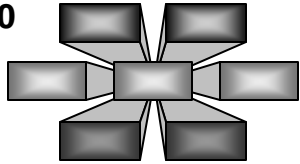


# Introduction ANSI X12 Standards

## HIPAA Implementation Guides Down and Dirty

004010



Who needs to understand them?

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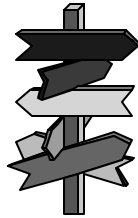
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## Session Objectives

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



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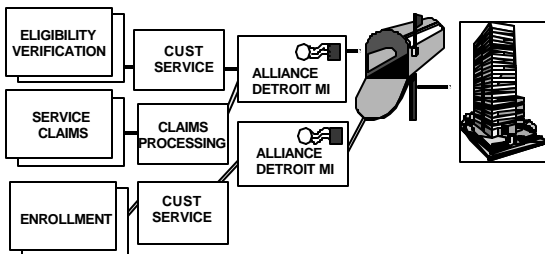
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## NORMAL BUSINESS



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# 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

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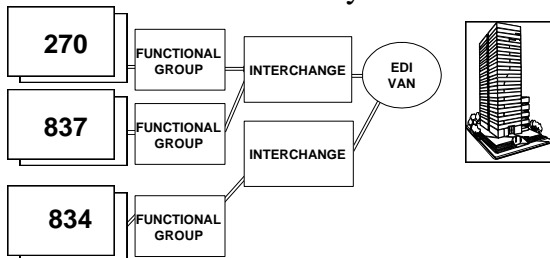
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## EDI Delivery




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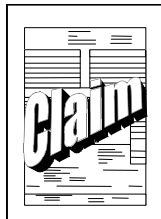
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## Standards Language

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




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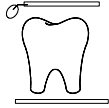
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# Introduction ANSI X12 Standards

## SIMPLE AND COMPOSITE DATA ELEMENTS

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



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## Levels of Standards Documentation

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



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## Section I - Transaction Set Tables

Table 1 Header	ST BHT
Table 2 Detail	HL
Table 3 Summary	SE

Related information  
usually appears  
together.

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# Introduction ANSI X12 Standards

**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						
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						
001	HL	Hierarchical Level	M		1	
003	PRV	Provider Information	O		1	
LOOP ID – 2010						
015	NM1	Individual or Organization Name	O		1	
040	PER	Administration Communication Contact	O		2	
555	SE	Transaction Set Trailer	M		1	

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**IMPLEMENTATION**  
**837 Health Care Claim: Professional**  
**Table 1 – Header**

PG	POS#	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
	005	ST	Transaction Set Header	R		1
	010	BHT	Beginning of Hierarchical Transaction	R		1
LOOP ID – 1000A SUBMITTER NAME						
	020	NM1	Submitter Name	R		1
	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						
	001	HL	Billing/Pay-to-Provider Hierarchical Level	R		1
LOOP ID – 2010AA BILLING PROVIDER NAME						
	015	NM1	Billing Provider Name	R		1

**Table 2 – Detail – Subscriber**

573	555	SE	Transaction Set Trailer	R		1
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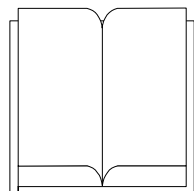
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## Transaction Set Tables

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




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# Introduction ANSI X12 Standards

**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.

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

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**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.

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

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# Introduction ANSI X12 Standards

## SEGMENT

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




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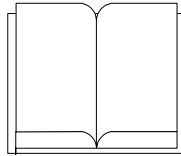
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## Data Element Dictionary

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




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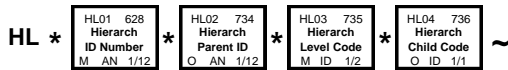
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### HL Hierarchical Level



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

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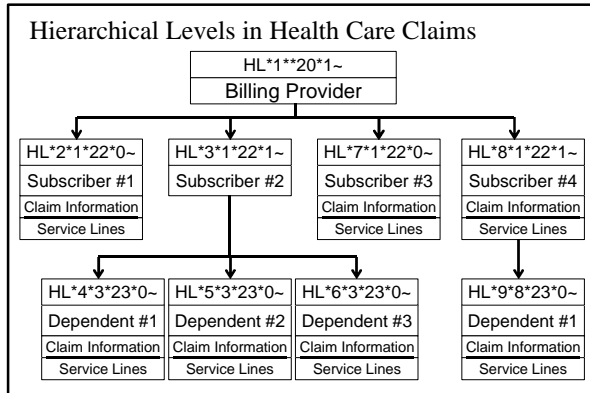
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# Introduction ANSI X12 Standards




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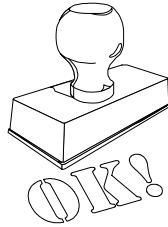
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## Valid Element Types

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




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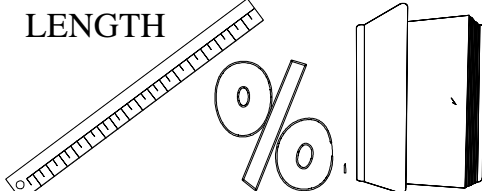
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- AN 6/6 - Exactly 6 characters long
- R 7/10 - From 7 to 10 digits long

### LENGTH



Sign & decimal are not counted in length.

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# Introduction ANSI X12 Standards

## QUALIFIER & VALUE

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

**Reese**  
Sally Peterson  
CHIEF FINANCIAL OFFICER

Reese Supply Company    Phone (513) 725-7543  
PO Box 1432                Fax (513) 725-9876  
Miamitown OH 45432-1432    sally@ohio.net

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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

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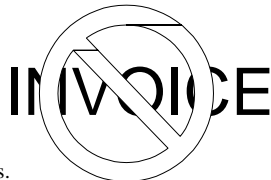
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## CHANGES



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

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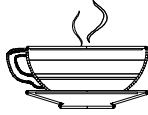
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# Introduction ANSI X12 Standards

## 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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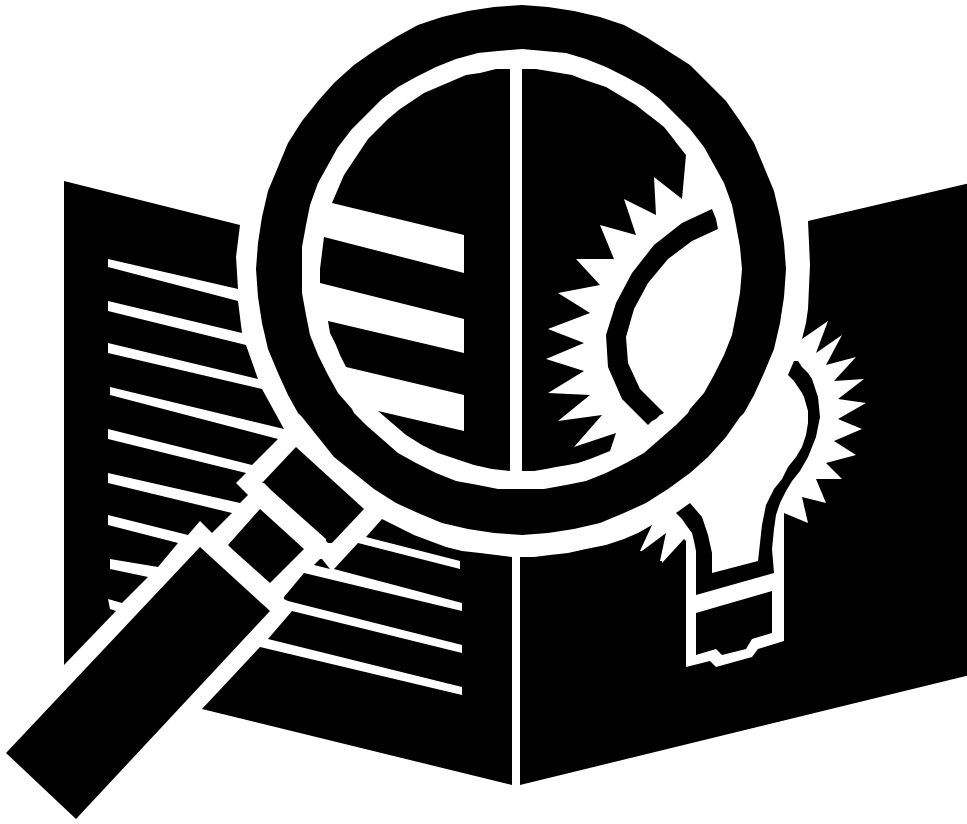
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# REFERENCE 1

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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	
<b>LOOP ID - 1000A SUBMITTER NAME</b>						<b>1</b>
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	
<b>LOOP ID - 1000B RECEIVER NAME</b>						<b>1</b>
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
<b>LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL</b>						<b>&gt;1</b>
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	
<b>LOOP ID - 2010AA BILLING PROVIDER NAME</b>						<b>1</b>
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	
<b>LOOP ID - 2010AB PAY-TO PROVIDER NAME</b>						<b>1</b>
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
<b>LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL</b>						<b>&gt;1</b>
108	001	HL	Subscriber Hierarchical Level	R	1	
110	005	SBR	Subscriber Information	R	1	
114	007	PAT	Patient Information	S	1	
<b>LOOP ID - 2010BA SUBSCRIBER NAME</b>						<b>1</b>
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	
<b>LOOP ID - 2010BB PAYER NAME</b>						<b>1</b>
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	
<b>LOOP ID - 2010BC RESPONSIBLE PARTY NAME</b>						<b>1</b>
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	
<b>LOOP ID - 2010BD CREDIT/DEBIT CARD HOLDER NAME</b>						<b>1</b>
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
<b>LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL</b>						<b>&gt;1</b>
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
<b>LOOP ID - 2305 HOME HEALTH CARE PLAN INFORMATION</b>					<b>6</b>
276	242	CR7	Home Health Care Plan Information	S	1
278	243	HSD	Health Care Services Delivery	S	3
<b>LOOP ID - 2310A REFERRING PROVIDER NAME</b>					<b>2</b>
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
<b>LOOP ID - 2310B RENDERING PROVIDER NAME</b>					<b>1</b>
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
<b>LOOP ID - 2310C PURCHASED SERVICE PROVIDER NAME</b>					<b>1</b>
298	250	NM1	Purchased Service Provider Name	S	1
301	271	REF	Purchased Service Provider Secondary Identification	S	5
<b>LOOP ID - 2310D SERVICE FACILITY LOCATION</b>					<b>1</b>
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
<b>LOOP ID - 2310E SUPERVISING PROVIDER NAME</b>					<b>1</b>
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
<b>LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION</b>					<b>10</b>
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
<b>LOOP ID - 2330A OTHER SUBSCRIBER NAME</b>					<b>1</b>
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	
<b>LOOP ID - 2330B OTHER PAYER NAME</b>						<b>1</b>
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	
<b>LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION</b>						<b>1</b>
374	325	NM1	Other Payer Patient Information	S	1	
376	355	REF	Other Payer Patient Identification	S	3	
<b>LOOP ID - 2330D OTHER PAYER REFERRING PROVIDER</b>						<b>2</b>
378	325	NM1	Other Payer Referring Provider	S	1	
380	355	REF	Other Payer Referring Provider Identification	R	3	
<b>LOOP ID - 2330E OTHER PAYER RENDERING PROVIDER</b>						<b>1</b>
382	325	NM1	Other Payer Rendering Provider	S	1	
384	355	REF	Other Payer Rendering Provider Secondary Identification	R	3	
<b>LOOP ID - 2330F OTHER PAYER PURCHASED SERVICE PROVIDER</b>						<b>1</b>
386	325	NM1	Other Payer Purchased Service Provider	S	1	
388	355	REF	Other Payer Purchased Service Provider Identification	R	3	
<b>LOOP ID - 2330G OTHER PAYER SERVICE FACILITY LOCATION</b>						<b>1</b>
390	325	NM1	Other Payer Service Facility Location	S	1	
392	355	REF	Other Payer Service Facility Location Identification	R	3	
<b>LOOP ID - 2330H OTHER PAYER SUPERVISING PROVIDER</b>						<b>1</b>
394	325	NM1	Other Payer Supervising Provider	S	1	
396	355	REF	Other Payer Supervising Provider Identification	R	3	
<b>LOOP ID - 2400 SERVICE LINE</b>						<b>50</b>
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
<b>LOOP ID - 2420A RENDERING PROVIDER NAME</b>					<b>1</b>
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
<b>LOOP ID - 2420B PURCHASED SERVICE PROVIDER NAME</b>					<b>1</b>
509	500	NM1	Purchased Service Provider Name	S	1
512	525	REF	Purchased Service Provider Secondary Identification	S	5
<b>LOOP ID - 2420C SERVICE FACILITY LOCATION</b>					<b>1</b>
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
<b>LOOP ID - 2420D SUPERVISING PROVIDER NAME</b>					<b>1</b>
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
<b>LOOP ID - 2420E ORDERING PROVIDER NAME</b>					<b>1</b>
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	
<b>LOOP ID - 2420F REFERRING PROVIDER NAME</b>						<b>2</b>
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	
<b>LOOP ID - 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER</b>						<b>4</b>
549	500	NM1	Other Payer Prior Authorization or Referral Number	S	1	
552	525	REF	Other Payer Prior Authorization or Referral Number	R	2	
<b>LOOP ID - 2430 LINE ADJUDICATION INFORMATION</b>						<b>25</b>
554	540	SVD	Line Adjudication Information	S	1	
558	545	CAS	Line Adjustment	S	99	
566	550	DTP	Line Adjudication Date	R	1	
<b>LOOP ID - 2440 FORM IDENTIFICATION CODE</b>						<b>5</b>
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 ClaimFunctional 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**

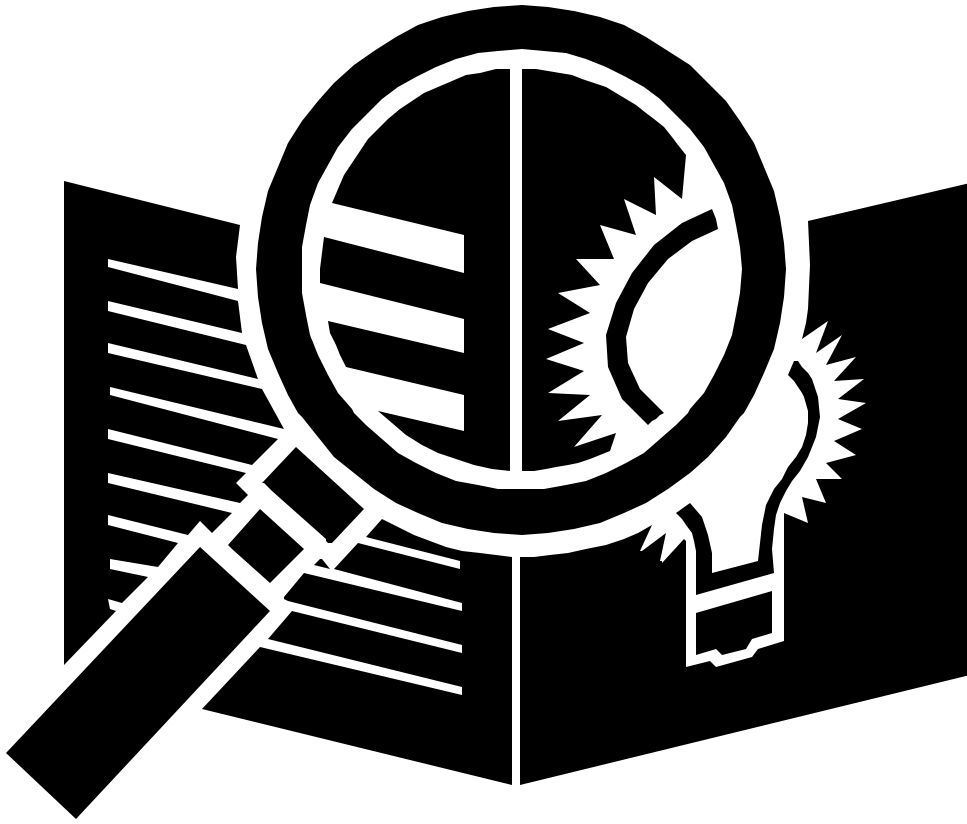
POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
005	ST	Transaction Set Header	M	1	
010	BHT	Beginning of Hierarchical Transaction	M	1	
015	REF	Reference Identification	O	3	
<b>LOOP ID - 1000</b>					<b>10</b>
020	NM1	Individual or Organizational Name	O	1	
025	N2	Additional Name Information	O	2	
030	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
<b>LOOP ID - 2000</b>					<b>&gt;1</b>
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	
<b>LOOP ID - 2010</b>					<b>10</b>
015	NM1	Individual or Organizational Name	O	1	
020	N2	Additional Name Information	O	2	

025	N3	Address Information	0	2	
030	N4	Geographic Location	0	1	
032	DMG	Demographic Information	0	1	
035	REF	Reference Identification	0	20	
040	PER	Administrative Communications Contact	0	2	
<b>LOOP ID - 2300</b>					<b>100</b>
130	CLM	Health Claim	0	1	
135	DTP	Date or Time or Period	0	150	
140	CL1	Claim Codes	0	1	
145	DN1	Orthodontic Information	0	1	
150	DN2	Tooth Summary	0	35	
155	PWK	Paperwork	0	10	
160	CN1	Contract Information	0	1	
165	DSB	Disability Information	0	1	
170	UR	Peer Review Organization or Utilization Review	0	1	
175	AMT	Monetary Amount	0	40	
180	REF	Reference Identification	0	30	
185	K3	File Information	0	10	
190	NTE	Note/Special Instruction	0	20	
195	CR1	Ambulance Certification	0	1	
200	CR2	Chiropractic Certification	0	1	
205	CR3	Durable Medical Equipment Certification	0	1	
210	CR4	Enteral or Parenteral Therapy Certification	0	3	
215	CR5	Oxygen Therapy Certification	0	1	
216	CR6	Home Health Care Certification	0	1	
219	CR8	Pacemaker Certification	0	1	
220	CRC	Conditions Indicator	0	100	
231	HI	Health Care Information Codes	0	25	
240	QTY	Quantity	0	10	
241	HCP	Health Care Pricing	0	1	
<b>LOOP ID - 2305</b>					<b>6</b>
242	CR7	Home Health Treatment Plan Certification	0	1	
243	HSD	Health Care Services Delivery	0	12	
<b>LOOP ID - 2310</b>					<b>9</b>
250	NM1	Individual or Organizational Name	0	1	
255	PRV	Provider Information	0	1	
260	N2	Additional Name Information	0	2	
265	N3	Address Information	0	2	
270	N4	Geographic Location	0	1	
271	REF	Reference Identification	0	20	
275	PER	Administrative Communications Contact	0	2	
<b>LOOP ID - 2320</b>					<b>10</b>
290	SBR	Subscriber Information	0	1	
295	CAS	Claims Adjustment	0	99	
300	AMT	Monetary Amount	0	15	
305	DMG	Demographic Information	0	1	
310	OI	Other Health Insurance Information	0	1	
315	MIA	Medicare Inpatient Adjudication	0	1	
320	MOA	Medicare Outpatient Adjudication	0	1	
<b>LOOP ID - 2330</b>					<b>10</b>
325	NM1	Individual or Organizational Name	0	1	
330	N2	Additional Name Information	0	2	
332	N3	Address Information	0	2	
340	N4	Geographic Location	0	1	
345	PER	Administrative Communications Contact	0	2	

350	DTP	Date or Time or Period	O	9	
355	REF	Reference Identification	O	3	
<b>LOOP ID - 2400</b>					<b>&gt;1</b>
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	
<b>LOOP ID - 2410</b>					<b>&gt;1</b>
494	LIN	Item Identification	O	1	
495	CTP	Pricing Information	O	1	
496	REF	Reference Identification	O	1	
<b>LOOP ID - 2420</b>					<b>10</b>
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	
<b>LOOP ID - 2430</b>					<b>&gt;1</b>
540	SVD	Service Line Adjudication	O	1	
545	CAS	Claims Adjustment	O	99	
550	DTP	Date or Time or Period	O	9	
<b>LOOP ID - 2440</b>					<b>&gt;1</b>
551	LQ	Industry Code	O	1	
552	FRM	Supporting Documentation	M	99	
555	SE	Transaction Set Trailer	M	1	



# REFERENCE 2

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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)

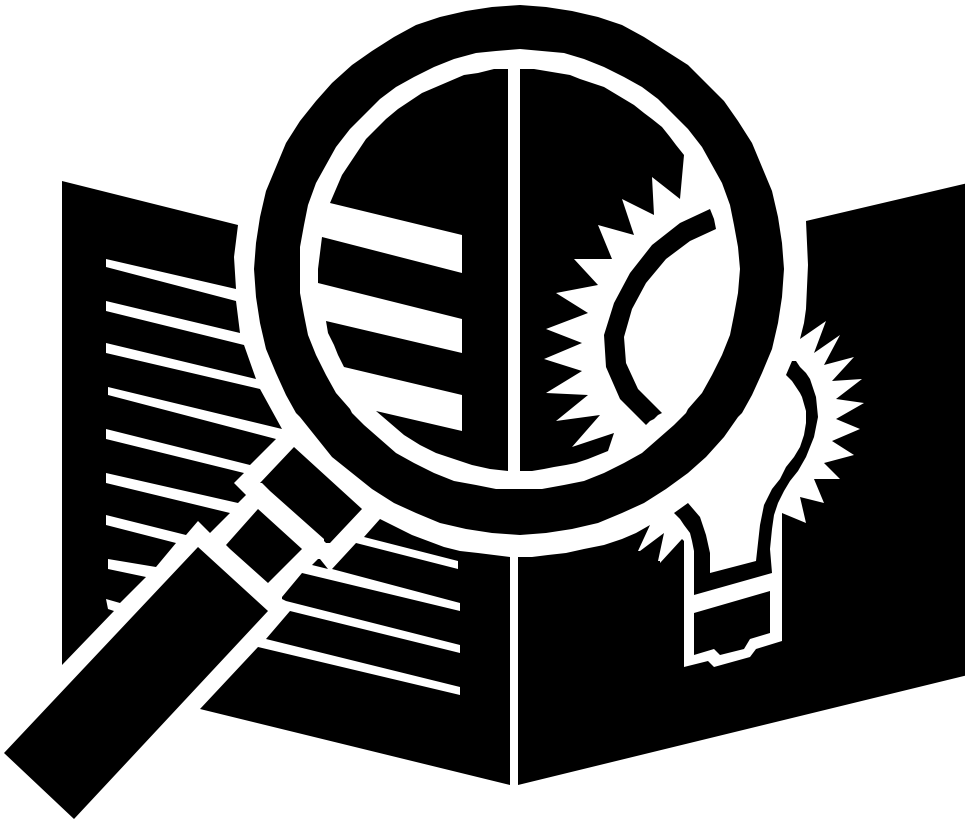
Claim level information

Line level information, as needed

SUBSCRIBER #4 (Patient #4)

Claim level information

Line level information, as needed



# REFERENCE 3

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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

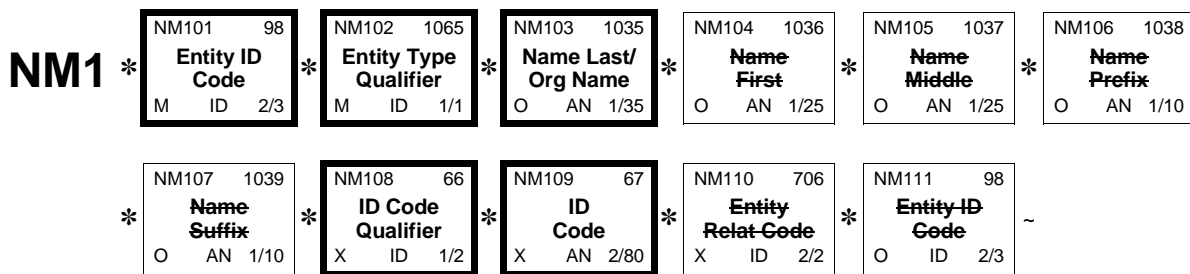
Purpose: To supply the full name of an individual or organizational entity

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

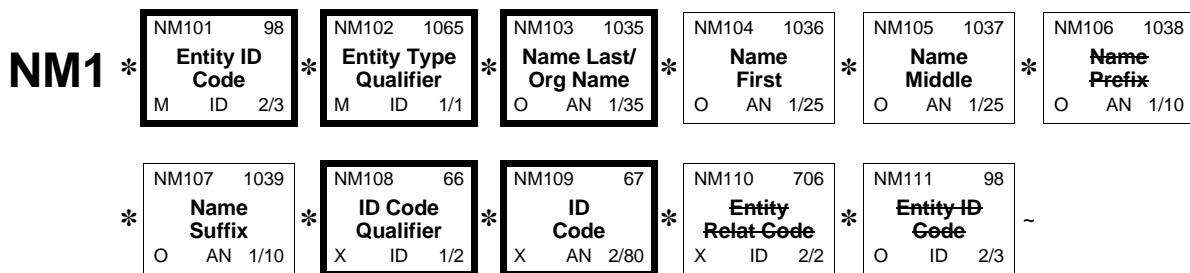
Purpose: To supply the full name of an individual or organizational entity

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	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3						
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>85</td> <td><b>Billing Provider</b> Use this code to indicate billing provider, billing submitter, and encounter reporting entity.</td> </tr> </tbody> </table>	CODE	DEFINITION	85	<b>Billing Provider</b> Use this code to indicate billing provider, billing submitter, and encounter reporting entity.			
CODE	DEFINITION									
85	<b>Billing Provider</b> Use this code to indicate billing provider, billing submitter, and encounter reporting entity.									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  SEMANTIC: NM102 qualifies NM103.	M ID 1/1						
			<table border="1"> <thead> <tr> <th>CODE</th> <th>DEFINITION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	CODE	DEFINITION	1	Person	2	Non-Person Entity	
CODE	DEFINITION									
1	Person									
2	Non-Person Entity									
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  <i>INDUSTRY: Billing Provider Last or Organizational Name</i> <i>ALIAS: Billing Provider Name</i>  NSF Reference: BA0-18.0 or BA0-19.0	O AN 1/35						
SITUATIONAL	NM104	1036	<b>Name First</b> Individual first name  <i>INDUSTRY: Billing Provider First Name</i> <i>ALIAS: Billing Provider Name</i>  NSF Reference: BA0-20.0  Required if NM102=1 (person).	O AN 1/25						
SITUATIONAL	NM105	1037	<b>Name Middle</b> Individual middle name or initial  <i>INDUSTRY: Billing Provider Middle Name</i> <i>ALIAS: Billing Provider Name</i>  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	<b>Name Prefix</b>	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

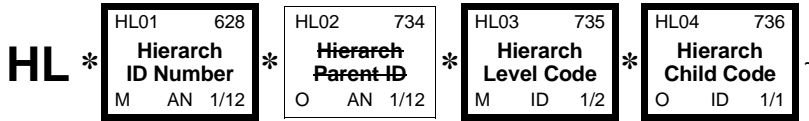
**Loop:** 2000 **Repeat:** >1

**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
<b>REQUIRED</b>	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure  <b>COMMENT:</b> 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.  <b>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.</b>	<b>M AN 1/12</b>
<b>NOT USED</b>	HL02	734	<b>Hierarchical Parent ID Number</b>	<b>O AN 1/12</b>
<b>REQUIRED</b>	HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure  <b>COMMENT:</b> 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.	<b>M ID 1/2</b>
<b>CODE                      DEFINITION</b>				
<b>20                      Information Source</b>				
<b>REQUIRED</b>	HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described  <b>COMMENT:</b> HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	<b>O ID 1/1</b>
<b>CODE                      DEFINITION</b>				
<b>1                      Additional Subordinate HL Data Segment in This Hierarchical Structure.</b>				

**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

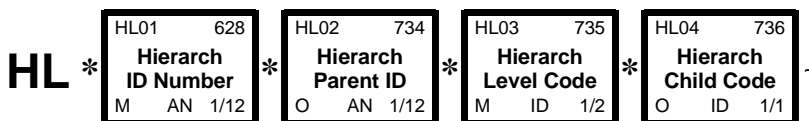
**Loop:** 2000 **Repeat:** >1

**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	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure  <b>COMMENT:</b> 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	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to  <b>COMMENT:</b> 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	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure  <b>COMMENT:</b> 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	<b>Subscriber</b>

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

**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.**

CODE	DEFINITION
0	<b>No Subordinate HL Segment in This Hierarchical Structure.</b>
1	<b>Additional Subordinate HL Data Segment in This Hierarchical Structure.</b>

**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

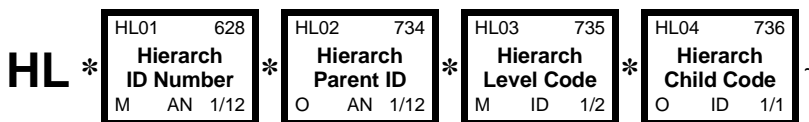
**Loop:** 2000 **Repeat:** >1

**Requirement:** Mandatory

**Max Use:** 1

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

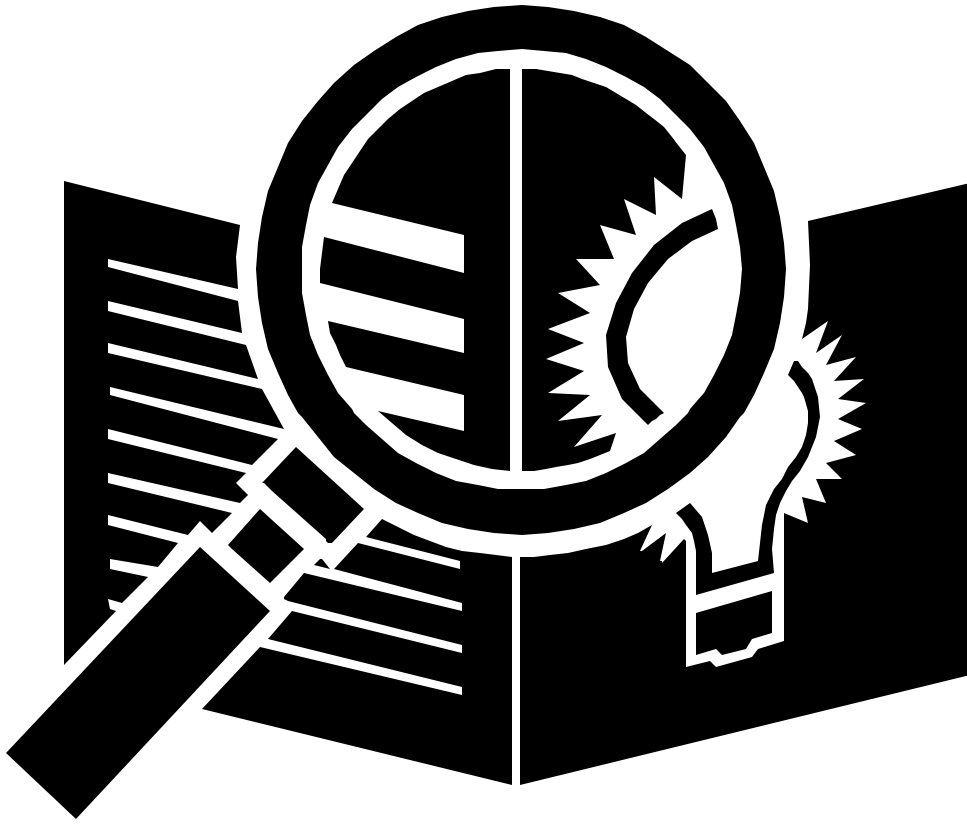
**DIAGRAM**



**ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
<b>REQUIRED</b>	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure  <b>COMMENT:</b> 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.	<b>M AN 1/2</b>
<b>REQUIRED</b>	HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to  <b>COMMENT:</b> HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	<b>O AN 1/2</b>
<b>REQUIRED</b>	HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure  <b>COMMENT:</b> 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.	<b>M ID 1/2</b>
			<b>CODE</b>	<b>DEFINITION</b>
			<b>23</b>	<b>Dependent</b> <b>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.</b>
<b>REQUIRED</b>	HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described  <b>COMMENT:</b> HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.	<b>O ID 1/1</b>
			<b>CODE</b>	<b>DEFINITION</b>
			<b>0</b>	<b>No Subordinate HL Segment in This Hierarchical Structure.</b>





# 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](#)  
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[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	3E Eye, Ear, Nose and Throat Facility
27 Small Disadvantaged Business	3F Rehabilitation Facility
28 Subcontractor	3G Orthopedic Facility
29 Prototype Supplier	3H Chronic Disease Facility
2A Federal, State, County or City Facility	3I Other Specialty Facility
2B Third-Party Administrator	3J Children's General Facility
2C Co-Participant	3K Children's Hospital Unit of an Institution
2D Miscellaneous Health Care Facility	3L Children's Psychiatric Facility
2E Non-Health Care Miscellaneous Facility	3M Children's Tuberculosis and Other Respiratory Diseases Facility
2F State	3N Children's Eye, Ear, Nose and Throat Facility
2G Assigner	3O Children's Rehabilitation Facility
2H Hospital District or Authority	3P Children's Orthopedic Facility
2I Church Operated Facility	3Q Children's Chronic Disease Facility
2J Individual	3R Children's Other Specialty Facility
2K Partnership	3S Institution for Mental Retardation
2L Corporation	3T Alcoholism and Other Chemical Dependency Facility
2M Air Force Facility	3U General Inpatient Care for AIDS/ARC Facility
2N Army Facility	3V AIDS/ARC Unit
2O Navy Facility	3W Specialized Outpatient Program for AIDS/ARC
2P Public Health Service Facility	3X Alcohol/Drug Abuse or Dependency Inpatient Unit
2Q Veterans Administration Facility	3Y Alcohol/Drug Abuse or Dependency Outpatient Services
2R Federal Facility	3Z Arthritis Treatment Center
2S Public Health Service Indian Service Facility	40 Receiver
2T Department of Justice Facility	<i>Entity to accept transmission</i>
2U Other Not-for-profit Facility	41 Submitter
2V Individual for-profit Facility	<i>Entity transmitting transaction set</i>
2W Partnership for-profit Facility	42 Component Manufacturer
2X Corporation for-profit Facility	<i>Provider of a proprietary designed and manufactured subassembly that meets defined customer specifications</i>
2Y General Medical and Surgical Facility	43 Claimant Authorized Representative
2Z Hospital Unit of an Institution (prison hospital, college infirmary, etc.)	44 Data Processing Service Bureau
30 Service Supplier	45 Drop-off Location
31 Postal Mailing Address	46 Invoicing Dealer
32 Party to Receive Material Release	<i>Source with whom monetary transactions for component manufacturer extended service coverages will occur</i>
33 Inquiry Address	47 Estimator
34 Material Change Notice Address	48 In-service Source
35 Electronic Data Interchange (EDI) Coordinator Point Address	<i>Source placing product into service</i>
36 Employer	49 Initial Dealer
37 Previous Debt Holder	<i>The dealer who initially attempted the repair</i>
38 Mortgage Liability Account Holder	4A Birthing Room/LDRP Room
39 Appraisal Company	4B Burn Care Unit
3A Hospital Unit Within an Institution for the Mentally Retarded	4C Cardiac Catherization Laboratory
3B Psychiatric Facility	4D Open-Heart Surgery Facility
3C Tuberculosis and Other Respiratory Diseases Facility	4E Cardiac Intensive Care Unit
3D Obstetrics and Gynecology Facility	4F Angioplasty Facility

<b>4G</b> Chronic Obstructive Pulmonary Disease Service Facility	<b>5M</b> Psychiatric Geriatric Services
<b>4H</b> Emergency Department	<b>5N</b> Psychiatric Inpatient Unit
<b>4I</b> Trauma Center (Certified)	<b>5O</b> Psychiatric Outpatient Services
<b>4J</b> Extracorporeal Shock-Wave Lithotripter (ESWL) Unit	<b>5P</b> Psychiatric Partial Hospitalization Program
<b>4K</b> Fitness Center	<b>5Q</b> Megavoltage Radiation Therapy Unit
<b>4L</b> Genetic Counseling/Screening Services	<b>5R</b> Radioactive Implants Unit
<b>4M</b> Adult Day Care Program Facility	<b>5S</b> Therapeutic Radioisotope Facility
<b>4N</b> Alzheimer's Diagnostic/Assessment Services	<b>5T</b> X-Ray Radiation Therapy Unit
<b>4O</b> Comprehensive Geriatric Assessment Facility	<b>5U</b> CT Scanner Unit
<b>4P</b> Emergency Response (Geriatric) Unit	<b>5V</b> Diagnostic Radioisotope Facility
<b>4Q</b> Geriatric Acute Care Unit	<b>5W</b> Magnetic Resonance Imaging (MRI) Facility
<b>4R</b> Geriatric Clinics	<b>5X</b> Ultrasound Unit
<b>4S</b> Respite Care Facility	<b>5Y</b> Rehabilitation Inpatient Unit
<b>4T</b> Senior Membership Program	<b>5Z</b> Rehabilitation Outpatient Services
<b>4U</b> Patient Education Unit	<b>60</b> Salesperson <i>Identification of individual that sold the product e.g. SSN, salesperson id, etc.</i>
<b>4V</b> Community Health Promotion Facility	<b>61</b> Performed At <i>The facility where work was performed</i>
<b>4W</b> Worksite Health Promotion Facility	<b>62</b> Applicant's Employer
<b>4X</b> Hemodialysis Facility	<b>63</b> Reference's Employer
<b>4Y</b> Home Health Services	<b>64</b> Cosigner's Employer
<b>4Z</b> Hospice	<b>65</b> Applicant's Reference <i>A person identified on the loan application as a secondary contact for the borrower</i>
<b>50</b> Manufacturer's Representative	<b>66</b> Applicant's Cosigner <i>A person who signs the promissory note in addition to the borrower and is responsible for the obligation if the borrower does not pay</i>
<b>51</b> Parts Distributor	<b>67</b> Applicant's Comaker <i>One of two individuals who are joint borrowers on a loan and who are equally liable for repayment of the loan</i>
<b>52</b> Part Remanufacturer	<b>68</b> Owner's Representative <i>Individual operating or responsible for the vehicle/equipment</i>
<b>53</b> Registered Owner <i>Unique code of entity owning the equipment</i>	<b>69</b> Repairing Outlet <i>Party completing the repair</i>
<b>54</b> Order Writer <i>Individual who receives the product from the customer and prepares the repair order describing work to be performed</i>	<b>6A</b> Reproductive Health Services
<b>55</b> Service Manager <i>Person responsible for service department</i>	<b>6B</b> Skilled Nursing or Other Long-Term Care Unit
<b>56</b> Servicing Dealer	<b>6C</b> Single Photon Emission Computerized Tomography (SPECT) Unit
<b>57</b> Servicing Organization	<b>6D</b> Organized Social Work Service Facility
<b>58</b> Store Manager	<b>6E</b> Outpatient Social Work Services
<b>59</b> Party to Approve Specification	<b>6F</b> Emergency Department Social Work Services
<b>5A</b> Medical Surgical or Other Intensive Care Unit	<b>6G</b> Sports Medicine Clinic/Services
<b>5B</b> Hisopathology Laboratory	<b>6H</b> Hospital Auxiliary Unit
<b>5C</b> Blood Bank	<b>6I</b> Patient Representative Services
<b>5D</b> Neonatal Intensive Care Unit	<b>6J</b> Volunteer Services Department
<b>5E</b> Obstetrics Unit	<b>6K</b> Outpatient Surgery Services
<b>5F</b> Occupational Health Services	<b>6L</b> Organ/Tissue Transplant Unit
<b>5G</b> Organized Outpatient Services	
<b>5H</b> Pediatric Acute Inpatient Unit	
<b>5I</b> Psychiatric Child/Adolescent Services	
<b>5J</b> Psychiatric Consultation-Liaison Services	
<b>5K</b> Psychiatric Education Services	
<b>5L</b> Psychiatric Emergency Services	

<b>6M</b> Orthopedic Surgery Facility	<b>7S</b> Pipeline Segment
<b>6N</b> Occupational Therapy Services	<b>7T</b> Home State Name <i>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</i>
<b>6O</b> Physical Therapy Services	
<b>6P</b> Recreational Therapy Services	
<b>6Q</b> Respiratory Therapy Services	<b>7U</b> Liquidator
<b>6R</b> Speech Therapy Services	<b>7V</b> Petitioning Creditor's Attorney
<b>6S</b> Women's Health Center/Services	<b>7W</b> Merged Name <i>Name of survivor company resulting from a merger</i>
<b>6T</b> Health Sciences Library	<b>7X</b> Party Represented
<b>6U</b> Cardiac Rehabilitation Program Facility	<b>7Y</b> Professional Organization
<b>6V</b> Non-Invasive Cardiac Assessment Services	<b>7Z</b> Referee
<b>6W</b> Emergency Medical Technician	<b>80</b> Hospital <i>An institution where the ill or injured may receive medical treatment</i>
<b>6X</b> Disciplinary Contact	<b>81</b> Part Source <i>Identifies vendor who supplied casual part</i>
<b>6Y</b> Case Manager	<b>82</b> Rendering Provider
<b>6Z</b> Advisor	<b>83</b> Subscriber's School
<b>70</b> Prior Incorrect Insured	<b>84</b> Subscriber's Employer
<b>71</b> Attending Physician <i>Physician present when medical services are performed</i>	<b>85</b> Billing Provider
<b>72</b> Operating Physician <i>Doctor who performs a surgical procedure</i>	<b>86</b> Conductor
<b>73</b> Other Physician <i>Physician not one of the other specified choices</i>	<b>87</b> Pay-to Provider
<b>74</b> Corrected Insured	<b>88</b> Approver <i>Manufacturer's representative approving claim for payment</i>
<b>75</b> Participant	<b>89</b> Investor
<b>76</b> Secondary Warranter	<b>8A</b> Vacation Home
<b>77</b> Service Location	<b>8B</b> Primary Residence
<b>78</b> Service Requester	<b>8C</b> Second Home
<b>79</b> Warranter	<b>8D</b> Permit Holder
<b>7A</b> Premises	<b>8E</b> Minority Institution
<b>7B</b> Bottler	<b>8F</b> Bailment Warehouse <i>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</i>
<b>7C</b> Place of Occurrence	<b>8G</b> First Appraiser
<b>7D</b> Contracting Officer Representative	<b>8H</b> Tax Exempt Organization
<b>7E</b> Party Authorized to Definitize Contract Action	<b>8I</b> Service Organization
<b>7F</b> Filing Address	<b>8J</b> Emerging Small Business
<b>7G</b> Hazardous Material Office	<b>8K</b> Surplus Dealer
<b>7H</b> Government Furnished Property FOB Point	<b>8L</b> Polling Site
<b>7I</b> Project Name	<b>8M</b> Socially Disadvantaged Individual
<b>7J</b> Codefendant	<b>8N</b> Economically Disadvantaged Individual
<b>7K</b> Co-occupant	<b>8O</b> Disabled Individual
<b>7L</b> Preliminary Inspection Location	<b>8P</b> Producer
<b>7M</b> Inspection and Acceptance Location	<b>8Q</b> Public or Private Organization for the Disabled
<b>7N</b> Party to Receive Proposal	<b>8R</b> Consumer Service Provider (CSP) Customer
<b>7O</b> Federally Chartered Facility	
<b>7P</b> Transportation Office	
<b>7Q</b> Party to Whom Protest Submitted	
<b>7R</b> Birthplace <i>Location where individual was born; may be the country or a more complete address</i>	

<b>8S</b> Consumer Service Provider (CSP)	<b>9Z</b> Co-debtor <i>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</i>
<b>8T</b> Voter	<b>A1</b> Adjuster <i>Investigates a claim and estimates the value of the damage: the information gathered by an adjuster is used in settling the insurance claim.</i>
<b>8U</b> Native Hawaiian Organization	<b>A2</b> Woman-Owned Business <i>A business (not defined as large or small) that is owned by a woman</i>
<b>8V</b> Primary Intra-LATA (Local Access Transport Area) Carrier	<b>A3</b> Labor Surplus Area Firm <i>A business that has an identified surplus of labor in the geographic area where it is located</i>
<b>8W</b> Payment Address	<b>A4</b> Other Disadvantaged Business <i>A business which qualifies as a disadvantaged business for another, unspecified reason</i>
<b>8X</b> Oil and Gas Custodian	<b>A5</b> Veteran-Owned Business <i>A business owned by a veteran</i>
<b>8Y</b> Registered Office <i>Address where legal correspondence should be sent</i>	<b>A6</b> Section 8(a) Program Participant Firm <i>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</i>
<b>90</b> Previous Business Partner	<b>A7</b> Sheltered Workshop <i>A business entity which provides work for a special category of worker</i>
<b>91</b> Action Party <i>The organization responsible for investigation and resolution</i>	<b>A8</b> Nonprofit Institution <i>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</i>
<b>92</b> Support Party <i>The organization supporting the resolution of an investigation</i>	<b>A9</b> Sales Office <i>A business entity whose main activity is, or a location at which, the sale of goods or services takes place</i>
<b>93</b> Insurance Institute	<b>AA</b> Authority For Shipment
<b>94</b> New Supply Source	<b>AB</b> Additional Pick Up Address
<b>95</b> Research Institute	<b>AC</b> Air Cargo Company
<b>96</b> Debtor Company	<b>AD</b> Party to be advised (Written orders)
<b>97</b> Party Waiving Requirements	<b>AE</b> Additional Delivery Address
<b>98</b> Freight Management Facilitator <i>Organization and/or individual responsible for the monitoring and management of freight services</i>	<b>AF</b> Authorized Accepting Official
<b>99</b> Outer Continental Shelf (OCS) Area Location	<b>AG</b> Agent/Agency
<b>9A</b> Debtor Individual	<b>AH</b> Advertiser
<b>9B</b> Country of Export	<b>AI</b> Airline
<b>9C</b> Country of Destination	<b>AJ</b> Alleged Debtor
<b>9D</b> New Service Provider	<b>AK</b> Party to Whom Acknowledgment Should Be Sent
<b>9E</b> Sub-servicer	<b>AL</b> Allotment Customer
<b>9F</b> Loss Payee	<b>AM</b> Assistant U.S. Trustee
<b>9G</b> Nickname	<b>AN</b> Authorized From
<b>9H</b> Assignee	<b>AO</b> Account Of
<b>9I</b> Registered Principal	<b>AP</b> Account of (Origin Party)
<b>9J</b> Additional Debtor	<b>AQ</b> Account of (Destination Party)
<b>9K</b> Key Person	<b>AR</b> Armed Services Location Designation
<b>9L</b> Incorporated By	
<b>9N</b> Party to Lease	
<b>9O</b> Party to Contract	
<b>9P</b> Investigator	
<b>9Q</b> Last Supplier	
<b>9R</b> Downstream First Supplier	
<b>9S</b> Co-Investigator	
<b>9T</b> Telephone Answering Service Bureau	
<b>9U</b> Author	
<b>9V</b> First Supplier	
<b>9W</b> Ultimate Parent Company	
<b>9X</b> Contractual Receipt Meter	
<b>9Y</b> Contractual Delivery Meter	

<b>AS</b> Postsecondary Education Sender	<b>BF</b> Billed From
<b>AT</b> Postsecondary Education Recipient	<b>BG</b> Buying Group
<b>AU</b> Party Authorizing Disposition	<b>BH</b> Interim Trustee
<b>AV</b> Authorized To	<b>BI</b> Trustee's Attorney
<b>AW</b> Accountant	<b>BJ</b> Co-Counsel
<b>AX</b> Plaintiff	<b>BK</b> Bank
<b>AY</b> Clearinghouse	<b>BL</b> Party to Receive Bill of Lading
<b>AZ</b> Previous Name	<b>BM</b> Brakeman
<b>B1</b> Construction Firm <i>A business entity whose main activity is construction</i>	<b>BN</b> Beneficial Owner
<b>B2</b> Other Unlisted Type of Organizational Entity <i>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</i>	<b>BO</b> Broker or Sales Office
<b>B3</b> Previous Name of Firm <i>A name by which a business entity was previously known</i>	<b>BP</b> Special Counsel
<b>B4</b> Parent Company <i>The organizational entity which, by virtue of organization, ownership, and/or management, exercises control over a subordinate but separate business entity</i>	<b>BQ</b> Attorney for Defendant Private
<b>B5</b> Affiliated Company <i>An organizational entity that shares a business affiliation with another business entity</i>	<b>BR</b> Broker
<b>B6</b> Registering Parent Party <i>An organizational entity (which is also a parent company) that is registering, for a program, e.g. to become a registered bidder</i>	<b>BS</b> Bill and Ship To
<b>B7</b> Registering Nonparent Party <i>An organizational entity (which is not a parent company) that is registering, for a program, e.g. to become a registered bidder</i>	<b>BT</b> Bill-to-Party
<b>B8</b> Regular Dealer <i>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</i>	<b>BU</b> Place of Business
<b>B9</b> Large Business <i>A business entity that cannot be classified as a small business for purposes of receiving preferential treatment in the award of contracts</i>	<b>BV</b> Billing Service <i>Entity that provides statement of charges for medical services or supplies</i>
<b>BA</b> Battery <i>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</i>	<b>BW</b> Borrower
<b>BB</b> Business Partner	<b>BX</b> Attorney for Plaintiff
<b>BC</b> Broadcaster	<b>BY</b> Buying Party (Purchaser)
<b>BD</b> Bill-to Party for Diversion Charges <i>Charges associated with a diversion or reconsignment of a railcar</i>	<b>BZ</b> Business Associate
<b>BE</b> Beneficiary	<b>C1</b> In Care Of Party no. 1
	<b>C2</b> In Care Of Party no. 2
	<b>C3</b> Circuit Location Identifier <i>Identifies the address information as that which is assigned to a circuit location address</i>
	<b>C4</b> Contract Administration Office <i>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</i>
	<b>C5</b> Party Submitting Quote <i>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</i>
	<b>C6</b> Municipality
	<b>C7</b> County
	<b>C8</b> City
	<b>C9</b> Contract Holder
	<b>CA</b> Carrier
	<b>CB</b> Customs Broker
	<b>CC</b> Claimant
	<b>CD</b> Consignee (To Receive Mail and Small Parcels)
	<b>CE</b> Consignee (To receive large parcels and freight)
	<b>CF</b> Subsidiary/Division



<b>CG</b> Carnet Issuer	<b>DI</b> Different Premise Address (DPA) <i>Provides the different premise address when the associated equipment, or services, or both, are located at an address different from the main address</i>
<b>CH</b> Chassis Provider	<b>DJ</b> Consulting Physician
<b>CI</b> Consignor	<b>DK</b> Ordering Physician
<b>CJ</b> Automated Data Processing (ADP) Point <i>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</i>	<b>DL</b> Dealer
<b>CK</b> Pharmacist	<b>DM</b> Destination Mail Facility
<b>CL</b> Container Location	<b>DN</b> Referring Provider
<b>CM</b> Customs	<b>DO</b> Dependent Name
<b>CN</b> Consignee	<b>DP</b> Party to Provide Discount
<b>CO</b> Ocean Tariff Conference	<b>DQ</b> Supervising Physician
<b>CP</b> Party to Receive Cert. of Compliance	<b>DR</b> Destination Drayman
<b>CQ</b> Corporate Office	<b>DS</b> Distributor
<b>CR</b> Container Return Company	<b>DT</b> Destination Terminal
<b>CS</b> Consolidator	<b>DU</b> Resale Dealer
<b>CT</b> Country of Origin	<b>DV</b> Division
<b>CU</b> Coating or Paint Supplier	<b>DW</b> Downstream Party
<b>CV</b> Converter	<b>DX</b> Distiller <i>An entity that manufactures an alcoholic product using Bureau of Alcohol, Tobacco and Firearms approved methods and formulas</i>
<b>CW</b> Accounting Station <i>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</i>	<b>DY</b> Default/Foreclosure Specialist <i>The Federal Home Loan Mortgage Corporation (FHLMC) representative that processes the default monitoring and foreclosure reports</i>
<b>CX</b> Claim Administrator	<b>DZ</b> Delivery Zone <i>Area where the product was delivered</i>
<b>CY</b> Country	<b>E1</b> Person or Other Entity Legally Responsible for a Child
<b>CZ</b> Admitting Surgeon	<b>E2</b> Person or Other Entity With Whom a Child Resides
<b>D1</b> Driver	<b>E3</b> Person or Other Entity Legally Responsible for and With Whom a Child Resides
<b>D2</b> Commercial Insurer	<b>E4</b> Other Person or Entity Associated with Student
<b>D3</b> Defendant	<b>E5</b> Examiner
<b>D4</b> Debtor	<b>E6</b> Engineering
<b>D5</b> Debtor-In-Possession	<b>E7</b> Previous Employer
<b>D6</b> Consolidated Debtor	<b>E8</b> Inquiring Party
<b>D7</b> Petitioning Creditor	<b>E9</b> Participating Laboratory
<b>D8</b> Dispatcher	<b>EA</b> Study Submitter
<b>D9</b> Creditor's Attorney	<b>EB</b> Eligible Party To The Contract
<b>DA</b> Delivery Address	<b>EC</b> Exchanger
<b>DB</b> Distributor Branch	<b>ED</b> Excluded Party
<b>DC</b> Destination Carrier	<b>EE</b> Location of Goods for Customs Examination Before Clearance
<b>DD</b> Assistant Surgeon	<b>EF</b> Electronic Filer <i>The firm, organization, or individual who converts the paper return into a machine-readable form</i>
<b>DE</b> Depositor	<b>EG</b> Engineer
<b>DF</b> Material Disposition Authorization Location	<b>EH</b> Exhibitor
<b>DG</b> Design Engineering <i>Identifies the design engineer or office of the design engineer who will receive design specifications</i>	<b>EI</b> Executor of Estate
<b>DH</b> Doing Business As	<b>EJ</b> Principal Person

<b>EK</b> Animal Source	<b>FS</b> Final Scheduled Destination <i>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</i>
<b>EL</b> Established Location	<b>FT</b> New Assignee
<b>EM</b> Party to Receive Electronic Memo of Invoice	<b>FU</b> Old Assignee
<b>EN</b> End User	<b>FV</b> Vessel Name
<b>EO</b> Limited Liability Partnership	<b>FW</b> Forwarder
<b>EP</b> Eligible Party to the Rate	<b>FX</b> Closed Door Pharmacy
<b>EQ</b> Old Debtor	<b>FY</b> Veterinary Hospital
<b>ER</b> New Debtor	<b>FZ</b> Children's Day Care Center
<b>ET</b> Plan Administrator	<b>G0</b> Dependent Insured
<b>EU</b> Old Secured Party	<b>G1</b> Bankruptcy Trustee
<b>EV</b> Selling Agent	<b>G2</b> Annuitant
<b>EW</b> Servicing Broker	<b>G3</b> Clinic
<b>EX</b> Exporter	<b>G5</b> Contingent Beneficiary
<b>EY</b> Employee Name	<b>G6</b> Entity Holding the Information
<b>EZ</b> New Secured Party	<b>G7</b> Entity Providing the Service
<b>F1</b> Company - Owned Oil Field	<b>G8</b> Entity Responsible for Follow-up
<b>F2</b> Energy Information Administration (Department of Energy) - Owned Oil Field	<b>G9</b> Family Member
<b>F3</b> Specialized Mobile Radio Service (SMRS) Licensee	<b>GA</b> Gas Plant
<b>F4</b> Former Residence	<b>GB</b> Other Insured
<b>F5</b> Radio Control Station Location	<b>GC</b> Previous Credit Grantor
<b>F6</b> Small Control Station Location	<b>GD</b> Guardian
<b>F7</b> Small Base Station Location	<b>GE</b> General Agency
<b>F8</b> Antenna Site	<b>GF</b> Inspection Company
<b>F9</b> Area of Operation	<b>GG</b> Intermediary <i>A company which acts as a reinsurance broker for a direct writing company or a reinsurer</i>
<b>FA</b> Facility	<b>GH</b> Motor Vehicle Report Provider Company <i>A company which performs the services of obtaining motor vehicle records</i>
<b>FB</b> First Break Terminal	<b>GI</b> Paramedic
<b>FC</b> Customer Identification File (CIF) Customer Identifier	<b>GJ</b> Paramedical Company <i>A company which performs physical examination services</i>
<b>FD</b> Physical Address	<b>GK</b> Previous Insured
<b>FE</b> Mail Address	<b>GL</b> Previous Residence <i>The residence where the entity lived before moving to their present address</i>
<b>FF</b> Foreign Language Synonym	<b>GM</b> Spouse Insured
<b>FG</b> Trade Name Synonym	<b>GN</b> Garnishee
<b>FH</b> Party to Receive Limitations of Heavy Elements Report	<b>GO</b> Primary Beneficiary
<b>FI</b> Name Variation Synonym	<b>GP</b> Gateway Provider <i>Identifies a gateway access provider</i>
<b>FJ</b> First Contact	<b>GQ</b> Proposed Insured
<b>FL</b> Primary Control Point Location	<b>GR</b> Reinsurer
<b>FM</b> Fireman	<b>GS</b> Garaged Location
<b>FN</b> Filer Name	<b>GT</b> Credit Grantor
<b>FO</b> Field or Branch Office <i>Remote location of the payer responsible for administering the plan of benefits</i>	
<b>FP</b> Name on Credit Card	
<b>FQ</b> Pier Name	
<b>FR</b> Message From	

<b>GU</b> Guarantee Agency	<b>I3</b> Independent Physicians Association (IPA)
<b>GV</b> Gas Transaction Ending Point	<b>I4</b> Intellectual Property Owner <i>This is the party who claims to be the owner of any intellectual property contained here</i>
<b>GW</b> Group	<b>I9</b> Interviewer
<b>GX</b> Retrocessionaire <i>A company which acts as a reinsurer for a reinsurance company</i>	<b>IA</b> Installed At
<b>GY</b> Treatment Facility	<b>IB</b> Industry Bureau
<b>GZ</b> Grandparent	<b>IC</b> Intermediate Consignee
<b>H1</b> Representative	<b>ID</b> Issuer of Debit or Credit Memo <i>Party that will issue any credit or debit memo</i>
<b>H2</b> Sub-Office	<b>IE</b> Other Individual Disability Carrier
<b>H3</b> District	<b>IF</b> International Freight Forwarder
<b>H5</b> Paying Agent	<b>II</b> Issuer of Invoice
<b>H6</b> School District	<b>IJ</b> Injection Point
<b>H7</b> Group Affiliate	<b>IK</b> Intermediate Carrier
<b>H9</b> Designer	<b>IL</b> Insured or Subscriber
<b>HA</b> Owner	<b>IM</b> Importer
<b>HB</b> Historically Black College or University <i>An educational institution of higher learning with a historical black student population.</i>	<b>IN</b> Insurer
<b>HC</b> Joint Annuitant	<b>IO</b> Inspector
<b>HD</b> Contingent Annuitant	<b>IP</b> Independent Adjuster
<b>HE</b> Contingent Owner	<b>IQ</b> In-patient Pharmacy
<b>HF</b> Healthcare Professional Shortage Area (HPSA) Facility <i>Facility recognized by the Health Care Financing Administration as existing in an area of the country lacking in health care establishments and services</i>	<b>IR</b> Self Insured
<b>HG</b> Broker Opinion or Analysis Requester	<b>IS</b> Party to Receive Certified Inspection Report
<b>HH</b> Home Health Agency	<b>IT</b> Installation on Site
<b>HI</b> Listing Company	<b>IU</b> Issuer
<b>HJ</b> Automated Underwriting System	<b>IV</b> Renter
<b>HK</b> Subscriber	<b>J1</b> Associate General Agent
<b>HL</b> Document Custodian	<b>J2</b> Authorized Entity
<b>HM</b> Competitive Property Listing	<b>J3</b> Broker's Assistant
<b>HN</b> Competing Property	<b>J4</b> Custodian
<b>HO</b> Comparable Property Listing	<b>J5</b> Irrevocable Beneficiary
<b>HP</b> Closed Sale	<b>J6</b> Power of Attorney
<b>HQ</b> Source Party of Information	<b>J7</b> Trust Officer
<b>HR</b> Subject of Inquiry	<b>J8</b> Broker Dealer
<b>HS</b> High School	<b>J9</b> Community Agent
<b>HT</b> State Chartered Facility	<b>JA</b> Dairy Department
<b>HU</b> Subsidiary	<b>JB</b> Delicatessen Department
<b>HV</b> Tax Address <i>Address used for tax purposes</i>	<b>JC</b> Dry Grocery Department
<b>HW</b> Designated Hazardous Waste Facility	<b>JD</b> Judge
<b>HX</b> Transporter of Hazardous Waste	<b>JE</b> Frozen Department
<b>HY</b> Charity	<b>JF</b> General Merchandise Department
<b>HZ</b> Hazardous Waste Generator	<b>JG</b> Health & Beauty Department
<b>I1</b> Interested Party	<b>JH</b> Alcohol Beverage Department
	<b>JI</b> Meat Department
	<b>JJ</b> Produce Department
	<b>JK</b> Bakery Department
	<b>JL</b> Video Department

<b>JM</b> Candy and Confections Department	<b>KM</b> Coordinator
<b>JN</b> Cigarettes and Tobacco Department	<b>KN</b> Former Address
<b>JO</b> In-Store Bakery Department	<b>KO</b> Plant Clearance Officer
<b>JP</b> Floral Department	<b>KP</b> Name Under Which Filed
<b>JQ</b> Pharmacy Department	<b>KQ</b> Licensee
<b>JR</b> Bidder	<b>KR</b> Pre-kindergarten to Grade 12 Recipient
<b>JS</b> Joint Debtor Attorney	<b>KS</b> Pre-kindergarten to Grade 12 Sender
<b>JT</b> Joint Debtor	<b>KT</b> Court
<b>JU</b> Jurisdiction	<b>KU</b> Receiver Site
<b>JV</b> Joint Owner	<b>KV</b> Disbursing Officer
<b>JW</b> Joint Venture	<b>KW</b> Bid Opening Location
<b>JX</b> Closing Agent	<b>KX</b> Free on Board Point
<b>JY</b> Financial Planner	<b>KY</b> Technical Office
<b>JZ</b> Managing General Agent	<b>KZ</b> Acceptance Location
<b>K1</b> Contractor Cognizant Security Office	<b>L1</b> Inspection Location <i>Place where the item was viewed or inspected</i>
<b>K2</b> Subcontractor Cognizant Security Office	<b>L2</b> Location of Principal Assets
<b>K3</b> Place of Performance Cognizant Security Office	<b>L3</b> Loan Correspondent
<b>K4</b> Party Authorizing Release of Security Information	<b>L5</b> Contact
<b>K5</b> Party To Receive Contract Security Classification Specification	<b>L8</b> Head Office
<b>K6</b> Policy Writing Agent	<b>L9</b> Information Provider
<b>K7</b> Radio Station	<b>LA</b> Attorney
<b>K8</b> Filing Location	<b>LB</b> Last Break Terminal
<b>K9</b> Previous Distributor	<b>LC</b> Location of Spot for Storage <i>Name of the location at which a trailer is spotted for storage, i.e., the party to receive equipment</i>
<b>KA</b> Item Manager <i>The address of the person responsible for the management of an item of supply</i>	<b>LD</b> Liability Holder
<b>KB</b> Customer for Whom Same or Similar Work Was Performed <i>The party for whom the proposing entity performed the same or similar work</i>	<b>LE</b> Lessor
<b>KC</b> Party That Received Disclosure Statement <i>The office to which the Cost Accounting Standards Board (CASB) disclosure statement was sent</i>	<b>LF</b> Limited Partner
<b>KD</b> Proposer <i>The party submitting the proposal to the proposal soliciting entity</i>	<b>LG</b> Location of Goods
<b>KE</b> Contact Office	<b>LH</b> Pipeline
<b>KF</b> Audit Office <i>The office performing the audit</i>	<b>LI</b> Independent Lab <i>Outside laboratory which provides test results for entity providing medical services</i>
<b>KG</b> Project Manager <i>The address of the person responsible for the management of a designated project</i>	<b>LJ</b> Limited Liability Company
<b>KH</b> Organization Having Source Control <i>Organization controlling the design and manufacturing process of a product</i>	<b>LK</b> Juvenile Owner
<b>KI</b> United States Overseas Security Administration Office	<b>LL</b> Location of Load Exchange (Export) <i>Name of the location at which load (trailer) is exchanged with another motor carrier for export</i>
<b>KJ</b> Qualifying Officer	<b>LM</b> Lending Institution
<b>KK</b> Registering Party <i>The party requesting registration into a system</i>	<b>LN</b> Lender
<b>KL</b> Clerk of Court	<b>LO</b> Loan Originator
	<b>LP</b> Loading Party
	<b>LQ</b> Law Firm
	<b>LR</b> Legal Representative
	<b>LS</b> Lessee
	<b>LT</b> Long-term Disability Carrier
	<b>LU</b> Master Agent

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

<b>OB</b> Ordered By	<b>P8</b> Personnel Office
<b>OC</b> Origin Carrier	<b>P9</b> Primary Interexchange Carrier (PIC) <i>Identifies the carrier who will handle the interexchange calls</i>
<b>OD</b> Doctor of Optometry	<b>PA</b> Party to Receive Inspection Report
<b>OE</b> Booking Office	<b>PB</b> Paying Bank
<b>OF</b> Offset Operator <i>The company operating a property adjacent to the property being reported</i>	<b>PC</b> Party to Receive Cert. of Conformance (C.A.A.)
<b>OG</b> Co-owner	<b>PD</b> Purchaser's Department Buyer
<b>OH</b> Other Departments	<b>PE</b> Payee
<b>OI</b> Outside Inspection Agency	<b>PF</b> Party to Receive Freight Bill
<b>OL</b> Officer	<b>PG</b> Prime Contractor
<b>OM</b> Origin Mail Facility	<b>PH</b> Printer
<b>ON</b> Product Position Holder	<b>PI</b> Publisher
<b>OO</b> Order Of (Shippers Orders) - (Transportation)	<b>PJ</b> Party to Receive Correspondence
<b>OP</b> Operator of property or unit	<b>PK</b> Party to Receive Copy
<b>OR</b> Origin Drayman	<b>PL</b> Party to Receive Purchase Order
<b>OS</b> Override Institution; this is not the institution sending the record, but another institution the student previously attended or is currently attending	<b>PM</b> Party to receive paper Memo of Invoice
<b>OT</b> Origin Terminal	<b>PN</b> Party to Receive Shipping Notice
<b>OU</b> Outside Processor <i>A resource extraneous to primary material provider that performs additional material processing prior to delivery of the material to the primary provider's customer</i>	<b>PO</b> Party to Receive Invoice for Goods or Services
<b>OV</b> Owner of Vessel	<b>PP</b> Property
<b>OW</b> Owner of Property or Unit	<b>PQ</b> Party to Receive Invoice for Lease Payments
<b>OX</b> Oxygen Therapy Facility <i>Building in which oxygen treatment is provided for medical disorder</i>	<b>PR</b> Payer
<b>OY</b> Owner of Vehicle	<b>PS</b> Previous Station
<b>OZ</b> Outside Testing Agency <i>A company or organization which performs testing for a manufacturer but is not owned by that manufacturer</i>	<b>PT</b> Party to Receive Test Report
<b>P0</b> Patient Facility <i>Facility where patient resides</i>	<b>PU</b> Party at Pick-up Location
<b>P1</b> Preparer <i>The firm, organization, or individual who determines the tax liability from information supplied by the taxpayer</i>	<b>PV</b> Party performing certification
<b>P2</b> Primary Insured or Subscriber <i>A primary insured or subscriber is a person who elects the benefits and is affiliated with the employer or the insurer</i>	<b>PW</b> Pick Up Address
<b>P3</b> Primary Care Provider <i>Physician that is selected by the insured to provide medical care</i>	<b>PX</b> Party Performing Count
<b>P4</b> Prior Insurance Carrier	<b>PY</b> Party to File Personal Property Tax
<b>P5</b> Plan Sponsor	<b>PZ</b> Party to Receive Equipment <i>Name a party to receive the transfer of equipment</i>
<b>P6</b> Third Party Reviewing Preferred Provider Organization (PPO)	<b>Q1</b> Conductor Pilot
<b>P7</b> Third Party Repricing Preferred Provider Organization (PPO)	<b>Q2</b> Engineer Pilot
	<b>Q3</b> Retail Account
	<b>Q4</b> Cooperative Buying Group
	<b>Q5</b> Advertising Group
	<b>Q6</b> Interpreter
	<b>Q7</b> Partner
	<b>Q8</b> Base Period Employer
	<b>Q9</b> Last Employer
	<b>QA</b> Pharmacy <i>Establishment responsible for preparing and dispensing drugs and medicines</i>
	<b>QB</b> Purchase Service Provider <i>Entity from which medical supplies may be bought</i>
	<b>QC</b> Patient <i>Individual receiving medical care</i>

<b>QD</b> Responsible Party <i>Person responsible for the affairs of the person having services rendered</i>	<b>RJ</b> Residence or Domicile
<b>QE</b> Policyholder	<b>RK</b> Refinery Operator
<b>QF</b> Passenger	<b>RL</b> Reporting Location
<b>QG</b> Pedestrian	<b>RM</b> Party that remits payment
<b>QH</b> Physician	<b>RN</b> Repair or Refurbish Location <i>Location to ship goods for repair or refurbishment</i>
<b>QI</b> Party in Possession	<b>RO</b> Original Intermodal Ramp
<b>QJ</b> Most Recent Employer (Chargeable)	<b>RP</b> Receiving Point for Customer Samples
<b>QK</b> Managed Care	<b>RQ</b> Resale Customer
<b>QL</b> Chiropractor	<b>RR</b> Railroad
<b>QM</b> Dialysis Centers	<b>RS</b> Receiving Facility Scheduler
<b>QN</b> Dentist	<b>RT</b> Returned to <i>Location to which goods have or will be returned</i>
<b>QO</b> Doctor of Osteopathy	<b>RU</b> Receiving Sub-Location <i>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</i>
<b>QP</b> Principal Borrower	<b>RV</b> Reservoir
<b>QQ</b> Quality Control	<b>RW</b> Rural Health Clinic
<b>QR</b> Buyer's Quality Review Board	<b>RX</b> Responsible Exhibitor
<b>QS</b> Podiatrist	<b>RY</b> Specified Repository
<b>QT</b> Psychiatrist	<b>RZ</b> Receipt Zone <i>Area where the product was received</i>
<b>QU</b> Veterinarian	<b>S0</b> Sole Proprietor
<b>QV</b> Group Practice	<b>S1</b> Parent
<b>QW</b> Government	<b>S2</b> Student
<b>QX</b> Home Health Corporation <i>Organization primarily engaged in providing skilled nursing or other therapeutic services</i>	<b>S3</b> Custodial Parent
<b>QY</b> Medical Doctor <i>An individual trained and licensed to practice as a Medical Doctor (M.D.)</i>	<b>S4</b> Skilled Nursing Facility
<b>QZ</b> Co-borrower	<b>S5</b> Secured Party
<b>R0</b> Royalty Owner	<b>S6</b> Agency Granting Security Clearance
<b>R1</b> Party to Receive Scale Ticket <i>Party receiving document containing weight information from scale</i>	<b>S7</b> Secured Party Company
<b>R2</b> Reporting Officer	<b>S8</b> Secured Party Individual
<b>R3</b> Next Scheduled Destination	<b>S9</b> Sibling
<b>R4</b> Regulatory (State) District	<b>SA</b> Salvage Carrier
<b>R5</b> Regulatory (State) Entity	<b>SB</b> Storage Area
<b>R6</b> Requester	<b>SC</b> Store Class
<b>R7</b> Consumer Referral Contact	<b>SD</b> Sold To and Ship To
<b>R8</b> Credit Reporting Agency	<b>SE</b> Selling Party
<b>R9</b> Requested Lender	<b>SF</b> Ship From
<b>RA</b> Alternate Return Address	<b>SG</b> Store Group
<b>RB</b> Receiving Bank	<b>SH</b> Shipper
<b>RC</b> Receiving Location	<b>SI</b> Shipping Schedule Issuer
<b>RD</b> Destination Intermodal Ramp	<b>SJ</b> Service Provider <i>Identifies name and address information as pertaining to a service provider for which billing is being rendered</i>
<b>RF</b> Refinery	
<b>RG</b> Responsible Installation, Origin	
<b>RH</b> Responsible Installation, Destination	
<b>RI</b> Remit To	

<b>SK</b> Secondary Location Address (SLA) <i>Identifies a physical address location in which a telecommunications circuit terminates; this address is in addition to a main service address</i>	<b>TL</b> Testing Laboratory
<b>SL</b> Origin Sublocation <i>The origin of product for accounting and operations purposes</i>	<b>TM</b> Transmitter <i>A firm, organization, or individual who transmits returns electronically to a taxing authority</i>
<b>SM</b> Party to Receive Shipping Manifest	<b>TN</b> Tradename
<b>SN</b> Store	<b>TO</b> Message To
<b>SO</b> Sold To If Different From Bill To	<b>TP</b> Primary Taxpayer <i>Taxpayer whose social security number or employer identification number is used as the primary identification number for the filing</i>
<b>SP</b> Party filling Shipper's Order	<b>TQ</b> Third Party Reviewing Organization (TPO)
<b>SQ</b> Service Bureau <i>A business entity that is responsible for providing computer resources to other firms that do not have computer resources of their own</i>	<b>TR</b> Terminal
<b>SR</b> Samples to be Returned To	<b>TS</b> Party to Receive Certified Test Results
<b>SS</b> Steamship Company	<b>TT</b> Transfer To
<b>ST</b> Ship To	<b>TU</b> Third Party Repricing Organization (TPO)
<b>SU</b> Supplier/Manufacturer	<b>TV</b> Third Party Administrator (TPA)
<b>SV</b> Service Performance Site <i>When services are contracted for, this describes the organization for whom or location address at which those services will be performed</i>	<b>TW</b> Transit Authority
<b>SW</b> Sealing Company	<b>TX</b> Tax Authority
<b>SX</b> School-based Service Provider	<b>TY</b> Trustee
<b>SY</b> Secondary Taxpayer <i>Taxpayer who is filing jointly with the primary taxpayer</i>	<b>TZ</b> Significant Other
<b>SZ</b> Supervisor	<b>U1</b> Gas Transaction Point 1
<b>T1</b> Operator of the Transfer Point	<b>U2</b> Gas Transaction Point 2
<b>T2</b> Operator of the Source Transfer Point	<b>U3</b> Servicing Agent
<b>T3</b> Terminal Location <i>A geographic location where a motor or rail or air or water terminal is located</i>	<b>U4</b> Team
<b>T4</b> Transfer Point <i>A geographic location where a shipment is transferred or diverted to a new destination</i>	<b>U5</b> Underwriter
<b>T6</b> Terminal Operator	<b>U6</b> Title Underwriter
<b>T8</b> Previous Title Company	<b>U7</b> Psychologist
<b>T9</b> Prior Title Evidence Holder	<b>U8</b> Reference
<b>TA</b> Title Insurance Services Provider	<b>U9</b> Non-Registered Investment Advisor
<b>TB</b> Tooling	<b>UA</b> Place of Bottling
<b>TC</b> Tool Source	<b>UB</b> Place of Distilling
<b>TD</b> Tooling Design	<b>UC</b> Ultimate Consignee
<b>TE</b> Theatre	<b>UD</b> Region
<b>TF</b> Tank Farm	<b>UE</b> Testing Service
<b>TG</b> Tooling Fabrication	<b>UF</b> Health Miscellaneous <i>Health related entities that are not otherwise classified</i>
<b>TH</b> Theater Circuit	<b>UG</b> Nursing Home Chain
<b>TI</b> Tariff Issuer	<b>UH</b> Nursing Home
<b>TJ</b> Cosigner	<b>UI</b> Registered Investment Advisor
<b>TK</b> Test Sponsor <i>Organization sponsoring a test to be run for certification</i>	<b>UJ</b> Sales Assistant
	<b>UK</b> System
	<b>UL</b> Special Account
	<b>UM</b> Current Employer (Primary)
	<b>UN</b> Union
	<b>UO</b> Current Employer (Secondary)
	<b>UP</b> Unloading Party
	<b>UQ</b> Subsequent Owner
	<b>UR</b> Surgeon



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

<b>XK</b> Actual Referred To Organization	<b>YY</b> Flood Determination Provider
<b>XL</b> Borrower's Employer	<b>YZ</b> Electronic Registration Utility
<b>XM</b> Maintenance Organization Used for Estimate	<b>Z1</b> Party to Receive Status <i>An organization that will receive information about a transaction</i>
<b>XN</b> Planning/Maintenance Organization	<b>Z2</b> Unserviceable Material Consignee <i>An organization that will receive unserviceable material</i>
<b>XO</b> Preliminary Customer Organization	<b>Z3</b> Potential Source of Supply <i>An organization that might stock the needed material</i>
<b>XP</b> Party to Receive Solicitation	<b>Z4</b> Owning Inventory Control Point <i>An inventory control organization responsible for management of a particular item</i>
<b>XQ</b> Canadian Customs Broker	<b>Z5</b> Management Control Activity <i>Department of Defense organization that oversees contractor requests for government-owned material to be supplied for use in support of government contracts</i>
<b>XR</b> Mexican Customs Broker	<b>Z6</b> Transferring Party <i>An organization that is sending material</i>
<b>XS</b> S Corporation <i>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</i>	<b>Z7</b> Mark-for Party
<b>XT</b> Final Customer Organization	<b>Z8</b> Last Known Source of Supply <i>The last organization known to hold a transaction for the needed material</i>
<b>XU</b> United States Customs Broker	<b>Z9</b> Banker
<b>XV</b> Cross Claimant	<b>ZA</b> Corrected Address <i>The organization to which information should have been sent</i>
<b>XW</b> Counter Claimant	<b>ZB</b> Party to Receive Credit <i>The organization to which credit will be granted</i>
<b>XX</b> Business Area	<b>ZC</b> Rent Payor
<b>XY</b> Tribal Government	<b>ZD</b> Party to Receive Reports <i>The organization designated to receive reports</i>
<b>XZ</b> American Indian-Owned Business	<b>ZE</b> End Item Manufacturer <i>Manufacturer of the end item associated with the required material</i>
<b>Y2</b> Managed Care Organization	<b>ZF</b> Break Bulk Point
<b>YA</b> Affiant <i>Person bringing forward a court case</i>	<b>ZG</b> Present Address
<b>YB</b> Arbitrator	<b>ZH</b> Child
<b>YC</b> Bail Payor	<b>ZJ</b> Branch
<b>YD</b> District Justice	<b>ZK</b> Reporter
<b>YE</b> Third Party	<b>ZL</b> Party Passing the Transaction <i>The party forwarding a transaction</i>
<b>YF</b> Witness for Prosecution	<b>ZM</b> Lease Location
<b>YG</b> Expert Witness	<b>ZN</b> Losing Inventory Manager <i>The organization losing management responsibility for an individual item of supply</i>
<b>YH</b> Crime Victim	<b>ZO</b> Minimum Royalty Payor
<b>YI</b> Juvenile Victim	<b>ZP</b> Gaining Inventory Manager <i>The organization assuming management responsibility for an individual item of supply</i>
<b>YJ</b> Juvenile Defendant	<b>ZQ</b> Screening Point
<b>YK</b> Bondsman	<b>ZR</b> Validating Party <i>Party to affirm the validity of a requirement</i>
<b>YL</b> Court Appointed Attorney	
<b>YM</b> Complainant's Attorney	
<b>YN</b> District Attorney	
<b>YO</b> Attorney for Defendant, Public	
<b>YP</b> Pro Bono Attorney <i>Counsel provided without charge</i>	
<b>YQ</b> Pro Se Counsel <i>Proceeding without counsel</i>	
<b>YR</b> Party to Appear Before	
<b>YS</b> Appellant	
<b>YT</b> Appellee	
<b>YU</b> Arresting Officer	
<b>YV</b> Hostile Witness	
<b>YW</b> Discharge Point	
<b>YX</b> Flood Certifier	

<b>ZS</b> Monitoring Party <i>Party to oversee and track the status of a requirement</i>	<b>ABC</b> Project Property
<b>ZT</b> Participating Area	<b>ABD</b> Unit Property
<b>ZU</b> Formation	<b>ABE</b> Additional Address
<b>ZV</b> Allowable Recipient	<b>ABF</b> Society of Property Information Compilers and Analysts <a href="#">SEE CODE SOURCE 573</a>
<b>ZW</b> Field	<b>ABG</b> Organization
<b>ZX</b> Attorney of Record	<b>ABH</b> Joint Owner Annuitant
<b>ZY</b> Amicus Curiae <i>Friend of the Court</i>	<b>ABI</b> Joint Annuitant Owner
<b>ZZ</b> Mutually Defined	<b>ABJ</b> Joint Owner Annuitant Payor
<b>001</b> Pumper	<b>ABK</b> Joint Owner Joint Annuitant
<b>002</b> Surface Management Entity	<b>ABL</b> Joint Owner Joint Annuitant Payor
<b>003</b> Application Party	<b>ABM</b> Joint Owner Payor
<b>004</b> Site Operator	<b>ABN</b> Acronym
<b>005</b> Construction Contractor	<b>ABO</b> New Address
<b>006</b> Drilling Contractor	<b>ABP</b> Chairperson
<b>007</b> Spud Contractor <i>Contractor responsible for initiating the drilling of an oil or gas well</i>	<b>ABQ</b> Decision Maker
<b>008</b> Lien Holder	<b>ABR</b> Former President
<b>AAA</b> Sub-account	<b>ABS</b> Founder
<b>AAB</b> Management Non-Officer <i>A manager who is not an officer of a company</i>	<b>ABT</b> Imported from Location
<b>AAC</b> Incorporated Location <i>Location where a company is officially incorporated</i>	<b>ABU</b> Literally Translated Name <i>A literal translation from another language when no official English name exists</i>
<b>AAD</b> Name not to be Confused with <i>Entity with a similar name that should not be confused with</i>	<b>ABV</b> Original Location
<b>AAE</b> Lot	<b>ABW</b> President
<b>AAF</b> Previous Occupant	<b>ABX</b> Rating Organization
<b>AAG</b> Ground Ambulance Services	<b>ACB</b> Initial Medical Provider
<b>AAH</b> Air Ambulance Services	<b>ACC</b> Concurrent Employer
<b>AAI</b> Water Ambulance Services	<b>ACE</b> Routing Point
<b>AAJ</b> Admitting Services	<b>ACF</b> Border Crossing
<b>AAK</b> Primary Surgeon	<b>ACG</b> Bobtail Service Point
<b>AAL</b> Medical Nurse	<b>ACH</b> Auditor
<b>AAM</b> Cardiac Rehabilitation Services	<b>ACI</b> Insured Location
<b>AAN</b> Skilled Nursing Services	<b>ACJ</b> Referral Provider <i>Name of the second level referral</i>
<b>AAO</b> Observation Room Services	<b>ACK</b> Affiliate
<b>AAP</b> Employee	<b>ACL</b> Allied Health Professional
<b>AAQ</b> Anesthesiology Services	<b>ACM</b> Emergency Provider
<b>AAS</b> Prior Base Jurisdiction	<b>ACN</b> Federal Government
<b>AAT</b> Incorporation Jurisdiction	<b>ACO</b> Fellowship Institution
<b>AAU</b> Marker Owner <i>Identifies railroad, company or municipal owner of a property marker</i>	<b>ACP</b> Government - Combined Control <i>Organization with combined control including government and voluntary (i.e.: Charitable organization)</i>
<b>AAV</b> Reclamation Center	<b>ACQ</b> Government - Federal - Military
<b>AAW</b> Party Providing Financing	<b>ACR</b> Government - Federal - Other <i>Federal government organization that is neither military nor veteran</i>
<b>ABB</b> Master Property	<b>ACS</b> Government - Federal - Veterans

<b>ACT</b> Government - Local	<b>BAL</b> Bailiff
<b>ACU</b> Group Affiliation	<b>BKR</b> Bookkeeper
<b>ACV</b> Information Source	<b>BLD</b> Building
<b>ACW</b> Internship Entity	<b>BLT</b> Structure
<b>ACX</b> Medical School	<b>BRN</b> Brand Name
<b>ACY</b> National Organization	<b>BUS</b> Business
<b>ACZ</b> Non-Profit Health Care Provider See U.S. Internal Revenue Code Chapter 1, Subchapter F, Part 1, Section 501(c)	<b>CHA</b> Changed Address
<b>ADA</b> Not for Profit Health Care Provider See U.S. Internal Revenue Code Chapter 1, Subchapter F, Part 1, Section 501(c)	<b>CLT</b> Building Cluster <i>Defines a grouping of buildings that are attached by common or party walls</i>
<b>ADB</b> For Profit Health Care Provider	<b>CMW</b> Company Merged With
<b>ADC</b> Office Manager	<b>CNP</b> Confirming Party
<b>ADD</b> On-call Provider	<b>CNR</b> Confirmation Requester
<b>ADE</b> Physician Hospital Organization (PHO)	<b>CNS</b> Confirmation Service Identifier Code
<b>ADF</b> Point of Service (POS)	<b>COD</b> Co-Driver
<b>ADH</b> Residency Institution	<b>COL</b> Collateral Assignee
<b>ADJ</b> Shared Service	<b>COM</b> Complainant
<b>ADK</b> Supporting Personnel	<b>COR</b> Corrected Name
<b>ADL</b> Training Institution	<b>DCC</b> Chief Deputy Clerk of Court
<b>ADM</b> Public School	<b>DIR</b> Distribution Recipient
<b>ADN</b> Private School	<b>EAA</b> Assistant
<b>ADO</b> Public Pre-K Education	<b>EAB</b> Campaign Manager
<b>ADP</b> Private Pre-K Education	<b>EAD</b> Client
<b>ADQ</b> Pre-K Day Care	<b>EAE</b> Commissioner
<b>ADR</b> Charter School	<b>EAF</b> Committee
<b>ADS</b> Home School	<b>EAG</b> Contestant
<b>ADT</b> Public Alternative School	<b>EAH</b> Contributor
<b>ADU</b> Neglected/Delinquent Institution	<b>EAI</b> Deputy Chairperson
<b>ADV</b> Post-Secondary Institution	<b>EAJ</b> Deputy Treasurer
<b>ADW</b> Food Service Operator	<b>EAK</b> Donor
<b>ADX</b> Future Address	<b>EAL</b> Endorser
<b>ADY</b> Former Registered Address	<b>EAM</b> Guarantor
<b>ADZ</b> Top Parent Company in Same Country	<b>EAN</b> Headquarters
<b>AEA</b> Second Level Parent Company	<b>EAO</b> Independent Contractor
<b>AEB</b> Airport Authority	<b>EAP</b> Leader
<b>AEC</b> Council of Governments	<b>EAQ</b> Party Performing Liaison
<b>AED</b> Foundation	<b>EAR</b> Lobbying Firm
<b>AEE</b> Port Authority	<b>EAS</b> Lobbyist
<b>AEF</b> Planning Commission	<b>EAT</b> Media Contact
<b>AEG</b> Car Rental Location	<b>EAU</b> Office Holder
<b>AEI</b> Lodging Facility	<b>EAV</b> Party Authorized to Administer Oaths
<b>AEJ</b> Party to Receive Transportation Credit	<b>EAW</b> Party to Benefit
<b>AEK</b> Party to Receive Packing, Crating, and Handling Credit	<b>EAX</b> Party Holding Interest
<b>AEL</b> Primary International Telecom Carrier	<b>EAY</b> Party Making Pledge
<b>ALA</b> Alternative Addressee	<b>EAZ</b> Party Returning Contribution
<b>ATA</b> Alternate Tax Authority	<b>EBA</b> Party Returning Transfer
	<b>EBB</b> Lobbied Party

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

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.	6	106199
Changes codes M2 and MQ.		
Adds code PRO.	6	186299
Adds expanded definition to code CLT.	2	117298