

Conduent EDI Solutions, Inc.

Eligibility Gateway 276/277

Payer Guide Commercial

Version 5010

Technical Support:
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Revisions

Date	Changes
7/3/2012	Created
7/3/2012	Updated to Xerox
7/5/2012	Added Aetna-AETNA, Aetna LTC- 10397, American Family Insurance Group- 10487, American Republic Insurance- 00224, Ameritas Group- all, BCBS AR- BCARK, BCBS CO- 10029, BCBS CT- 4816, BCBS FL- AV294, BCBS GA- BCBSG, BCBS IN- 4820, BCBS KS- 4923, BCBS KY- 4821, BCBS ME- 4818, BCBS MA- 00139, BCBS NE- 10384, BCBS NV- 10260, BCBS NH- 4817, BCBS NJ- 00087, BCBS NY Empire- 00000002560, BCBS OH- 4823, BCBS SC- BCBSS, BCBS TN- 10430, BCBS VA- BCBSV, BCBS WI- BCBSW, Better Health- 00199, BC CA- BCCAL, BC PA Capital- 582, Central Reserve Insurance- 10450, Cooperative Benefits Admin- 00223, Continental General Insurance- 10454, CoreSource- all, Coventry- all, Florida Medicaid- 77027, Gilsbar- 10509, Healthfirst NJ- 10438, Healthfirst NY- 00240, HealthMarkets- all, Kentucky Medicaid- 00000000945, Medical Mutual of Ohio- 00211, Molina- all, National Assoc of Letter Carriers- 00214, Mississippi Medicaid- 00000000786, Physicians Mutual- 00287, Principal Financial- all, MVP Healthcare- 00432, Three Rivers Health Plans- 00198, Trustmark- 00233, Unicare- UCARE, VA Fee Basis- 00231, World Insurance- 10386
7/6/2012	Updated BCBS AR BCARK- removed Federal Tax ID
7/6/2012	Added payers American Postal Workers Union Health 00360, Federated Insurance Company 00262, Fresenius Medical Care 10602, Generations Healthcare 10603, HealthChoice AZ 00329, TexanPlus North Texas Area 10604, TexanPlus Southeast Texas Area 10605, Today's Health 10606, Today's Option 10505, Tribute>Selectcare Oklahoma 10607, BCBS VT 10624
8/27/2012	Added payers Central Reserve Life Ins Co Medicare Supplement 10539, Significa Benefit Services 00191, United Healthcare 00112, USAA Life Insurance Co 10195
9/28/2012	Added payers Maricopa Health Plan (AZ) 10434, University Care Advantage (AZ) 10433, University Family Care (AZ) 10194, University Physicians Healthcare Group (AZ) 10439
11/6/2012	Correction on CoreSource FMH 00204
2/16/2013	Removed Medical Record Number (REF*EA) from payers as it is no longer used in 5010.
1/30/2014	Added payer search option for SPJST Medicare Supplement 10546
1/30/2014	Added new payer Centene-Magnolia Health Plan -10704
1/30/2014	Added new payer Easy Choice - 10703
1/30/2014	Added new payer Missouri Care - 10702
1/30/2014	Added Health First Insurance (payer ID: 10674)
2/28/2014	Added new payer Affinity Health Plan Medicare -10661
2/28/2014	Added new payer AFLAC - Medicare Supplemental – 10663
2/28/2014	Added new payer Benefit Management Inc. - 10665
2/28/2014	Added new payer CDS Group Health - 10667
2/28/2014	Added new payer Health First Health Plan - 10673
2/28/2014	Added new payer Leon Medical Centers Health Plan - 10677
2/28/2014	Added new payer Lincoln Financial -10678
2/28/2014	Added new payer MedBen (Newark OH) - 10681
2/28/2014	Added new payer Med-Pay, Inc. -10682
2/28/2014	Added new payer Kaiser Foundation Health Plan of Colorado - 10110
2/28/2014	Added new payer Mutual Health Services - 10686
2/28/2014	Added new payer Schaller Anderson Mercy Care - 10694

Date	Changes
2/28/2014	Added new payer Schaller Anderson Missouri Care - 10695
2/28/2014	Added new payer Schaller Anderson Maryland Physicians Care - 10693
2/28/2014	Added new payer Senior Health Services Center-Universal American Family of Companies -10697
2/28/2014	Added new payer The Kempton Company - 10698
2/28/2014	Added new payer University Care Advantage Arizona - 10699
2/28/2014	Added new payer World Corp - 10700
2/28/2014	Added new payer Apex Benefits Services – 10708
2/28/2014	Added new payer Banner Health Plans - 10707
2/28/2014	Added new payer Molina Healthcare of Illinois - 10685
2/28/2014	Added new payer Network Health Plan of WI - 10706
2/28/2014	Added new payer Primary PhysicianCare Inc - 10692
2/28/2014	Added new payer Preferred Care Partners – 10691
2/28/2014	Added new payer WebTPA – 10532
3/31/2014	Added new payer TMG Network Health Insurance – 10688
3/31/2014	Added the following new payer for Cenpatico: Cenpatico Behavioral Health 10766 Cenpatico - Mississippi 10769 Cenpatico Behavioral Health Texas 10767 Cenpatico - Missouri 10768 Cenpatico - Georgia 10569 Cenpatico - New Hampshire 10770
3/31/2014	Added the following new payer for Centene: (13) Centene - Advantage by Peach State 10763 Centene- IlliniCare Health Plan 10757 Centene - Advantage by Sunshine State 10764 Centene-Kentucky Spirit Health Plan 10620 Centene Advantage Plans 10771 Centene-Louisiana Healthcare Connections 10756 Centene-Coordinated Care 10761 Centene-Magnolia Health Plan 10704 Centene-California Health & Wellness 10759 Centene-Peach State Health Plan 10590 Centene - Granite State Health Plan 10765 Centene-Sunflower State Health (Kansas) 10758 Centene-Home State Health Plan 10760
3/31/2014	Added the new payer Carolina Care Plan, Inc. (CCP) – 10762
3/31/2014	Added the new payer Everence Financial– 10772
3/31/2014	Added the new payer Health Choice Insurance Company – 10773
3/31/2014	Added the new payer Windsor Health Plan – 10774
3/31/2014	Added the new payer Culinary Health Fund – 10775
3/31/2014	Added the new payer Food Employers & Bakery Workers Benefit – 10776
3/31/2014	Added the new payer Operating Engineers Local No.428 – 10777
3/31/2014	Added the new payer Plumbers and Pipefitters Local Union 525 - 10778
3/31/2014	Added the new payer Centene-Sunshine State Health Plan - 10451
3/31/2014	Deactivated Windsor Health Plan - 10774
3/31/2014	Added the new payer Windsor Medicare Extra - 10576
3/31/2014	Added the new payer AMERIGROUP – 10019
4/30/2014	Added the new payer Bridgespan – 10827
4/30/2014	Added the new payer Boon Group – 10821
4/30/2014	Added the new payer HealthPlan Services - Celtic Insurance Company – 10856
4/30/2014	Added the new payer IBEW Local 508 Health Plan – 10855
4/30/2014	Added the new payer Simply Healthcare Plans – 10826
4/30/2014	Deactivated payer Health Choice Insurance Company – 10773
4/30/2014	Added the new payer Fidelis SecureCare of Michigan – 10859
5/30/2014	Added the new payer EBMS (Employee Benefit Management Services) – 10862
5/30/2014	Added the new payer Evergreen Health Co-Op – 10860
5/30/2014	Added the new payer IBM Insurance Outsourcing Services – 10861
5/30/2014	Added the new payer Managed Health Network – 10863
6/30/2014	Added the new payer Centene - Total Care Carolina
6/30/2014	Added the new payer Definity Health – 10828
6/30/2014	Added the new payer United Healthcare Plan of River Valley – 10192

Date	Changes
6/30/2014	Added the new payer Kentucky Health Exchange – 10857
6/30/2014	Added the new payer Golden Rule Insurance – 10652
6/30/2014	Added the new payer Louisiana Health Exchange – 10839
6/30/2014	Added the new payer United Healthcare Community Plan – Kansas – 10835
6/30/2014	Added the new payer United Healthcare Facets Pittsburgh Community and State – 10834
6/30/2014	Added the new payer United Healthcare Facets Detroit Community and State – 10836
6/30/2014	Added the new payer United Healthcare Nevada Market – 10837
6/30/2014	Added the new payer Passport Health Plan – 10368
6/30/2014	Added the new payer BCBS Mississippi – 10040
6/30/2014	Added the new payer UMR (Wausau) – 10501
6/30/2014	Added the new payer Vermont Medicaid – 10197
6/30/2014	Added the new payer Health Partners of Philadelphia – 10098
6/30/2014	Added the new payer Bravo Health – 10399
6/30/2014	Added the new payer Alabama Medicaid – 10007
6/30/2014	Added the new payer Blue Shield of California – 10053
6/30/2014	Added the new payer Schaller Anderson Aetna Better Health of OH – 10887
6/30/2014	Added the new payer Ultimate Health Plans – 10888
7/31/2014	Added the new payer Tricare – 10189
7/31/2014	Added the new payer AFLAC – 10955
7/31/2014	Added the new payer Denver Health Medical Plan – 10331
7/31/2014	Added the new payer VIVA Health Inc. – 10468
7/31/2014	Added the new payer Meritain Health – 10635
7/31/2014	Added the new payer American Network Ins. Medicare – 10889
7/31/2014	Added the new payer ARISE Health Plan-Medicare – 10868
7/31/2014	Added the new payer CMFG Life Insurance – 10909
7/31/2014	Added the new payer PENN Treaty Network Medicare Supp. – 10924
7/31/2014	Added the new payer The ULLICO Family of Companies – 10945
7/31/2014	Added the new payer Orange County Fire Authority – 10951
7/31/2014	Added the new payer CarePlus Health Plan – 10056
7/31/2014	Added the new payer CarePoint Medicare Advantage – 10822
7/31/2014	Added the new payer Schaller Anderson MajestaCare VA – 10818
7/31/2014	Added the new payer Schaller Anderson Delaware Phys – 10817
7/31/2014	Added the new payer Schaller Anderson Aetna Better – 10816
7/31/2014	Added the new payer Molina Healthcare of SC – 10815
7/31/2014	Added the new payer Presbyterian Health Plan – 10646
7/31/2014	Added the new payer Arbor Health Plan – 10641
7/31/2014	Added the new payer Emblem Health – 10616
7/31/2014	Added the new payer Select Health of SC – 10520
7/31/2014	Added the new payer Amerihealth Caritas Pennsylvania – 10340
7/31/2014	Added the new payer Horizon New Jersey Health – 10337
7/31/2014	Added the new payer Advantage Health Solutions – 10954
7/31/2014	Added the new payer VA Health Administration CTR – 10956
7/31/2014	Added the new payer Senior Whole Health – 10962
7/31/2014	Added the new payer Triad Healthcare, Inc. – 10963
7/31/2014	Added the new payer Health Services for Children with Spec. – 10584
7/31/2014	Added the new payer AARP – 10431
7/31/2014	Changed payer ID Denver Health Medical Plan – 0000001321
7/31/2014	Changed payer ID American Network Ins. Medicare – 10899
7/31/2014	Changed payer ID CarePlus Health Plan – 00324
7/31/2014	Changed payer ID Horizon New Jersey Health – 2840
8/29/2014	Added the new payer BCBS of North Carolina – 10383
8/29/2014	Added the new payer Ohio Medicaid – 10158
8/29/2014	Added the new payer Georgia Medicaid – 10088
8/29/2014	Added the new payer AmeriHealth – 10974
8/29/2014	Added the new payer University of Arizona Health Plan- UHM – 10889
8/29/2014	Added the new payer Planned Administrators Inc. – 10886
8/29/2014	Added the payer BCBS of Kansas City – 10473
9/30/2014	Added the payer BCBS of Texas – 10048
9/30/2014	Added the payer BCBS of Iowa – 10396
9/30/2014	Added the payer BCBS of South Dakota – 10395
9/30/2014	Added the payer Allegiance Benefit Plan Management – 10654

Date	Changes
9/30/2014	Added the payer Arkansas Medicaid – 10023
9/30/2014	Added the payer Community Care of Oklahoma – 10066
9/30/2014	Added the payer Western Health Advantage – 10201
9/30/2014	Added the payer Aetna Better Health of NE – 10976
10/31/2014	Added the payer BCBS of Illinois – 00000000551
10/31/2014	Added the payer BCBS of Minnesota – 10039
10/31/2014	Added the payer BCBS of New Mexico – 10042
10/31/2014	Added the payer BCBS of Oklahoma – 10582
10/31/2014	Deactivated the payer Molina Healthcare of Missouri = 10573
10/31/2014	Deactivated the payer Presbyterian Health Plan – 10646
10/31/2014	Deactivated the payer Windsor Medicare Extra – 10576
11/30/2014	Change payer name Primary PhysicianCare Inc. – 10692 to Healthgram – 10692
11/30/2014	Added the payer BCBS of New York (Excellus) – 10323
11/30/2014	Added the new payer Care1st Health Plan Arizona – 10981
11/30/2014	Added the new payer Meritus Health Partners – 10980
12/31/2014	Added the new payer Asuris Northwest Health – 10529
12/31/2014	Added the new payer BCBS of Oregon (Regence) – 772
12/31/2014	Added the new payer Blue Shield of Idaho (Regence) – 10052
12/31/2014	Added the new payer Blue Shield of Washington (Regence) – 5504
12/31/2014	Added the new payer FLORIDA HEALTH CARE PLANS – 10615
12/31/2014	Added the new payer Florida True Health – 10839
12/31/2014	Added the new payer Heritage Physician Network (Houston) – 10918
12/31/2014	Added the new payer Pinnacle Physician Management Org – 10926
12/31/2014	Added the new payer Prestige Health Choice – 10965
12/31/2014	Added the new payer SelectCare of Texas (Beaumont) – 10928
12/31/2014	Added the new payer SelectCare of Texas (Houston) – 10930
12/31/2014	Added the new payer SelectCare of Texas (Integranet) – 10931
12/31/2014	Added the new payer TexanPlus (Integranet) – 10942
12/31/2014	Added the new payer TexanPlus (Kelsey-Seybold) – 10943
12/31/2014	Added the new payer AmeriHealth Caritas Louisiana (LaCare) – 10640
12/31/2014	Added the new payer Blue Cross of Utah (Regence) – 10618
12/31/2014	Added the new payer Blue Cross of Washington and Alaska (Premera) – 2650
12/31/2014	Added the new payer Director's Guild – 10077
12/31/2014	Added the new payer Lifewise Health Plan of Oregon – 10651
12/31/2014	Added the new payer Lifewise Health Plan of Washington – 10650
12/31/2014	Added the new payer SummaCare Health Plan – 00000002514
12/31/2014	Added the new payer AultCare – 10472
12/31/2014	Added the new payer Colorado Medicaid – 00000000968
12/31/2014	Added the new payer Dean Health Plan – 10653
12/31/2014	Added the new payer Independent Health – 10536
12/31/2014	Added the new payer Massachusetts Medicaid – 334
12/31/2014	Added the new payer New Mexico Medicaid – 00000001234
12/31/2014	Added the new payer Wisconsin Medicaid Chronic Disease Program – 10452
12/31/2014	Added the new payer Wisconsin Medicaid Well Woman Program – 10453
12/31/2014	Added the new payer Wisconsin Medicaid – 00000000867
12/31/2014	Added the new payer Wyoming Medicaid – 77046
12/31/2014	Added the new payer BCBS of Alabama – 00000000590
12/31/2014	Added the new payer BCBS of Alabama (Institutional) – 10690
12/31/2014	Added the new payer AmeriBen – 10985
12/31/2014	Added the new payer NaphCare, Inc. – 10992
1/31/2015	Added the new payer Aetna Signature Administrators – 10983
4/3/2015	Corrected Western Advantage Payer ID from 10201 to 1043
4/15/2015	Added new payer Oklahoma Employees Group Insurance Division- 10995
4/15/2015	Add new payers: Washington National (payer ID: 10853) Colonial Penn Life (payer ID: 10852) Bankers Life & Casualty (payer ID: 10813)
4/20/2015	Added new payers: Aetna Better Health (NJ) (payer ID: 10994) Schaller Anderson Mercy Maricopa (payer ID: 10996) C and O Employees' Hospital Association Plan (payer ID: 10997)

Date	Changes
	Aetna Better Health of NE – 10976
4/21/2015	Added Personal Insurance Administrators- 10492. Now available for 5010.
5/5/2015	Added new payer Anthem Vivity - 10993
5/5/2015	Added IHC Health Solutions – 10998
5/5/2015	Added Alternative Insurance Resources, Inc. – 11002
5/15/2015	Added Medica Health Plans (Payer ID: 11029)
5/15/2015	Added Molina Healthcare of Puerto Rico- 11031
5/15/2015	Added Access Medicare- 11030
5/15/2015	Added Stonebridge Life Insurance Company- 11032
5/15/2015	Added Universal Benefit Corp- 11033
8/1/2015	Added Illinois Medicaid - 4812
10/2/2015	Added HealthSmart Benefit Solutions West Virginia - 10003
10/2/2015	Added Summit America Insurance Service - 11073
10/2/2015	Added Liberty National Life Ins. Co. - 10989
10/2/2015	Added HealthSmart Benefit Solutions-11079
10/2/2015	Added New Era Life Insurance Company-10991
10/2/2015	Added Fallon Community Health Plan - 10082
10/2/2015	Added United American Insurance Company-10990
10/2/2015	Added Globe Life & Accident Ins. Co. - 10988
10/2/2015	Added Northwest Administrators-11038
10/2/2015	Added Sharp Health Plan-10967
10/2/2015	Added Aetna Better Health of MO-11064
10/2/2015	Added CHRISTUS Health Plan New Mexico-11006
10/2/2015	Added CHRISTUS Health Plan NM Medicare Advantage-11007
3/9/2016	Added Sanford Health Plan – 10533
3/9/2016	Added District No.9, I. A. of M. & A. W. Welfare Trust – 11098
3/9/2016	Modified Payer Name for IBM Insurance Outsourcing Services – 10861
3/9/2016	Deactivated World Insurance (ARIC) – 10386
3/9/2016	Deactivated Fresenius Medical Care – 10602
3/9/2016	Added Texas Medicaid LTC – AIDTXLTC
3/9/2016	Added Community Health Group – 11087
3/9/2016	Added CHRISTUS Health Plan Medicaid – 11105
3/15/2016	Deactived Virginia Premier Health Plan – 10467
3/15/2016	Added Central California Alliance for Health – 10884
3/15/2016	Added HMA (Hawaii Mainland Administators) – 11112
3/15/2016	Added Santa Clara Family Health Plan – 10876
3/15/2016	Added Carefirst Blue Cross Blue Shield (DC) – 11102
3/15/2016	Added Christie Student Health Plans – 11113
3/15/2016	Added Reserve National Insurance Company – 11120
3/15/2016	Added Trillium Community Health Plan – 11120
3/15/2016	Added Western & Southern Financial Group – 11111
3/15/2016	Added the previously 4010 payers to 5010 guide
6/05/2016	Added MetroPlus - 861
5/06/2016	Added Affinity Essentials - 11115
5/06/2016	Added UMWA Health and Retirement Funds - 11121
5/06/2016	Added Aetna Better Health of KY - 11119
7/08/2016	Added AmeriHealth Caritas Iowa - 11142
7/08/2016	Added Frensenius Health - 11130
7/08/2016	Added Avalon Administrative Services – 11145
8/05/2016	Removed payer Today's Health – 10606
12/30/2016	Updated payer name from CoreSource of Ohio to NGS CoreSource – 00239
12/30/2016	Added new payer HSBS Oklahoma City – 11169
12/30/2016	Added new payer LifeCare Assurance Company – 11170
12/30/2016	Added new payer UPMC Health Plan – 10288
12/30/2016	Added new payer Aetna Better Health of WV – 11154
12/30/2016	Added new payer ACS Benefit Services – 11009
12/30/2016	Added new payer Advantage by Bridgeway Health Solutions-10561
12/30/2016	Added new payer Aetna Better Health of LA – 11008
12/30/2016	Added new payer Aetna Better Health of PA – 10894

Date	Changes
12/30/2016	Added new payer Centene – Texas – 10633
12/30/2016	Rebranding to Conduent applied
04/21/2017	Added new payer ConnectiCare - 10303
04/21/2017	Added new payer PacificSource Administrators - 11177
04/21/2017	Added new payer PacificSource Medicare - 11178
04/21/2017	Added new payer Transamerica Premier Life Insurance Company - 11100
04/21/2017	Added new payer Kaiser Foundation Health Plan of Washington - 10608
04/21/2017	Added new payer Care Improvement Plus - 10806
04/21/2017	Added new payer CareSource Health - 10057
04/21/2017	Added new payer Expert Benefit Solutions - 11019
04/21/2017	Added new payer Insurers Administrative Corporation (IAC) - 11021
04/21/2017	Added new payer Humana CareSource (KY)- 10920
04/21/2017	Added new payer Magnacare - 10867
04/21/2017	Added new payer PacificSource Community Solutions(Medicaid) - 11091
04/21/2017	Added new payer Windsor Medicare Extra – 10576
05/10/2017	Added new payer Blue Cross Medicare Advantage – 11174
06/13/2017	Added new payer Group Dental Service – 11188
06/13/2017	Removed payer American Family Insurance Group-Medicare Supp & PPO-10487 American Republic Insurance Company (ARIC)-00224 Medico Insurance Company-10923
08/18/2017	Updated search option for Boon Group – 10821
08/18/2017	Add new payer Automated Benefit Services – 10890
11/24/2017	Added new payer Aetna Better Health of FL – 11099
11/24/2017	Removed payer Vista (MCD, FHK, LTC) – 10483
11/24/2017	Added new payer Partnership Health Plan of California – 10164
11/24/2017	Added new payer Prominence Health Plan of Nevada – 11198, Prominence Health Plan of Texas - 11199
11/24/2017	Removed payer Central Reserve Insurance- 10450
11/24/2017	Migrated payer Government Health Employees Association (GEHA) – 10394 from 4010 to 5010 guide.
02/16/2018	Added new payer Arizona Physicians IPA (APIPA) – 00322
02/16/2018	Added new payer Banner University Family Care – 11209, Aetna Better Health (MD) – 11207, Maine Medicaid - 10121
02/16/2018	Removed payer Reserve National Insurance Company – 11127, Aetna Better Health (NE) - 10976
06/15/2018	Added new payer Aetna Better Health (CA)- 11224, BCBS of Michigan (Professional)- 00000000558, BCBS of Michigan [Institutional]- 10519, Aetna Better Health (NV)- 11231, West Virginia Family Health Plan- 11226, Affinity Health Plan- 10594, Transamerica Life Insurance Company- 11094
06/15/2018	Removed payer Arbor Health Plan- 10641
06/15/2018	Updated payer name: Clover Health fka CarePoint Medicare Advantage-10822

AARP – 10431

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AARP	NM103	
Payer ID	R	5	5	AN	10431	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Access Medicare- 11030

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	ACCESS MEDICARE	NM103	
Payer ID	R	5	5	AN	11030	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	Optional
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

ACS Benefit Services – 11009

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Dependent D1	Sub:Member ID	Sub:Last Name	Dep:Last Name	Dep:First Name	Dep:Date of Birth	Dep:Gender	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	ACS Benefit Services	NM103	
Payer ID	R	5	5	AN	11009	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Dependent Dependent Level: 2000E

Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	

Dependent Name

Level: 2100E

Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	

Dependent Claim Submitter Trace

Level: 2200E

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Advantage Health Solutions – 10954

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Advantage Health Solutions	NM103	
Payer ID	R	5	5	AN	10954	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna – 10004

Search Options								
Option	Element 1		Element 2		Element 3		Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name		Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Sub: First Name		Dep: Last Name	Dep: First Name
Option(Cont.)	Element 6		Element 7					
Dependent D1	Dep: Date of Birth		Dep: Gender					
Element Name	Use	Min	Max	Type	Codes and Values		Element	Notes
Payer								Information Source Level: 2100A
Organization Name	R	1	35	AN	AETNA US HEALTH CARE		NM103	
Payer ID	R	5	5	AN	10004		[NM108=PI] NM109	Aetna Non-HMO or Aetna HMO Provider ID. Either provider ID, tax ID, or NPI is required.
Information Receiver Name								Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N			[NM108=FI] NM109	
NPI	S	10	10	N			[NM108=XX] NM109	
Service Provider Name								Service Provider Level: 2100C
Provider ID	S	2	7	N			[NM108=SV] NM109	Aetna Non-HMO or Aetna HMO Provider ID. Either provider ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N			[NM108=FI] NM109	
NPI	S	10	10	N			[NM108=XX] NM109	
Subscriber								Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U		DMG03	
Subscriber Name								Level: 2100D
Last Name	S1,D1	1	35	AN			NM103	
First Name	S1,D1	1	25	AN			NM104	
Middle Initial	O	1	1	AN			NM105	
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109	

Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health (CA)– 11224

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	AETNA BETTER HEALTH (CA)	NM103	
Payer ID	R	5	5	AN	11224	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	Optional
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Aetna Better Health of FL– 11099

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Note - Formerly known as: Vista (MCD, FHK, LTC)							
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF FL	NM103	
Payer ID	R	5	5	AN	11099	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID NM108=XX.
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	Optional
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	

Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Aetna Better Health of IL– 10892

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF IL	NM103	
Payer ID	R	5	5	AN	10892	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID NM108=XX.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	Optional
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of KY– 11119

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF KY	NM103	
Payer ID	R	5	5	AN	11119	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	Optional
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of LA– 11008

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF LA	NM103	
Payer ID	R	5	5	AN	11008	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	Optional
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of MO – 11064

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID			Last Name		First Name	Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Aetna Better Health of MO	NM103	
Payer ID	R	5	5	AN	11064	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI/Federal Tax ID	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Aetna Better Health of (MD) - 11207

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Aetna Better Health of (MD)	NM103	
Payer ID	R	5	5	AN	11207	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI/Federal Tax ID	S	9	9	N		NM108=FI NM109	National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of (NJ) - 10994

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF NJ	NM103	
Payer ID	R	5	5	AN	10994	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI/Federal Tax ID	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of (NV) - 11231

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF NV	NM103	
Payer ID	R	5	5	AN	11231	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI/Federal Tax ID	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of PA– 10894

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF PA	NM103	
Payer ID	R	5	5	AN	10894	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	Optional
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of (WV) - 11154

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AETNA BETTER HEALTH OF WV		NM103
Payer ID	R	5	5	AN	11154		[NM108=PI] NM109
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Electronic Transmitter ID Number	S	2	10	AN			[NM108=46] NM109
Service Provider Name						Service Provider Level: 2100C	
NPI/Federal Tax ID	S	9	9	N			[NM108=FI] NM109 National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02 If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Long Term Care – 10397

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AETNA LONG TERM CARE	NM103	
Payer ID	R	5	5	AN	10397	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	Aetna Non-HMO or Aetna HMO Provider ID. Either provider ID, tax ID or NPI
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Signature Administrators – 10983

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Aetna Signature Administrators	NM103	
Payer ID	R	5	5	AN	10983	[NM108=PI] NM109	Payer ID
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	1	1	AN	M = Male F = Female	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	O	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Gender	D1	1	1	AN	M = Male F = Female	DMG03	
Dependent Name							Level: 2000E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	

Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Affinity Health Plan – 10594

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Affinity Health Plan	NM103	
Payer ID	R	5	5	AN	10594	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Name Last or Organization Name	R	1	60			NM103	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
Name Last or Organizations Name				60		NM103	
NPI	S	2	7	N		[NM108=, XX] NM109	NPI is required.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	

Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Identification Code Qualifier/ Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT	CCYYMMDD	[DTP01= 472] [DTP02=RD8 or D8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Affinity Health Plan Medicare – 10661

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Affinity Health Plan Medicare	NM103	
Payer ID	R	5	5	AN	10661	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Name Last or Organization Name	R	1	60			NM103	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Name Last or Organizations Name				60		NM103	
NPI or Federal Tax ID	S	2	7	N		[NM108=SV] NM109	Either provider ID, tax ID, or NPI is required.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Identification Code Qualifier/ Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT	CCYYMMDD	[DTP01= 472] [DTP02=RD8 or D8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Affinity Essentials – 11115

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	AFFINITY ESSENTIALS	NM103	
Payer ID	R	5	5	AN	11115	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Name Last or Organization Name	S		60			NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Name Last or Organization Name	S		60			NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	M = Male F = Female	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

AFLAC – 10955

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	AFLAC	NM103	
Payer ID	R	5	5	AN	10955	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name Level: 2000E							
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

AFLAC - Medicare Supplemental – 10663

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Sub: First Name	Dep: Last Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	AFLAC - Medicare Supplemental	NM103	
Payer ID	R	5	5	AN	10663	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Organization Name	R	1	60	AN	AFLAC - Medicare Supplemental	NM103	
Information Receiver ID Code Qualifier	R	10	10	N		[NM108=46] NM109	NPI is required
Service Provider Name Service Provider Level: 2100C							
Organization Name	S	1	60	AN		NM103	
Identification Code	S	10	10	N		[NM108=FI] NM109	Tax ID is required
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Alabama Medicaid – 10007

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	Alabama Medicaid	NM103	
Payer ID	R	5	5	AN	10007	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter <u> </u>
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Allegiance Benefit Plan Management – 10654

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Allegiance Benefit Plan Management	NM103	
Payer ID	R	5	5	AN	10654	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

Alternative Insurance Resources, Inc. – 11002

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Alternative Insurance Resources	NM103	
Payer ID	R	5	5	AN	11002	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Name Last or Organization Name	S		60			NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Name Last or Organization Name	S		60			NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	M = Male F = Female	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

American Network Ins. Medicare – 10899

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	American Network Ins. Medicare	NM103	
Payer ID	R	5	5	AN	10899	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name Level: 2000E							
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

American Postal Workers Union Health (APWU) – 00360

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	AMERICAN POSTAL WORKERS UNION HEALTH	NM103	
Payer ID	R	5	5	AN	00360	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	9	9	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	

Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

American Retirement Life Ins Co Medicare Supp – 10538

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	AMERICAN RETIREMENT MEDICARE SUPP	NM103	
Payer ID	R	5	5	AN	10538	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

AMERIGROUP – 10019

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer						
Organization Name	R	1	35	AN	AMERIGROUP	NM103
Payer ID	R	5	5	AN	10019	[NM108=PI] NM109
Information Receiver Name						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

AmeriHealth – 10974

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AmeriHealth	NM103	
Payer ID	R	5	5	AN	10974	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

AmeriHealth Caritas Iowa – 11142

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer		Information Source Level: 2100A					
Organization Name	R	1	35	AN	AmeriHealth Caritas Iowa	NM103	
Payer ID	R	5	5	AN	11142	[NM108=PI] NM109	Payer ID
Information Receiver Name		Information Receiver Level: 2100B					
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name		Service Provider Level: 2100C					
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber		Subscriber Level: 2000D					
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name		Level: 2100D					
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace		Level: 2200D					
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

AmeriHealth Caritas Louisiana (LaCare) – 10640

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer						
Organization Name	R	1	35	AN	AmeriHealth Caritas Louisiana (LaCare)	NM103
Payer ID	R	5	5	AN	10640	[NM108=PI] NM109
Information Receiver Name						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Amerihealth Caritas Pennsylvania – 10340

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Amerihealth Caritas Pennsylvania	NM103	
Payer ID	R	5	5	AN	10340	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Ameritas Group

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Payers					
Payer Name	Payer ID	Payer Name	Payer ID		
Ameritas Life	00425	Reliance Standard Life		00427	
First Ameritas of New York	00426	Standard Insurance		00429	
First Reliance Standard Life	00428	Standard Insurance of New York		00430	

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	See Plans Table Above	NM103	
Payer ID	R	5	5	AN	See Plans Table Above	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	S	9	9	AN		[NM108=46] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	

Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	Member's SSN
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Aetna Better Health of NE – 10976

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Aetna Better Health of NE	NM103	
Payer ID	R	5	5	AN	10976	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

AmeriBen – 10985

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer						Information Source Level: 2100A
Organization Name	R	1	35	AN	AmeriBen	NM103
Payer ID	R	5	5	AN	10985	[NM108=PI] NM109
Information Receiver Name						
Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name						
Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						
Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Anthem Vivity - 10993

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Anthem Vivity	NM103	
Payer ID	R	5	5	AN	10993	[NM108=PI] NM109	Payer ID
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1, D1	1	1		M = Male F = Female	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Gender	D1	1	1		M = Male F = Female	DMG03	
Dependent Name							Level: 2000E
Last Name	D1	1	35	AN		[NM102=1] NM103	

First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Apex Benefits Services – 10708

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Apex Benefits Services	NM103
Payer ID	R	5	5	AN	10708	[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

ARISE Health Plan-Medicare – 10868

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name		Use	Min	Max	Type	Codes and Values	
Payer						Element	
						Information Source Level: 2100A	
Organization Name	R	1	35	AN	ARISE Health Plan-Medicare	NM103	
Payer ID	R	5	5	AN	10868	[NM108=PI] NM109	Payer ID
Information Receiver Name							
						Information Receiver Level: 2100B	
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name							
						Service Provider Level: 2100C	
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							
						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							
						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
						Level: 2200D	
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							
						Dependent Level: 2000E	
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name							
						Level: 2000E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							
						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Arizona Physicians IPA (APIPA)– 00322

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Arizona Physicians IPA	NM103	
Payer ID	R	5	5	AN	00322	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Arkansas Medicaid – 10023

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Arkansas Medicaid	NM103	
Payer ID	R	5	5	AN	10023	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Asuris Northwest Health – 10529

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Asuris Northwest Health	NM103	
Payer ID	R	5	5	AN	10529	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

AultCare – 10472

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	AultCare	NM103	
Payer ID	R	5	5	AN	10472	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Automated Benefit Services – 10890

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name	First Name			
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer						Information Source Level: 2100A
Organization Name	R	1	35	AN	Avalon Administrative Services	NM103
Payer ID	R	5	5	AN	10890	[NM108=PI] NM109 Payer ID
Information Receiver Name						Information Receiver Level: 2100B
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						Service Provider Level: 2100C
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Name						Level: 2100D
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						Level: 2200D
Trace Number	O	1	30	AN	[TRN01=1] TRN02	Unique identification for the transaction
Total Claim Charge Amount	R	1	10	R	[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT	[DTP01=472] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						Level: 2000E
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						Level: 2200E
Trace Number	R	1	30	AN	[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R	[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Note: Ohio based payer

Avalon Administrative Services – 11145

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values		Element Notes
Payer		Information Source Level: 2100A					
Organization Name	R	1	35	AN	Avalon Administrative Services	NM103	
Payer ID	R	5	5	AN	11145	[NM108=PI] NM109	Payer ID
Information Receiver Name		Information Receiver Level: 2100B					
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name		Service Provider Level: 2100C					
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber		Subscriber Level: 2000D					
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name		Level: 2100D					
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace		Level: 2200D					
Trace Number	O	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent		Dependent Level: 2000E					
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Dependent Name		Level: 2000E					
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace		Level: 2200E					
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Bankers Life & Casualty - 10813

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Bankers Life & Casualty	NM103
Payer ID	R	5	5	AN	10813	[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Banner Health Plans – 10707

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer						Information Source Level: 2100A
Organization Name	R	1	35	AN	Banner Health Plans	NM103
Payer ID	R	5	5	AN	10707	[NM108=PI] NM109
Information Receiver Name						
Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						
Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						
Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Banner University Family Care – 11209

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Arbor Health Plan	NM103	
Payer ID	R	5	5	AN	11209	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

*Note: Contracted Arizona Medicaid Payer

BCBS AR– BCARK

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							
Organization Name	R	1	35	AN	BCBS AR	NM103	
Payer ID	R	5	5	AN	BCARK	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
Submitter ID Code	R	5	5	N		[NM108=46] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent								Dependent Level: 2000E		
Birth Date	D1	8	8	DT			[DMG01=D8] DMG02			
Gender	D1	1	1	ID	F,M,U		DMG03			
Dependent Name								Level: 2100E		
Last Name	D1	1	35	AN			[NM102=1] NM103			
First Name	D1	1	25	AN			[NM102=1] NM104			
Dependent Claim Submitter Trace								Level: 2200E		
Trace Number	R	1	30	AN			[TRN01=1] TRN02			
Payer Claim Control Number	O	1	30	AN			[REF01=1K] REF02			
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If amount is unknown, enter 0.		
Claim Statement Period	R	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03			
Disclaimer: None										
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal										

BCBS of Alabama – 00000000590

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer						Information Source Level: 2100A
Organization Name	R	1	35	AN	BCBS of Alabama	NM103
Payer ID	R	5	5	AN	00000000590	[NM108=PI] NM109
Information Receiver Name						
Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						
Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						
Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Alabama (Institutional) – 10690

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer						Information Source Level: 2100A
Organization Name	R	1	35	AN	BCBS of Alabama (Institutional)	NM103
Payer ID	R	5	5	AN	10690	[NM108=PI] NM109
Information Receiver Name						
Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						
Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						
Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Colorado (Wellpoint) – 10029

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS OF COLORADO	NM103	
Payer ID	R	5	5	AN	10029	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Connecticut (Wellpoint) – 4816

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS OF CONNECTICUT		NM103
Payer ID	R	5	5	AN	4816		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N			[NM108=XX] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02 If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Florida– AV294

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS OF FLORIDA		NM103
Payer ID	R	5	5	AN	AV294		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N			[NM108=XX] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02 If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03

Dependent								Dependent Level: 2000E		
Birth Date	D1	8	8	DT			[DMG01=D8] DMG02			
Gender	D1	1	1	ID	F,M,U		DMG03			
Dependent Name								Level: 2100E		
Last Name	D1	1	35	AN			[NM102=1] NM103			
First Name	D1	1	25	AN			[NM102=1] NM104			
Dependent Claim Submitter Trace								Level: 2200E		
Trace Number	R	1	30	AN			[TRN01=1] TRN02			
Payer Claim Control Number	O	1	30	AN			[REF01=1K] REF02			
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If amount is unknown, enter 0.		
Claim Statement Period	R	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03			
Disclaimer: None										
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal										

BCBS of Georgia (Wellpoint) – 10032

Search Options									
Option	Element 1		Element 2		Element 3	Element 4	Element 5		
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth		
Option(Cont.)	Element 6								
Dependent D1	Dep: Gender								
Element Name	Use	Min	Max	Type	Codes And Values		Element		
Payer									
Organization Name	R	1	35	AN	BCBS OF GEORGIA		NM103		
Payer Id	R	5	5	AN	BCBSG		[NM108=PI] NM109		
Information Receiver Name									
Information Receiver Level: 2100a									
NPI	S	10	10	N			[NM108=XX] NM109		
Service Provider Name									
Service Provider Level: 2100b									
NPI	S	10	10	N			[NM108=XX] NM109		
Subscriber									
Subscriber Level: 2000d									
Date Of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02		
Gender	S1	2	2	ID	F, M, U		DMG03		
Subscriber Name									
Level: 2100d									
Last Name	S1,D1	1	35	AN			NM103		
First Name	S1	1	25	AN			NM104		
Member Id	S1,D1	2	20	AN			[NM108=MI] NM109		
Subscriber Claim Submitter Trace									
Level: 2200d									
Trace Number	R	1	30	AN			[TRN01=1] TRN02		
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02		
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02		
Claim Statement Period	S	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03		

Dependent							Dependent Level: 2000e
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100e
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200e
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If Amount Is Unknown, Enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, An=Alphanumeric, Dt=Date Format, Id=Identification Code, R=Decimal							

BCBS of Kansas City – 10473

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	BCBS OF KANSAS CITY	NM103	
Payer ID	R	5	5	AN	10473	[NM108=AD] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1, D1	2	20	AN		[NM108=MI] NM109	
Gender	S1	2	2	ID	F, M	DMG03	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	R	8	8	DT		[DMG01=D8] DMG02	
Gender	R	1	1	ID	F,M	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		NM103	
First Name	D1	1	25	AN		NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Illinois – 00000000551

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							
Organization Name	R	1	35	AN	BCBS OF Illinois	NM103	
Payer ID	R	5	5	AN	00000000551	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent								Dependent Level: 2000E		
Birth Date	D1	8	8	DT			[DMG01=D8] DMG02			
Gender	D1	1	1	ID	F,M,U		DMG03			
Dependent Name								Level: 2100E		
Last Name	D1	1	35	AN			[NM102=1] NM103			
First Name	D1	1	25	AN			[NM102=1] NM104			
Dependent Claim Submitter Trace								Level: 2200E		
Trace Number	R	1	30	AN			[TRN01=1] TRN02			
Payer Claim Control Number	O	1	30	AN			[REF01=1K] REF02			
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If amount is unknown, enter 0.		
Claim Statement Period	R	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03			
Disclaimer: None.										
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal										

BCBS of Indiana (Wellpoint) – 4820

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS OF INDIANA	NM103	
Payer ID	R	5	5	AN	4820	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Iowa – 10396

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							
Organization Name	R	1	35	AN	BCBS OF Iowa	NM103	
Payer ID	R	5	5	AN	10396	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100A							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent								Dependent Level: 2000E		
Birth Date	D1	8	8	DT			[DMG01=D8] DMG02			
Gender	D1	1	1	ID	F,M,U		DMG03			
Dependent Name								Level: 2100E		
Last Name	D1	1	35	AN			[NM102=1] NM103			
First Name	D1	1	25	AN			[NM102=1] NM104			
Dependent Claim Submitter Trace								Level: 2200E		
Trace Number	R	1	30	AN			[TRN01=1] TRN02			
Payer Claim Control Number	O	1	30	AN			[REF01=1K] REF02			
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If amount is unknown, enter 0.		
Claim Statement Period	R	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03			
Disclaimer: None.										
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal										

BCBS of Kansas – 4923

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes And Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS OF KANSAS	NM103	
Payer Id	R	5	5	AN	4923	[NM108=PI] Nm109	
Information Receiver Name							
Information Receiver Level: 2100b							
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100c							
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000d							
Date Of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M	DMG03	
Subscriber Name							
Level: 2100d							
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member Id	S1, D1	2	20	AN		[NM108=MI] NM109	
Gender	S1	2	2	ID	F, M	DMG03	
Subscriber Claim Submitter Trace							
Level: 2200d							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send If Known.
Total Claim Charge Amount	R	1	10	R		[AMY01=T3] AMT02	If Amount Is Unknown, Send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000e	
Birth Date	R	8	8	DT		[DMG01=D8] DMG02	
Gender	R	1	1	ID	F,M	DMG03	
Dependent Name						Level: 2100e	
Last Name	D1	1	35	AN		NM103	
First Name	D1	1	25	AN		NM104	
Dependent Claim Submitter Trace						Level: 2200e	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send If Known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If Amount Is Unknown, Send 0.
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, An=Alphanumeric, Dt=Date Format, Id=Identification Code, R=Decimal							

BCBS of Kansas City – 10473

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes And Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS of Kansas City	NM103	
Payer Id	R	5	5	AN	10473	[NM108=PI] Nm109	
Information Receiver Name							
Information Receiver Level: 2100b							
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100c							
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000d							
Date Of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M	DMG03	
Subscriber Name							
Level: 2100d							
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member Id	S1, D1	2	20	AN		[NM108=MI] NM109	
Gender	S1	2	2	ID	F, M	DMG03	
Subscriber Claim Submitter Trace							
Level: 2200d							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send If Known.
Total Claim Charge Amount	R	1	10	R		[AMY01=T3] AMT02	If Amount Is Unknown, Send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000e	
Birth Date	R	8	8	DT		[DMG01=D8] DMG02	
Gender	R	1	1	ID	F,M	DMG03	
Dependent Name						Level: 2100e	
Last Name	D1	1	35	AN		NM103	
First Name	D1	1	25	AN		NM104	
Dependent Claim Submitter Trace						Level: 2200e	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send If Known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If Amount Is Unknown, Send 0.
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, An=Alphanumeric, Dt=Date Format, Id=Identification Code, R=Decimal							

BCBS of Kentucky (Wellpoint) – 4821

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Sub: First Name	Dep: Last Name	Dep: First Name
Option(Cont.)	Element 6		Element 7				
Dependent D1	Dep: Date of Birth		Dep: Gender				
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS OF KENTUCKY	NM103	
Payer ID	R	5	5	AN	4821	[NM108=PI] NM109	
Information Receiver Name							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Maine (Wellpoint) – 4818

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS OF MAINE	NM103	
Payer ID	R	5	5	AN	4818	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Massachusetts – 00139

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes mand Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BLUE CROSS BLUE SHIELD OF MA	NM103	
Payer ID	R	5	5	AN	00139	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Michigan (Professional) – 00000000558

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender

Note: Claims submitted to the Express Scripts Pharmacy Programs are not available via this connection.

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	BCBS of Michigan (Professional)	NM103	
Payer ID	R	5	5	AN	00000000558	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
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BCBS of Michigan (Institutional) – 10519

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender

Note: Claims submitted to the Express Scripts Pharmacy Programs are not available via this connection.

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	BCBS of Michigan (Institutional)	NM103	
Payer ID	R	5	5	AN	10519	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	

BCBS of Minnesota – 10039

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BLUE CROSS BLUE SHIELD OF Minnesota	NM103	
Payer ID	R	5	5	AN	10039	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS Mississippi –10040

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS Mississippi	NM103	
Payer ID	R	5	5	AN	10040	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	AN		[NM108=SV] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	7	AN		[NM108=46] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

BCBS of Missouri (Wellpoint) – 4921

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option (cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS OF MISSOURI	NM103	
Payer ID	R	5	5	AN	4921	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1, D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name						Level: 2100E	
Last Name	S1, D1	1	35	AN		NM103	Last Name
First Name	S1	1	25	AN		NM104	First Name
Middle Initial	O	1	1	AN		NM105	
Dependent Name						Level: 2100E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Nebraska– 10384

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option (cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS OF NEBRASKA	NM103	
Payer ID	R	5	5	AN	10384	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1, D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name							Level: 2100E
Last Name	S1, D1	1	35	AN		NM103	Last Name
First Name	S1	1	25	AN		NM104	First Name
Middle Initial	O	1	1	AN		NM105	
Dependent Name							Level: 2100E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Nevada (Wellpoint) – 10260

Search Options									
Option	Element 1		Element 2		Element 3	Element 4	Element 5		
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth		
Option (cont.)	Element 6								
Dependent D1	Dep: Gender								
Element Name	Use	Min	Max	Type	Codes and Values		Element		
Payer									
Organization Name	R	1	35	AN	BCBS OF NEVADA		NM103		
Payer ID	R	5	5	AN	10260		[NM108=PI] NM109		
Information Receiver Name									
Information Receiver Level: 2100B									
NPI	S	10	10	N			[NM108=XX] NM109		
Service Provider Name									
Service Provider Level: 2100C									
NPI	S	10	10	N			[NM108=XX] NM109		
Subscriber									
Subscriber Level: 2000D									
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02		
Gender	S1	2	2	ID	F, M, U		DMG03		
Subscriber Name									
Level: 2100D									
Last Name	S1, D1	1	35	AN			NM103		
First Name	S1	1	25	AN			NM104		
Middle Initial	O	1	1	AN			NM105		
Member ID	S1, D1	2	20	AN			[NM108=MI] NM109		
Subscriber Claim Submitter Trace									
Level: 2200D									
Trace Number	R	1	30	AN			[TRN01=1] TRN02		
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02		
							Send if known		

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name						Level: 2100E	
Last Name	S1, D1	1	35	AN		NM103	Last Name
First Name	S1	1	25	AN		NM104	First Name
Middle Initial	O	1	1	AN		NM105	
Dependent Name						Level: 2100E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of New Hampshire (Wellpoint) – 4817

Search Options									
Option	Element 1		Element 2		Element 3	Element 4	Element 5		
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth		
Option (cont.)	Element 6								
Dependent D1	Dep: Gender								
Element Name	Use	Min	Max	Type	Codes and Values		Element		
Payer									
Organization Name	R	1	35	AN	BCBS OF NEW HAMPSHIRE		NM103		
Payer ID	R	5	5	AN	4817		[NM108=PI] NM109		
Information Receiver Name									
Information Receiver Level: 2100B									
NPI	S	10	10	N	[NM108=XX] NM109				
Service Provider Name									
Service Provider Level: 2100C									
NPI	S	10	10	N	[NM108=XX] NM109				
Subscriber									
Subscriber Level: 2000D									
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02		
Gender	S1	2	2	ID	F, M, U		DMG03		
Subscriber Name									
Level: 2100D									
Last Name	S1, D1	1	35	AN	NM103				
First Name	S1	1	25	AN	NM104				
Middle Initial	O	1	1	AN	NM105				
Member ID	S1, D1	2	20	AN	[NM108=MI] NM109				
Subscriber Claim Submitter Trace									
Level: 2200D									
Trace Number	R	1	30	AN	[TRN01=1] TRN02				
Payer Claim Control Number	O	1	25	AN	[REF01=1K] REF02		Send if known		

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name						Level: 2100E	
Last Name	S1, D1	1	35	AN		NM103	Last Name
First Name	S1	1	25	AN		NM104	First Name
Middle Initial	O	1	1	AN		NM105	
Dependent Name						Level: 2100E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of New Jersey (Horizon) – 00087

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option (cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS NJ HORIZON		NM103
Payer ID	R	5	5	AN	00087		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N			[NM108=Fi] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name Level: 2100D							
Last Name	S1, D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Middle Initial	O	1	1	AN			NM105
Member ID	S1, D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D							

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name							Level: 2100E
Last Name	S1, D1	1	35	AN		NM103	Last Name
First Name	S1	1	25	AN		NM104	First Name
Middle Initial	O	1	1	AN		NM105	
Dependent Name							Level: 2100E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of New Mexico – 10042

Search Options								
Option	Element 1		Element 2		Element 3		Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name		Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name		Dep: First Name	Dep: Date of Birth
Option (cont.)	Element 6							
Dependent D1	Dep: Gender							
Element Name	Use	Min	Max	Type	Codes And Values		Element	Notes
Payer								Information Source Level: 2100a
Organization Name	R	1	35	AN	BCBS OF Mexico		NM103	
Payer Id	R	5	5	AN	10042		[NM108=PI] NM109	
Information Receiver Name								Information Receiver Level: 2100b
NPI	S	10	10	N			[NM108=XX] NM109	
Service Provider Name								Service Provider Level: 2100c
NPI	S	10	10	N			[NM108=XX] NM109	
Subscriber								Subscriber Level: 2000d
Date Of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02	
Subscriber Name								Level: 2100d
Last Name	S1, D1	1	35	AN			NM103	
First Name	S1	1	25	AN			NM104	
Middle Initial	O	1	1	AN			NM105	
Member Id	S1, D1	2	20	AN			[NM108=MI] NM109	
Subscriber Claim Submitter Trace								Level: 2200d
Trace Number	R	1	30	AN			[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02	Send If Known
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If Amount Is Unknown, Send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000e
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name							Level: 2100e
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Name							Level: 2100e
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send If Known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If Amount Unknown Send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, An=Alphanumeric, Dt=Date Format, Id=Identification Code, R=Decimal							

BCBS of New York (Empire) – 10043

Search Options								
Option	Element 1		Element 2		Element 3		Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name		Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name		Dep: First Name	Dep: Date of Birth
Option (cont.)	Element 6							
Dependent D1	Dep: Gender							
Element Name	Use	Min	Max	Type	Codes And Values		Element	Notes
Payer								Information Source Level: 2100a
Organization Name	R	1	35	AN	BCBS OF NEW YORK EMPIRE		NM103	
Payer Id	R	5	5	AN	10043		[NM108=PI] NM109	
Information Receiver Name								Information Receiver Level: 2100b
NPI	S	10	10	N			[NM108=XX] NM109	
Service Provider Name								Service Provider Level: 2100c
NPI	S	10	10	N			[NM108=XX] NM109	
Subscriber								Subscriber Level: 2000d
Date Of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U		DMG03	
Subscriber Name								Level: 2100d
Last Name	S1, D1	1	35	AN			NM103	
First Name	S1	1	25	AN			NM104	
Middle Initial	O	1	1	AN			NM105	
Member Id	S1, D1	2	20	AN			[NM108=MI] NM109	
Subscriber Claim Submitter Trace								Level: 2200d
Trace Number	R	1	30	AN			[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02	Send If Known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If Amount Is Unknown, Send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000e	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name						Level: 2100e	
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Name						Level: 2100e	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send If Known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If Amount Unknown Send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, An=Alphanumeric, Dt=Date Format, Id=Identification Code, R=Decimal							

BCBS of New York (Excellus) – 10323

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	BCBS OF New York (Excellus)	NM103	
Payer ID	R	5	5	AN	10323	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of North Carolina – 10383

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Sub: First Name	Dep: Last Name	Dep: First Name	
Option(Cont.)		Element 6					
Dependent D1	Dep: Date of Birth	Dep: Gender					
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS of North Carolina	NM103	
Payer ID	R	5	5	AN	10383	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Ohio (Wellpoint) – 4823

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS OF OHIO	NM103	
Payer ID	R	5	5	AN	4823	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount unknown send 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, An=Alphanumeric, Dt=Date Format, Id=Identification Code, R=Decimal							

BCBS of Oklahoma – 10582

Search Options								
Option	Element 1		Element 2		Element 3		Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name		Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name		Dep: First Name	Dep: Date of Birth
Option (cont.)		Element 6						
Dependent D1	Dep: Gender							
Element Name	Use	Min	Max	Type	Codes And Values		Element	Notes
Payer								Information Source Level: 2100a
Organization Name	R	1	35	AN	BCBS of Oklahoma		NM103	
Payer Id	R	5	5	AN	10582		[NM108=PI] NM109	
Information Receiver Name								Information Receiver Level: 2100b
NPI	S	10	10	N			[NM108=XX] NM109	
Service Provider Name								Service Provider Level: 2100c
NPI	S	10	10	N			[NM108=XX] NM109	
Subscriber								Subscriber Level: 2000d
Date Of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02	
Subscriber Name								Level: 2100d
Last Name	S1, D1	1	35	AN			NM103	
First Name	S1	1	25	AN			NM104	
Middle Initial	O	1	1	AN			NM105	
Member Id	S1, D1	2	20	AN			[NM108=MI] NM109	
Subscriber Claim Submitter Trace								Level: 2200d
Trace Number	R	1	30	AN			[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02	Send If Known
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If Amount Is Unknown, Send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000e
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name							Level: 2100e
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Name							Level: 2100e
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send If Known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If Amount Unknown Send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, An=Alphanumeric, Dt=Date Format, Id=Identification Code, R=Decimal							

BCBS of Oregon (Regence) – 772

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	BCBS of Oregon (Regence)	NM103	
Payer ID	R	5	5	AN	772	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

BCBS of South Carolina – 10047

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS SC	NM103	
Payer ID	R	5	5	AN	10047	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		AMT01=T3] AMT02	If amount is unknown send 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of South Dakota – 10395

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS of South Dakota	NM103	
Payer ID	R	5	5	AN	10395	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		AMT01=T3] AMT02	If amount is unknown send 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Tennessee – 10430

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS Tennessee	NM103	
Payer ID	R	5	5	AN	10430	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Texas – 10048

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS Texas	NM103	
Payer ID	R	5	5	AN	10048	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Vermont – 10624

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	BCBS OF VERMONT	NM103	
Payer ID	R	5	5	AN	10624	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Virginia – BCBSV

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	BCBS OF VIRGINIA	NM103	
Payer ID	R	5	5	AN	BCBSV	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=MI] NM109	
Gender	S1	2	2	ID	F,M,U	DMG03	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS of Wisconsin (Wellpoint) – BCBSW

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BCBS OF WISCONSIN	NM103	
Payer ID	R	5	5	AN	BCBSW	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

BCBS Texas Medicaid STAR CHIP –11196

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	BCBS Texas Medicaid STAR CHIP	NM103	
Payer ID	R	5	5	AN	11196	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Benefit Management Inc. – 10665

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Benefit Management Inc.	NM103	
Payer ID	R	5	5	AN	10665	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Organization Name	R	1	60	AN	Benefit Management Inc.	NM103	
Information Receiver ID Code Qualifier	R	10	10	N		[NM108=46] NM109	NPI is required
Service Provider Name Service Provider Level: 2100C							
Organization Name	S	1	60	AN		NM103	
Identification Code	S	10	10	N		[NM108=FI or XX] NM109	Either the Tax ID or NPI is required
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Dependent					Dependent Level: 2000E		
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Better Health Plans (Unison Health Plan) – 00199

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	BETTER HEALTH PLANS	NM103	
Payer ID	R	5	5	AN	00199	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter <u>_</u>

Claim Statement Period	S	17	17	DT	[DTP01=232] [DTP02=RD8] DTP03	Required for Institutional claims For Professional Claims, either Claims Service Date (2200D DTP) or Line Service Date
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Subscriber Claim Submitter Trace Level: 2200D

Product or Service ID Qualifier	R	2	2	ID	SVC01-1	
Service Identifier Code	R	1	48	AN	SVC01-2	
Modifier 1	S	2	2	AN	SVC01-3	Required if submitted on the original claim
Modifier 2	S	2	2	AN	SVC01-4	Required if submitted on the original claim
Modifier 3	S	2	2	AN	SVC01-5	Required if submitted on the original claim
Modifier 4	S	2	2	AN	SVC01-6	Required if submitted on the original claim
Line Item Charge Amount	R	1	10	R	SVC02	
Original Units of Service	S	1	15	N	SVC07	Required when the submitted units are greater
Line item Control Number	R	1	30	AN	[REF01=FJ] REF02	
Service Line Date	R	17	17	DT	[DTP01=472] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Blue Cross of California (Wellpoint) – BCCAL

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	BLUE CROSS OF CALIFORNIA	NM103	
Payer ID	R	5	5	AN	BCCAL	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Blue Cross Medicare Advantage – 11174

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Blue Cross Medicare Advantage		NM103
Payer ID	R	5	5	AN	11174		[NM108=PI] NM109
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N			[NM108=XX] NM109
Federal Tax ID	S	10	10	N			[NM108=FI] NM109
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
Claim Statement Period	S	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Blue Cross of Utah (Regence) – 10618

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Blue Cross of Utah (Regence)	NM103
Payer ID	R	5	5	AN	10618	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Blue Cross of Washington and Alaska (Premera) – 2650

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Blue Cross of Washington and Alaska (Premera)	NM103
Payer ID	R	5	5	AN	2650	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Blue Cross Pennsylvania (Capital) – 582

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option (cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	CAPITAL BLUECROSS	NM103	
Payer ID	R	5	5	AN	582	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Blue Shield of California – 10053

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Sub: First Name	Dep: Last Name	Dep: First Name
Option(Cont.)	Element 6		Element 7				
Dependent D1	Dep: Date of Birth		Dep: Gender				
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Blue Shield of California	NM103	
Payer ID	R	5	5	AN	10053	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Organization Name	R	1	60	AN	Health First Health Plans	NM103	
Information Receiver ID Code Qualifier	R	10	10	N		[NM108=46] NM109	NPI is required
Service Provider Name Service Provider Level: 2100C							
Organization Name	S	1	60	AN		NM103	
Identification Code	S	10	10	N		[NM108=FI or XX] NM109	Either the Tax ID or NPI is required
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Monetary Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Service Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	O	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Blue Shield of Idaho (Regence) – 10052

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Blue Shield of Idaho (Regence)	NM103	
Payer ID	R	5	5	AN	10052	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Blue Shield of Washington (Regence) – 5504

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Blue Shield of Washington (Regence)	NM103	
Payer ID	R	5	5	AN	5504	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Boon Group – 10821

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5	Element 6	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Boon Group	NM103	
Payer ID	R	5	5	AN	10821	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	1	1		M = Male F = Female		
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	D1	1	1		M = Male F = Female		
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Bravo Health – 10399

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Bravo Health	NM103	
Payer ID	R	5	5	AN	10399	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Bridgespan – 10827

Search Options							
Option	Element 1		Element 2		Element 3		Element 4
Subscriber S1	Date of Birth		Last Name		First Name		Member ID
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Bridgespan	NM103	
Payer ID	R	5	5	AN	10827	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	Member ID— Commercial Plans: 11 digits Medicaid Plans: 10 digits OR Medicaid Recipient ID— 8-12 digits
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	Required if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	The earliest service date in the claim must be used but cannot be more than 18 months in the past.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

C and O Employees' Hospital Association Plan - 10997

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	C and O Employees Hospital Association Plan	NM103	
Payer ID	R	5	5	AN	10997	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI/Federal Tax ID	S	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Care1st Health Plan Arizona – 10981

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Care1st Health Plan Arizona	NM103	
Payer ID	R	5	5	AN	10981	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Care Improvement Plus – 10806

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Care Improvement Plus	NM103	
Payer ID	R	5	5	AN	10806	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Carefirst Blue Cross Blue Shield (DC) – 11102

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Carefirst BCBS DC	NM103	
Payer ID	R	5	5	AN	11102	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Line of Business Indicator	S	1	30	AN	ME = Medical, DE = Dental, BE – Behavioral	[REF01=LU] REF02	This value allows us to route the request to the appropriate Cigna claim system, and is required for Dental or Behavioral requests. Cigna assumes Medical if not specified.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent					Dependent Level: 2000E		
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Line of Business Indicator	S	1	30	AN	ME = Medical, DE = Dental, BE – Behavioral	[REF01=LU] REF02	This value allows us to route the request to the appropriate Cigna claim system, and is required for Dental or Behavioral requests. Cigna assumes Medical if not specified.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

CarePlus Health Plan – 00324

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Element Name Use Min Max Type Codes and Values Element Notes						
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Orange County Fire Authority	NM103
Payer ID	R	5	5	AN	00324	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal						

CareSource Health – 10057

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	CareSource Health	NM103	
Payer ID	R	5	5	AN	10057	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Carolina Care Plan, Inc. (CCP) – 10762

Search Options								
Option	Element 1		Element 2		Element 3		Element 4	Element 5
Subscriber S1	Last Name		First Name		Date of Birth		Member ID	
Element Name	Use	Min	Max	Type	Codes and Values		Element	Notes
Payer								Information Source Level: 2100A
Organization Name	R	1	35	AN	Carolina Care Plan, Inc. (CCP)		NM103	
Payer ID	R	5	5	AN	10762		[NM108=PI] NM109	
Information Receiver Name								Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N			[NM108=FI] NM109	
NPI	S	10	10	N			[NM108=XX] NM109	
Service Provider Name								Service Provider Level: 2100C
Federal Tax ID	S	9	9	N			[NM108=FI] NM109	
Provider ID	S	2	7	N			[NM108=SV] NM109	
NPI	S	10	10	N			[NM108=XX] NM109	
Subscriber								Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		DMG02	
Subscriber Name								Level: 2100D
Last Name	S1	1	35	AN			NM103	
First Name	S1	1	25	AN			NM104	
Member ID	S1	2	20	AN			[NM108=MI] NM109	Member ID— Commercial Plans: 11 digits Medicaid Plans: 10 digits OR Medicaid Recipient ID— 8-12 digits
Subscriber Claim Submitter Trace								Level: 2200D

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	Required if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	The earliest service date in the claim must be used but cannot be more than 18 months in the past.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Carpenter's Health and Welfare Trust Fund of St. Louis – 10555

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Carpenter's Health and Welfare Trust Fund of St. Louis	NM103	
Payer ID	R	5	5	AN	10055	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	Either Tax ID or NPI is required.
NPI	S	10	10	N		[NM108=XX] NM109	Either Tax ID or NPI is required.
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	Either Tax ID or NPI is required.
NPI	S	10	10	N		[NM108=XX] NM109	Either Tax ID or NPI is required.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	1	1	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

CDS Group Health – 10667

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	CDS Group Health		NM103
Payer ID	R	5	5	AN	10667		[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Organization Name	R	1	60	AN	CDS Group Health		NM103
Information Receiver ID Code Qualifier	R	10	10	N			[NM108=46] NM109 NPI is required
Service Provider Name Service Provider Level: 2100C							
Organization Name	S	1	60	AN			NM103
Identification Code	S	10	10	N			[NM108=FI or XX] NM109 Either the Tax ID or NPI is required
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Middle Initial	O	1	1	AN			NM105
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D							

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Monetary Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Service Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Cenpatico

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	

Payers

	Payer Name	Payer ID	Payer Name	Payer ID
Cenpatico Behavioral Health	10766	Cenpatico - Mississippi	10769	
Cenpatico Behavioral Health Texas	10767	Cenpatico - Missouri	10768	
Cenpatico - Georgia	10569	Cenpatico - New Hampshire	10770	

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	See Plans table above.	NM103	
Payer ID	R	5	5	AN	See Plans table above.	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	

Member ID	S1	2	20	AN		[NM108=MI] NM109	Member ID— Commercial Plans: 11 digits Medicaid Plans: 10 digits OR Medicaid Recipient ID— 8-12 digits
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	Required if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	The earliest service date in the claim must be used but cannot be more than 18 months in the past.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Centene

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Last Name	First Name	Date of Birth	Member ID	Gender

Payers				
Payer Name	Payer ID	Payer Name	Payer ID	Payer ID
Centene - Advantage by Peach State	10763	Centene-Kentucky Spirit Health Plan	10620	
Centene - Advantage by Sunshine State	10764	Centene-Louisiana Healthcare Connections	10756	
Centene Advantage Plans	10771	Centene-Magnolia Health Plan	10704	
Centene-Coordinated Care	10761	Centene-Peach State Health Plan	10590	
Centene-California Health & Wellness	10759	Centene-Sunflower State Health (Kansas)	10758	
Centene - Granite State Health Plan	10765	Centene-Sunshine State Health Plan	10451	
Centene-Home State Health Plan	10760	Centene - Total Care Carolina	10866	
Centene- IlliniCare Health Plan	10757	Centene – Advantage by Bridgeway Health Solutions-10561	10561	
Cenpatico - Texas	10633			

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	See Plans table above.	NM103	
Payer ID	R	5	5	AN	See Plans table above.	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	

Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	1	1	ID	M/F	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	Member ID— Commercial Plans: 11 digits Medicaid Plans: 10 digits OR Medicaid Recipient ID— 8-12 digits
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	Required if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	The earliest service date in the claim must be used but cannot be more than 18 months in the past.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Central California Alliance for Health – 10884

Search Options											
Option	Element 1	Element 2		Element 3	Element 4	Element 5					
Subscriber S1	Member ID	Last Name		First Name	Date of Birth						
Element Name Use Min Max Type Codes and Values Element Notes											
Payer Information Source Level: 2100A											
Organization Name	R	1	35	AN	CCAH	NM103					
Payer ID	R	5	5	AN	10884	[NM108=PI] NM109	Payer ID				
Information Receiver Name Information Receiver Level: 2100B											
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109					
Service Provider Name Service Provider Level: 2100C											
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX				
Subscriber Subscriber Level: 2000D											
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02					
Subscriber Name Level: 2100D											
Last Name	S1,D1	1	35	AN		NM103					
First Name	S1	1	25	AN		NM104					
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109					
Subscriber Claim Submitter Trace Level: 2200D											
Trace Number	O	1	30	AN		[TRN01=1] TRN02					
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0				
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03					
Usage: R=Required, O=Optional, S=Situational											
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal											

Central Reserve Life Ins Co Medicare Supp – 10539

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Central Reserve Medicare Supp	NM103	
Payer ID	R	5	5	AN	10539	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Central States Fund – 10486

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	CENTRAL STATES FUND	NM103	
Payer ID	R	5	5	AN	10486	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=MI] NM109	
Gender	S1	2	2	ID	F,M,U	DMG03	

Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

CHAMPVA/Spina Bifida/Children of Women Vietnam Vets – 00232

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	CHAMPVA	NM103	
Payer ID	R	5	5	AN	00232	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Christie Student Health Plans – 11113

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer						
Organization Name	R	1	35	AN	Christie Student Health Plans	NM103
Payer ID	R	5	5	AN	11113	[NM108=PI] NM109 Payer ID
Information Receiver Name						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

CHRISTUS Health Plan Medicaid – 11105

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5		
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Element Name Use Min Max Type Codes and Values Element Notes							
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	CHRISTUS Health Plan Medicaid	NM103	
Payer ID	R	5	5	AN	11105	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

CHRISTUS Health Plan New Mexico - 11006

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub:Last Name		Dep: LastName	Dep:First Name	Dep Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	CHRISTUS Health Plan New Mexico	NM103	
Payer ID	R	5	5	AN	11006	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID/NPI	S	9	9	N		[NM108=FI] NM109	Federal Tax ID
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID/NPI	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX.
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1, D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							

Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

CHRISTUS Health Plan NM Medicare Advantage - 11007

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	CHRISTUS Health Plan NM Medicare Advantage	NM103	
Payer ID	R	5	5	AN	11007	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID/NPI	S	10	10	N		[NM108=FI] NM109	National Provider ID if NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

CIGNA – 00001

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	CIGNA	NM103	
Payer ID	R	5	5	AN	00001	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Line of Business Indicator	S	1	30	AN	ME = Medical, DE = Dental, BE – Behavioral	[REF01=LU] REF02	This value allows us to route the request to the appropriate Cigna claim system, and is required for Dental or Behavioral requests. Cigna assumes Medical if not specified.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent					Dependent Level: 2000E		
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Line of Business Indicator	S	1	30	AN	ME = Medical, DE = Dental, BE – Behavioral	[REF01=LU] REF02	This value allows us to route the request to the appropriate Cigna claim system, and is required for Dental or Behavioral requests. Cigna assumes Medical if not specified.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Clover Health fka CarePoint Medicare Advantage – 10822

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	CarePoint Medicare Advantage	NM103	
Payer ID	R	5	5	AN	10822	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

CMFG Life Insurance – 10909

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name		Use	Min	Max	Type	Codes and Values	
Payer		Information Source Level: 2100A					
Organization Name	R	1	35	AN	CMFG Life Insurance	NM103	
Payer ID	R	5	5	AN	10909	[NM108=PI] NM109	Payer ID
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name						Level: 2000E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Colonial Penn Life - 10852

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name		Use	Min	Max	Type	Codes and Values	
Payer						Element	
						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Colonial Penn Life	NM103	
Payer ID	R	5	5	AN	10852	[NM108=PI] NM109	Payer ID
Information Receiver Name							
						Information Receiver Level: 2100B	
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name							
						Service Provider Level: 2100C	
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							
						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							
						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
						Level: 2200D	
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							
						Dependent Level: 2000E	
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name							
						Level: 2000E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							
						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Colorado Medicaid – 00000000968

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Colorado Medicaid	NM103	
Payer ID	R	5	5	AN	00000000968	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Community Care of Oklahoma – 10066

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	Community Care of Oklahoma	NM103	
Payer ID	R	5	5	AN	10066	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		AMT01=T3] AMT02	If amount is unknown send 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Community Health Group - 11087

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Community Health Group	NM103
Payer ID	R	5	5	AN	11087	[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Concentrix Insurance Solutions – 10861

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Concentrix Insurance Solutions	NM103	
Payer ID	R	5	5	AN	10861	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent		Dependent Level: 2000E					
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Continental General Ins Co Medicare Supp – 10540

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	CONTINENTAL GENERAL MEDICARE SUPP	NM103	
Payer ID	R	5	5	AN	10540	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Connecticcare – 10303

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Connecticcare	NM103	
Payer ID	R	5	5	AN	10303	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent		Dependent Level: 2000E					
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Cooperative Benefit Administrators – 00223

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	COOPERATIVE BENEFIT ADMINISTRATOR	NM103	
Payer ID	R	5	5	AN	00223	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

CoreSource

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Payers					
CoreSource Little Rock		00205		NGS CoreSource	
CoreSource-MD/PA/IL/NC/AZ/IN/MN		00236		CoreSource FMH	

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	See Plans table above.	NM103	
Payer ID	R	5	5	AN	See Plans table above.	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	

First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Coventry Healthcare

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender

Payers

	Payer Name	Payer ID	Payer Name	Payer ID
Advantra Freedom	10307	CHCCares- South Carolina	10420	
Altius Health Plans	00364	Coventry Healthcare Carenet	00190	
CHC of Delaware	00166	Diamond Plan (Maryland Medicaid)	00177	
CHC of Georgia	00154	Group Health Plan (GHP)	00184	
CHC of Iowa	00170	HealthAmerica and Health Assurance	00148	
CHC of Kansas	10208	Healthcare Inc (Promina)	00193	
CHC Carelink Medicaid	00182	Healthcare USA (HCUSA)	00186	
CHC of Louisiana	00158	Omnicare (Michigan)	00284	
CHC of Nebraska	00176	CHC-PersonalCare/Coventry Health of Illinois	00179	
Coventry Advantra Savings	10419	Southern Health Services (SHS)	00156	
Coventry Health and Life (OK only)	00441	University of Missouri	10428	
Coventry Health Life- TN only	10405	Wellpath Select (Carolinas)	00164	
CHC Carelink (Advantra)	00160	Advantra- (Texas, New Mexico, Arizona only)	10447	
Coventry Health and Life (Nevada)	10448	Coventry Missouri	10449	
CHC- Mail Handler's Benefit Plan	00251	CHC- CoventryOne	10440	
Coventry Healthcare National Network	10084			
Coventry Health Care Federal	10481	Coventry Nebraska Medicaid	10548	
CHC- Florida/Vista/Summit	10551	CoventryCares	10614	

The following are Medicaid plans: CHC CareLink Medicaid, Coventry Health Care CareNet, CHCCares-South Carolina, Diamond Plan, HealthCare USA. Coventry Advantra Savings is a Medicare MSA plan.

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	See Plans table above.	NM103	
Payer ID	R	5	5	AN	See Plans table above.	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	

Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	Member ID—Commercial Plans: 11 digits Medicaid Plans: 10 digits OR Medicaid Recipient ID—8-12 digits
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	Required if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	The earliest service date in the claim must be used but cannot be more than 18 months in the past.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Culinary Health Fund – 10775

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Culinary Health Fund		NM103
Payer ID	R	5	5	AN	10775		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Electronic Transmitter ID Number (ETIN)	S	2	20	AN			[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Provider ID	S	2	7	N			[NM108=SV] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=mi] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
Claim Statement Period	S	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Dean Health Plan – 10653

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Dean Health Plan	NM103	
Payer ID	R	5	5	AN	10653	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Definity Health – 10828

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Definity Health	NM103	
Payer ID	R	5	5	AN	10828	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Denver Health Medical Plan – 0000001321

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Denver Health Medical Plan	NM103
Payer ID	R	5	5	AN	0000001321	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Note: Denver Health Medical Plan offers two low-cost health care plans for employees of Denver Health, the City and County of Denver Career Service Authority, and the Denver Employee Retirement Plan. Effective 12/17/2014, HIX members are also included. All data contains members that are currently active.

Director's Guild – 10077

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Director's Guild	NM103
Payer ID	R	5	5	AN	10077	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

District No. 9, I. A. of M. & A. Welfare Trust – 11098

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	FEDERATED INSURANCE CO	NM103	
Payer ID	R	5	5	AN	00262	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Easy Choice – 10703

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5		
Subscriber S1	Last Name	First Name	Date of Birth	Subscriber Member ID			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Payer ID	R	5	5	ID	10703	[NM108= PI] NM109	Payer ID
Provider Information Receiver Level: 2100B							
Name Last or Organization Name	R		60	AN		NM103	
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX
Subscriber <u>Search options:</u> Subscriber Level: 2100C							
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code							

EBMS (Employee Benefit Management Services) – 10862

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Date of Birth		Last Name		First Name	Member ID	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	EBMS (Employee Benefit Management Services)	NM103	
Payer ID	R	5	5	AN	10868	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Emblem Health – 10616

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Emblem Health	NM103	
Payer ID	R	5	5	AN	10616	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Essence Healthcare – 10601

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	ESSENCE HEALTHCARE	NM103	
Payer ID	R	5	5	AN	10601	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=F] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=F] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Everence Financial – 10772

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Everence Financial		NM103
Payer ID	R	5	5	AN	10772		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Electronic Transmitter ID Number (ETIN)	S	2	20	AN			[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Provider ID	S	2	7	N			[NM108=SV] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=mi] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
Claim Statement Period	S	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Evergreen Health Co-Op – 10860

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Evergreen Health Co-Op		NM103
Payer ID	R	5	5	AN	10860		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Electronic Transmitter ID Number (ETIN)	S	2	20	AN			[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Provider ID	S	2	7	N			[NM108=SV] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=mi] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
Claim Statement Period	S	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Expert Benefit Solutions – 11019

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Expert Benefit Solutions	NM103	
Payer ID	R	5	5	AN	11019	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Fallon Community Health Plan - 10082

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Fallon Community Health Plan	NM103	
Payer ID	R	5	5	AN	10082	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

Federated Insurance Company – 00262

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	FEDERATED INSURANCE CO	NM103	
Payer ID	R	5	5	AN	00262	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Fidelis SecureCare of Michigan – 10859

Search Options							
Option	Element 1		Element 2		Element 3		Element 4
Subscriber S1	Date of Birth		Last Name		First Name		Member ID
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Fidelis SecureCare of Michigan	NM103	
Payer ID	R	5	5	AN	10859	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	Member ID— Commercial Plans: 11 digits Medicaid Plans: 10 digits OR Medicaid Recipient ID— 8-12 digits
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	Required if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	The earliest service date in the claim must be used but cannot be more than 18 months in the past.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

FLORIDA HEALTH CARE PLANS – 10615

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	FLORIDA HEALTH CARE PLANS		NM103
Payer ID	R	5	5	AN	10615		[NM108=PI] NM109
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N			[NM108=XX] NM109
Federal Tax ID	S	10	10	N			[NM108=FI] NM109
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
Claim Statement Period	S	17	17	DT			[DTP01=232] [DTP02=RD8] DTP03

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Florida Medicaid – 77027

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	FLORIDA MEDICAID	NM103	
Payer ID	R	5	5	AN	77027	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	-Up to one year prior to the current date. <i>No future dates</i>
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Florida True Health – 10839

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Florida True Health	NM103	
Payer ID	R	5	5	AN	10839	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Food Employers & Bakery Workers Benefit – 10776

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Food Employers & Bakery Workers Benefit	NM103	
Payer ID	R	5	5	AN	10776	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent		Dependent Level: 2000E					
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Frensenius Health – 11130

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Frensenius Health	NM103	
Payer ID	R	5	5	AN	11130	[NM108=PI] NM109	Payer ID
Information Receiver Name					Information Receiver Level: 2100B		
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name					Service Provider Level: 2100C		
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber					Subscriber Level: 2000D		
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name					Level: 2100D		
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace					Level: 2200D		
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Generations Healthcare – 10603

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Fresenius Medical Care	NM103	
Payer ID	R	5	5	AN	10603	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID	S	9	9	N		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	-Up to one year prior to the current date. -No future dates.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Georgia Medicaid – 10088

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Georgia Medicaid	NM103	
Payer ID	R	5	5	AN	10088	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

Gilsbar –10509

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID						
Dependent D1	Sub: Member ID		Dep: Date of Birth				
Dependent D2	Sub: Member ID		Dep: First Name				
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	GILSBAR	NM103	
Payer ID	R	5	5	AN	10509	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber Subscriber Level: 2000D							
Member ID	S1,D1,D2	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name Level: 2100E							
First Name	D2	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

Globe Life & Accident Ins. Co. - 10988

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Member ID						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Globe Life & Accident Ins. Co.	NM103	
Payer ID	R	5	5	AN	10988	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent								Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02		
Dependent Name								Level: 2100E
Last Name	S1	1	35	AN		[NM102=1] NM103		
First Name	S1	1	25	AN		[NM102=1] NM104		
Dependent Claim Submitter Trace								Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02		
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02		
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03		
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal								

Golden Rule Insurance – 10652

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Golden Rule Insurance	NM103	
Payer ID	R	5	5	AN	10652	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Group Dental Service – 11188

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Group Dental Service	NM103	
Payer ID	R	5	5	AN	11188	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Government Health Employees Association (GEHA) – 10394

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	GOVERNMENT HEALTH EMPLOYEES ASSOC	NM103	
Payer ID	R	5	5	AN	10394	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	

Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Group Number	O	1	30	AN		[REF01=LU] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Harmony Health Plans- 10514

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	HARMONY	NM103	
Payer ID	R	5	5	AN	10514	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
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Disclaimer: None

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Health First Health Plans – 10673

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Health First Health Plans	NM103	
Payer ID	R	5	5	AN	10673	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Organization Name	R	1	60	AN	Health First Health Plans	NM103	
Information Receiver ID Code Qualifier	R	10	10	N		[NM108=46] NM109	NPI is required
Service Provider Name Service Provider Level: 2100C							
Organization Name	S	1	60	AN		NM103	
Identification Code	S	10	10	N		[NM108=FI or XX] NM109	Either the Tax ID or NPI is required
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Monetary Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Service Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	O	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Health First Insurance – 10674

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Health First Insurance	NM103	
Payer ID	R	5	5	AN	10674	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Organization Name	R	1	60	AN	Health First Insurance	NM103	
Information Receiver ID Code Qualifier	R	10	10	N		[NM108=46] NM109	NPI is required
Service Provider Name Service Provider Level: 2100C							
Organization Name	S	1	60	AN		NM103	
Identification Code	S	10	10	N		[NM108=FI or XX] NM109	Either the Tax ID or NPI is required
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1, D1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Monetary Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Service Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	O	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Health Partners of Philadelphia – 10098

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Health Partners of Philadelphia	NM103	
Payer ID	R	5	5	AN	10098	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter ∞
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Health Services for Children with Spec. – 10584

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Health Services for Children with Spec.	NM103	
Payer ID	R	5	5	AN	10584	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

HealthChoice AZ – 00329

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	HealthChoice AZ	NM103	
Payer ID	R	5	5	AN	00329	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

HealthEase- 10510

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	HEALTHEASE	NM103	
Payer ID	R	5	5	AN	10510	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

HealthEase Kids- 10511

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	HEALTHEASE KIDS	NM103	
Payer ID	R	5	5	AN	10511	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send _

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Healthfirst NJ – 10438

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	HEALTHFIRST OF NJ	NM103	
Payer ID	R	5	5	AN	10438	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Healthfirst NY – 00240

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	HEALTHFIRST OF NY	NM103	
Payer ID	R	5	5	AN	00240	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Healthgram – 10692

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Option (cont.)	Element 6					
Dependent D1	Dep: Gender					
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Healthgram	NM103
Payer ID	R	5	5	AN	10692	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Gender	D1	1	1	ID	F,M,U	DMG03
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

HealthMarkets (Chesapeake National Life)- 00207

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	See above table	NM103	
Payer ID	R	5	5	AN	See table above	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	9	9	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if requesting claim detail. Total number of REF
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent				Dependent Level: 2000E			
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if requesting claim detail. Total number of REF
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

HealthPlan Services - Celtic Insurance Company – 10856

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Date of Birth		Last Name		First Name	Member ID	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	HealthPlan Services - Celtic Insurance Company	NM103	
Payer ID	R	5	5	AN	10856	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

HealthSmart Benefit Solutions - 11079

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Subscriber S2	Sub: Member ID		Sub:Last Name		Dep: LastName	Dep:First Name	Dep Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	HealthSmart Benefit Solutions	NM103	
Payer ID	R	5	5	AN	11079	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	Federal Tax ID
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

HealthSmart Benefit Solutions West Virginia - 10003

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Subscriber S2	Sub: Member ID		Sub:Last Name		Dep: LastName	Dep:First Name	Dep Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	HealthSmart Benefit Solutions West Virginia	NM103	
Payer ID	R	5	5	AN	10003	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	Federal Tax ID
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

HealthSpring – 10464

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Optional Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	HEALTHSPRING	NM103	
Payer ID	R	5	5	AN	10464	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	O	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	

Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Heritage Physician Network (Houston) – 10918

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Heritage Physician Network (Houston)	NM103	
Payer ID	R	5	5	AN	10918	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

HMA (Hawaii Mainland Administrators – 11112

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Hawaii Mainland Administrators	NM103	
Payer ID	R	5	5	AN	11112	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Horizon New Jersey Health – 2840

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Horizon New Jersey Health	NM103	
Payer ID	R	5	5	AN	2840	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

HSBS Oklahoma City – 11169

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	HSBS Oklahoma City	NM103	
Payer ID	R	5	5	AN	11169	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		TRN02	Unique identification for the transaction
Bill Type Identifier	O	1	30	AN		REF02	
Total Claim Charge Amount	R	1	10	R		AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Humana – 00041

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	HUMANA	NM103	
Payer ID	R	5	5	AN	00041	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Humana CareSource - 10920

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Humana CareSource	NM103	
Payer ID	R	5	5	AN	10920	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID if NM108=XX.
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender		2	2	ID	F, M, U	DMG03	Optional
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

IBEW Local 508 Health Plan – 10855

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Date of Birth		Last Name		First Name	Member ID	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	IBEW Local 508 Health Plan	NM103	
Payer ID	R	5	5	AN	10855	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

IHC Health Solutions – 10998

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub:Last Name		Dep: LastName	Dep:First Name	Dep Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	IHC Health Solutions	NM103	
Payer ID	R	5	5	AN	10998	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	1	1		M = Male F = Female	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1, D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1		M = Male F = Female	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Illinois Medicaid - 4812

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	ILLINOIS MEDICAID	NM103	
Payer ID	R	5	5	AN	4812	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	National Provider ID if NM108=XX.
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender		2	2	ID	F, M, U	DMG03	Optional
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Independent Health – 10536

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Independent Health	NM103	
Payer ID	R	5	5	AN	10536	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Indiana Medicaid – 10103

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	INDIANA MEDICAID	NM103	
Payer ID	R	5	5	AN	10103	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
Electronic Transmitter Id Nbr (ETIN)	R	2	10	AN		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Provider ID	S	10	10	N		[NM108=SV] NM109	This field must contain the nine-digit IHCP LPI and one-digit service location code.
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	12	12	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	13	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	This Field contains the 3-digit institutional type of bill
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT	CCYYMMDD – CCYYMMDD	[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Insurers Administrative Corporation(IAC) – 11021

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Date of Birth		Last Name		First Name	Member ID	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Insurers Administrative Corporation (IAC)	NM103	
Payer ID	R	5	5	AN	11021	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Kaiser Foundation Health Plan of Colorado – 10110

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Kaiser Foundation Health Plan of CO		NM103
Payer ID	R	5	5	AN	10110		[NM108=PI] NM109 Payer ID
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	AN			[NM108=XX] NM109
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	AN			[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN			[TRN01=1] TRN02 Unique identification for the transaction
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02 Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Kaiser Foundation Health Plan of Colorado – 10608

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Kaiser Foundation Health Plan of Washington	NM103	
Payer ID	R	5	5	AN	10608	[NM108=PI] NM109	Payer ID
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Kentucky Health Exchange – 10857

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Kentucky Health Exchange	NM103	
Payer ID	R	5	5	AN	10857	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter <u>0</u>

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Kentucky Medicaid – 00000000945

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	KENTUCKY MEDICAID	NM103	
Payer ID	R	5	5	AN	00000000945	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	The 8 digit Medicaid provider number should have 2 trailing zeroes
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	The 8 digit Medicaid provider number should have 2 trailing zeroes
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=mi] NM109	

Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		REF01=BLT] REF02	
Medical Record Number	O	1	30	An		REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Leon Medical Centers Health Plan – 10677

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Leon Medical Centers Health Plan	NM103	
Payer ID	R	5	5	AN	10677	[NM108=PI] NM109	Payer ID
Information Receiver Name						Information Receiver Level: 2100B	
Name Last or Organization Name	R	1	60			NM103	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Name Last or Organizations Name				60		NM103	
NPI or Federal Tax ID	S	2	7	N		[NM108=SV] NM109	Either provider ID, tax ID, or NPI is required.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Identification Code Qualifier/ Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	S	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	S	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT	CCYYMMDD	[DTP01= 472] [DTP02=RD8 or D8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Liberty National Life Ins. Co. - 10989

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Liberty National Life	NM103	
Payer ID	R	5	5	AN	10989	[NM108=PI] NM109	Payer ID
Information Receiver Name							Information Receiver Level: 2100B
Name Last or Organization Name	R	1	60			NM103	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
Name Last or Organizations Name				60		NM103	
NPI or Federal Tax ID	S	2	7	N		[NM108=SV] NM109	Either provider ID, tax ID, or NPI is required.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Identification Code Qualifier/ Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	S	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	S	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT	CCYYMMDD	[DTP01= 472] [DTP02=RD8 or D8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Lifewise Health Plan of Oregon – 10651

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer						Information Source Level: 2100A
Organization Name	R	1	35	AN	Lifewise Health Plan of Oregon	NM103
Payer ID	R	5	5	AN	10651	[NM108=PI] NM109
Information Receiver Name						
Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						
Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						
Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Lifewise Health Plan of Washington – 10650

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Lifewise Health Plan of Washington	NM103
Payer ID	R	5	5	AN	10650	[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

LifeCare Assurance Company – 11170

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	LifeCare Assurance Company	NM103	
Payer ID	R	5	5	AN	11170	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		TRN02	Unique identification for the transaction
Bill Type Identifier	O	1	30	AN		REF02	
Total Claim Charge Amount	R	1	10	R		AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Lincoln Financial – 10678

Search Options								
Option	Element 1		Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values		Element	Notes
Payer								Information Source Level: 2100A
Organization Name	R	1	35	AN	Lincoln Financial		NM103	
Payer ID	R	5	5	AN	10678		[NM108=PI] NM109	Payer ID
Information Receiver Name								Information Receiver Level: 2100B
Organization Name	R	1	60	AN	Lincoln Financial		NM103	
Information Receiver ID Code Qualifier	R	10	10	N			[NM108=46] NM109	NPI is required
Service Provider Name								Service Provider Level: 2100C
Organization Name	S	1	60	AN			NM103	
Identification Code	S	10	10	N			[NM108=FI or XX] NM109	Either the Tax ID or NPI is required
Subscriber								Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U		DMG03	
Subscriber Name								Level: 2100D
Last Name	S1,D1	1	35	AN			NM103	
First Name	S1	1	25	AN			NM104	
Middle Initial	O	1	1	AN			NM105	
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109	
Subscriber Claim Submitter Trace								Level: 2200D
Trace Number	R	1	30	AN			[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02	

Monetary Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Service Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	O	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Loyal American Life Ins Co Medicare Supp – 10544

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	LOYAL AMERICAN MEDICARE SUPP	NM103	
Payer ID	R	5	5	AN	10544	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Maine Medicaid – 10121

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Maine Medicaid	NM103	
Payer ID	R	5	5	AN	10121	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Magnacare – 10867

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Magnacare		NM103
Payer ID	R	5	5	AN	10867		[NM108=PI] NM109
Information Receiver Name					Information Receiver Level: 2100B		
NPI	S	10	10	N			[NM108=XX] NM109
Electronic Transmitter ID Number (ETIN)	R	9	9	N			[NM108=46] NM109
Service Provider Name					Service Provider Level: 2100C		
Provider ID	S	2	7	N			[NM108=SV] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Subscriber					Subscriber Level: 2000D		
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Subscriber Name					Level: 2100D		
Last Name	S1,D1	1	35	AN			NM103
First Name	S1,D1	1	25	AN			NM104
Member ID	S1,D1	1	24	AN			[NM108=mi] NM109
Subscriber Claim Submitter Trace					Level: 2200D		
Trace Number	R	1	30	AN			[TRN01=1] TRN02 Unique identification for the transaction
Bill Type Identifier	O	1	30	AN			[REF01=BLT] REF02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

MAMSI – MAMSI

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6				
Dependent D1	Dep: Gender				

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	MAMSI	NM103	
Payer ID	R	5	5	AN	MAMSI	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	9	9	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	

Medical Record Number	O	1	30	An		[REF01=EA] [REF02]	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] [AMT02]	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] [DTP03]	
Dependent				Dependent Level: 2000E			
Birth Date	D1	8	8	DT		[DMG01=D8] [DMG02]	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] [NM103]	
First Name	D1	1	25	AN		[NM102=1] [NM104]	
Middle Initial	D1	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] [TRN02]	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] [REF02]	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] [REF02]	
Medical Record Number	O	1	30	An		[REF01=EA] [REF02]	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] [AMT02]	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] [DTP03]	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Managed Health Network – 10863

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Managed Health Network	NM103	
Payer ID	R	5	5	AN	10863	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent				Dependent Level: 2000E			
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Maricopa Health Plan Arizona - 10434

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Maricopa Health Plan AZ	NM103	
Payer ID	R	5	5	AN	10434	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Dependent Name Level: 2000E							
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Massachusetts Medicaid – 334

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Massachusetts Medicaid	NM103	
Payer ID	R	5	5	AN	334	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

MDWise Hoosier Alliance – 10598

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	MDWISE HOOSIER ALLIANCE	NM103	
Payer ID	R	5	5	AN	10598	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number (ETIN)	S	5	12	N		[NM108=46] NM109	Either the ETIN or ID, NPI is required
NPI	S	10	10	N		[NM108=XX] NM109	Either the ETIN or ID, NPI is required
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	5	12	N		[NM108=SV] NM109	Either provider ID, tax ID, or NPI is required.
NPI	S	10	10	N		[NM108=XX] NM109	Either provider ID, tax ID, or NPI is required
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	1	1	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such Information is subject to change, even retroactively, at any time.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

MedBen (Newark OH) – 10681

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth

Note: Payer is also known by the following names: Medical Benefits Administrators/MedBen, Medical Benefits Administrators Inc. (Newark OH), Medical Benefits Companies (Newark OH), Medical Benefits Mutual (Newark OH), Medical Benefits Mutual/MedBen, Medical Benefits Mutual Life Insurance Co.

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	MedBen (Newark OH)	NM103	
Payer ID	R	5	5	AN	10681	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	Total Claim Charge Amount If amount is unknown, send 0
Dependent						Dependent Level: 2000E	
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Dependent Name						Level: 2000E	
Last Name	D1	1	35	AN		[NM102=1] NM103	

First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Medica – 00404(Commercial Line of Business)

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Medica	NM103	
Payer ID	R	5	5	AN	00404	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI/Provider ID/Federal Tax ID	S	10	10	N		[NM108=XX] NM109	Provider ID if NM108=SV. Federal Tax ID if NM108=FI. National Provider ID if NM = XX
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Optional
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							

Usage: R=Required, O=Optional, S=Situational

Medica Health Plans- 11029 (Medicare Advantage Line of Business)

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	MEDICA HEALTH PLANS	NM103	
Payer ID	R	5	5	AN	11029	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	R	9	9	N		[NM108=FI] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	M = Male F = Female	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Optional
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Medical Mutual of Ohio – 00211

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	MEDICAL MUTUAL OF OHIO	NM103	
Payer ID	R	5	5	AN	00211	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	R	9	9	N		[NM108=FI] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	R	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Med-Pay, Inc. – 10682

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	Med-Pay, Inc.	NM103	
Payer ID	R	5	5	AN	10682	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100A							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							
Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	

Dependent Name							Level: 2000E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Meritain Health – 10635

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name		Use	Min	Max	Type	Codes and Values	
Payer		Information Source Level: 2100A					
Organization Name	R	1	35	AN	Meritain Health	NM103	
Payer ID	R	5	5	AN	10635	[NM108=PI] NM109	Payer ID
Information Receiver Name							
Information Receiver Name		Information Receiver Level: 2100B					
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name							
Service Provider Name		Service Provider Level: 2100C					
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							
Subscriber Name		Level: 2100D					
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Subscriber Claim Submitter Trace		Level: 2200D					
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							
Dependent		Dependent Level: 2000E					
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name							
Dependent Name		Level: 2000E					
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							
Dependent Claim Submitter Trace		Level: 2200E					
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Meritus Health Partners – 10980

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Meritus Health Partners		NM103
Payer ID	R	5	5	AN	10980		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N			[NM108=XX] NM109
Federal Tax ID	S	10	10	N			[NM108=FI] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02 If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

MetroPlus – 861

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	METROPLUS	NM103	
Payer ID	R	5	5	AN	861	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Mississippi Medicaid – 00000000786

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	MISSISSIPPI MEDICAID	NM103	
Payer ID	R	5	5	AN	00000000786	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM100	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM100	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Missouri Care – 10702

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Last Name	First Name	Date of Birth	Subscriber Member ID	

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer				Information Source Level: 2100A			
Payer ID	R	5	5	ID	10702	[NM108= PI] NM109	Payer ID
Provider				Information Receiver Level: 2100B			
Name Last or Organization Name	R		60	AN	Missouri Care	NM103	
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX
Subscriber		Search options:				Subscriber Level: 2100C	
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	

Missouri Medicaid – 00000000684

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name				
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	MISSOURI MEDICAID	NM103	
Payer ID	R	5	5	AN	00000000684	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	NPI or Missouri Medicaid's alternate NPI (ETIN)
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	NPI or Missouri Medicaid's alternate NPI (ETIN preceded by "M").
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

MMSI (Mayo Health) – 10144

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub : Last Name		Dep : Last Name	Dep : First Name	Dep : Date of Birth
Option (cont.)	Element 6						
Dependent D1	Dep : Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	MMSI MAYO HEALTH	NM103	
Payer ID	R	5	5	AN	10144	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Dependent Name						Level: 2100E	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Molina Healthcare

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender

Payers

Molina Healthcare of California	00222	Molina Healthcare of Ohio	00445
Molina Healthcare of Florida	10445	Molina Healthcare of SC	10815
Molina Healthcare of Illinois	10685	Molina Healthcare of Texas	10391
Molina Healthcare of Michigan	00226	Molina Healthcare of Utah	00227
Molina Healthcare of New Mexico	10146	Molina Healthcare of Washington	00228

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	See Plans table above.	NM103	
Payer ID	R	5	5	AN	See Plans table above.	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D

Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Molina Healthcare of Puerto Rico- 11031

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Sub: First Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name		R	1	35	AN	MOLINA OF PUERTO RICO	NM103
Payer ID		R	5	5	AN	11031	[NM108=PI] NM109 Payer ID
Information Receiver Name							
Information Receiver Level: 2100A							
Electronic Transmitter ID Number		R	2	20	AN		[NM108=46] NM109
Service Provider Name							
Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	NPI
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							
Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Dependent Name							
Level: 2000E							
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							
Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Mutual Health Services – 10686

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Med-Pay, Inc.	NM103
Payer ID	R	5	5	AN	10686	[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

MVP Health Care (New York) – 00432

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender

Notes: MVP Preferred Care is not included and any member ID's not beginning with '8' is not going to be matched or returned.

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	MVP	NM103	
Payer ID	R	5	5	AN	00432	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter ID Number (ETIN)	R	2	80	AN		[NM108=46] NM109	
Federal Tax ID	R	9	9	N		[NM108=FI] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	R	1	30	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	Required for institutional claims inquiries. Found on UB92 – record 40 – 4 Found on 837I in CLM-05

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	R	17	17	DT	CCYYMMDD-CCYYMMDD	[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

NaphCare, Inc. – 10992

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	NaphCare, Inc.		NM103
Payer ID	R	5	5	AN	10992		[NM108=PI] NM109
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N			[NM108=XX] NM109
Federal Tax ID	S	10	10	N			[NM108=FI] NM109
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
							If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

National Association of Letter Carriers (NALC)-00214

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	NALC	NM103	
Payer ID	R	5	5	AN	00214	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	AN		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	

Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent				Dependent Level: 2000E			
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	If known and individual claim is sought
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Network Health Plan of WI – 10706

Search Options										
Option	Element 1		Element 2		Element 3		Element 4	Element 5		
Subscriber S1	Member ID		Last Name		First Name		Date of Birth			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes			
Payer Information Source Level: 2100A										
Payer ID	R	5	5	ID	10706	[NM108= PI] NM109	Payer ID			
Provider Information Receiver Level: 2100B										
Name Last or Organization Name	R		60	AN	Network Health Plan of WI	NM103				
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX			
Subscriber	Search options: Subscriber Level: 2100C									
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109				
Last Name	S1	1	35	AN		NM103				
First Name	S1	1	25	AN		NM104				
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02				
Usage: R=Required, O=Optional, S=Situational										
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code										

New Era Life Insurance Co. - 10991

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5		
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Payer ID	R	5	5	ID	10991 [NM108= PI] NM109		Payer ID
Provider Information Receiver Level: 2100B							
Name Last or Organization Name	R		60	AN	New Era Life Insurance	NM103	
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX
Subscriber	Search options:					Subscriber Level: 2100C	
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code							

New Mexico Medicaid – 00000001234

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	New Mexico Medicaid	NM103	
Payer ID	R	5	5	AN	00000001234	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Northwest Administrators - 11038

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub:Last Name		Dep: LastName	Dep:First Name	Dep Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Northwest Administrators		NM103
Payer ID	R	5	5	AN	11038		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
NPI	S	10	10	N			[NM108=XX] NM109
Service Provider Name Service Provider Level: 2100C							
NPI/ Federal Tax ID	S	10	10	N			[NM108=XX] NM109 National Provider ID if NM108=XX. Federal Tax ID if NM108=FI.
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02 If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Ohana Health Plans- 10515

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	OHANA	NM103	
Payer ID	R	5	5	AN	10515	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Ohio Medicaid – 10158

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer						
Organization Name	R	1	35	AN	Ohio Medicaid	NM103
Payer ID	R	5	5	AN	10158	[NM108=PI] NM109
Information Receiver Name						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent						
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace						

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Oklahoma Employees Group Insurance Division-10995

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	Oklahoma Employees Group Insurance Division	NM103
Payer ID	R	5	5	AN	10995	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 National Provider ID if NM108=XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN	[TRN01=1] TRN02	Unique identification for the transaction
Total Claim Charge Amount	R	1	10	R	[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT	[DTP01=472] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E						
Date of Birth	D2	8	8	DT	CCYYMMDD	[DMG02]
Dependent Name Level: 2000E						
Last Name	D2	1	35	AN		[NM102=1] NM103
First Name	D2	1	25	AN		[NM102=1] NM104

Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Operating Engineers Local No.428 – 10777

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Operating Engineers Local No.428	NM103	
Payer ID	R	5	5	AN	10777	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Orange County Fire Authority – 10951

Search Options											
Option	Element 1	Element 2		Element 3	Element 4	Element 5					
Subscriber S1	Member ID	Last Name		First Name	Date of Birth						
Element Name Use Min Max Type Codes and Values Element Notes											
Payer Information Source Level: 2100A											
Organization Name	R	1	35	AN	Orange County Fire Authority	NM103					
Payer ID	R	5	5	AN	10951	[NM108=PI] NM109	Payer ID				
Information Receiver Name Information Receiver Level: 2100B											
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109					
Service Provider Name Service Provider Level: 2100C											
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX				
Subscriber Subscriber Level: 2000D											
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02					
Subscriber Name Level: 2100D											
Last Name	S1,D1	1	35	AN		NM103					
First Name	S1	1	25	AN		NM104					
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109					
Subscriber Claim Submitter Trace Level: 2200D											
Trace Number	O	1	30	AN		[TRN01=1] TRN02					
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0				
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03					
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal											

Pacificare

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6	Element 7			
Dependent D1	Dep: Gender				

Payers

Payer Name	Payer ID	Payer Name	Payer ID
Pacificare of California (HMO)	10268	Pacificare of Texas (HMO)	10371
Pacificare of Oklahoma (HMO)	10373	Pacificare of Washington (HMO)	10370
Pacificare of Oregon (HMO)	10374		

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	See Plans table above.	NM103	
Payer ID	R	5	5	AN	See Plans table above.	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D

Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	

Subscriber Claim Submitter Trace
Level: 2200D

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known and individual claim is sought.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent
Dependent Level: 2000E

Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	

Dependent Name
Level: 2100E

Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	

Dependent Claim Submitter Trace
Level: 2200E

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	If known and individual claim is sought.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

PacificSource Administrators –11177

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Dep:Last Name		Dep:First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	PacificSource Administrators	NM103	
Payer ID	R	5	5	AN	11177	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Name Last or Organization Name			60			NM103	
Information Receiver ID Code Qualifier					46	NM108	
Information Receiver ID Code		10	10	N		NM109	
Service Provider Name Service Provider Level: 2100C							
Name Last or Organization Name			60			NM103	
Information Receiver ID Code Qualifier					46	NM108	
Information Receiver ID Code		10	10	N		NM109	
Subscriber Subscriber Level: 2100D							
Member ID	S1, D1	2	20	AN		[NM108=mi] NM109	
Last Name	S1		35	AN		NM103	
First Name	S1		25	AN		NM104	
Date of Birth	S1		8	DT	CCYYMMDD	DMG02[2000D]	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1		35	AN		NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Service Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Area – MT, ID, OR

PacificSource Community Solutions (Medicaid) – 11091

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	PacificSource Community Solutions (Medicaid)	NM103	
Payer ID	R	5	5	AN	11091	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	AN		[NM108=SV] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	7	AN		[NM108=46] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

PacificSource Medicare –11178

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	PacificSource Medicare	NM103	
Payer ID	R	5	5	AN	11178	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	AN		[NM108=SV] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	7	AN		[NM108=46] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Pan-American Life Insurance Company – 11114

Search Options									
Option	Element 1		Element 2		Element 3	Element 4	Element 5		
Subscriber S1	Member ID		Last Name		First Name	Date of Birth			
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values		Element		
Payer									
Information Source Level: 2100A									
Organization Name	R	1	35	AN	Pan-American Life Insurance	NM103			
Payer ID	R	5	5	AN	11114	[NM108=PI] NM109			
Information Receiver Name									
Information Receiver Level: 2100B									
Federal Tax ID	S	9	9	N		[NM108=FI] NM109			
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109			
Service Provider Name									
Service Provider Level: 2100C									
Federal Tax ID	S	9	9	N		[NM108=FI] NM109			
Provider ID	S	2	7	N		[NM108=SV] NM109			
Subscriber									
Subscriber Level: 2000D									
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02			
Subscriber Name									
Level: 2100D									
Last Name	S1,D1	1	35	AN		NM103			
First Name	S1	1	25	AN		NM104			
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109			
Subscriber Claim Submitter Trace									
Level: 2200D									

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Partnership Health Plan of California – 10164

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	Gender	Claim Amount
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Partnership Health Plan of California	NM103	
Payer ID	R	5	5	AN	10164	[NM108=PI] NM109	Payer ID
Information Receiver Name						Information Receiver Level: 2100B	
Organization Name	R	1	60	AN	Partnership Health Plan of California	NM103	
Information Receiver ID Code Qualifier	R	10	10	N		[NM108=46] NM109	NPI is required
Service Provider Name						Service Provider Level: 2100C	
Organization Name	S	1	60	AN		NM103	
Identification Code	S	10	10	N		[NM108=F1 or XX] NM109	Either the Tax ID or NPI is required
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1, D1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Monetary Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0.
Claim Service Period	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	RD8 = date range D8 = fixed date Upto 18months in past. No future dates.
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

Passport Health Plan –10368

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	Passport Health Plan	NM103	
Payer ID	R	5	5	AN	10368	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	AN		[NM108=SV] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	7	AN		[NM108=46] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

PENN Treaty Network Medicare Supp. – 10924

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	PENN Treaty Network Medicare Supp	NM103	
Payer ID	R	5	5	AN	10924	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name Level: 2000E							
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Personal Insurance Administrators- 10492

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Personal Insurance Administrators	NM103	
Payer ID	R	5	5	AN	10492	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name Level: 2000E							
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Pinnacle Physician Management Org – 10926

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Pinnacle Physician Management Org	NM103	
Payer ID	R	5	5	AN	10926	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Planned Administrators Inc. – 10886

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Dep: Last Name		Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Planned Administrators Inc.	NM103	
Payer ID	R	5	5	AN	10886	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
ETIN	S	2	80	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	80	AN		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent		Dependent Level: 2000E					
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	If known and individual claim is sought.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Plumbers and Pipefitters Local Union 525 – 10778

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Plumbers and Pipefitters Local Union 525	NM103	
Payer ID	R	5	5	AN	10778	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Physicians Mutual Insurance Company- 00287

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	PHYSICIANS MUTUAL		NM103
Payer ID	R	5	5	AN	00287		[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
ETIN	S	2	80	AN			[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N			[NM108=FI] NM109
Provider ID	S	2	80	AN			[NM108=SV] NM109
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD		[DMG01=D8] DMG02
Gender	S1	2	2	ID	F, M, U		DMG03
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Payer Claim Control Number	O	1	25	AN			[REF01=1K] REF02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
If amount is unknown, send 0.							

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent				Dependent Level: 2000E			
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	If known and individual claim is sought.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Preferred Care Partners – 10691

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	

Prestige Health Choice – 10965

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Prestige Health Choice	NM103	
Payer ID	R	5	5	AN	10965	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Principal Financial Group

Search Options					
Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name	First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6	Element 7			
Dependent D1	Dep: Gender				

Payers	
Nippon Life Insurance Co of America	00144
Principal Life Insurance Company	00143

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	See Plans table above.	NM103	
Payer ID	R	5	5	AN	See Plans table above.	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	9	9	N		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Prominence Health Plan of Nevada– 11198

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Prominence Health Plan of Nevada	NM103	
Payer ID	R	5	5	AN	11198	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
ETIN	S	2	80	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	80	AN		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent								Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02		
Dependent Name								Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103		
First Name	D1	1	25	AN		[NM102=1] NM104		
Dependent Claim Submitter Trace								Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02		
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	If known and individual claim is sought.	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03		
Disclaimer: None								
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal								

Prominence Health Plan of Texas – 11199

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Prominence Health Plan of Texas	NM103	
Payer ID	R	5	5	AN	11199	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
ETIN	S	2	80	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	80	AN		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Dependent								Dependent Level: 2000E
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02		
Dependent Name								Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103		
First Name	D1	1	25	AN		[NM102=1] NM104		
Dependent Claim Submitter Trace								Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02		
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	If known and individual claim is sought.	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.	
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03		
Disclaimer: None								
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal								

Provident American Life & Health Ins Co Medicare Supp – 10545

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	PROVIDENT AMERICAN MEDICARE SUPP	NM103	
Payer ID	R	5	5	AN	10545	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Sanford Health Plan – 10533

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Sanford Health Plan	NM103	
Payer ID	R	5	5	AN	10533	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI/Federal Tax ID	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Santa Clara Family Health Plan – 10876

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Santa Clara Family Health Plan	NM103	
Payer ID	R	5	5	AN	10876	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=F1] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI/Federal Tax ID	S	9	9	N		[NM108=F1] NM109	National Provider ID if NM108=XX.
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Schaller Anderson Aetna Better – 10816

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Schaller Anderson Aetna Better	NM103	
Payer ID	R	5	5	AN	10816	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Schaller Anderson Aetna Better Health of OH – 10887

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name	First Name		Member ID	Date of Birth	

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Schaller Anderson Aetna Better Health of OH	NM103	
Payer ID	R	5	5	AN	10887	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Schaller Anderson Delaware Phys – 10817

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Schaller Anderson Delaware Phys	NM103	
Payer ID	R	5	5	AN	10817	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

Schaller Anderson MajestaCare VA – 10818

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Schaller Anderson MajestaCare VA	NM103	
Payer ID	R	5	5	AN	10818	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Schaller Anderson Maryland Physicians Care – 10693

Search Options										
Option	Element 1		Element 2		Element 3		Element 4	Element 5		
Subscriber S1	Member ID		Last Name		First Name		Date of Birth			
Information Source Level: 2100A										
Payer ID	R	5	5	ID	10693	[NM108= PI] NM109	Payer ID			
Information Receiver Level: 2100B										
Name Last or Organization Name	R		60	AN	Schaller Anderson Maryland Physicians Care	NM103				
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX			
Subscriber Level: 2100C										
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109				
Last Name	S1	1	35	AN		NM103				
First Name	S1	1	25	AN		NM104				
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02				
Usage: R=Required, O=Optional, S=Situational										
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code										

Schaller Anderson Mercy Care – 10694

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5		
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Payer ID	R	5	5	ID	10694 [NM108= PI] NM109		Payer ID
Provider Information Receiver Level: 2100B							
Name Last or Organization Name	R		60	AN	Schaller Anderson Mercy Care	NM103	
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX
Subscriber	Search options:						Subscriber Level: 2100C
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code							

Schaller Anderson Mercy Maricopa- 10996

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5		
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Payer ID	R	5	5	ID	10996 [NM108= PI] NM109		Payer ID
Provider Information Receiver Level: 2100B							
Name Last or Organization Name	R		60	AN	Schaller Anderson Mercy Care	NM103	
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX
Subscriber	Search options:						Subscriber Level: 2100C
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code							

Schaller Anderson Missouri Care – 10695

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5		
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Payer ID	R	5	5	ID	10695 [NM108= PI] NM109		Payer ID
Provider Information Receiver Level: 2100B							
Name Last or Organization Name	R		60	AN	Schaller Anderson Missouri Care	NM103	
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX
Subscriber	Search options:						Subscriber Level: 2100C
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code							

Schaller Anderson Parkland Community – 10643

Search Options							
Option	Element 1	Element 2	Element 3	Element 4	Element 5		
Subscriber S1	Member ID	Last Name	First Name	Date of Birth			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Payer ID	R	5	5	ID	10643 [NM108= PI] NM109		Payer ID
Provider Information Receiver Level: 2100B							
Name Last or Organization Name	R		60	AN	Schaller Anderson Parkland Community	NM103	
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX
Subscriber	Search options:						Subscriber Level: 2100C
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code							

Schaller Anderson Texas CHRISTUS – 10696

Search Options										
Option	Element 1		Element 2		Element 3		Element 4	Element 5		
Subscriber S1	Last Name		First Name		Date of Birth		Subscriber Member ID			
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes			
Payer Information Source Level: 2100A										
Payer ID	R	5	5	ID	10696	[NM108= PI] NM109	Payer ID			
Provider Information Receiver Level: 2100B										
Name Last or Organization Name	R		60	AN	Schaller Anderson Texas CHRISTUS	NM103				
NPI	R	2	2	ID		[NM108= XX] NM109	National Provider ID if NM108 = XX			
Subscriber	Search options:					Subscriber Level: 2100C				
Subscriber Member ID	S1	1		AN		[NM108= MI] NM109				
Last Name	S1	1	35	AN		NM103				
First Name	S1	1	25	AN		NM104				
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02				
Usage: R=Required, O=Optional, S=Situational										
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code										

SelectCare of Texas (Beaumont) – 10928

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	SelectCare of Texas (Beaumont)	NM103	
Payer ID	R	5	5	AN	10928	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

SelectCare of Texas (Houston) – 10930

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	SelectCare of Texas (Houston)	NM103	
Payer ID	R	5	5	AN	10930	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

SelectCare of Texas (Integranet) – 10931

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	SelectCare of Texas (Integranet)	NM103	
Payer ID	R	5	5	AN	10931	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Select Health of SC – 10520

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Select Health of SC	NM103	
Payer ID	R	5	5	AN	10520	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Senior Health Services Center-Universal American Family of Companies – 10697

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name		Use	Min	Max	Type	Codes and Values	
Payer		Information Source Level: 2100A					
Organization Name	R	1	35	AN	Senior Health Services Center-Universal American Family of Companies	NM103	
Payer ID	R	5	5	AN	10697	[NM108=PI] NM109	Payer ID
Information Receiver Name				Information Receiver Level: 2100B			
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Dependent Name						Level: 2000E	
Last Name	D1	1	35	AN		[NM102=1] NM103	

First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Senior Whole Health – 10962

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Senior Whole Health	NM103	
Payer ID	R	5	5	AN	10962	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Sharp Health Plan - 10967

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Sharp Health Plan	NM103	
Payer ID	R	5	5	AN	10967	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	2	7	N		[NM108=SV] NM109	National Provider ID if NM108=XX.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Significa Benefit Services- 00191

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	SIGNIFICA BENEFIT	NM103	
Payer ID	R	5	5	AN	00191	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
ETIN	S	2	80	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	80	AN		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Dependent Name Level: 2100E							

Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Simply Healthcare Plans – 10826

Search Options							
Option	Element 1		Element 2		Element 3		Element 4
Subscriber S1	Date of Birth		Last Name		First Name		Member ID
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Simply Healthcare Plans	NM103	
Payer ID	R	5	5	AN	10826	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	Member ID— Commercial Plans: 11 digits Medicaid Plans: 10 digits OR Medicaid Recipient ID— 8-12 digits
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Payer Claim Control Number	S	1	30	AN		[REF01=1K] REF02	Required if known.
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	The earliest service date in the claim must be used but cannot be more than 18 months in the past.
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

SPJST Medicare Supplement – 10546

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	SPJST MEDICARE SUPP	NM103	
Payer ID	R	5	5	AN	10546	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Staywell- 10512

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	STAYWELL	NM103	
Payer ID	R	5	5	AN	10512	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

StayWell Kids- 10513

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	STAYWELL KIDS	NM103	
Payer ID	R	5	5	AN	10513	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Stonebridge Life Insurance Company- 11032

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Sub: First Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	STONEBRIDGE LIFE INSURANCE COMPANY	NM103	
Payer ID	R	5	5	AN	11032	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1,D1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Optional

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

SummaCare Health Plan – 00000002514

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Element Name	Use	Min	Max	Type	Codes and Values	Element
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	SummaCare Health Plan	NM103
Payer ID	R	5	5	AN	00000002514	[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Summit America Insurance Service - 11073

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Summit America Insurance Service	NM103	
Payer ID	R	5	5	AN	11073	[NM108=PI] NM109	Payer ID
Information Receiver Name					Information Receiver Level: 2100B		
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name					Service Provider Level: 2100C		
NPI	R	10	10	N		[NM108=XX] NM109	National Provider ID if NM108=XX
Subscriber					Subscriber Level: 2000D		
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name					Level: 2100D		
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace					Level: 2200D		
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

TexanPlus (Integranet) – 10942

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	TexanPlus (Integranet)	NM103	
Payer ID	R	5	5	AN	10942	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

TexanPlus (Kelsey-Seybold) – 10943

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	TexanPlus (Kelsey-Seybold)	NM103	
Payer ID	R	5	5	AN	10943	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

TexanPlus North Texas Area – 10604

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	TexanPlus North Texas Area	NM103	
Payer ID	R	5	5	AN	10604	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

TexanPlus South Texas Area – 10605

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	TexanPlus South Texas Area	NM103	
Payer ID	R	5	5	AN	10605	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

The Kempton Company – 10698

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	The Kempton Company	NM103
Payer ID	R	5	5	AN	10698	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

The ULLICO Family of Companies – 10945

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	The ULLICO Family of Companies	NM103	
Payer ID	R	5	5	AN	10945	[NM108=PI] NM109	Payer ID
Information Receiver Name Information Receiver Level: 2100B							
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	O	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name Level: 2000E							
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace Level: 2200E							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Three Rivers Health Plans (Unison Health Plan) – 00198

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	THREE RIVER HEALTH PLANS	NM103	
Payer ID	R	5	5	AN	00198	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Service Line Information							Level: 2210D

Product or Service ID Qualifier	R	2	2	ID		SVC01-1	
Service Identifier Code	S	1	48	AN		SVC01-2	
Modifier 1	S	2	2	AN		SVC01-3	Required if submitted on the original claim
Modifier 2	S	2	2	AN		SVC01-4	Required if submitted on the original claim
Modifier 3	S	2	2	AN		SVC01-5	Required if submitted on the original claim
Modifier 4	S	2	2	AN		SVC01-6	Required if submitted on the original claim
Line Item Charge Amount	R	1	10	R		SVC02	
Original Units of Service	S	1	15	N		SVC07	Required when the submitted units are greater
Line item Control Number	R	1	30	AN		[REF01=FJ] REF02	
Service Line Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

TMG Network Health Insurance – 10688

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	TMG Network Health Insurance	NM103	
Payer ID	R	5	5	AN	10688	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Today's Options – 10505

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Today's Options	NM103	
Payer ID	R	5	5	AN	10505	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Transamerica Life Insurance Company – 11094

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Transamerica Life Insurance Company	NM103	
Payer ID	R	5	5	AN	11094	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent Level: 2000E							

Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Transamerica Premier Life Insurance Company – 11100

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	Transamerica Premier Life Insurance Company	NM103	
Payer ID	R	5	5	AN	11100	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Triad Healthcare, Inc. – 10963

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Triad Healthcare, Inc.	NM103	
Payer ID	R	5	5	AN	10963	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Tribute>SelectCare of Oklahoma – 10607

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Tribute>SelectCare of Oklahoma	NM103	
Payer ID	R	5	5	AN	10607	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Tricare – 10189

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Tricare	NM103	
Payer ID	R	5	5	AN	10189	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Trillium Community Health Plan – 11120

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Trillium Community Health Plan	NM103	
Payer ID	R	5	5	AN	11120	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI/Federal Tax ID	S	9	9	N		[NM108=FI] NM109	National Provider ID if NM108=XX.
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Trustmark –00233

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	TRUSTMARK	NM103	
Payer ID	R	5	5	AN	00233	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent Dependent Level: 2000E							
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	

Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Ultimate Health Plans – 10888

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Last Name	First Name		Member ID	Date of Birth		
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	Ultimate Health Plans	NM103	
Payer ID	R	5	5	AN	10888	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

UMR (Wausau) – 10501

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option (cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	UMR (Wausau)	NM103	
Payer ID	R	5	5	AN	10501	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1, D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Middle Initial	O	1	1	AN		NM105	
Member ID	S1, D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F, M, U	DMG03	
Dependent Name						Level: 2100E	
Last Name	S1, D1	1	35	AN		NM103	Last Name
First Name	S1	1	25	AN		NM104	First Name
Middle Initial	O	1	1	AN		NM105	
Dependent Name						Level: 2100E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Unicare – UCARE

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	UNICARE	NM103	
Payer ID	R	5	5	AN	UCARE	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	9	9	AN		[NM108=MI] NM109	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known

Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	Send if known
Medical Record Number	O	1	30	AN		[REF01=EA] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

United American Insurance Company - 10990

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	United American Insurance Company	NM103	
Payer ID	R	5	5	AN	10990	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Electronic Transmitter Identification Number (ETIN)	S	10	10	N		[NM108=46] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

United Healthcare – 00112

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Option(Cont.)	Element 6						
Dependent D1	Dep: Gender						
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer							
Organization Name	R	1	35	AN	UNITED HEALTH CARE	NM103	
Payer ID	R	5	5	AN	00112	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	9	9	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if requesting claim detail. The total number of REF segments in the 2200D loop cannot exceed 3.

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by Aetna, and such information is subject to change, even retroactively, at any time.							
*Note: the Location Number for a dependent transaction is to be sent in the 2200E loop although this is not supported in the implementation guide. UHC needs this information to return a unique match.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

United Healthcare Community Plan – Kansas – 10835

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	United Healthcare Community Plan – Kansas	NM103	
Payer ID	R	5	5	AN	10835	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

United Healthcare Facets Detroit Community and State – 10836

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	United Healthcare Facets Detroit Community and State	NM103	
Payer ID	R	5	5	AN	10836	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

United Healthcare Facets Pittsburgh Community and State – 10834

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	United Healthcare Facets Pittsburgh Community and State	NM103	
Payer ID	R	5	5	AN	10834	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

United Healthcare Nevada Market – 10837

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	United Healthcare Nevada Market	NM103	
Payer ID	R	5	5	AN	10837	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational						Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal	

United Healthcare Plan of River Valley – 10192

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	United Healthcare Plan of River Valley	NM103	
Payer ID	R	5	5	AN	10192	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

United Teacher Assoc Insurance Co Medicare Supp – 10547

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	UNITED TEACHER ASSOC MEDICARE SUPP	NM103	
Payer ID	R	5	5	AN	10547	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	AN		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	Send if known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Universal Benefit Corp- 11033

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Sub: First Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	UNIVERSAL BENEFIT CORP	NM103	
Payer ID	R	5	5	AN	11033	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Level: 2000E	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	Optional
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

University Care Advantage Arizona - 10433

Search Options									
Option	Element 1		Element 2		Element 3		Element 4	Element 5	
Subscriber S1	Member ID		Last Name		First Name		Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name		Dep: First Name	Dep: Date of Birth	
Element Name		Use	Min	Max	Type	Codes and Values		Element	Notes
Payer								Information Source Level: 2100A	
Organization Name	R	1	35	AN	University Care Advantage Arizona		NM103		
Payer ID	R	5	5	AN	10433		[NM108=PI] NM109		
Information Receiver Name								Information Receiver Level: 2100B	
Electronic Transmitter ID Number	R	2	20	AN			[NM108=46] NM109		
Service Provider Name								Service Provider Level: 2100C	
NPI	R	10	10	N			[NM108=XX] NM109		
Subscriber								Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD		DMG02		
Subscriber Name								Level: 2100D	
Last Name	S1,D1	1	35	AN			NM103		
First Name	S1	1	25	AN			NM104		
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109		
Subscriber Claim Submitter Trace								Level: 2200D	
Trace Number	R	1	30	AN			[TRN01=1] TRN02		
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If amount is unknown, send 0.	
Claim Service Date	R	17	17	DT			[DTP01=472] [DTP02=RD8] DTP03		
Dependent								Dependent Level: 2000E	
Date of Birth	D1	8	8	DT	CCYYMMDD		[DMG02]		
Dependent Name								Level: 2000E	
Last Name	D1	1	35	AN			[NM102=1] NM103		
First Name	D1	1	25	AN			[NM102=1] NM104		
Dependent Claim Submitter Trace								Level: 2200E	
Trace Number	R	1	30	AN			[TRN01=1] TRN02		
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02	If amount is unknown, send 0.	

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

University Care Advantage Arizona – 10699

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	University Care Advantage Arizona	NM103
Payer ID	R	5	5	AN	10699	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

University Family Care Arizona- 10194

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	University Family Care Arizona		NM103
Payer ID	R	5	5	AN	10194		[NM108=PI] NM109
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	R	2	20	AN			[NM108=46] NM109
Service Provider Name							Service Provider Level: 2100C
NPI	R	10	10	N			[NM108=XX] NM109
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD		DMG02
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN			NM103
First Name	S1	1	25	AN			NM104
Member ID	S1,D1	2	20	AN			[NM108=MI] NM109
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
Claim Service Date	R	17	17	DT			[DTP01=472] [DTP02=RD8] DTP03
Dependent							Dependent Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD		DMG02
Dependent Name							Level: 2000E
Last Name	D1	1	35	AN			[NM102=1] NM103
First Name	D1	1	25	AN			[NM102=1] NM104
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN			[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R			[AMT01=T3] AMT02
							If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
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DISCLAIMER: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

University Physicians Healthcare Group Arizona - 10439

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values		Element Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	University Physicians Healthcare Group Arizona	NM103	
Payer ID	R	5	5	AN	10439	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent							Dependent Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG02]	
Dependent Name							Level: 2000E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

University of Arizona Health Plan- UHM – 10889

Search Options							
Option	Element 1		Element 2		Element 3		Element 4
Subscriber S1	Member ID		Last Name		First Name		Date of Birth
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	University of Arizona Health Plan- UHM	NM103	
Payer ID	R	5	5	AN	10889	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	Aetna Non-HMO or Aetna HMO Provider ID. Either provider ID, tax ID or NPI
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

UPMC Health Plan (Tristate) –10288

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	UPMC Health Plan(Tristate)	NM103	
Payer ID	R	5	5	AN	10288	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name							
Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

USAA Life Insurance Company –10195

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	USAA	NM103	
Payer ID	R	5	5	AN	10195	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Service Provider Name Service Provider Level: 2100C							
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

UMWA Health and Retirement Funds –11121

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	Element 6
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	Dep: Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	UMWA Health and Retirement Funds	NM103	
Payer ID	R	5	5	AN	11121	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent							Level: 2000E
Date of Birth	D1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	D1	1	1		M = Male F = Female	DMG03	
Dependent Name							Level: 2100E
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

VA Fee Basis Program –00231

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	VA FEE BASIS PROGRAM	NM103	
Payer ID	R	5	5	AN	00231	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	AN		[NM108=SV] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	7	AN		[NM108=46] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

VA Health Administration CTR – 10956

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	VA Health Administration CTR	NM103	
Payer ID	R	5	5	AN	10956	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number	S	2	10	AN		[NM108=46] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109	ID, tax ID, or NPI is required.
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1,D1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Vermont Medicaid – 10197

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Last Name		First Name		Member ID	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							
Organization Name	R	1	35	AN	Vermont Medicaid	NM103	
Payer ID	R	5	5	AN	10197	[NM108=PI] NM109	
Information Receiver Name							
Information Receiver Level: 2100A							
NPI	S	10	10	N		[NM108=XX] NM109	
Electronic Transmitter ID Number (ETIN)	R	9	9	N		[NM108=46] NM109	
Service Provider Name							
Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							
Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Subscriber Name							
Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	1	24	AN		[NM108=mi] NM109	
Subscriber Claim Submitter Trace							
Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Bill Type Identifier	O	1	30	AN		[REF01=BLT] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter ^
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

VIVA Health Inc. – 10468

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	VIVA Health Inc.	NM103
Payer ID	R	5	5	AN	10468	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

VNS Choice – 10600

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	VNS CHOICE	NM103	
Payer ID	R	5	5	AN	10600	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Washington National - 10853

Search Options							
Option	Element 1	Element 2		Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values		Element Notes
Payer		Information Source Level: 2100A					
Organization Name	R	1	35	AN	Washington National	NM103	
Payer ID	R	5	5	AN	10853	[NM108=PI] NM109	Payer ID
Information Receiver Name		Information Receiver Level: 2100B					
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109	
Service Provider Name		Service Provider Level: 2100C					
NPI	R	10	10	N		[NM108=XX] NM109	Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber		Subscriber Level: 2000D					
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name		Level: 2100D					
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace		Level: 2200D					
Trace Number	O	1	30	AN		[TRN01=1] TRN02	Unique identification for the transaction
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Dependent		Dependent Level: 2000E					
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02	
Dependent Name		Level: 2000E					
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Dependent Claim Submitter Trace		Level: 2200E					
Trace Number	R	1	30	AN		[TRN01=1] TRN02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

WebTPA – 10532

Search Options						
Option	Element 1	Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID	Last Name		First Name	Date of Birth	
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name
Dependent D1	Dep:Gender				Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	WebTPA	NM103
Payer ID	R	5	5	AN	10532	[NM108=PI] NM109 Payer ID
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109 Federal Tax ID if NM108=FI NPI if NM108 = XX
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02 Total Claim Charge Amount If amount is unknown, send 0
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Gender	D1	1	1	ID	F,M,U	DMG03
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						

Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
DISCLAIMER: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Wellcare Health Plans- 10488

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	Gender
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	WELLCARE	NM103	
Payer ID	R	5	5	AN	10488	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
Provider/Organization Name	R	1	35	AN		NM103	
NPI	R	10	10	N		[NM108=XX] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	If known
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

West Virginia Family Health Plan –11226

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer Information Source Level: 2100A							
Organization Name	R	1	35	AN	West Virginia Family Health Plan	NM103	
Payer ID	R	5	5	AN	11226	[NM108=PI] NM109	
Information Receiver Name Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=46] NM109	
Provider ID	S	2	20	AN		[NM108=XX] NM109	
Service Provider Name Service Provider Level: 2100C							
Federal Tax ID	S	9	9	N		[NM108=F1] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	7	AN		[NM108=46] NM109	
Subscriber Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name Level: 2100D							
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Western Health Advantage – 1043

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Option(Cont.)	Element 6					
Dependent D1	Dep: Gender					
Element Name	Use	Min	Max	Type	Codes and Values	Element
						Notes

Payer							Information Source Level: 2100A	
Organization Name	R	1	35	AN	Western Health Advantage	NM103		
Payer ID	R	5	5	AN	1043	[NM108=PI] NM109		
Information Receiver Name							Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109		
NPI	S	10	10	N		[NM108=XX] NM109		
Service Provider Name							Service Provider Level: 2100C	
Provider ID	S	2	7	N		[NM108=SV] NM109		
NPI	S	10	10	N		[NM108=XX] NM109		
Subscriber							Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02		
Gender	S1	2	2	ID	F, M, U	DMG03		
Subscriber Name							Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103		
First Name	S1	1	25	AN		NM104		
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109		
Subscriber Claim Submitter Trace							Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02		
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0	
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03		
Dependent							Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02		
Gender	D1	1	1	ID	F,M,U	DMG03		
Dependent Name							Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103		
First Name	D1	1	25	AN		[NM102=1] NM104		
Middle Initial	O	1	1	AN		NM105		

Dependent Claim Submitter Trace							Level: 2200E
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Western & Southern Financial Group – 11111

Search Options								
Option	Element 1		Element 2		Element 3		Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth		
Dependent D1	Sub: Member ID		Sub: Last Name		Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Option(Cont.)	Element 6							
Dependent D1	Dep: Gender							
Element Name	Use	Min	Max	Type	Codes and Values		Element	Notes
Payer	Information Source Level: 2100A							
Organization Name	R	1	35	AN	Western & Southern Financial Group	NM103		
Payer ID	R	5	5	AN	11111	[NM108=PI] NM109		
Information Receiver Name	Information Receiver Level: 2100B							
Federal Tax ID	S	9	9	N		[NM108=FI] NM109		
NPI	S	10	10	N		[NM108=XX] NM109		
Service Provider Name	Service Provider Level: 2100C							
Provider ID	S	2	7	N		[NM108=SV] NM109		
NPI	S	10	10	N		[NM108=XX] NM109		
Subscriber	Subscriber Level: 2000D							
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02		
Gender	S1	2	2	ID	F, M, U	DMG03		
Subscriber Name	Level: 2100D							
Last Name	S1,D1	1	35	AN		NM103		
First Name	S1	1	25	AN		NM104		
Member ID	S1,D1	1	24	AN		[NM108=mi] NM109		
Subscriber Claim Submitter Trace	Level: 2200D							
Trace Number	R	1	30	AN		[TRN01=1] TRN02		
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown send 0	

Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Dependent						Dependent Level: 2000E	
Birth Date	D1	8	8	DT		[DMG01=D8] DMG02	
Gender	D1	1	1	ID	F,M,U	DMG03	
Dependent Name						Level: 2100E	
Last Name	D1	1	35	AN		[NM102=1] NM103	
First Name	D1	1	25	AN		[NM102=1] NM104	
Middle Initial	O	1	1	AN		NM105	
Dependent Claim Submitter Trace						Level: 2200E	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, enter 0.
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Windsor Medicare Extra –10576

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Windsor Medicare Extra	NM103	
Payer ID	R	5	5	AN	10576	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Provider ID	S	2	20	AN		[NM108=SV] NM109	
Service Provider Name							Service Provider Level: 2100C
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
Electronic Transmitter ID Number (ETIN)	S	2	7	AN		[NM108=46] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02	
Subscriber Name							Level: 2100D
Last Name	S1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	30	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send
Claim Statement Period	R	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational							
Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Wisconsin Medicaid – 00000000867

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Wisconsin Medicaid	NM103	
Payer ID	R	5	5	AN	00000000867	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	

Disclaimer: None.

Usage: R=Required, O=Optional, S=Situational

Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal

Wisconsin Medicaid Chronic Disease Program – 10452

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Wisconsin Medicaid Chronic Disease Program	NM103	
Payer ID	R	5	5	AN	10452	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT	[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.						
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal						

Wisconsin Medicaid Well Woman Program

– 10453

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer						Information Source Level: 2100A	
Organization Name	R	1	35	AN	Wisconsin Medicaid Well Woman Program	NM103	
Payer ID	R	5	5	AN	10453	[NM108=PI] NM109	
Information Receiver Name						Information Receiver Level: 2100B	
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name						Service Provider Level: 2100C	
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber						Subscriber Level: 2000D	
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name						Level: 2100D	
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace						Level: 2200D	
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.

Claim Statement Period	S	17	17	DT	[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.						
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal						

World Corp – 10700

Search Options						
Option	Element 1	Element 2	Element 3	Element 4	Element 5	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth		
Dependent D1	Sub: Member ID	Sub: Last Name	Dep: Last Name	Dep: First Name	Dep: Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element Notes
Payer Information Source Level: 2100A						
Organization Name	R	1	35	AN	World Corp	NM103
Payer ID	R	5	5	AN	10700	[NM108=PI] NM109
Information Receiver Name Information Receiver Level: 2100B						
Electronic Transmitter ID Number	R	2	20	AN		[NM108=46] NM109
Service Provider Name Service Provider Level: 2100C						
NPI	R	10	10	N		[NM108=XX] NM109
Subscriber Subscriber Level: 2000D						
Date of Birth	S1	8	8	DT	CCYYMMDD	DMG02
Subscriber Name Level: 2100D						
Last Name	S1,D1	1	35	AN		NM103
First Name	S1	1	25	AN		NM104
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109
Subscriber Claim Submitter Trace Level: 2200D						
Trace Number	O	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
Claim Service Date	S	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03
Dependent Dependent Level: 2000E						
Date of Birth	D1	8	8	DT	CCYYMMDD	DMG02
Dependent Name Level: 2000E						
Last Name	D1	1	35	AN		[NM102=1] NM103
First Name	D1	1	25	AN		[NM102=1] NM104
Dependent Claim Submitter Trace Level: 2200E						
Trace Number	R	1	30	AN		[TRN01=1] TRN02
Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02
						If amount is unknown, send 0.

Claim Service Date	R	17	17	DT		[DTP01=472] [DTP02=RD8] DTP03	
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							

Wyoming Medicaid – 77046

Search Options							
Option	Element 1		Element 2		Element 3	Element 4	Element 5
Subscriber S1	Member ID		Last Name		First Name	Date of Birth	
Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
Payer							Information Source Level: 2100A
Organization Name	R	1	35	AN	Wyoming Medicaid	NM103	
Payer ID	R	5	5	AN	77046	[NM108=PI] NM109	
Information Receiver Name							Information Receiver Level: 2100B
Federal Tax ID	S	9	9	N		[NM108=FI] NM109	
NPI	S	10	10	N		[NM108=XX] NM109	
Service Provider Name							Service Provider Level: 2100C
NPI	S	10	10	N		[NM108=XX] NM109	
Federal Tax ID	S	10	10	N		[NM108=FI] NM109	
Subscriber							Subscriber Level: 2000D
Date of Birth	S1	8	8	DT	CCYYMMDD	[DMG01=D8] DMG02	
Gender	S1	2	2	ID	F, M, U	DMG03	
Subscriber Name							Level: 2100D
Last Name	S1,D1	1	35	AN		NM103	
First Name	S1	1	25	AN		NM104	
Member ID	S1,D1	2	20	AN		[NM108=MI] NM109	
Subscriber Claim Submitter Trace							Level: 2200D
Trace Number	R	1	30	AN		[TRN01=1] TRN02	
Payer Claim Control Number	O	1	25	AN		[REF01=1K] REF02	

Total Claim Charge Amount	R	1	10	R		[AMT01=T3] AMT02	If amount is unknown, send 0.
Claim Statement Period	S	17	17	DT		[DTP01=232] [DTP02=RD8] DTP03	
Disclaimer: None.							
Usage: R=Required, O=Optional, S=Situational Data Type: N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code, R=Decimal							