102 1065 **Entity Type Qualifier** M ID 1/1	* NM103 1035 **Name Last/ Org Name** O AN 1/35	* NM104 1036 ~~Name First~~ O AN 1/25	
*	NM105 1037 ~~Name Middle~~ O AN 1/25	* NM106 1038 ~~Name Prefix~~ O AN 1/10	* NM107 1039 ~~Name Suffix~~ O AN 1/10	* NM108 66 **ID Code Qualifier** X ID 1/2	
*	NM109 67 **ID CODE** X AN 2/80	* NM110 706 ~~Entity Relat Code~~ X ID 2/2	* NM111 98 ~~Entity ID Code~~ O ID 2/3	~	

IMPLEMENTATION STANDARD **BILLING PROVIDER NAME**

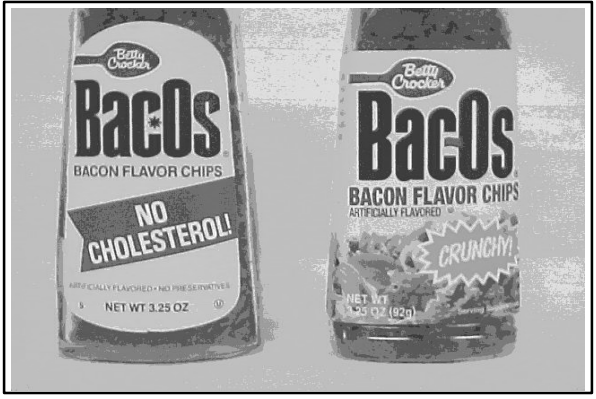
NM1 Individual or Organization Name

Level: Header

Syntax: **1. P0809**

If either NM108 or NM109 is present, then the other is required.

NM1 *	NM101 98 **Entity ID Code** M ID 2/3	* NM102 1065 **Entity Type Qualifier** M ID 1/1	* NM103 1035 **Name Last/ Org Name** O AN 1/35	* NM104 1036 **Name First** O AN 1/25	
*	NM105 1037 **Name Middle** O AN 1/25	* NM106 1038 ~~Name Prefix~~ O AN 1/10	* NM107 1039 **Name Suffix** O AN 1/10	* NM108 66 **ID Code Qualifier** X ID 1/2	
*	NM109 67 **ID CODE** X AN 2/80	* NM110 706 ~~Entity Relat Code~~ X ID 2/2	* NM111 98 ~~Entity ID Code~~ O ID 2/3	~	



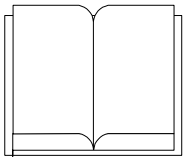
SEGMENT

- An ordered collection of elements
- Elements are variable length
- Elements are delimited by element separators
- Segment ends with segment terminator

N1 * ⟷ * ⟷ ~

Data Element Dictionary

- Listed numerically
- Same in all segments
- Data & position vary
- Length min & max
- Code lists
- Type of data

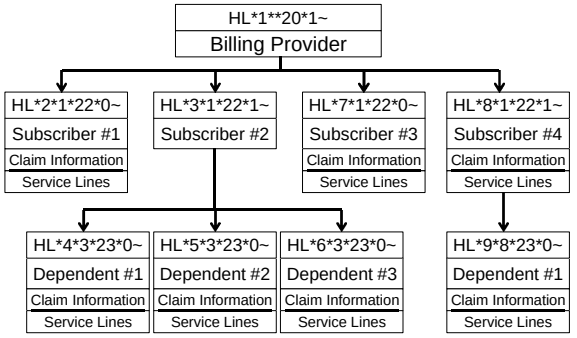


HL Hierarchical Level

HL * HL01 628 **Hierarch ID Number** M AN 1/12 * HL02 734 **Hierarch Parent ID** O AN 1/12 * HL03 735 **Hierarch Level Code** M ID 1/2 * HL04 736 **Hierarch Child Code** O ID 1/1 ~

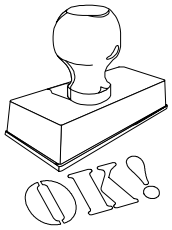
HL01	**628**	**Hierarchical ID Number** The first HL01=1, in subsequent HL segments the value is incremented by 1.
HL02	**734**	**Hierarchical Parent Number** The HL02 identifies the HL01 that is the parent of this HL segment.
HL03	**735**	**Hierarchical Level Code** "20" = Billing Provider "22" = Subscriber – Child to Billing Provider "23" = Dependent – Child to Subscriber
HL04	**736**	**Hierarchical Child Code** "0" No Subordinate HL Segment "1" Additional Subordinate HL Data Segment

Hierarchical Levels in Health Care Claims



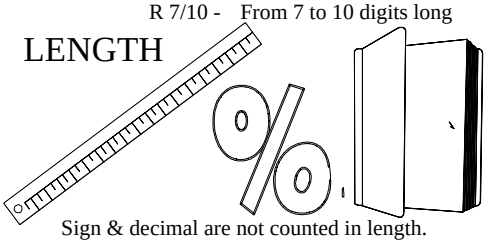
Valid Element Types

AN - Alphanumeric
B - Binary
Nn - Numeric (n decimals)
R - Decimal (explicit)
ID - Code
DT - Date
TM - Time



AN 6/6 - Exactly 6 characters long
R 7/10 - From 7 to 10 digits long

LENGTH



Sign & decimal are not counted in length.

QUALIFIER & VALUE

- Pairs elements (qualifier & value)
- Flexible transaction definitions
- Reuse elements

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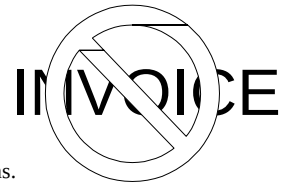
STANDARDS EVOLVE

- Working papers
- Three times a year
- Draft standards
- ANSI standards
- Version & release

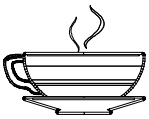
001000 ANSI - 1983
002000 ANSI - 1986
002040 Draft X12 May 89
003000 ANSI - 1992
003020 Draft X12 Oct 91
003021 Draft X12 Feb 92
004000 ANSI - 1997
004010 Draft X12 Oct 97

CHANGES



- Simplify data.
- Eliminate transactions.
- Utilize status information rather than batch data.
- Reengineer business processes.
- Exchange information more frequently.

Session Summary



- ✓Standards are based on business requirements.
- ✓There are multiple details to coordinate.
- ✓One person should not make all decisions.
- ✓The business process will change over time.

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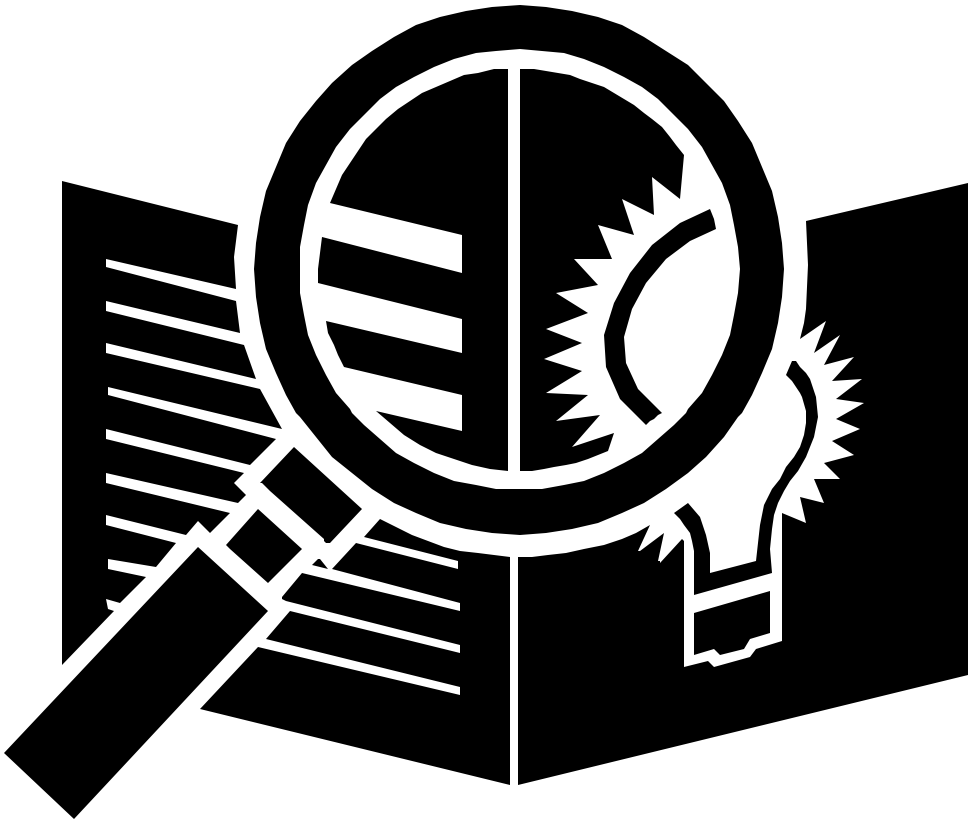

REFERENCE 1

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IMPLEMENTATION

837 Health Care Claim: Professional

1. The 837 transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, patient, claim level, and claim service line level. Billing providers who sort claims using this hierarchy will use the 837 more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.

2. This standard is also recommended for the submission of similar data within a pre-paid managed care context. Referred to as capitated encounters, this data usually does not result in a payment, though it is possible to submit a "mixed" claim that includes both pre-paid and request for payment services. This standard will allow for the submission of data from providers of health care products and services to a Managed Care Organization or other payer. This standard may also be used by payers to share data with plan sponsors, employers, regulatory entities and Community Health Information Networks.

3. This standard can, also, be used as a transaction set in support of the coordination of benefits claims process. Additional looped segments can be used within both the claim and service line levels to transfer each payer's adjudication information to subsequent payers.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
62	005	ST	Transaction Set Header	R	1	
63	010	BHT	Beginning of Hierarchical Transaction	R	1	
66	015	REF	Transmission Type Identification	R	1	
			LOOP ID - 1000A SUBMITTER NAME			1
67	020	NM1	Submitter Name	R	1	
70	025	N2	Additional Submitter Name Information	S	1	
71	045	PER	Submitter EDI Contact Information	R	2	
			LOOP ID - 1000B RECEIVER NAME			1
74	020	NM1	Receiver Name	R	1	
76	025	N2	Receiver Additional Name Information	S	1	

Table 2 - Detail, Billing/Pay-to Provider Hierarchical Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			>1
77	001	HL	Billing/Pay-to Provider Hierarchical Level	R	1	
79	003	PRV	Billing/Pay-to Provider Specialty Information	S	1	
81	010	CUR	Foreign Currency Information	S	1	
			LOOP ID - 2010AA BILLING PROVIDER NAME			1
84	015	NM1	Billing Provider Name	R	1	
87	020	N2	Additional Billing Provider Name Information	S	1	
88	025	N3	Billing Provider Address	R	1	
89	030	N4	Billing Provider City/State/ZIP Code	R	1	
91	035	REF	Billing Provider Secondary Identification	S	8	
94	035	REF	Credit/Debit Card Billing Information	S	8	
96	040	PER	Billing Provider Contact Information	S	2	
			LOOP ID - 2010AB PAY-TO PROVIDER NAME			1
99	015	NM1	Pay-to Provider Name	S	1	
102	020	N2	Additional Pay-to Provider Name Information	S	1	

103	025	N3	Pay-to Provider Address	R	1	
104	030	N4	Pay-to Provider City/State/ZIP Code	R	1	
106	035	REF	Pay-to-Provider Secondary Identification	S	5	

Table 2 - Detail, Subscriber Hierarchical Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			>1
108	001	HL	Subscriber Hierarchical Level	R	1	
110	005	SBR	Subscriber Information	R	1	
114	007	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			1
117	015	NM1	Subscriber Name	R	1	
120	020	N2	Additional Subscriber Name Information	S	1	
121	025	N3	Subscriber Address	S	1	
122	030	N4	Subscriber City/State/ZIP Code	S	1	
124	032	DMG	Subscriber Demographic Information	S	1	
126	035	REF	Subscriber Secondary Identification	S	4	
128	035	REF	Property and Casualty Claim Number	S	1	
			LOOP ID - 2010BB PAYER NAME			1
130	015	NM1	Payer Name	R	1	
133	020	N2	Additional Payer Name Information	S	1	
134	025	N3	Payer Address	S	1	
135	030	N4	Payer City/State/ZIP Code	S	1	
137	035	REF	Payer Secondary Identification	S	3	
			LOOP ID - 2010BC RESPONSIBLE PARTY NAME			1
139	015	NM1	Responsible Party Name	S	1	
142	020	N2	Additional Responsible Party Name Information	S	1	
143	025	N3	Responsible Party Address	R	1	
144	030	N4	Responsible Party City/State/ZIP Code	R	1	
			LOOP ID - 2010BD CREDIT/DEBIT CARD HOLDER NAME			1
146	015	NM1	Credit/Debit Card Holder Name	S	1	
149	020	N2	Additional Credit/Debit Card Holder Name Information	S	1	
150	035	REF	Credit/Debit Card Information	S	2	

Table 2 - Detail, Patient Hierarchical Level

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to “float.” Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL			>1
152	001	HL	Patient Hierarchical Level	S	1	
154	007	PAT	Patient Information	R	1	

			LOOP ID - 2010CA PATIENT NAME			**1**
157	**015**	**NM1**	Patient Name	**R**	**1**	
160	**020**	**N2**	Additional Patient Name Information	**S**	**1**	
161	**025**	**N3**	Patient Address	**R**	**1**	
162	**030**	**N4**	Patient City/State/ZIP Code	**R**	**1**	
164	**032**	**DMG**	Patient Demographic Information	**R**	**1**	
166	**035**	**REF**	Patient Secondary Identification	**S**	**5**	
168	**035**	**REF**	Property and Casualty Claim Number	**S**	**1**	
			LOOP ID - 2300 CLAIM INFORMATION			**100**
170	**130**	**CLM**	Claim Information	**R**	**1**	
180	**135**	**DTP**	Date - Order Date	**S**	**1**	
182	**135**	**DTP**	Date - Initial Treatment	**S**	**1**	
184	**135**	**DTP**	Date - Referral Date	**S**	**1**	
186	**135**	**DTP**	Date - Date Last Seen	**S**	**1**	
188	**135**	**DTP**	Date - Onset of Current Illness/Symptom	**S**	**1**	
190	**135**	**DTP**	Date - Acute Manifestation	**S**	**5**	
192	**135**	**DTP**	Date - Similar Illness/Symptom Onset	**S**	**10**	
194	**135**	**DTP**	Date - Accident	**S**	**10**	
196	**135**	**DTP**	Date - Last Menstrual Period	**S**	**1**	
197	**135**	**DTP**	Date - Last X-ray	**S**	**1**	
199	**135**	**DTP**	Date - Estimated Date of Birth	**S**	**1**	
200	**135**	**DTP**	Date - Hearing and Vision Prescription Date	**S**	**1**	
201	**135**	**DTP**	Date - Disability Begin	**S**	**5**	
203	**135**	**DTP**	Date - Disability End	**S**	**5**	
205	**135**	**DTP**	Date - Last Worked	**S**	**1**	
206	**135**	**DTP**	Date - Authorized Return to Work	**S**	**1**	
208	**135**	**DTP**	Date - Admission	**S**	**1**	
210	**135**	**DTP**	Date - Discharge	**S**	**1**	
212	**135**	**DTP**	Date - Assumed and Relinquished Care Dates	**S**	**2**	
214	**155**	**PWK**	Claim Supplemental Information	**S**	**10**	
217	**160**	**CN1**	Contract Information	**S**	**1**	
219	**175**	**AMT**	Credit/Debit Card Maximum Amount	**S**	**1**	
220	**175**	**AMT**	Patient Amount Paid	**S**	**1**	
221	**175**	**AMT**	Total Purchased Service Amount	**S**	**1**	
222	**180**	**REF**	Service Authorization Exception Code	**S**	**1**	
224	**180**	**REF**	Mandatory Medicare (Section 4081) Crossover Indicator	**S**	**1**	
226	**180**	**REF**	Mammography Certification Number	**S**	**1**	
227	**180**	**REF**	Prior Authorization or Referral Number	**S**	**2**	
229	**180**	**REF**	Original Reference Number (ICN/DCN)	**S**	**1**	
231	**180**	**REF**	Clinical Laboratory Improvement Amendment (CLIA) Number	**S**	**3**	
233	**180**	**REF**	Repriced Claim Number	**S**	**1**	
235	**180**	**REF**	Adjusted Repriced Claim Number	**S**	**1**	
236	**180**	**REF**	Investigational Device Exemption Number	**S**	**1**	
238	**180**	**REF**	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	**S**	**1**	
240	**180**	**REF**	Ambulatory Patient Group (APG)	**S**	**4**	
241	**180**	**REF**	Medical Record Number	**S**	**1**	
242	**180**	**REF**	Demonstration Project Identifier	**S**	**1**	
244	**185**	**K3**	File Information	**S**	**10**	
246	**190**	**NTE**	Claim Note	**S**	**1**	
248	**195**	**CR1**	Ambulance Transport Information	**S**	**1**	
251	**200**	**CR2**	Spinal Manipulation Service Information	**S**	**1**	
257	**220**	**CRC**	Ambulance Certification	**S**	**3**	
260	**220**	**CRC**	Patient Condition Information: Vision	**S**	**3**	
263	**220**	**CRC**	Homebound Indicator	**S**	**1**	

265	231	HI	Health Care Diagnosis Code	S	1	
271	241	HCP	Claim Pricing/Repricing Information	S	1	
			LOOP ID - 2305 HOME HEALTH CARE PLAN INFORMATION			6
276	242	CR7	Home Health Care Plan Information	S	1	
278	243	HSD	Health Care Services Delivery	S	3	
			LOOP ID - 2310A REFERRING PROVIDER NAME			2
282	250	NM1	Referring Provider Name	S	1	
285	255	PRV	Referring Provider Specialty Information	S	1	
287	260	N2	Additional Referring Provider Name Information	S	1	
288	271	REF	Referring Provider Secondary Identification	S	5	
			LOOP ID - 2310B RENDERING PROVIDER NAME			1
290	250	NM1	Rendering Provider Name	S	1	
293	255	PRV	Rendering Provider Specialty Information	R	1	
295	260	N2	Additional Rendering Provider Name Information	S	1	
296	271	REF	Rendering Provider Secondary Identification	S	5	
			LOOP ID - 2310C PURCHASED SERVICE PROVIDER NAME			1
298	250	NM1	Purchased Service Provider Name	S	1	
301	271	REF	Purchased Service Provider Secondary Identification	S	5	
			LOOP ID - 2310D SERVICE FACILITY LOCATION			1
303	250	NM1	Service Facility Location	S	1	
306	260	N2	Additional Service Facility Location Name Information	S	1	
307	265	N3	Service Facility Location Address	R	1	
308	270	N4	Service Facility Location City/State/ZIP	R	1	
310	271	REF	Service Facility Location Secondary Identification	S	5	
			LOOP ID - 2310E SUPERVISING PROVIDER NAME			1
312	250	NM1	Supervising Provider Name	S	1	
315	260	N2	Additional Supervising Provider Name Information	S	1	
316	271	REF	Supervising Provider Secondary Identification	S	5	
			LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION			10
318	290	SBR	Other Subscriber Information	S	1	
323	295	CAS	Claim Level Adjustments	S	5	
332	300	AMT	Coordination of Benefits (COB) Payer Paid Amount	S	1	
333	300	AMT	Coordination of Benefits (COB) Approved Amount	S	1	
334	300	AMT	Coordination of Benefits (COB) Allowed Amount	S	1	
335	300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	S	1	
336	300	AMT	Coordination of Benefits (COB) Covered Amount	S	1	
337	300	AMT	Coordination of Benefits (COB) Discount Amount	S	1	
338	300	AMT	Coordination of Benefits (COB) Per Day Limit Amount	S	1	
339	300	AMT	Coordination of Benefits (COB) Patient Paid Amount	S	1	
340	300	AMT	Coordination of Benefits (COB) Tax Amount	S	1	
341	300	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	S	1	
342	305	DMG	Subscriber Demographic Information	S	1	
344	310	OI	Other Insurance Coverage Information	R	1	
347	320	MOA	Medicare Outpatient Adjudication Information	S	1	
			LOOP ID - 2330A OTHER SUBSCRIBER NAME			1
350	325	NM1	Other Subscriber Name	R	1	
353	330	N2	Additional Other Subscriber Name Information	S	1	
354	332	N3	Other Subscriber Address	S	1	
355	340	N4	Other Subscriber City/State/ZIP Code	S	1	

357	355	REF	Other Subscriber Secondary Identification	S	3	
			LOOP ID - 2330B OTHER PAYER NAME			1
359	325	NM1	Other Payer Name	R	1	
362	330	N2	Additional Other Payer Name Information	S	1	
363	345	PER	Other Payer Contact Information	S	2	
366	345	DTP	Claim Adjudication Date	S	1	
368	355	REF	Other Payer Secondary Identifier	S	2	
370	355	REF	Other Payer Prior Authorization or Referral Number	S	2	
372	355	REF	Other Payer Claim Adjustment Indicator	S	2	
			LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION			1
374	325	NM1	Other Payer Patient Information	S	1	
376	355	REF	Other Payer Patient Identification	S	3	
			LOOP ID - 2330D OTHER PAYER REFERRING PROVIDER			2
378	325	NM1	Other Payer Referring Provider	S	1	
380	355	REF	Other Payer Referring Provider Identification	R	3	
			LOOP ID - 2330E OTHER PAYER RENDERING PROVIDER			1
382	325	NM1	Other Payer Rendering Provider	S	1	
384	355	REF	Other Payer Rendering Provider Secondary Identification	R	3	
			LOOP ID - 2330F OTHER PAYER PURCHASED SERVICE PROVIDER			1
386	325	NM1	Other Payer Purchased Service Provider	S	1	
388	355	REF	Other Payer Purchased Service Provider Identification	R	3	
			LOOP ID - 2330G OTHER PAYER SERVICE FACILITY LOCATION			1
390	325	NM1	Other Payer Service Facility Location	S	1	
392	355	REF	Other Payer Service Facility Location Identification	R	3	
			LOOP ID - 2330H OTHER PAYER SUPERVISING PROVIDER			1
394	325	NM1	Other Payer Supervising Provider	S	1	
396	355	REF	Other Payer Supervising Provider Identification	R	3	
			LOOP ID - 2400 SERVICE LINE			50
398	365	LX	Service Line	R	1	
400	370	SV1	Professional Service	R	1	
408	385	SV4	Prescription Number	S	1	
410	420	PWK	DMERC CMN Indicator	S	1	
412	425	CR1	Ambulance Transport Information	S	1	
415	430	CR2	Spinal Manipulation Service Information	S	5	
421	435	CR3	Durable Medical Equipment Certification	S	1	
423	445	CR5	Home Oxygen Therapy Information	S	1	
427	450	CRC	Ambulance Certification	S	3	
430	450	CRC	Hospice Employee Indicator	S	1	
432	450	CRC	DMERC Condition Indicator	S	2	
435	455	DTP	Date - Service Date	R	1	
437	455	DTP	Date - Certification Revision Date	S	1	
439	455	DTP	Date - Referral Date	S	1	
440	455	DTP	Date - Begin Therapy Date	S	1	
442	455	DTP	Date - Last Certification Date	S	1	
444	455	DTP	Date - Order Date	S	1	
445	455	DTP	Date - Date Last Seen	S	1	
447	455	DTP	Date - Test	S	2	
449	455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	S	3	
451	455	DTP	Date - Shipped	S	1	

452	455	DTP	Date - Onset of Current Symptom/Illness	S	1	
454	455	DTP	Date - Last X-ray	S	1	
456	455	DTP	Date - Acute Manifestation	S	1	
458	455	DTP	Date - Initial Treatment	S	1	
460	455	DTP	Date - Similar Illness/Symptom Onset	S	1	
462	460	QTY	Anesthesia Modifying Units	S	5	
464	462	MEA	Test Result	S	20	
466	465	CN1	Contract Information	S	1	
468	470	REF	Repriced Line Item Reference Number	S	1	
469	470	REF	Adjusted Repriced Line Item Reference Number	S	1	
470	470	REF	Prior Authorization or Referral Number	S	2	
472	470	REF	Line Item Control Number	S	1	
474	470	REF	Mammography Certification Number	S	1	
475	470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	S	1	
477	470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	S	1	
478	470	REF	Immunization Batch Number	S	1	
479	470	REF	Ambulatory Patient Group (APG)	S	4	
480	470	REF	Oxygen Flow Rate	S	1	
482	470	REF	Universal Product Number (UPN)	S	1	
484	475	AMT	Sales Tax Amount	S	1	
485	475	AMT	Approved Amount	S	1	
486	475	AMT	Postage Claimed Amount	S	1	
487	480	K3	File Information	S	10	
488	485	NTE	Line Note	S	1	
489	488	PS1	Purchased Service Information	S	1	
491	491	HSD	Health Care Services Delivery	S	1	
495	492	HCP	Line Pricing/Repricing Information	S	1	
			LOOP ID - 2420A RENDERING PROVIDER NAME			**1**
501	500	NM1	Rendering Provider Name	S	1	
504	505	PRV	Rendering Provider Specialty Information	R	1	
506	510	N2	Additional Rendering Provider Name Information	S	1	
507	525	REF	Rendering Provider Secondary Identification	S	5	
			LOOP ID - 2420B PURCHASED SERVICE PROVIDER NAME			**1**
509	500	NM1	Purchased Service Provider Name	S	1	
512	525	REF	Purchased Service Provider Secondary Identification	S	5	
			LOOP ID - 2420C SERVICE FACILITY LOCATION			**1**
514	500	NM1	Service Facility Location	S	1	
517	510	N2	Additional Service Facility Location Name Information	S	1	
518	514	N3	Service Facility Location Address	R	1	
519	520	N4	Service Facility Location City/State/ZIP	R	1	
521	525	REF	Service Facility Location Secondary Identification	S	5	
			LOOP ID - 2420D SUPERVISING PROVIDER NAME			**1**
523	500	NM1	Supervising Provider Name	S	1	
526	510	N2	Additional Supervising Provider Name Information	S	1	
527	525	REF	Supervising Provider Secondary Identification	S	5	
			LOOP ID - 2420E ORDERING PROVIDER NAME			**1**
529	500	NM1	Ordering Provider Name	S	1	
532	510	N2	Additional Ordering Provider Name Information	S	1	
533	514	N3	Ordering Provider Address	S	1	
534	520	N4	Ordering Provider City/State/ZIP Code	S	1	

536	525	REF	Ordering Provider Secondary Identification	S	5	
538	530	PER	Ordering Provider Contact Information	S	1	
			LOOP ID - 2420F REFERRING PROVIDER NAME			2
541	500	NM1	Referring Provider Name	S	1	
544	505	PRV	Referring Provider Specialty Information	S	1	
546	510	N2	Additional Referring Provider Name Information	S	1	
547	525	REF	Referring Provider Secondary Identification	S	5	
			LOOP ID - 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER			4
549	500	NM1	Other Payer Prior Authorization or Referral Number	S	1	
552	525	REF	Other Payer Prior Authorization or Referral Number	R	2	
			LOOP ID - 2430 LINE ADJUDICATION INFORMATION			25
554	540	SVD	Line Adjudication Information	S	1	
558	545	CAS	Line Adjustment	S	99	
566	550	DTP	Line Adjudication Date	R	1	
			LOOP ID - 2440 FORM IDENTIFICATION CODE			5
567	551	LQ	Form Identification Code	S	1	
569	552	FRM	Supporting Documentation	R	99	
572	555	SE	Transaction Set Trailer	R	1	

STANDARD

837 Health Care Claim

Functional Group ID: HC

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Table 1 - Header

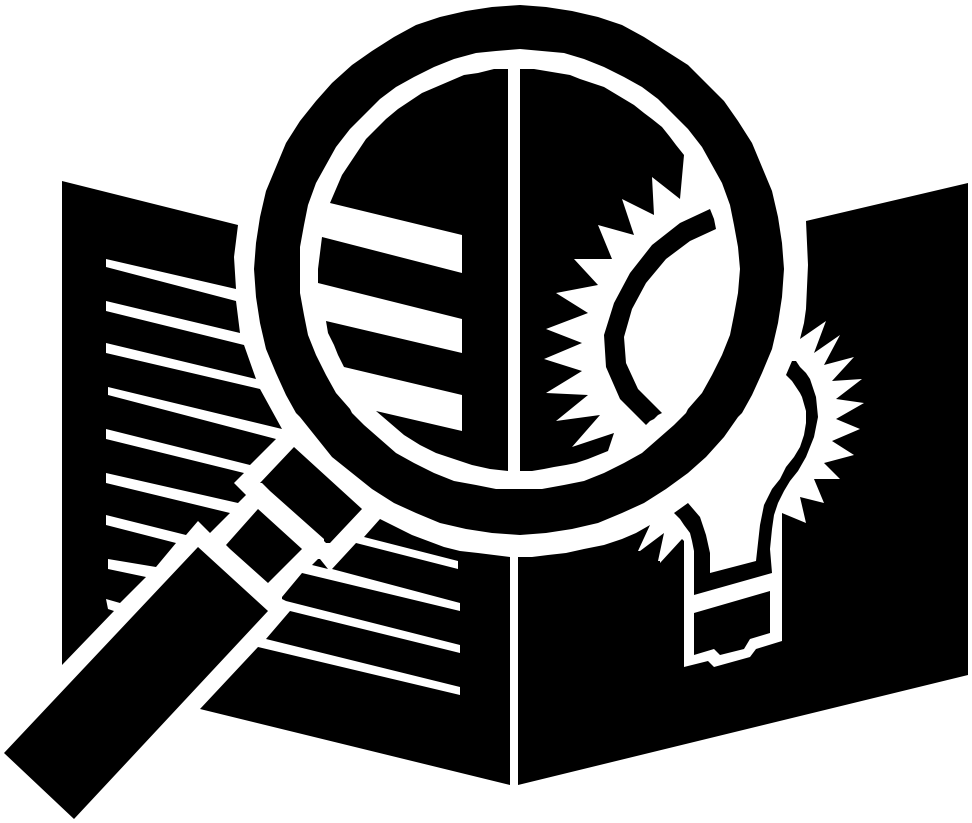
POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
005	ST	Transaction Set Header	M	1	
010	BHT	Beginning of Hierarchical Transaction	M	1	
015	REF	Reference Identification	O	3	
		LOOP ID - 1000			10
020	NM1	Individual or Organizational Name	O	1	
025	N2	Additional Name Information	O	2	
030	N3	Address Information	O	2	
035	N4	Geographic Location	O	1	
040	REF	Reference Identification	O	2	
045	PER	Administrative Communications Contact	O	2	

Table 2 - Detail

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			>1
001	HL	Hierarchical Level	M	1	
003	PRV	Provider Information	O	1	
005	SBR	Subscriber Information	O	1	
007	PAT	Patient Information	O	1	
009	DTP	Date or Time or Period	O	5	
010	CUR	Currency	O	1	
		LOOP ID - 2010			10
015	NM1	Individual or Organizational Name	O	1	
020	N2	Additional Name Information	O	2	

025	N3	Address Information	O	2	
030	N4	Geographic Location	O	1	
032	DMG	Demographic Information	O	1	
035	REF	Reference Identification	O	20	
040	PER	Administrative Communications Contact	O	2	
		LOOP ID - 2300			**100**
130	CLM	Health Claim	O	1	
135	DTP	Date or Time or Period	O	150	
140	CL1	Claim Codes	O	1	
145	DN1	Orthodontic Information	O	1	
150	DN2	Tooth Summary	O	35	
155	PWK	Paperwork	O	10	
160	CN1	Contract Information	O	1	
165	DSB	Disability Information	O	1	
170	UR	Peer Review Organization or Utilization Review	O	1	
175	AMT	Monetary Amount	O	40	
180	REF	Reference Identification	O	30	
185	K3	File Information	O	10	
190	NTE	Note/Special Instruction	O	20	
195	CR1	Ambulance Certification	O	1	
200	CR2	Chiropractic Certification	O	1	
205	CR3	Durable Medical Equipment Certification	O	1	
210	CR4	Enteral or Parenteral Therapy Certification	O	3	
215	CR5	Oxygen Therapy Certification	O	1	
216	CR6	Home Health Care Certification	O	1	
219	CR8	Pacemaker Certification	O	1	
220	CRC	Conditions Indicator	O	100	
231	HI	Health Care Information Codes	O	25	
240	QTY	Quantity	O	10	
241	HCP	Health Care Pricing	O	1	
		LOOP ID - 2305			**6**
242	CR7	Home Health Treatment Plan Certification	O	1	
243	HSD	Health Care Services Delivery	O	12	
		LOOP ID - 2310			**9**
250	NM1	Individual or Organizational Name	O	1	
255	PRV	Provider Information	O	1	
260	N2	Additional Name Information	O	2	
265	N3	Address Information	O	2	
270	N4	Geographic Location	O	1	
271	REF	Reference Identification	O	20	
275	PER	Administrative Communications Contact	O	2	
		LOOP ID - 2320			**10**
290	SBR	Subscriber Information	O	1	
295	CAS	Claims Adjustment	O	99	
300	AMT	Monetary Amount	O	15	
305	DMG	Demographic Information	O	1	
310	OI	Other Health Insurance Information	O	1	
315	MIA	Medicare Inpatient Adjudication	O	1	
320	MOA	Medicare Outpatient Adjudication	O	1	
		LOOP ID - 2330			**10**
325	NM1	Individual or Organizational Name	O	1	
330	N2	Additional Name Information	O	2	
332	N3	Address Information	O	2	
340	N4	Geographic Location	O	1	
345	PER	Administrative Communications Contact	O	2	

350	DTP	Date or Time or Period	O	9	
355	REF	Reference Identification	O	3	
		LOOP ID - 2400			>1
365	LX	Assigned Number	O	1	
370	SV1	Professional Service	O	1	
375	SV2	Institutional Service	O	1	
380	SV3	Dental Service	O	1	
382	TOO	Tooth Identification	O	32	
385	SV4	Drug Service	O	1	
400	SV5	Durable Medical Equipment Service	O	1	
405	SV6	Anesthesia Service	O	1	
410	SV7	Drug Adjudication	O	1	
415	HI	Health Care Information Codes	O	25	
420	PWK	Paperwork	O	10	
425	CR1	Ambulance Certification	O	1	
430	CR2	Chiropractic Certification	O	5	
435	CR3	Durable Medical Equipment Certification	O	1	
440	CR4	Enteral or Parenteral Therapy Certification	O	3	
445	CR5	Oxygen Therapy Certification	O	1	
450	CRC	Conditions Indicator	O	3	
455	DTP	Date or Time or Period	O	15	
460	QTY	Quantity	O	5	
462	MEA	Measurements	O	20	
465	CN1	Contract Information	O	1	
470	REF	Reference Identification	O	30	
475	AMT	Monetary Amount	O	15	
480	K3	File Information	O	10	
485	NTE	Note/Special Instruction	O	10	
488	PS1	Purchase Service	O	1	
490	IMM	Immunization Status Code	O	>1	
491	HSD	Health Care Services Delivery	O	1	
492	HCP	Health Care Pricing	O	1	
		LOOP ID - 2410			>1
494	LIN	Item Identification	O	1	
495	CTP	Pricing Information	O	1	
496	REF	Reference Identification	O	1	
		LOOP ID - 2420			10
500	NM1	Individual or Organizational Name	O	1	
505	PRV	Provider Information	O	1	
510	N2	Additional Name Information	O	2	
514	N3	Address Information	O	2	
520	N4	Geographic Location	O	1	
525	REF	Reference Identification	O	20	
530	PER	Administrative Communications Contact	O	2	
		LOOP ID - 2430			>1
540	SVD	Service Line Adjudication	O	1	
545	CAS	Claims Adjustment	O	99	
550	DTP	Date or Time or Period	O	9	
		LOOP ID - 2440			>1
551	LQ	Industry Code	O	1	
552	FRM	Supporting Documentation	M	99	
555	SE	Transaction Set Trailer	M	1	



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2010, Loop ID-2420, etc.). For example, loop 2310 has five possible uses identified: referring provider, rendering provider, purchased service provider, service facility location, and supervising provider. These loops are labeled 2310A, 2310B, 2310C, 2310D, and 2310E . Each of these 2310 loops is an equivalent loop. Because they do not specify an HL, it is not necessary to use them in any particular order. In a similar fashion, it is acceptable to send subloops 2010BB, 2010BD, 2010BA, and 2010BC in that order as long as they all belong to the same subloop. However, it is not acceptable to send subloop 2330 before loop 2310 because these are not equivalent subloops.

In a similar manner, if a single loop has many iterations (repetitions) of a particular segment all the iterations of that segment are equivalent. For example there are many DTP segments in the 2300 loop. These are equivalent segments. It is not required that Order Date be sent before Initial Treatment date. However, it is required that the DTP segment in the 2300 loop come after the CLM segment because it carried in a different position within the 2300 loop.

Translators should distinguish between equivalent subloops and segments by qualifier codes (e.g., the value carried in NM101 in loops 2010BA, 2010 BB, and 2010BC; the values in the DTP01s in the 2300 loop), not by the position of the subloop or segment in the transaction. The number of times a loop or segment can be repeated is indicated in the detail information on that portion of the transaction.

2.2.1 Required and Situational Loops

Loop usage within ASC X12 transactions and their implementation guides can be confusing. Care must be used to read the loop requirements in terms of the context or location within the transaction.

The usage designator of a loop's beginning segment indicates the usage of the loop. If a loop is used, the first segment of that loop is required even if it is marked Situational. An example of this is the 2010AB - Pay-to Provider loop.

In the 837 Professional Implementation Guide loops that are required on all claims/encounters are the Header, 1000A - Submitter Name, 1000B - Receiver Name, 2000A - Billing/Pay-to Provider Hierarchical Level, 2010AA - Billing Provider Name, 2000B - Subscriber Hierarchical Level, 2010BA -Subscriber Name, 2010BB - Payer Name, 2300 - Claim Level Information, and 2400 Service Line. The use of all other loops is dependent upon the nature of the claim/encounter.

If the usage of the first segment in a loop is marked Required, the loop must occur at least once unless it is nested in a loop that is not being used. An example of this is Loop ID-2330A - Other Subscriber Name. Loop 2330A is required only when Loop ID-2320 - Other Subscriber Information is used, i.e., if the claim involves coordination of benefits information. A parallel situation exists with the Loop ID-2330B - Other Payer Name. A note on the Required initial segment of a nested loop will indicate dependency on the higher level loop.

If the first segment is Situational, there will be a segment note addressing use of the loop. Any required segments in loops beginning with a Situational segment only occur when the loop is used. For an example of this see Loop ID-2010AB - Pay-to Provider. In the 2010AB loop, if the loop is used, the initial segment, NM1 - Pay-to Provider Name must be used. Use of the N2 and REF segments are optional, but the N3 and N4 segments are required.

2.3 Data Use by Business Use

The 837 is divided into two levels, or tables. The Header level, Table 1, contains transaction control information. The Detail level, Table 2, contains the detail information for the transaction's business function and is presented in 2.3.2, Table 2 - Detail Information.

2.3.1 Table 1 — Transaction Control Information

Table 1 is named the Header level (see figure 4, Header Level). Table 1 identifies the start of a transaction, the specific transaction set, and the transaction's business purpose. Additionally, when a transaction set uses a hierarchical data structure, a data element in the header BHT01 — the Hierarchical Structure Code — relates the type of business data expected to be found within each level.

Table 1 - Header

POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
005	**ST**	Transaction Set Header	**R**	**1**	
010	**BHT**	Beginning of Hierarchical Transaction	**R**	**1**	
015	**REF**	Transmission Type Identification	**R**	**1**	
		. . .			

Figure 4. Table 1 — Header Level

2.3.1.1 837 Table 1 — Header Level

The following is a coding example of Table 1 in the 837. Refer to Appendix A, ASC X12 Nomenclature, for descriptions of data element separators (e.g., *) and segment terminators (e.g., ~).

ST*837*0001~

837 = Transaction set identifier code
0001 = Transaction set control number

BHT*0019*00*98766Y*19970315*0001*CH~

0019 = Hierarchical structure code (information source, subscriber, dependent)
00 = Original
98766Y = Submitter's batch control number
19970315 = Date of file creation
0001 = Time of file creation
CH = Chargeable (claims)

REF*87*004010X098~

87 = Functional category
004010X098 = Professional Implementation Guide

The Transaction Set Header (ST) segment identifies the transaction set by using 837 as the data value for the transaction set identifier code data element, ST01. The transaction set originator assigns the unique transaction set control number ST02, shown in the previous example as 0001. In the example, the health care provider is the transaction set originator.

The Beginning of Hierarchical Transaction (BHT) segment indicates that the transaction uses a hierarchical data structure. The value of 0019 in the hierarchi-

cal structure code data element, BHT01, describes the order of the hierarchical levels and the business purpose of each level. See Section 2.3.1.2, Hierarchical Level Data Structure, for additional information about the BHT01 data element.

The BHT segment also contains the transaction set purpose code, BHT02, which indicates **original transaction** by using data value 00. The submitter's business application system generates the following fields: BHT03, originator's reference number; BHT04, date of transaction creation; BHT05, time of transaction creation. BHT02 is used to indicate the status of the transaction batch, i.e., is the batch an original transmission or a reissue (resubmitted) batch. BHT06 is used to indicate the type of billed service being sent: fee-for-service (claim) or encounter or a mixed bag of both.

Because the 837 is multi-functional, it is important for the receiver to know which business purpose is served, so the REF in the Header is used. A data value of 87 in REF 01 indicates the **functional category,** or type, of 837 being sent. Appropriate values for REF02 are as follows: 004010X098 for a Professional 837 transaction, 004010X097 for Dental, and 004010X096 for Institutional.

The Functional Group Header (GS) segment also identifies the business purpose of multi-functional transaction sets. See Appendix A, ASC X12 Nomenclature, for a detailed description of the elements in the GS segment.

2.3.1.2 Hierarchical Level Data Structure

The hierarchical level (HL) structure identifies and relates the participants involved in the transaction. The participants identified in the 837 Professional transaction are generally billing/pay-to provider, subscriber, and patient (when the patient is not the same person as the subscriber). The 0019 value in the BHT hierarchical structure code (BHT01) describes the appearance order of subsequent loops within the transaction set and refers to these participants, respectively, in the following terms:

- information source (billing provider)
- subscriber (can be the patient when the patient is the subscriber)
- dependent (patient, when the patient is not the subscriber)

The term "billing provider" indicates the information source HL. The term "patient" indicates the dependent HL.

2.3.2 Table 2 — Detail Information

Table 2 uses the hierarchical level structure. Each hierarchical level is comprised of a series of loops. Numbers identify the loops. The hierarchical level that identifies the participants and the relationship to other participants is Loop ID-2000. The individual or entity information is contained in Loop ID-2010.

2.3.2.1 HL Segment

The following information illustrates claim/encounter submissions when the patient is the subscriber and when the patient is not the subscriber.

NOTE
Specific claim detail information can be given in either the Subscriber or the Dependent hierarchical level. Because of this, the claim information is said to "float."

Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information is placed at the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber.

Claim/encounter submission when the **patient is the subscriber:**
Billing provider (HL03=20)
  Subscriber (HL03=22)
    Claim level information
    Line level information

Claim/encounter submission when the **patient is not the subscriber:**
Billing provider (HL03=20)
  Subscriber (HL03=22)
    Patient (HL03=23)
      Claim level information
      Line level information

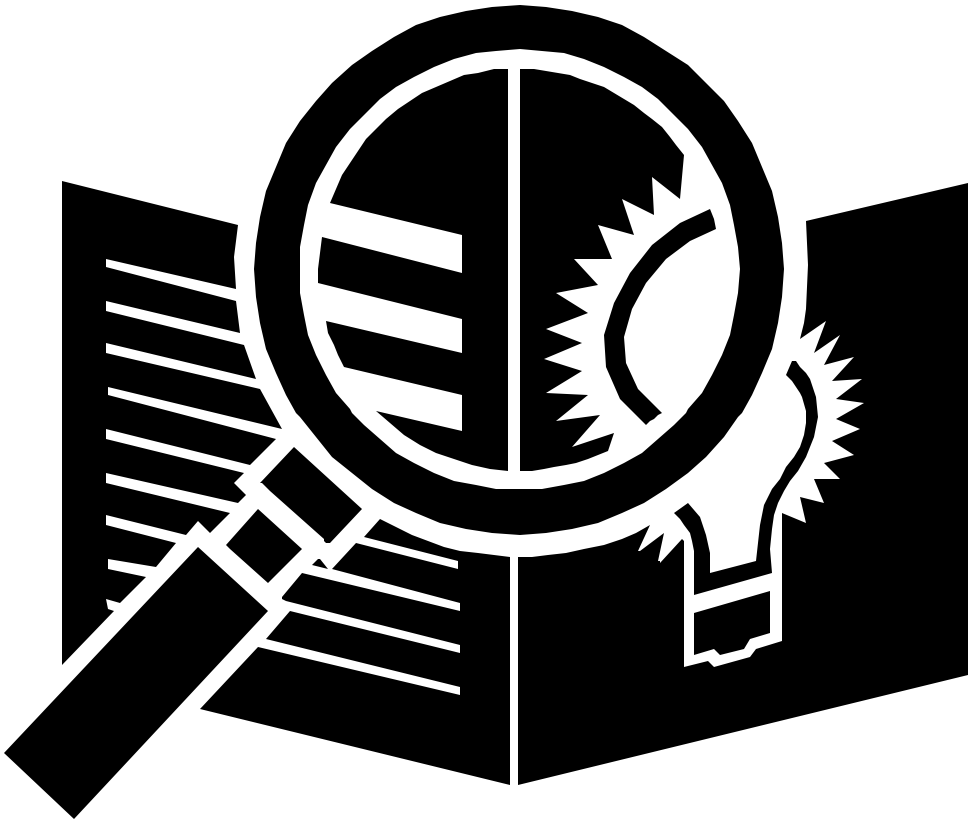
The Billing Provider or Subscriber HLs may contain multiple “child” HLs. A child HL indicates an HL that is nested within (subordinate to) the previous HL. Hierarchical levels may also have a “parent” HL. A parent HL is the HL that is one level out in the nesting structure. An example follows.

Billing provider HL	**Parent HL** to the Subscriber HL
Subscriber HL	**Parent HL** to the Patient HL; **Child HL** to the Billing Provider HL
Patient HL	**Child HL** to the Subscriber HL

For the subscriber HL, the billing provider HL is the parent. The patient HL is the child. The subscriber HL is contained within the billing provider HL. The patient HL is contained within the subscriber HL.

If the billing provider is submitting claims for more than one subscriber, each of whom may or may not have dependents, the HL structure between the transaction set header and trailer (ST–SE) could look like the following:

BILLING PROVIDER
  SUBSCRIBER #1 (Patient #1)
    Claim level information
    Line level information, as needed
SUBSCRIBER #2
  PATIENT #P2.1 (e.g., subscriber #2 spouse)
    Claim level information
    Line level information, as needed
  PATIENT #P2.2 (e.g., subscriber #2 first child)
    Claim level information
    Line level information, as needed
  PATIENT #P2.3 (e.g., subscriber #2 second child)
    Claim level information
    Line level information, as needed
SUBSCRIBER #3 (Patient #3)
  Claim level information
  Line level information, as needed
SUBSCRIBER #4 (Patient #4)
  Claim level information
  Line level information, as needed



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IMPLEMENTATION

RECEIVER NAME

Loop: **1000B — RECEIVER NAME Repeat: 1**

Usage: **REQUIRED**

Repeat: **1**

Notes: **1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.**

Example: **NM1*40*2*UNION MUTUAL OF OREGON*****46*11122333~**

STANDARD

NM1 Individual or Organizational Name

Level: Header

Position: 020

Loop: 1000 **Repeat:** 10

Requirement: Optional

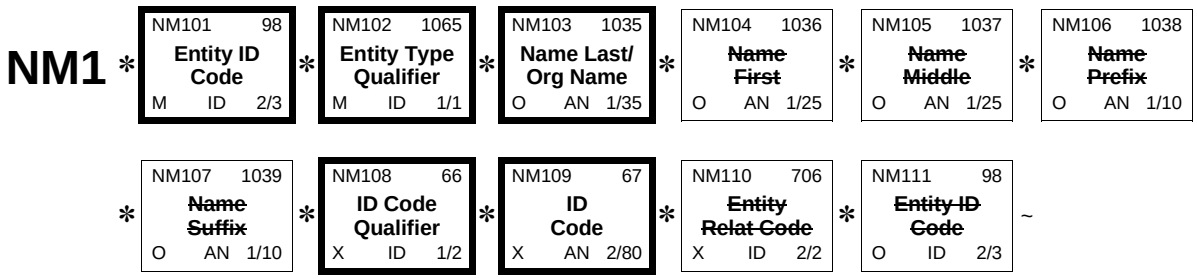
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:
1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax:
1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: 40 — DEFINITION: Receiver	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 2 — DEFINITION: Non-Person Entity	M ID 1/1
REQUIRED	NM103	1035	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY: **Receiver Name***	O AN 1/35
NOT USED	NM104	1036	**Name First**	O AN 1/25
NOT USED	NM105	1037	**Name Middle**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
NOT USED	NM107	1039	**Name Suffix**	O AN 1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 CODE: 46 — DEFINITION: Electronic Transmitter Identification Number (ETIN)	X ID 1/2
REQUIRED	NM109	67	**Identification Code** Code identifying a party or other code *INDUSTRY: **Receiver Primary Identifier*** *ALIAS: **Receiver Primary Identification Number*** SYNTAX: P0809 **NSF Reference:** **AA0-17.0, ZA0-04.0**	X AN 2/80
NOT USED	NM110	706	**Entity Relationship Code**	X ID 2/2
NOT USED	NM111	98	**Entity Identifier Code**	O ID 2/3

IMPLEMENTATION

BILLING PROVIDER NAME

Loop: **2010AA — BILLING PROVIDER NAME Repeat: 1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.**

2. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.**

Example: **NM1*85*2*CRAMMER, DOLE, PALMER, AND JOHNANSE*****24*111223333~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 015

Loop: 2010 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

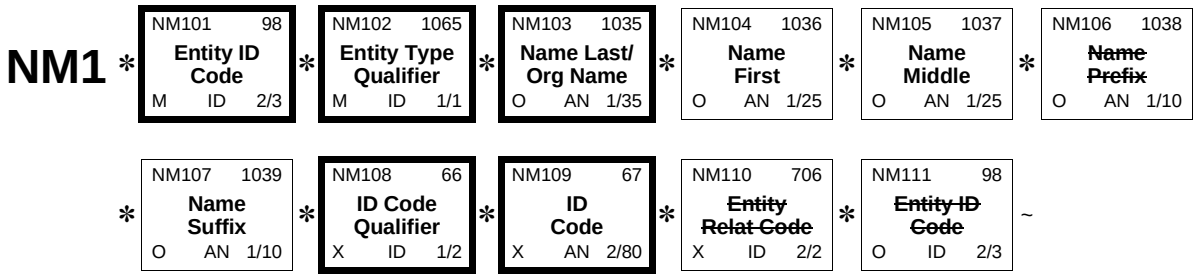
1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: **85** — DEFINITION: **Billing Provider** **Use this code to indicate billing provider, billing submitter, and encounter reporting entity.**	**M ID 2/3**
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **SEMANTIC:** NM102 qualifies NM103. CODE: **1** — DEFINITION: **Person** CODE: **2** — DEFINITION: **Non-Person Entity**	**M ID 1/1**
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name *INDUSTRY:* ***Billing Provider Last or Organizational Name*** *ALIAS:* ***Billing Provider Name*** **NSF Reference:** **BA0-18.0 or BA0-19.0**	**O AN 1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name *INDUSTRY:* ***Billing Provider First Name*** *ALIAS:* ***Billing Provider Name*** **NSF Reference:** **BA0-20.0** **Required if NM102=1 (person).**	**O AN 1/25**
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial *INDUSTRY:* ***Billing Provider Middle Name*** *ALIAS:* ***Billing Provider Name*** **NSF Reference:** **BA0-21.0** **Required if NM102=1 and the middle name/initial of the person is known.**	**O AN 1/25**
NOT USED	**NM106**	**1038**	**Name Prefix**	**O AN 1/10**

IMPLEMENTATION

BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

Loop: **2000A — BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL Repeat: >1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BB. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider.**

2. **The NSF fields shown in Loop ID-2010AA and Loop ID-2010AB are intended to carry billing provider information, not billing service information. Refer to your NSF manual for proper use of these fields. If Loop 2010AA contains information on a billing service (rather than a billing provider), do not map the information in that loop to the NSF billing provider fields for Medicare claims.**

3. **The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.**

4. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.**

5. **Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.**

6. **If the Billing or Pay-to Provider is also the Rendering Provider and Loop ID-2310A is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Rendering Provider.**

Example: **HL*1**20*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 001

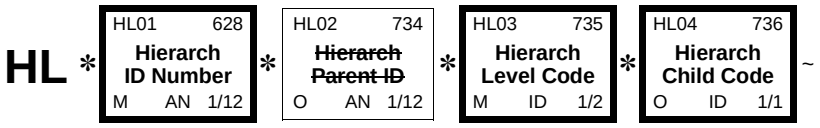
Loop: 2000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **COMMENT:** HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction. **HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.**	**M AN 1/12**
NOT USED	**HL02**	**734**	**Hierarchical Parent ID Number**	**O AN 1/12**
REQUIRED	**HL03**	**735**	**Hierarchical Level Code** Code defining the characteristic of a level in a hierarchical structure **COMMENT:** HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	**M ID 1/2**
			CODE **DEFINITION** **20** **Information Source**	
REQUIRED	**HL04**	**736**	**Hierarchical Child Code** Code indicating if there are hierarchical child data segments subordinate to the level being described **COMMENT:** HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	**O ID 1/1**
			CODE **DEFINITION** **1** **Additional Subordinate HL Data Segment in This Hierarchical Structure.**	

IMPLEMENTATION

SUBSCRIBER HIERARCHICAL LEVEL

Loop: **2000B — SUBSCRIBER HIERARCHICAL LEVEL Repeat: >1**

Usage: **REQUIRED**

Repeat: **1**

Notes:

1. **If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.**

2. **The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the subscriber (Loop ID-2010BA), his or her insurance (Loop ID-2010BB), and responsible party (Loop ID-2010BC). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BD). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.**

3. **Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.**

4. **Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.**

Example: **HL*2*1*22*1~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 001

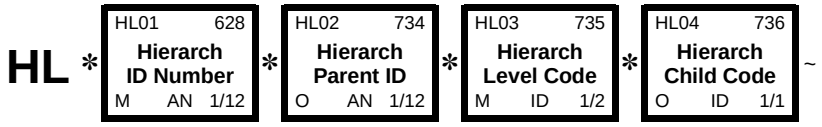
Loop: 2000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**
REQUIRED	**HL03**	**735**	**Hierarchical Level Code** Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	**M ID 1/2**

CODE	DEFINITION
22	**Subscriber**

REQUIRED	**HL04**	**736**	**Hierarchical Child Code** Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. **The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).** **In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.**	**O ID 1/1**

CODE	DEFINITION
0	**No Subordinate HL Segment in This Hierarchical Structure.**
1	**Additional Subordinate HL Data Segment in This Hierarchical Structure.**

IMPLEMENTATION

PATIENT HIERARCHICAL LEVEL

Loop: **2000C — PATIENT HIERARCHICAL LEVEL Repeat: >1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **This HL is required when the patient is a different person than the subscriber. There are no HLs subordinate to the Patient HL.**

2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**

3. **Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.**

Example: **HL*3*2*23*0~**

STANDARD

HL Hierarchical Level

Level: Detail

Position: 001

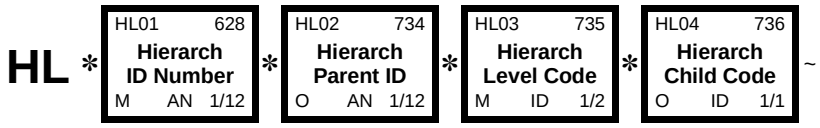
Loop: 2000 **Repeat:** >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



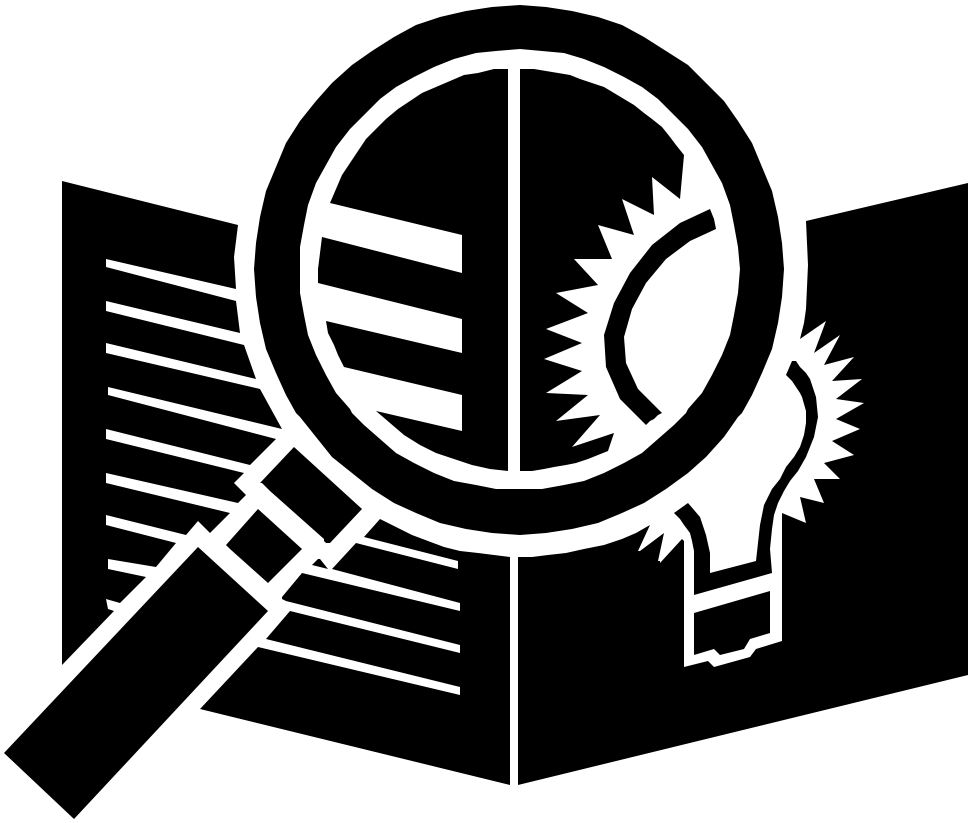
ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**HL01**	**628**	**Hierarchical ID Number** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	**M AN 1/12**
REQUIRED	**HL02**	**734**	**Hierarchical Parent ID Number** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	**O AN 1/12**
REQUIRED	**HL03**	**735**	**Hierarchical Level Code** Code defining the characteristic of a level in a hierarchical structure COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	**M ID 1/2**

CODE	DEFINITION
23	**Dependent** **The code DEPENDENT is meant to convey that the information in this HL applies to the patient when the subscriber and the patient are not the same person.**

REQUIRED	**HL04**	**736**	**Hierarchical Child Code** Code indicating if there are hierarchical child data segments subordinate to the level being described COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	**O ID 1/1**

CODE	DEFINITION
0	**No Subordinate HL Segment in This Hierarchical Structure.**



REFERENCE 4

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98 Entity Identifier Code

TYPE= ID MIN= 2 MAX= 3

Code identifying an organizational entity, a physical location, property or an individual

COMPOSITES USED IN:

C043

SEGMENTS USED IN (AS COMPONENT):

STC

SEGMENTS USED IN (AS SIMPLE):

CHB CLI CUR DOS ENT G18 IN1 LCD LIE M1
M7 M7A MRC N1 NM1 NX1 PEX PLA PSC PT
PTF PWK R2A RDI SCH Y1

TRANSACTION SETS USED IN:

100 101 103 104 105 106 107 108 110 111
112 113 120 124 128 130 131 135 138 139
140 141 142 143 144 146 147 148 149 150
152 153 154 155 157 159 161 163 170 175
176 180 185 186 187 188 189 190 191 194
195 196 197 198 199 200 201 202 203 204
205 206 210 211 212 213 214 215 216 217
218 219 220 222 223 227 240 242 244 245
248 249 250 251 252 255 256 260 261 262
263 264 265 266 267 268 270 271 272 273
274 275 276 277 278 280 283 284 285 286
288 290 300 301 304 309 310 311 312 313
317 322 324 325 355 361 362 404 410 412
414 417 418 421 422 423 426 431 433 434
452 453 455 456 460 470 490 494 500 501
503 504 511 517 521 527 536 540 561 567
568 601 602 620 625 650 753 754 805 806
810 811 812 813 814 816 818 819 820 821
822 823 824 826 827 828 830 832 833 834
835 836 837 838 839 840 841 842 843 844
845 846 847 848 849 850 851 852 853 854
855 856 857 858 859 860 861 862 863 864
865 866 867 869 870 871 872 873 875 876
877 878 879 880 881 882 883 884 885 886
887 888 889 891 893 896 920 940 943 944
945 947

CODE	DEFINITION AND EXPLANATION
01	Loan Applicant
02	Loan Broker
03	Dependent
04	Asset Account Holder
05	Tenant
06	Recipient of Civil or Legal Liability Payment
07	Titleholder
08	Non-Mortgage Liability Account Holder
09	Note Co-Signer
0A	Comparable Rentals
0B	Interim Funding Organization
0D	Non-occupant Co-borrower
0E	List Owner
0F	List Mailer
0H	State Division
10	Conduit
11	Party to be billed(AAR Accounting Rule 11)
12	Regional Office
13	Contracted Service Provider
14	Wholly-Owned Subsidiary
15	Accounts Payable Office
16	Plant
17	Consultant's Office
18	Production
19	Non-Production Supplier
1A	Subgroup
1B	Applicant
1C	Group Purchasing Organization (GPO)
1D	Co-operative
1E	Health Maintenance Organization (HMO)
1F	Alliance
1G	Oncology Center
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1J	Connection *The name of pipeline company to which a well, lease or field is connected*
1K	Franchisor
1L	Franchisee
1M	Previous Group
1N	Shareholder
1O	Acute Care Hospital
1P	Provider
1Q	Military Facility
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care
20	Foreign Supplier
21	Small Business
22	Minority-Owned Business, Small
23	Minority-Owned Business, Large
24	Woman-Owned Business, Small
25	Woman-Owned Business, Large

26 Socially Disadvantaged Business

27 Small Disadvantaged Business

28 Subcontractor

29 Prototype Supplier

2A Federal, State, County or City Facility

2B Third-Party Administrator

2C Co-Participant

2D Miscellaneous Health Care Facility

2E Non-Health Care Miscellaneous Facility

2F State

2G Assigner

2H Hospital District or Authority

2I Church Operated Facility

2J Individual

2K Partnership

2L Corporation

2M Air Force Facility

2N Army Facility

2O Navy Facility

2P Public Health Service Facility

2Q Veterans Administration Facility

2R Federal Facility

2S Public Health Service Indian Service Facility

2T Department of Justice Facility

2U Other Not-for-profit Facility

2V Individual for-profit Facility

2W Partnership for-profit Facility

2X Corporation for-profit Facility

2Y General Medical and Surgical Facility

2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)

30 Service Supplier

31 Postal Mailing Address

32 Party to Receive Material Release

33 Inquiry Address

34 Material Change Notice Address

35 Electronic Data Interchange (EDI) Coordinator Point Address

36 Employer

37 Previous Debt Holder

38 Mortgage Liability Account Holder

39 Appraisal Company

3A Hospital Unit Within an Institution for the Mentally Retarded

3B Psychiatric Facility

3C Tuberculosis and Other Respiratory Diseases Facility

3D Obstetrics and Gynecology Facility

3E Eye, Ear, Nose and Throat Facility

3F Rehabilitation Facility

3G Orthopedic Facility

3H Chronic Disease Facility

3I Other Specialty Facility

3J Children's General Facility

3K Children's Hospital Unit of an Institution

3L Children's Psychiatric Facility

3M Children's Tuberculosis and Other Respiratory Diseases Facility

3N Children's Eye, Ear, Nose and Throat Facility

3O Children's Rehabilitation Facility

3P Children's Orthopedic Facility

3Q Children's Chronic Disease Facility

3R Children's Other Specialty Facility

3S Institution for Mental Retardation

3T Alcoholism and Other Chemical Dependency Facility

3U General Inpatient Care for AIDS/ARC Facility

3V AIDS/ARC Unit

3W Specialized Outpatient Program for AIDS/ARC

3X Alcohol/Drug Abuse or Dependency Inpatient Unit

3Y Alcohol/Drug Abuse or Dependency Outpatient Services

3Z Arthritis Treatment Center

40 Receiver

Entity to accept transmission

41 Submitter

Entity transmitting transaction set

42 Component Manufacturer

Provider of a proprietary designed and manufactured subassembly that meets defined customer specifications

43 Claimant Authorized Representative

44 Data Processing Service Bureau

45 Drop-off Location

46 Invoicing Dealer

Source with whom monetary transactions for component manufacturer extended service coverages will occur

47 Estimator

48 In-service Source

Source placing product into service

49 Initial Dealer

The dealer who initially attempted the repair

4A Birthing Room/LDRP Room

4B Burn Care Unit

4C Cardiac Catherization Laboratory

4D Open-Heart Surgery Facility

4E Cardiac Intensive Care Unit

4F Angioplasty Facility

4G Chronic Obstructive Pulmonary Disease Service Facility

4H Emergency Department

4I Trauma Center (Certified)

4J Extracorporeal Shock-Wave Lithotripter (ESWL) Unit

4K Fitness Center

4L Genetic Counseling/Screening Services

4M Adult Day Care Program Facility

4N Alzheimer's Diagnostic/Assessment Services

4O Comprehensive Geriatric Assessment Facility

4P Emergency Response (Geriatric) Unit

4Q Geriatric Acute Care Unit

4R Geriatric Clinics

4S Respite Care Facility

4T Senior Membership Program

4U Patient Education Unit

4V Community Health Promotion Facility

4W Worksite Health Promotion Facility

4X Hemodialysis Facility

4Y Home Health Services

4Z Hospice

50 Manufacturer's Representative

51 Parts Distributor

52 Part Remanufacturer

53 Registered Owner

Unique code of entity owning the equipment

54 Order Writer

Individual who receives the product from the customer and prepares the repair order describing work to be performed

55 Service Manager

Person responsible for service department

56 Servicing Dealer

57 Servicing Organization

58 Store Manager

59 Party to Approve Specification

5A Medical Surgical or Other Intensive Care Unit

5B Hisopathology Laboratory

5C Blood Bank

5D Neonatal Intensive Care Unit

5E Obstetrics Unit

5F Occupational Health Services

5G Organized Outpatient Services

5H Pediatric Acute Inpatient Unit

5I Psychiatric Child/Adolescent Services

5J Psychiatric Consultation-Liaison Services

5K Psychiatric Education Services

5L Psychiatric Emergency Services

5M Psychiatric Geriatric Services

5N Psychiatric Inpatient Unit

5O Psychiatric Outpatient Services

5P Psychiatric Partial Hospitalization Program

5Q Megavoltage Radiation Therapy Unit

5R Radioactive Implants Unit

5S Therapeutic Radioisotope Facility

5T X-Ray Radiation Therapy Unit

5U CT Scanner Unit

5V Diagnostic Radioisotope Facility

5W Magnetic Resonance Imaging (MRI) Facility

5X Ultrasound Unit

5Y Rehabilitation Inpatient Unit

5Z Rehabilitation Outpatient Services

60 Salesperson

Identification of individual that sold the product e.g. SSN, salesperson id, etc.

61 Performed At

The facility where work was performed

62 Applicant's Employer

63 Reference's Employer

64 Cosigner's Employer

65 Applicant's Reference

A person identified on the loan application as a secondary contact for the borrower

66 Applicant's Cosigner

A person who signs the promissory note in addition to the borrower and is responsible for the obligation if the borrower does not pay

67 Applicant's Comaker

One of two individuals who are joint borrowers on a loan and who are equally liable for repayment of the loan

68 Owner's Representative

Individual operating or responsible for the vehicle/equipment

69 Repairing Outlet

Party completing the repair

6A Reproductive Health Services

6B Skilled Nursing or Other Long-Term Care Unit

6C Single Photon Emission Computerized Tomography (SPECT) Unit

6D Organized Social Work Service Facility

6E Outpatient Social Work Services

6F Emergency Department Social Work Services

6G Sports Medicine Clinic/Services

6H Hospital Auxiliary Unit

6I Patient Representative Services

6J Volunteer Services Department

6K Outpatient Surgery Services

6L Organ/Tissue Transplant Unit

6M Orthopedic Surgery Facility

6N Occupational Therapy Services

6O Physical Therapy Services

6P Recreational Therapy Services

6Q Respiratory Therapy Services

6R Speech Therapy Services

6S Women's Health Center/Services

6T Health Sciences Library

6U Cardiac Rehabilitation Program Facility

6V Non-Invasive Cardiac Assessment Services

6W Emergency Medical Technician

6X Disciplinary Contact

6Y Case Manager

6Z Advisor

70 Prior Incorrect Insured

71 Attending Physician
Physician present when medical services are performed

72 Operating Physician
Doctor who performs a surgical procedure

73 Other Physician
Physician not one of the other specified choices

74 Corrected Insured

75 Participant

76 Secondary Warranter

77 Service Location

78 Service Requester

79 Warranter

7A Premises

7B Bottler

7C Place of Occurrence

7D Contracting Officer Representative

7E Party Authorized to Definitize Contract Action

7F Filing Address

7G Hazardous Material Office

7H Government Furnished Property FOB Point

7I Project Name

7J Codefendant

7K Co-occupant

7L Preliminary Inspection Location

7M Inspection and Acceptance Location

7N Party to Receive Proposal

7O Federally Chartered Facility

7P Transportation Office

7Q Party to Whom Protest Submitted

7R Birthplace
Location where individual was born; may be the country or a more complete address

7S Pipeline Segment

7T Home State Name
Name filed by a business in the state where it is incorporated when this name is used by another business in the state where it is registering to do business

7U Liquidator

7V Petitioning Creditor's Attorney

7W Merged Name
Name of survivor company resulting from a merger

7X Party Represented

7Y Professional Organization

7Z Referee

80 Hospital
An institution where the ill or injured may receive medical treatment

81 Part Source
Identifies vendor who supplied casual part

82 Rendering Provider

83 Subscriber's School

84 Subscriber's Employer

85 Billing Provider

86 Conductor

87 Pay-to Provider

88 Approver
Manufacturer's representative approving claim for payment

89 Investor

8A Vacation Home

8B Primary Residence

8C Second Home

8D Permit Holder

8E Minority Institution

8F Bailment Warehouse
A warehouse property that is owned by an organization, but the inventory contained in the warehouse belongs to the supplier until the organization owning the warehouse legally purchases the goods

8G First Appraiser

8H Tax Exempt Organization

8I Service Organization

8J Emerging Small Business

8K Surplus Dealer

8L Polling Site

8M Socially Disadvantaged Individual

8N Economically Disadvantaged Individual

8O Disabled Individual

8P Producer

8Q Public or Private Organization for the Disabled

8R Consumer Service Provider (CSP) Customer

8S Consumer Service Provider (CSP)

8T Voter

8U Native Hawaiian Organization

8V Primary Intra-LATA (Local Access Transport Area) Carrier

8W Payment Address

8X Oil and Gas Custodian

8Y Registered Office
Address where legal correspondence should be sent

90 Previous Business Partner

91 Action Party
The organization responsible for investigation and resolution

92 Support Party
The organization supporting the resolution of an investigation

93 Insurance Institute

94 New Supply Source

95 Research Institute

96 Debtor Company

97 Party Waiving Requirements

98 Freight Management Facilitator
Organization and/or individual responsible for the monitoring and management of freight services

99 Outer Continental Shelf (OCS) Area Location

9A Debtor Individual

9B Country of Export

9C Country of Destination

9D New Service Provider

9E Sub-servicer

9F Loss Payee

9G Nickname

9H Assignee

9I Registered Principal

9J Additional Debtor

9K Key Person

9L Incorporated By

9N Party to Lease

9O Party to Contract

9P Investigator

9Q Last Supplier

9R Downstream First Supplier

9S Co-Investigator

9T Telephone Answering Service Bureau

9U Author

9V First Supplier

9W Ultimate Parent Company

9X Contractual Receipt Meter

9Y Contractual Delivery Meter

9Z Co-debtor
A person or entity that is also liable on a debt listed by the debtor in a bankruptcy case, excluding the spouse in a joint case, but including guarantors and co-signers

A1 Adjuster
Investigates a claim and estimates the value of the damage: the information gathered by an adjuster is used in settling the insurance claim.

A2 Woman-Owned Business
A business (not defined as large or small) that is owned by a woman

A3 Labor Surplus Area Firm
A business that has an identified surplus of labor in the geographic area where it is located

A4 Other Disadvantaged Business
A business which qualifies as a disadvantaged business for another, unspecified reason

A5 Veteran-Owned Business
A business owned by a veteran

A6 Section 8(a) Program Participant Firm
A firm participating in a program (under Section 8 (a) of the Small Business Act (15 U.S.C. 637 (a)), in which the Small Business Administration enters into contracts on behalf of, and then subcontracts with, the participating firm, certifying the firm's competence and responsibility

A7 Sheltered Workshop
A business entity which provides work for a special category of worker

A8 Nonprofit Institution
A business that by operation of policy or law does not choose (or is not allowed) to make a profit from the efforts of its enterprise

A9 Sales Office
A business entity whose main activity is, or a location at which, the sale of goods or services takes place

AA Authority For Shipment

AB Additional Pick Up Address

AC Air Cargo Company

AD Party to be advised (Written orders)

AE Additional Delivery Address

AF Authorized Accepting Official

AG Agent/Agency

AH Advertiser

AI Airline

AJ Alleged Debtor

AK Party to Whom Acknowledgment Should Be Sent

AL Allotment Customer

AM Assistant U.S. Trustee

AN Authorized From

AO Account Of

AP Account of (Origin Party)

AQ Account of (Destination Party)

AR Armed Services Location Designation

AS Postsecondary Education Sender

AT Postsecondary Education Recipient

AU Party Authorizing Disposition

AV Authorized To

AW Accountant

AX Plaintiff

AY Clearinghouse

AZ Previous Name

B1 Construction Firm

A business entity whose main activity is construction

B2 Other Unlisted Type of Organizational Entity

An organization, e.g., a business, the description of which cannot be accomplished using the existing code list and for which the trading partners have not mutually agreed to a definition for it

B3 Previous Name of Firm

A name by which a business entity was previously known

B4 Parent Company

The organizational entity which, by virtue of organization, ownership, and/or management, exercises control over a subordinate but separate business entity

B5 Affiliated Company

An organizational entity that shares a business affiliation with another business entity

B6 Registering Parent Party

An organizational entity (which is also a parent company) that is registering, for a program, e.g. to become a registered bidder

B7 Registering Nonparent Party

An organizational entity (which is not a parent company) that is registering, for a program, e.g. to become a registered bidder

B8 Regular Dealer

A business entity that regularly deals in a commodity or service being quoted on; use of the term "regular dealer" is consistent with its application to the Walsh-Healey Act

B9 Large Business

A business entity that cannot be classified as a small business for purposes of receiving preferential treatment in the award of contracts

BA Battery

That portion of the surface of land, other than a wellsite or roadway, required for access to and to accommodate all equipment, including above ground pressure maintenance facilities that are necessary to measure, separate or store prior to shipping to market or disposal, or necessary to produce the fluids, minerals and water or any of them from wells

BB Business Partner

BC Broadcaster

BD Bill-to Party for Diversion Charges

Charges associated with a diversion or reconsignment of a railcar

BE Beneficiary

BF Billed From

BG Buying Group

BH Interim Trustee

BI Trustee's Attorney

BJ Co-Counsel

BK Bank

BL Party to Receive Bill of Lading

BM Brakeman

BN Beneficial Owner

BO Broker or Sales Office

BP Special Counsel

BQ Attorney for Defendant Private

BR Broker

BS Bill and Ship To

BT Bill-to-Party

BU Place of Business

BV Billing Service

Entity that provides statement of charges for medical services or supplies

BW Borrower

BX Attorney for Plaintiff

BY Buying Party (Purchaser)

BZ Business Associate

C1 In Care Of Party no. 1

C2 In Care Of Party no. 2

C3 Circuit Location Identifier

Identifies the address information as that which is assigned to a circuit location address

C4 Contract Administration Office

Established at either a contractor facility or in a geographic area, and responsible for administering on behalf of the buying activities that assigned contracts for administration and all contracts awarded to either the specific contractor or all contractors in the geographic area

C5 Party Submitting Quote

A business entity submitting a quote; this entity may be the party who ultimately performs if an order is received, or the entity may be submitting the quote on behalf of another entity who will perform if an order is received

C6 Municipality

C7 County

C8 City

C9 Contract Holder

CA Carrier

CB Customs Broker

CC Claimant

CD Consignee (To Receive Mail and Small Parcels)

CE Consignee (To receive large parcels and freight)

CF Subsidiary/Division

CG Carnet Issuer

CH Chassis Provider

CI Consignor

CJ Automated Data Processing (ADP) Point

A qualifier for an address of a location providing ADP support to an entity that is the intended recipient of a transmission, but that entity does not have its own organic capability to receive the transmission directly, relying instead on the support provided by the ADP point

CK Pharmacist

CL Container Location

CM Customs

CN Consignee

CO Ocean Tariff Conference

CP Party to Receive Cert. of Compliance

CQ Corporate Office

CR Container Return Company

CS Consolidator

CT Country of Origin

CU Coating or Paint Supplier

CV Converter

CW Accounting Station

A qualifier for an address of a location providing Automated Data Processing (ADP) support to an entity that is the intended recipient of a transmission, but that entity does not have its own organic capability to receive the transmission directly, relying instead on the support provided by the ADP point

CX Claim Administrator

CY Country

CZ Admitting Surgeon

D1 Driver

D2 Commercial Insurer

D3 Defendant

D4 Debtor

D5 Debtor-In-Possession

D6 Consolidated Debtor

D7 Petitioning Creditor

D8 Dispatcher

D9 Creditor's Attorney

DA Delivery Address

DB Distributor Branch

DC Destination Carrier

DD Assistant Surgeon

DE Depositor

DF Material Disposition Authorization Location

DG Design Engineering

Identifies the design engineer or office of the design engineer who will receive design specifications

DH Doing Business As

DI Different Premise Address (DPA)

Provides the different premise address when the associated equipment, or services, or both, are located at an address different from the main address

DJ Consulting Physician

DK Ordering Physician

DL Dealer

DM Destination Mail Facility

DN Referring Provider

DO Dependent Name

DP Party to Provide Discount

DQ Supervising Physician

DR Destination Drayman

DS Distributor

DT Destination Terminal

DU Resale Dealer

DV Division

DW Downstream Party

DX Distiller

An entity that manufactures an alcoholic product using Bureau of Alcohol, Tobacco and Firearms approved methods and formulas

DY Default/Foreclosure Specialist

The Federal Home Loan Mortgage Corporation (FHLMC) representative that processes the default monitoring and foreclosure reports

DZ Delivery Zone

Area where the product was delivered

E1 Person or Other Entity Legally Responsible for a Child

E2 Person or Other Entity With Whom a Child Resides

E3 Person or Other Entity Legally Responsible for and With Whom a Child Resides

E4 Other Person or Entity Associated with Student

E5 Examiner

E6 Engineering

E7 Previous Employer

E8 Inquiring Party

E9 Participating Laboratory

EA Study Submitter

EB Eligible Party To The Contract

EC Exchanger

ED Excluded Party

EE Location of Goods for Customs Examination Before Clearance

EF Electronic Filer

The firm, organization, or individual who converts the paper return into a machine-readable form

EG Engineer

EH Exhibitor

EI Executor of Estate

EJ Principal Person

EK Animal Source

EL Established Location

EM Party to Receive Electronic Memo of Invoice

EN End User

EO Limited Liability Partnership

EP Eligible Party to the Rate

EQ Old Debtor

ER New Debtor

ET Plan Administrator

EU Old Secured Party

EV Selling Agent

EW Servicing Broker

EX Exporter

EY Employee Name

EZ New Secured Party

F1 Company - Owned Oil Field

F2 Energy Information Administration (Department of Energy) - Owned Oil Field

F3 Specialized Mobile Radio Service (SMRS) Licensee

F4 Former Residence

F5 Radio Control Station Location

F6 Small Control Station Location

F7 Small Base Station Location

F8 Antenna Site

F9 Area of Operation

FA Facility

FB First Break Terminal

FC Customer Identification File (CIF) Customer Identifier

FD Physical Address

FE Mail Address

FF Foreign Language Synonym

FG Trade Name Synonym

FH Party to Receive Limitations of Heavy Elements Report

FI Name Variation Synonym

FJ First Contact

FL Primary Control Point Location

FM Fireman

FN Filer Name

FO Field or Branch Office

Remote location of the payer responsible for administering the plan of benefits

FP Name on Credit Card

FQ Pier Name

FR Message From

FS Final Scheduled Destination

Customs duties, excise taxes, and use of bonded fuels are dependent on whether an aircraft flight originated or is destined for an international location, these codes would be used to note those occurrences

FT New Assignee

FU Old Assignee

FV Vessel Name

FW Forwarder

FX Closed Door Pharmacy

FY Veterinary Hospital

FZ Children's Day Care Center

G0 Dependent Insured

G1 Bankruptcy Trustee

G2 Annuitant

G3 Clinic

G5 Contingent Beneficiary

G6 Entity Holding the Information

G7 Entity Providing the Service

G8 Entity Responsible for Follow-up

G9 Family Member

GA Gas Plant

GB Other Insured

GC Previous Credit Grantor

GD Guardian

GE General Agency

GF Inspection Company

GG Intermediary

A company which acts as a reinsurance broker for a direct writing company or a reinsurer

GH Motor Vehicle Report Provider Company

A company which performs the services of obtaining motor vehicle records

GI Paramedic

GJ Paramedical Company

A company which performs physical examination services

GK Previous Insured

GL Previous Residence

The residence where the entity lived before moving to their present address

GM Spouse Insured

GN Garnishee

GO Primary Beneficiary

GP Gateway Provider

Identifies a gateway access provider

GQ Proposed Insured

GR Reinsurer

GS Garaged Location

GT Credit Grantor

GU Guarantee Agency

GV Gas Transaction Ending Point

GW Group

GX Retrocessionaire

A company which acts as a reinsurer for a reinsurance company

GY Treatment Facility

GZ Grandparent

H1 Representative

H2 Sub-Office

H3 District

H5 Paying Agent

H6 School District

H7 Group Affiliate

H9 Designer

HA Owner

HB Historically Black College or University

An educational institution of higher learning with a historical black student population.

HC Joint Annuitant

HD Contingent Annuitant

HE Contingent Owner

HF Healthcare Professional Shortage Area (HPSA) Facility

Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services

HG Broker Opinion or Analysis Requester

HH Home Health Agency

HI Listing Company

HJ Automated Underwriting System

HK Subscriber

HL Document Custodian

HM Competitive Property Listing

HN Competing Property

HO Comparable Property Listing

HP Closed Sale

HQ Source Party of Information

HR Subject of Inquiry

HS High School

HT State Chartered Facility

HU Subsidiary

HV Tax Address

Address used for tax purposes

HW Designated Hazardous Waste Facility

HX Transporter of Hazardous Waste

HY Charity

HZ Hazardous Waste Generator

I1 Interested Party

I3 Independent Physicians Association (IPA)

I4 Intellectual Property Owner

This is the party who claims to be the owner of any intellectual property contained here

I9 Interviewer

IA Installed At

IB Industry Bureau

IC Intermediate Consignee

ID Issuer of Debit or Credit Memo

Party that will issue any credit or debit memo

IE Other Individual Disability Carrier

IF International Freight Forwarder

II Issuer of Invoice

IJ Injection Point

IK Intermediate Carrier

IL Insured or Subscriber

IM Importer

IN Insurer

IO Inspector

IP Independent Adjuster

IQ In-patient Pharmacy

IR Self Insured

IS Party to Receive Certified Inspection Report

IT Installation on Site

IU Issuer

IV Renter

J1 Associate General Agent

J2 Authorized Entity

J3 Broker's Assistant

J4 Custodian

J5 Irrevocable Beneficiary

J6 Power of Attorney

J7 Trust Officer

J8 Broker Dealer

J9 Community Agent

JA Dairy Department

JB Delicatessen Department

JC Dry Grocery Department

JD Judge

JE Frozen Department

JF General Merchandise Department

JG Health & Beauty Department

JH Alcohol Beverage Department

JI Meat Department

JJ Produce Department

JK Bakery Department

JL Video Department

JM Candy and Confections Department

JN Cigarettes and Tobacco Department

JO In-Store Bakery Department

JP Floral Department

JQ Pharmacy Department

JR Bidder

JS Joint Debtor Attorney

JT Joint Debtor

JU Jurisdiction

JV Joint Owner

JW Joint Venture

JX Closing Agent

JY Financial Planner

JZ Managing General Agent

K1 Contractor Cognizant Security Office

K2 Subcontractor Cognizant Security Office

K3 Place of Performance Cognizant Security Office

K4 Party Authorizing Release of Security Information

K5 Party To Receive Contract Security Classification Specification

K6 Policy Writing Agent

K7 Radio Station

K8 Filing Location

K9 Previous Distributor

KA Item Manager

The address of the person responsible for the management of an item of supply

KB Customer for Whom Same or Similar Work Was Performed

The party for whom the proposing entity performed the same or similar work

KC Party That Received Disclosure Statement

The office to which the Cost Accounting Standards Board (CASB) disclosure statement was sent

KD Proposer

The party submitting the proposal to the proposal soliciting entity

KE Contact Office

KF Audit Office

The office performing the audit

KG Project Manager

The address of the person responsible for the management of a designated project

KH Organization Having Source Control

Organization controlling the design and manufacturing process of a product

KI United States Overseas Security Administration Office

KJ Qualifying Officer

KK Registering Party

The party requesting registration into a system

KL Clerk of Court

KM Coordinator

KN Former Address

KO Plant Clearance Officer

KP Name Under Which Filed

KQ Licensee

KR Pre-kindergarten to Grade 12 Recipient

KS Pre-kindergarten to Grade 12 Sender

KT Court

KU Receiver Site

KV Disbursing Officer

KW Bid Opening Location

KX Free on Board Point

KY Technical Office

KZ Acceptance Location

L1 Inspection Location

Place where the item was viewed or inspected

L2 Location of Principal Assets

L3 Loan Correspondent

L5 Contact

L8 Head Office

L9 Information Provider

LA Attorney

LB Last Break Terminal

LC Location of Spot for Storage

Name of the location at which a trailer is spotted for storage, i.e., the party to receive equipment

LD Liability Holder

LE Lessor

LF Limited Partner

LG Location of Goods

LH Pipeline

LI Independent Lab

Outside laboratory which provides test results for entity providing medical services

LJ Limited Liability Company

LK Juvenile Owner

LL Location of Load Exchange (Export)

Name of the location at which load (trailer) is exchanged with another motor carrier for export

LM Lending Institution

LN Lender

LO Loan Originator

LP Loading Party

LQ Law Firm

LR Legal Representative

LS Lessee

LT Long-term Disability Carrier

LU Master Agent

LV Loan Servicer
LW Customer
LY Labeler
LZ Local Chain
M1 Source Meter Location
M2 Receipt Location
M3 Upstream Meter Location
M4 Downstream Meter Location
M5 Migrant Health Clinic
M6 Landlord
M7 Foreclosing Lender
M8 Educational Institution
M9 Manufacturing
MA Party for whom Item is Ultimately Intended
MB Company Interviewer Works For
MC Motor Carrier
MD Veterans Administration Loan Guaranty Authority
ME Veterans Administration Loan Authorized Supplier
MF Manufacturer of Goods
MG Government Loan Agency Sponsor or Agent
MH Mortgage Insurer
MI Planning Schedule/Material Release Issuer
MJ Financial Institution
MK Loan Holder for Real Estate Asset
ML Consumer Credit Account Company
MM Mortgage Company
A business entity that is responsible for originating and servicing mortgage loans
MN Authorized Marketer
MO Release Drayman
MP Manufacturing Plant
MQ Delivery Location
MR Medical Insurance Carrier
MS Bureau of Land Management (Minerals Management Service) Property Unit
MT Material
MU Meeting Location
MV Mainline
MW Marine Surveyor
MX Juvenile Witness
MY Master General Agent
MZ Minister
N1 Notify Party no. 1
N2 Notify Party no. 2
N3 Ineligible Party
N4 Price Administration
N5 Party Who Signed the Delivery Receipt
N6 Nonemployment Income Source
N7 Previous Neighbor
N8 Relative
N9 Neighborhood
NA New Address
NB Neighbor
NC Cross-Town Switch
Local Rail Movement
ND Next Destination
NE Newspaper
NF Owner Annuitant
NG Administrator
NH Association
NI Non-insured
NJ Trust or Estate
NK National Chain
NL Non-railroad Entity
NM Physician - Specialists
NN Network Name
Identifies the name of the telecommunications network, e.g., Envoy
NP Notify Party for Shipper's Order
NQ Pipeline Segment Boundary
NR Gas Transaction Starting Point
NS Non-Temporary Storage Facility
NT Magistrate Judge
NU Formerly Known As
NV Formerly Doing Business As
NW Maiden Name
NX Primary Owner
NY Birth Name
NZ Primary Physician
O1 Originating Bank
O2 Originating Company
O3 Receiving Company
O4 Factor
O5 Merchant Banker
Banker who invests in commercial enterprises only
O6 Non Registered Business Name
Name used by a business which is not registered with governmental authorities
O7 Registered Business Name
Name used by a business which is registered with governmental authorities
O8 Registrar
OA Electronic Return Originator
A firm, organization, or individual who collects a prepared tax return for the purpose of having an electronic return produced and who obtains the taxpayer's signature for electronic filing

OB Ordered By

OC Origin Carrier

OD Doctor of Optometry

OE Booking Office

OF Offset Operator

The company operating a property adjacent to the property being reported

OG Co-owner

OH Other Departments

OI Outside Inspection Agency

OL Officer

OM Origin Mail Facility

ON Product Position Holder

OO Order Of (Shippers Orders) - (Transportation)

OP Operator of property or unit

OR Origin Drayman

OS Override Institution; this is not the institution sending the record, but another institution the student previously attended or is currently attending

OT Origin Terminal

OU Outside Processor

A resource extraneous to primary material provider that performs additional material processing prior to delivery of the material to the primary provider's customer

OV Owner of Vessel

OW Owner of Property or Unit

OX Oxygen Therapy Facility

Building in which oxygen treatment is provided for medical disorder

OY Owner of Vehicle

OZ Outside Testing Agency

A company or organization which performs testing for a manufacturer but is not owned by that manufacturer

P0 Patient Facility

Facility where patient resides

P1 Preparer

The firm, organization, or individual who determines the tax liability from information supplied by the taxpayer

P2 Primary Insured or Subscriber

A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer

P3 Primary Care Provider

Physician that is selected by the insured to provide medical care

P4 Prior Insurance Carrier

P5 Plan Sponsor

P6 Third Party Reviewing Preferred Provider Organization (PPO)

P7 Third Party Repricing Preferred Provider Organization (PPO)

P8 Personnel Office

P9 Primary Interexchange Carrier (PIC)

Identifies the carrier who will handle the interexchange calls

PA Party to Receive Inspection Report

PB Paying Bank

PC Party to Receive Cert. of Conformance (C.A.A.)

PD Purchaser's Department Buyer

PE Payee

PF Party to Receive Freight Bill

PG Prime Contractor

PH Printer

PI Publisher

PJ Party to Receive Correspondence

PK Party to Receive Copy

PL Party to Receive Purchase Order

PM Party to receive paper Memo of Invoice

PN Party to Receive Shipping Notice

PO Party to Receive Invoice for Goods or Services

PP Property

PQ Party to Receive Invoice for Lease Payments

PR Payer

PS Previous Station

PT Party to Receive Test Report

PU Party at Pick-up Location

PV Party performing certification

PW Pick Up Address

PX Party Performing Count

PY Party to File Personal Property Tax

PZ Party to Receive Equipment

Name a party to receive the transfer of equipment

Q1 Conductor Pilot

Q2 Engineer Pilot

Q3 Retail Account

Q4 Cooperative Buying Group

Q5 Advertising Group

Q6 Interpreter

Q7 Partner

Q8 Base Period Employer

Q9 Last Employer

QA Pharmacy

Establishment responsible for preparing and dispensing drugs and medicines

QB Purchase Service Provider

Entity from which medical supplies may be bought

QC Patient

Individual receiving medical care

QD Responsible Party
Person responsible for the affairs of the person having services rendered

QE Policyholder

QF Passenger

QG Pedestrian

QH Physician

QI Party in Possession

QJ Most Recent Employer (Chargeable)

QK Managed Care

QL Chiropractor

QM Dialysis Centers

QN Dentist

QO Doctor of Osteopathy

QP Principal Borrower

QQ Quality Control

QR Buyer's Quality Review Board

QS Podiatrist

QT Psychiatrist

QU Veterinarian

QV Group Practice

QW Government

QX Home Health Corporation
Organization primarily engaged in providing skilled nursing or other therapeutic services

QY Medical Doctor
An individual trained and licensed to practice as a Medical Doctor (M.D.)

QZ Co-borrower

R0 Royalty Owner

R1 Party to Receive Scale Ticket
Party receiving document containing weight information from scale

R2 Reporting Officer

R3 Next Scheduled Destination

R4 Regulatory (State) District

R5 Regulatory (State) Entity

R6 Requester

R7 Consumer Referral Contact

R8 Credit Reporting Agency

R9 Requested Lender

RA Alternate Return Address

RB Receiving Bank

RC Receiving Location

RD Destination Intermodal Ramp

RF Refinery

RG Responsible Installation, Origin

RH Responsible Installation, Destination

RI Remit To

RJ Residence or Domicile

RK Refinery Operator

RL Reporting Location

RM Party that remits payment

RN Repair or Refurbish Location
Location to ship goods for repair or refurbishment

RO Original Intermodal Ramp

RP Receiving Point for Customer Samples

RQ Resale Customer

RR Railroad

RS Receiving Facility Scheduler

RT Returned to
Location to which goods have or will be returned

RU Receiving Sub-Location
Sometimes in aircraft fueling operations additional fueling charges may apply due to an unusual fueling location within the airport boundaries, this code would be used in those instances to note the location and reason for the special charge

RV Reservoir

RW Rural Health Clinic

RX Responsible Exhibitor

RY Specified Repository

RZ Receipt Zone
Area where the product was received

S0 Sole Proprietor

S1 Parent

S2 Student

S3 Custodial Parent

S4 Skilled Nursing Facility

S5 Secured Party

S6 Agency Granting Security Clearance

S7 Secured Party Company

S8 Secured Party Individual

S9 Sibling

SA Salvage Carrier

SB Storage Area

SC Store Class

SD Sold To and Ship To

SE Selling Party

SF Ship From

SG Store Group

SH Shipper

SI Shipping Schedule Issuer

SJ Service Provider
Identifies name and address information as pertaining to a service provider for which billing is being rendered

SK Secondary Location Address (SLA)
Identifies a physical address location in which a telecommunications circuit terminates; this address is in addition to a main service address

SL Origin Sublocation
The origin of product for accounting and operations purposes

SM Party to Receive Shipping Manifest

SN Store

SO Sold To If Different From Bill To

SP Party filling Shipper's Order

SQ Service Bureau
A business entity that is responsible for providing computer resources to other firms that do not have computer resources of their own

SR Samples to be Returned To

SS Steamship Company

ST Ship To

SU Supplier/Manufacturer

SV Service Performance Site
When services are contracted for, this describes the organization for whom or location address at which those services will be performed

SW Sealing Company

SX School-based Service Provider

SY Secondary Taxpayer
Taxpayer who is filing jointly with the primary taxpayer

SZ Supervisor

T1 Operator of the Transfer Point

T2 Operator of the Source Transfer Point

T3 Terminal Location
A geographic location where a motor or rail or air or water terminal is located

T4 Transfer Point
A geographic location where a shipment is transferred or diverted to a new destination

T6 Terminal Operator

T8 Previous Title Company

T9 Prior Title Evidence Holder

TA Title Insurance Services Provider

TB Tooling

TC Tool Source

TD Tooling Design

TE Theatre

TF Tank Farm

TG Tooling Fabrication

TH Theater Circuit

TI Tariff Issuer

TJ Cosigner

TK Test Sponsor
Organization sponsoring a test to be run for certification

TL Testing Laboratory

TM Transmitter
A firm, organization, or individual who transmits returns electronically to a taxing authority

TN Tradename

TO Message To

TP Primary Taxpayer
Taxpayer whose social security number or employer identification number is used as the primary identification number for the filing

TQ Third Party Reviewing Organization (TPO)

TR Terminal

TS Party to Receive Certified Test Results

TT Transfer To

TU Third Party Repricing Organization (TPO)

TV Third Party Administrator (TPA)

TW Transit Authority

TX Tax Authority

TY Trustee

TZ Significant Other

U1 Gas Transaction Point 1

U2 Gas Transaction Point 2

U3 Servicing Agent

U4 Team

U5 Underwriter

U6 Title Underwriter

U7 Psychologist

U8 Reference

U9 Non-Registered Investment Advisor

UA Place of Bottling

UB Place of Distilling

UC Ultimate Consignee

UD Region

UE Testing Service

UF Health Miscellaneous
Health related entities that are not otherwise classified

UG Nursing Home Chain

UH Nursing Home

UI Registered Investment Advisor

UJ Sales Assistant

UK System

UL Special Account

UM Current Employer (Primary)

UN Union

UO Current Employer (Secondary)

UP Unloading Party

UQ Subsequent Owner

UR Surgeon

US Upstream Party
UT U.S. Trustee
UU Annuitant Payor
UW Unassigned Agent
UX Base Jurisdiction
UY Vehicle
UZ Signer
V1 Surety
V2 Grantor
V3 Well Pad Construction Contractor
V4 Oil and Gas Regulatory Agency
V5 Surface Discharge Agency
V6 Well Casing Depth Authority
V8 Market Timer
V9 Owner Annuitant Payor
VA Second Contact
VB Candidate
VC Vehicle Custodian
VD Multiple Listing Service
VE Board of Realtors
VF Selling Office
VG Listing Agent
VH Showing Agent
VI Contact Person
VJ Owner Joint Annuitant Payor
VK Property or Building Manager
VL Builder Name
VM Occupant
VN Vendor
VO Elementary School
VP Party with Power to Vote Securities
VQ Middle School
VR Junior High School
VS Vehicle Salvage Assignment
VT Listing Office
VU Second Contact Organization
VV Owner Payor
VW Winner
VX Production Manager
VY Organization Completing Configuration Change
W1 Work Team
W2 Supplier Work Team
W3 Third Party Investment Advisor
W4 Trust
W8 Interline Service Commitment Customer
W9 Sampling Location
WA Writing Agent
WB Appraiser Name
WC Comparable Property
WD Storage Facility at Destination
A storage facility located in the geographic vicinity of a destination location
WE Subject Property
WF Tank Farm Owner
WG Wage Earner
WH Warehouse
WI Witness
WJ Supervisory Appraiser Name
WL Wholesaler
WN Company Assigned Well
WO Storage Facility at Origin
A storage facility located in the geographic vicinity of an origin location
WP Witness for Plaintiff
WR Withdrawal Point
WS Water System
WT Witness for Defendant
WU Primary Support Organization
WV Preliminary Maintenance Period Designating Organization
WW Preliminary Maintenance Organization
WX Preliminary Referred To Organization
WY Final Maintenance Period Designating Organization
WZ Final Maintenance Organization
X1 Mail to
An address to which a specified item is to be mailed
X2 Party to Perform Packaging
A party responsible for packaging an item after it has been produced
X3 Utilization Management Organization
X4 Spouse
X5 Durable Medical Equipment Supplier
X6 International Organization
X7 Inventor
X8 Hispanic Service Institute
XA Creditor
XC Debtor's Attorney
XD Alias
Other Names Used
XE Claim Recipient
XF Auctioneer
XG Event Location
XH Final Referred To Organization
XI Original Claimant
XJ Actual Referred By Organization

XK Actual Referred To Organization

XL Borrower's Employer

XM Maintenance Organization Used for Estimate

XN Planning/Maintenance Organization

XO Preliminary Customer Organization

XP Party to Receive Solicitation

XQ Canadian Customs Broker

XR Mexican Customs Broker

XS S Corporation

An "S" corporation is a corporation type designation given by the Internal Revenue Service to a corporation meeting certain tests of ownership and profit distribution

XT Final Customer Organization

XU United States Customs Broker

XV Cross Claimant

XW Counter Claimant

XX Business Area

XY Tribal Government

XZ American Indian-Owned Business

Y2 Managed Care Organization

YA Affiant

Person bringing forward a court case

YB Arbitrator

YC Bail Payor

YD District Justice

YE Third Party

YF Witness for Prosecution

YG Expert Witness

YH Crime Victim

YI Juvenile Victim

YJ Juvenile Defendant

YK Bondsman

YL Court Appointed Attorney

YM Complainant's Attorney

YN District Attorney

YO Attorney for Defendant, Public

YP Pro Bono Attorney

Counsel provided without charge

YQ Pro Se Counsel

Proceeding without counsel

YR Party to Appear Before

YS Appellant

YT Appellee

YU Arresting Officer

YV Hostile Witness

YW Discharge Point

YX Flood Certifier

YY Flood Determination Provider

YZ Electronic Registration Utility

Z1 Party to Receive Status

An organization that will receive information about a transaction

Z2 Unserviceable Material Consignee

An organization that will receive unserviceable material

Z3 Potential Source of Supply

An organization that might stock the needed material

Z4 Owning Inventory Control Point

An inventory control organization responsible for management of a particular item

Z5 Management Control Activity

Department of Defense organization that oversees contractor requests for government-owned material to be supplied for use in support of government contracts

Z6 Transferring Party

An organization that is sending material

Z7 Mark-for Party

Z8 Last Known Source of Supply

The last organization known to hold a transaction for the needed material

Z9 Banker

ZA Corrected Address

The organization to which information should have been sent

ZB Party to Receive Credit

The organization to which credit will be granted

ZC Rent Payor

ZD Party to Receive Reports

The organization designated to receive reports

ZE End Item Manufacturer

Manufacturer of the end item associated with the required material

ZF Break Bulk Point

ZG Present Address

ZH Child

ZJ Branch

ZK Reporter

ZL Party Passing the Transaction

The party forwarding a transaction

ZM Lease Location

ZN Losing Inventory Manager

The organization losing management responsibility for an individual item of supply

ZO Minimum Royalty Payor

ZP Gaining Inventory Manager

The organization assuming management responsibility for an individual item of supply

ZQ Screening Point

ZR Validating Party

Party to affirm the validity of a requirement

ZS Monitoring Party
Party to oversee and track the status of a requirement

ZT Participating Area

ZU Formation

ZV Allowable Recipient

ZW Field

ZX Attorney of Record

ZY Amicus Curiae
Friend of the Court

ZZ Mutually Defined

001 Pumper

002 Surface Management Entity

003 Application Party

004 Site Operator

005 Construction Contractor

006 Drilling Contractor

007 Spud Contractor
Contractor responsible for initiating the drilling of an oil or gas well

008 Lien Holder

AAA Sub-account

AAB Management Non-Officer
A manager who is not an officer of a company

AAC Incorporated Location
Location where a company is officially incorporated

AAD Name not to be Confused with
Entity with a similar name that should not be confused with

AAE Lot

AAF Previous Occupant

AAG Ground Ambulance Services

AAH Air Ambulance Services

AAI Water Ambulance Services

AAJ Admitting Services

AAK Primary Surgeon

AAL Medical Nurse

AAM Cardiac Rehabilitation Services

AAN Skilled Nursing Services

AAO Observation Room Services

AAP Employee

AAQ Anesthesiology Services

AAS Prior Base Jurisdiction

AAT Incorporation Jurisdiction

AAU Marker Owner
Identifies railroad, company or municipal owner of a property marker

AAV Reclamation Center

AAW Party Providing Financing

ABB Master Property

ABC Project Property

ABD Unit Property

ABE Additional Address

ABF Society of Property Information Compilers and Analysts
SEE CODE SOURCE 573

ABG Organization

ABH Joint Owner Annuitant

ABI Joint Annuitant Owner

ABJ Joint Owner Annuitant Payor

ABK Joint Owner Joint Annuitant

ABL Joint Owner Joint Annuitant Payor

ABM Joint Owner Payor

ABN Acronym

ABO New Address

ABP Chairperson

ABQ Decision Maker

ABR Former President

ABS Founder

ABT Imported from Location

ABU Literally Translated Name
A literal translation from another language when no official English name exists

ABV Original Location

ABW President

ABX Rating Organization

ACB Initial Medical Provider

ACC Concurrent Employer

ACE Routing Point

ACF Border Crossing

ACG Bobtail Service Point

ACH Auditor

ACI Insured Location

ACJ Referral Provider
Name of the second level referral

ACK Affiliate

ACL Allied Health Professional

ACM Emergency Provider

ACN Federal Government

ACO Fellowship Institution

ACP Government - Combined Control
Organization with combined control including government and voluntary (i.e.: Charitable organization)

ACQ Government - Federal - Military

ACR Government - Federal - Other
Federal government organization that is neither military nor veteran

ACS Government - Federal - Veterans

ACT Government - Local

ACU Group Affiliation

ACV Information Source

ACW Internship Entity

ACX Medical School

ACY National Organization

ACZ Non-Profit Health Care Provider
See U.S. Internal Revenue Code Chapter 1, Subchapter F, Part 1, Section 501(c)

ADA Not for Profit Health Care Provider
See U.S. Internal Revenue Code Chapter 1, Subchapter F, Part 1, Section 501(c)

ADB For Profit Health Care Provider

ADC Office Manager

ADD On-call Provider

ADE Physician Hospital Organization (PHO)

ADF Point of Service (POS)

ADH Residency Institution

ADJ Shared Service

ADK Supporting Personnel

ADL Training Institution

ADM Public School

ADN Private School

ADO Public Pre-K Education

ADP Private Pre-K Education

ADQ Pre-K Day Care

ADR Charter School

ADS Home School

ADT Public Alternative School

ADU Neglected/Delinquent Institution

ADV Post-Secondary Institution

ADW Food Service Operator

ADX Future Address

ADY Former Registered Address

ADZ Top Parent Company in Same Country

AEA Second Level Parent Company

AEB Airport Authority

AEC Council of Governments

AED Foundation

AEE Port Authority

AEF Planning Commission

AEG Car Rental Location

AEI Lodging Facility

AEJ Party to Receive Transportation Credit

AEK Party to Receive Packing, Crating, and Handling Credit

AEL Primary International Telecom Carrier

ALA Alternative Addressee

ATA Alternate Tax Authority

BAL Bailiff

BKR Bookkeeper

BLD Building

BLT Structure

BRN Brand Name

BUS Business

CHA Changed Address

CLT Building Cluster
Defines a grouping of buildings that are attached by common or party walls

CMW Company Merged With

CNP Confirming Party

CNR Confirmation Requester

CNS Confirmation Service Identifier Code

COD Co-Driver

COL Collateral Assignee

COM Complainant

COR Corrected Name

DCC Chief Deputy Clerk of Court

DIR Distribution Recipient

EAA Assistant

EAB Campaign Manager

EAD Client

EAE Commissioner

EAF Committee

EAG Contestant

EAH Contributor

EAI Deputy Chairperson

EAJ Deputy Treasurer

EAK Donor

EAL Endorser

EAM Guarantor

EAN Headquarters

EAO Independent Contractor

EAP Leader

EAQ Party Performing Liaison

EAR Lobbying Firm

EAS Lobbyist

EAT Media Contact

EAU Office Holder

EAV Party Authorized to Administer Oaths

EAW Party to Benefit

EAX Party Holding Interest

EAY Party Making Pledge

EAZ Party Returning Contribution

EBA Party Returning Transfer

EBB Lobbied Party

EBC Political Action Committee
EBD Political Party
EBE Proponent
EBF Public Official
EBG Receiving Committee
EBH Affiliated Committee
EBI Source
EBJ Sponsor
EBK Sponsored Committee
EBL Designee
EBM Temporary Residence
EBN Treasurer
EBO Vice-Chairperson
EBP Slate Mailer Organization
EBQ Lodging Location
EBR Independent Expenditure Committee
EBS Major Donor
ENR Enroller
EXS Ex-spouse
FRL Foreign Registration Location
FSR Financial Statement Recipient
GIR Gift Recipient
HMI Material Safety Data Sheet (MSDS) Recipient
HOM Home Office
The main administrative location
IAA Business Entity
IAC Principal Executive Office
IAD Foreign Office
IAE Member
IAF Executive Committee Member
IAG Director
IAH Clerk
IAI Party with Knowledge of Affairs of the Company
IAK Party to Receive Statement of Fees Due
IAL Company in which Interest Held
IAM Company which Holds Interest
IAN Notary
IAO Manager
IAP Alien Affiliate
IAQ Incorporation State Principal Office
IAR Incorporation State Place of Business
IAS Out-of-State Principal Office
IAT Party Executing and Verifying
IAU Felon
IAV Other Related Party
IAW Record-Keeping Address
IAY Initial Subscriber
IAZ Original Jurisdiction
ICP Inventory Control Point
IMM Integrated Material Manager
INT Interviewee
INV Investment Advisor
LCN Gas Nomination Location
LGS Local Government Sponsor
LYM Amended Name
LYN Stockholder
LYO Managing Agent
LYP Organizer
MSC Mammography Screening Center
NCT Name Changed To
NPC Notary Public
ORI Original Name
PIC Primary Inventory Control Activity
PLC Law Enforcement Agency
PLR Payer of Last Resort
PMC Prior Mortgage Company
PMF Party Manufactured For
PPS Person for Whose Benefit Property was Seized
PRE Previous Owner
PRO Prospect Service
PRP Primary Payer
PUR Purchased Company
RCR Recovery Room
REC Receiver Manager
RGA Responsible Government Agency
SEP Secondary Payer
SIC Secondary Inventory Control Activity
SUS Supply Source
TOW Towing Agency
TPM Third Party Marketer
TSE Consignee Courier Transfer Station
TSR Consignor Courier Transfer Station
TTP Tertiary Payer
VER Party Performing Verification
VIC Victim

Adds codes BLD, BLT and CLT.	2	117298
Adds codes EAA, EAB, EAD, EAE, EAF, EAG, EAH, EAI, EAJ, EAK, EAL, EAM, EAN, EAO, EAP, EAQ, EAR, EAS, EAT, EAU, EAV, EAW, EAX, EAY, EAZ, EBA, EBB, EBC, EBD, EBE, EBF, EBG, EBH, EBI, EBJ, EBK, EBL, EBM, EBN, EBO, EBP, EBQ, EBR and EBS.	2	338398
Adds codes ATA and PMC.	2	339398
Adds codes AEG and AEI.	2	229298
Adds code AAW.	4	016199
Adds codes CNP, CNR, CNS and LCN. Changes codes M2 and MQ.	6	106199
Adds code PRO.	6	186299

Adds expanded definition to code CLT.	2	117298