

(1,1)

(1,2)

(1,3)

(1,4)

INSURANCE_COM

- ◆ NAME
- ◆ INACTIVE
- ◆ ALLOW_MULTIPLE
- ◆ DIFFERENT_RATES
- ◆ ONE_OPTION_VISIT
- ◆ AMBULATORY_VISIT
- ◆ ATTENDING_PHYSICIAN
- ◆ *HOSPITAL_PROVIDER
- ◆ STREET_ADDRESS1
- ◆ STREET_ADDRESS2
- ◆ STREET_ADDRESS3
- ◆ CITY
- ◆ STATE
- ◆ ZIP_CODE
- ◆ BILLING_COMPANY
- ◆ FAX_NUMBER


(1,5)

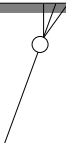
PANY_36

IPLE_BEDSECTIONS
EVENUE_CODES_TO_USE
SIT_ON_BILL_ONLY
_SURG__REV__CODE
HYSICIAN_ID_
ROVIDER_NUMBER
RESS_[LINE_1]
RESS_[LINE_2]
RESS_[LINE_3]

PANY_NAME

INSURANCE_COMPANY_36_36_03

SYNONYM



(1,6)

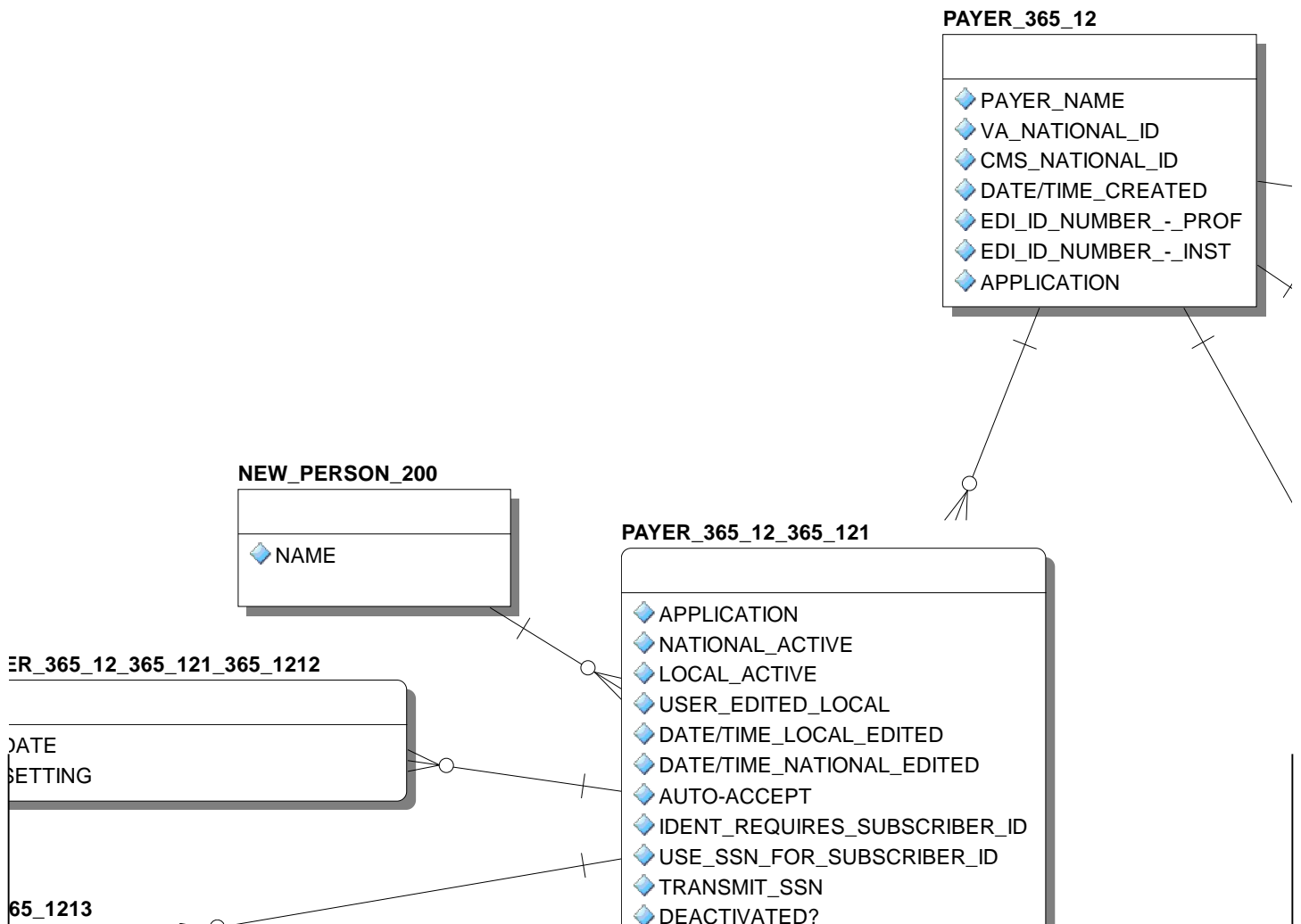
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(2,1)

PAYE



PAYER_365_12_365_121_3



(2,3)

IIV_TRANSMISSION_QUEUE_365_1_365_16

◆ HL7_DATE/TIME_CREATED
◆ MESSAGE_CONTROL_ID
◆ RESPONSE

(2,4)

◆ FILING_TIME_F
◆ CLAIMS_(INPT)
◆ CLAIMS_(INPT)
◆ CLAIMS_(INPT)
◆ CLAIMS_(INPT)
◆ CLAIMS_(INPT)
◆ CLAIMS_(INPT)
◆ CLAIMS_(INPT)
◆ CLAIMS_(INPT)
◆ ANOTHER_CO.
◆ CLAIMS_(INPT)
◆ TYPE_OF_COV
◆ PHONE_NUMB
◆ CLAIMS_(RX)_F
◆ BILLING_PHON
◆ PRECERTIFICA
◆ VERIFICATION.
◆ CLAIMS_(INPT)
◆ CLAIMS_(OPT).
◆ APPEALS_PHC
◆ INQUIRY_PHON
◆ PRECERT_COI
◆ APPEALS_ADD
◆ APPEALS_ADD
◆ APPEALS_ADD
◆ APPEALS_ADD
◆ APPEALS_ADD
◆ APPEALS_ADD
◆ APPEALS_ADD
◆ APPEALS_COM
◆ ANOTHER_CO.
◆ APPEALS_FAX
◆ PRESCRIPTION
◆ INQUIRY_ADDF
◆ INQUIRY_ADDF
◆ INQUIRY_ADDF
◆ INQUIRY_ADDF
◆ INQUIRY_ADDF
◆ INQUIRY_ADDF
◆ INQUIRY_COMI
◆ ANOTHER_CO.
◆ INQUIRY_FAX
◆ REPOINT_PATI
◆ CLAIMS_(OPT).
◆ CLAIMS_(OPT).
◆ CLAIMS_(OPT).
◆ CLAIMS_(OPT).
◆ CLAIMS_(OPT).
◆ CLAIMS_(OPT).
◆ CLAIMS_(OPT).
◆ ANOTHER_CO.
◆ CLAIMS_(OPT).
◆ PROFESSIONA
◆ ANOTHER_CO.
◆ STANDARD_FT
◆ CLAIMS_(RX)_S
◆ CLAIMS_(RX)_S
◆ CLAIMS_(RX)_S

PATIENT_2

◆ NAME

FRAME
_STREET_ADDRESS_1
_STREET_ADDRESS_2
_STREET_ADDRESS_3
_PROCESS_CITY
_PROCESS_STATE
_PROCESS_ZIP
_COMPANY_NAME
__PROCESS_IP_CLAIMS?
_FAX
/ERAGE
ER
PHONE_NUMBER
IE_NUMBER
ATION_PHONE_NUMBER
_PHONE_NUMBER
_PHONE_NUMBER
_PHONE_NUMBER
ONE_NUMBER
VE_NUMBER
MPANY_NAME
RESS_ST__[LINE_1]
RESS_ST__[LINE_2]
RESS_ST__[LINE_3]
RESS_CITY
RESS_STATE
RESS_ZIP
MPANY_NAME
__PROCESS_APPEALS?
:
N_REFILL_REV__CODE
RESS_ST__[LINE_1]
RESS_ST__[LINE_2]
RESS_ST__[LINE_3]
RESS_CITY
RESS_STATE
RESS_ZIP_CODE
PANY_NAME
__PROCESS_INQUIRIES?

IENTS_TO
_STREET_ADDRESS_1
_STREET_ADDRESS_2
_STREET_ADDRESS_3
_PROCESS_CITY
_PROCESS_STATE
_PROCESS_ZIP
_COMPANY_NAME
__PROCESS_OP_CLAIMS?
_FAX
L_PROVIDER_NUMBER
__PROCESS_PRECERTS?
TF
STREET_ADDRESS_1
STREET_ADDRESS_2
STREET_ADDRESS_3

IB_PROVIDER_ID_#_TYPE_355_97

NAME

INSURANCE_COMPANY_36_36_011

REMARKS

INSURAN

HPID/
CHP/ε
PARE
NIF_IC

(2,6)

ICE_COMPANY_36_36_08

OEID
3HP
NT_CHP_(HPID)
)

INSURANCE_FILING_TIME_FRAME_355_13

◆ NAME

TYPE_OF_INSURANCE_COVERAGE_355_2

◆ NAME

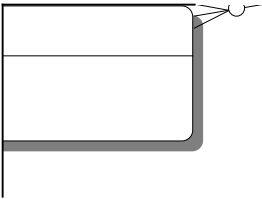
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◆ PLAN_TYPES_NO_BILL_PRV_SEC_ID

(2,7)

(3,1)

◆ DATE
◆ SETTING



◆	DATE/TIME_DEACTIVATED
◆	DATE/TIME_CREATED
◆	FUTURE_SERVICE_DAYS
◆	PAST_SERVICE_DAYS
◆	ACTIVE_FLAG_LOG
◆	TRUSTED_FLAG_LOG

PAYER_APPLICATION_365_13

◆	NAME
---	------

X12_271_PATIENT_F

◆	CODE
---	------

X12_271_MILITARY_EMPLOYMENT_S

◆	CODE
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X12_271_MILITARY_GOVT_SERVICE_A

◆	CODE
---	------

X12_271_MILITARY_SERVICE_RAN

◆	CODE
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IIV_TRANSMISSION_STATUS_365_14

NAME

RELATIONSHIP_365_037

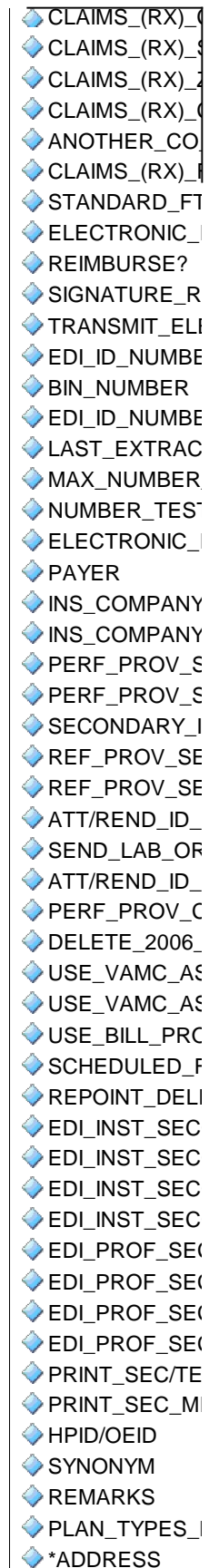
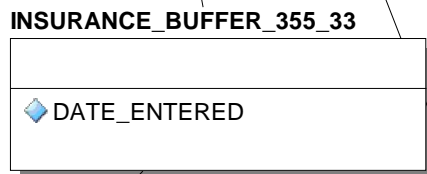
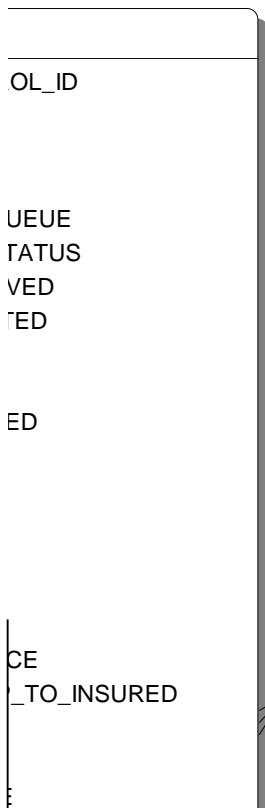
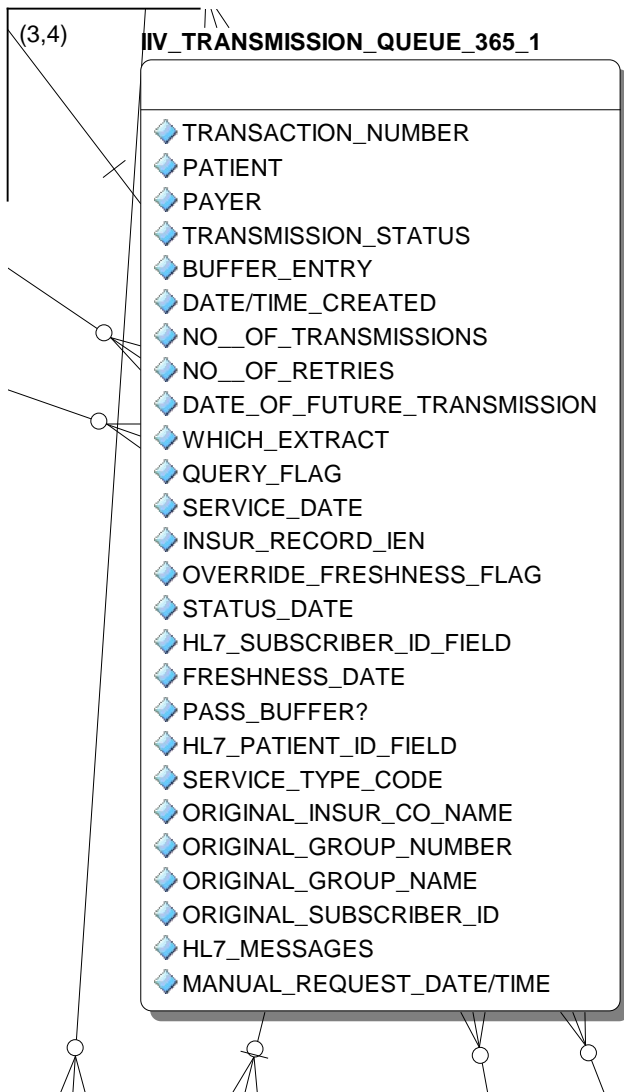
STATUS_CODE_365_046

FFILIATION_365_041

365_042

IIV_RESPONSE_365

MESSAGE_CONTR
PATIENT
PAYER
BUFFER_ENTRY
TRANSMISSION_QI
TRANSMISSION_S1
DATE/TIME_RECEI
DATE/TIME_CREAT
TRACE_NUMBER
RESPONSE_TYPE
*NAME_OF_INSURI
INSURED_DOB
INSURED_SSN
INSURED_SEX
*SUBSCRIBER_ID
*GROUP_NAME
*GROUP_NUMBER
WHOSE_INSURAN
PT_RELATIONSHIP
SERVICE_DATE
EFFECTIVE_DATE
EXPIRATION_DATE



CITY
STATE
ZIP
COMPANY_NAME
_PROCESS_RX_CLAIMS?
FAX
TF_VALUE
ID

EQUIRED_ON_BILL?
ELECTRONICALLY
ER_-_PROF

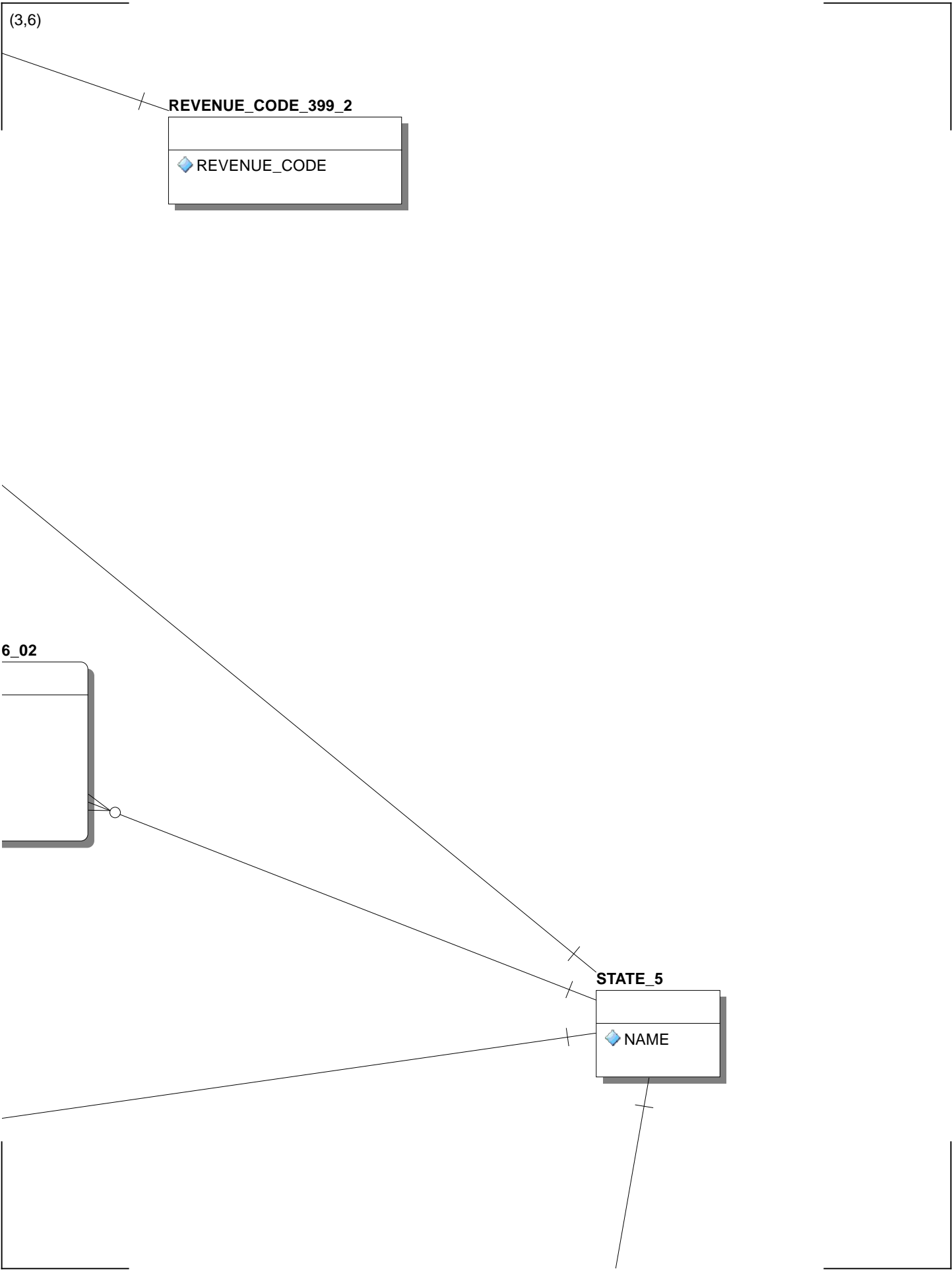
ER_-_INST
T_DATE_FOR_TEST
_TEST_BILLS_PER_DAY
T_BILLS_FOR_LAST_DT
INSURANCE_TYPE

_LINK_TYPE
_LINK_PARENT
SECOND_ID_TYPE_1500
SECOND_ID_TYPE_UB
ID_REQUIREMENTS
EC_ID_DEF_CMS-1500
EC_ID_REQ_ON_CLAIMS
BILL_SEC_ID_PROF
FAC_IDS_FOR_VAMC
BILL_SEC_ID_INST
ARE_UNIT_PROMPT
_4_1
S_BILL_PROV_ON_1500
S_BILL_PROV_ON_UB04
V_VAMC_ADDRESS
FOR_DELETION
ETED_COMPANY_TO
ONDARY_ID_QUAL(1)
ONDARY_ID(1)
ONDARY_ID_QUAL(2)
ONDARY_ID(2)
CONDARY_ID_QUAL(1)
CONDARY_ID(1)
CONDARY_ID_QUAL(2)
CONDARY_ID(2)
RT_AUTO_CLAIMS?
ED_CLAIMS_W/O_MRA?

NO_BILL_PRV_SEC_ID

INSURANCE_COMPANY_36_31

- ◆ STREET
- ◆ CITY
- ◆ STATE
- ◆ ZIP_CODE
- ◆ TELEPHONE
- ◆ POINT_TO



(3,7)

(4,1)

IV_RESPONSE_365_365_06_3

◆ ADDITIONAL_MSG

IV_RESPONSE_365_365_06

◆ SEQUENCE
◆ ERROR_LOCATION
◆ REJECT_REASON
◆ ACTION_CODE
◆ LOOP_ID
SOURCE
◆ ADDITIONAL_MSGS

X12_2

◆ CC

X12_271_LO

◆ CODE

(4,2)

65_061

X12_271_ERROR_CONDITION

CODE

71_ERROR_ACTION_365_018

CODE

IIV_RESPONSE_365_365_03

CONTACT_PERSON

COMMUNICATION_QUALIFIER_#1

*COMMUNICATION_NUMBER_#1

COMMUNICATION_QUALIFIER_#2

*COMMUNICATION_NUMBER_#2

COMMUNICATION_QUALIFIER_#3

*COMMUNICATION_NUMBER_#3

COMMUNICATION_NUMBER_#1

COMMUNICATION_NUMBER_#2

COMMUNICATION_NUMBER_#3

IIV_RESPONSE_365_365_09

SEQUENCE

REFERENCE_ID_(GROUP)

REF_ID_QUALIFIER_(GROUP)

DESCRIPTION

IOP_ID_365_027

(4,3)
DN_365_017

IIV_RESPONSE_365_365_04

- SEQUENCE
- PROVIDER_CODE
- PROV_REFERENCE_ID

P)
OUP)

- COORDINATION_O
- ERROR_CONDITIO
- ERROR_ACTION
- DATE_OF_DEATH
- CERTIFICATION_D
- MEMBER_ID
- PAYER_UPDATED_
- POLICY_NUMBER
- ELIGIBILITY/BENEF
- CONTACT_PERSONI
- ERROR_TEXT
- SUBSCRIBER_ADD
- SUBSCRIBER_ADD
- SUBSCRIBER_ADD
- SUBSCRIBER_ADD
- SUBSCRIBER_ADD
- SUBSCRIBER_ADD
- SUBSCRIBER_ADD
- REJECT_REASONS
- SUBSCRIBER_DAT
- PT_RELATIONSHI
- GROUP_REFEREN
- GROUP_PROVIDEF
- HEALTH_CARE_CC
- MILITARY_INFO_ST
- MILITARY_EMPLOY
- MILITARY_GOVTT_A
- MILITARY_PERSON
- MILITARY_SERVICE
- DATE_TIME_PERIC
- DATE_TIME_PERIC
- NAME_OF_INSURE
- SUBSCRIBER_ID
- GROUP_NAME
- GROUP_NUMBER

X12_271_MILITARY_PERSONNI

CODE

F_BENEFITS

N

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_POLICY

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N

RESS_LINE_1

RESS_LINE_2

RESS_CITY

RESS_STATE

RESS_ZIP

RESS_COUNTRY

RESS_SUBDIVISION

3

ES

P_-_HIPAA

CE_INFORMATION

R_INFO

ODE_INFORMATION

TATUS_CODE

MENT_STATUS

FFILIATION_CODE

INEL_DESCRIPTION

E_RANK_CODE

OD_FORMAT_QUAL

OD

:D

EL_INFO_STATUS_CODE_365_039

X12 271 DATE FORMAT QUALIFIER 365_032

(4,5)

X12_271_NATURE_OF_INJURY_CODES_365_

◆ CODE

IIV_RESPONSE_365_365_01

◆ SEQUENCE
◆ DIAGNOSIS_CODE
◆ DIAGNOSIS_CODE_QUALIFIER
◆ PRIMARY_OR_SECONDARY?

ICD_DIAGNOSIS_80

◆ CODE_NUMBER

PLACE_OF_SERVICE_353_1

◆ CODE

IIV_RESPONSE_

◆ SEQUENCE
◆ PLACE_OF_
◆ DIAGNOSIS
◆ QUALIFIER
◆ NATURE_OF

(4,6)

045

X12_271_CODE_LIST_QUALIFIER_365_044

CODE

X12_271_INJURY_CATEGORY_365_038

CODE

365_365_02_365_29

SERVICE

F_INJURY_CODE

(4,7)

(5,1)

(5,2)

IIV_RESPONSE_365_365_07

◆ SEQUENCE
◆ DATE
◆ DATE_QUALIFIER
◆ LOOP_ID

(5,3)

X12_271_DATE_QUALIFIER_365_026

CODE

X12_271_CONTACT_QUALIFIER_365_021

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(5,4)

◆ CODE

IIV_RESPONSE_365_365_02_365_28

◆ SEQUENCE
◆ DATE
◆ DATE_QUALIFIER
◆ DATE_FORMAT

X12_27

◆ CO

IIV_RESPONSE_365_365_02_365_291

◆ SEQUENCE
◆ REFERENCE_ID
◆ REFERENCE_ID_QUALIFIER
◆ DESCRIPTION

(5,5)

◆ NATURE_OF
◆ NATURE_OF

IIV_RESPONSE_365_365_02_365_292

◆ SERVICE_TYPES

X12_271_SERVICE_TYPE_365_013

◆ CODE

71_PROVIDER_CODE_365_024

DE

F_INJURY_CATEGORY
F_INJURY_TEXT

IIV_RESPONSE_365_365_02

◆ EB_NUMBER
◆ ELIGIBILITY/BENEFIT_INFO
◆ COVERAGE_LEVEL
◆ *SERVICE_TYPE
◆ INSURANCE_TYPE
◆ PLAN_COVERAGE_DESCRIPTION
◆ TIME_PERIOD_QUALIFIER
◆ MONETARY_AMOUNT
◆ PERCENT
◆ QUANTITY_QUALIFIER
◆ QUANTITY
◆ AUTHORIZATION/CERTIFICATION
◆ IN_PLAN
◆ PROCEDURE_CODING_METHOD
◆ PROCEDURE_CODE
◆ PROCEDURE_MODIFIER_1
◆ PROCEDURE_MODIFIER_2
◆ PROCEDURE_MODIFIER_3
◆ PROCEDURE_MODIFIER_4
◆ NOTES
◆ ENTITY_ID_CODE
◆ ENTITY_TYPE
◆ NAME
◆ ENTITY_ID
◆ ENTITY_ID_QUALIFIER
◆ ENTITY_RELATIONSHIP_CODE
◆ ADDRESS_LINE_1
◆ ADDRESS_LINE_2
◆ CITY
◆ STATE
◆ ZIP
◆ COUNTRY_CODE
◆ LOCATION
◆ LOCATION_QUALIFIER
◆ SUBDIVISION_CODE
◆ PROVIDER_CODE
◆ REFERENCE_ID
◆ REFERENCE_ID_QUALIFIER
◆ CONTACT_INFORMATION
◆ HEALTHCARE_SERVICES_DELIVERY
◆ SUBSCRIBER_DATES
◆ SUBSCRIBER_ADDITIONAL_INFO

X12_271_PROCEDURE_CODING_METHOD_365_035

◆ CODE

X12_271_UNITS_OF_MEASUREMENT_365_035

◆ CODE

IIV_RESPONSE_365_365_02_365_22

◆ NOTES

IIV_RESPONSE_365_365_02_365_22_365_22

◆ SEQUENCE
◆ BENEFIT_QUANTITY
◆ QUANTITY_QUALIFIER
◆ SAMPLE_SELECTION_MODULE
◆ UNITS_OF_MEASUREMENT
◆ TIME_PERIODS
◆ TIME_PERIOD_QUALIFIER
◆ DELIVERY_FREQUENCY
◆ DELIVERY_PATTERN

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REMENT_365_029

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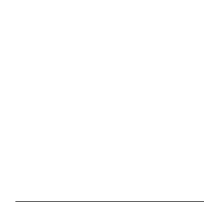
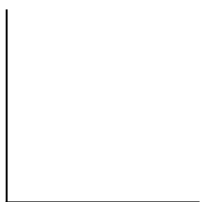
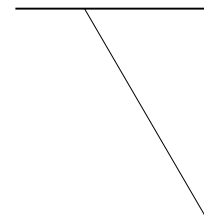
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(6,2)

(6,3)



(6,4)

X12_271_REFERENCE_IDENTIFICATION_365_028

◆ CODE

IIV_RESPONSE_365_365_02_365_26

◆ SEQUENCE
◆ NAME
◆ *COMMUNICATION_NUMBER
◆ COMMUNICATION_QUALIFIER
◆ COMMUNICATION_NUMBER

X12_271_COVERA

◆ CODE

X12_271_ENTITY_ID

◆ CODE

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X12_271_INSURANCE_TYPE_365_014

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AGE_LEVEL_365_012

X12_271_IDENTIFICATION_QUALIFIER_365_023

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IDENTIFIER_CODE_365_022

X12_271_YES/NO_RESPONSE_CODE_365_033

 CODE

X12_271_ENTITY_RELATIONSHIP_CODE_365

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▲ SUBSCRIBER_ADDITIONAL_INFO
◆ SUBSCRIBER_REFERENCE_ID
◆ SERVICE_TYPES

X12_271_QUANTITY_QUALIFIER_365_016

◆ CODE

X12_271_ELIGIBILITY/BENEFIT_365_011

◆ CODE

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◆ CODE

S_031

(6,7)

X12_271_TIME_PERIOD_QUALIFIER_365_015

◆ CODE

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(7,2)


(7,3)

(7,4)

(7,5)



X12_271_LOCATION_QUALIFER_365_034

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(7,7)