UB-92 V5.0 MAPPING TO THE INSTITUTIONAL 837 V4010
SOME QUALIFIERS ARE NOTED TO EASE MAPPING
NOT ALL DATA ELEMENTS MAP CLEANLY
NA = NOT MAPPED

01-01	Record Type	NA
01-02	Submitter EIN	1000A NM109
01-03	Multiple Provider Billing File Indicator	NA
01-04	Filler (National Use)	NA
01-05	Receiver Type Code	NA
01-06	Receiver Identification	1000B NM109
01-07	Receiver Sub-Identification	1000B NM109
01-08	Filler	NA
01-09	Submitter Name	1000A NM103, NM104, NM105
01-10	Submitter Address	NA
01-11	Submitter City	NA
01-12	Submitter State	NA
01-13	Submitter ZIP Code	NA
01-14	Submitter FAX Number	1000A PER04, PER06, or PER08 PER03, PER05, PER07 = FX
01-15	Submitter Country Code	NA
01-16	Submitter Telephone Number	1000A PER04, PER06, or PER08 PER03, PER05, PER07 = TE
01-17	File Sequence & Serial Number	BHT03
01-18	Test/Production Indicator	HEADER REF02
01-19	Date of Receipt (CCYYMMDD)	NA
01-20	Processing Date ("Date Bill Submitted" on HCFA-1450)	HEADER BHT04
01-21	Filler	NA
01-22	Version Code	NA

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02-01	Record type	NA
02-02	Provider Chain ID, TAX, or EIN#	NA
02-03	Provider Chain Sub-ID	NA
02-04	Filler (National Use)	NA
02-05	Provider Chain Name (sender)	NA
02-06	Provider Chain Address	NA
02-07	Provider Chain City	NA
02-08	Provider Chain State	NA
02-09	Provider Chain Zip Code	NA
02-10	Billing Cycle Date (CCYYMMDD)	NA
02-11	Application Version	NA
02-12	Data Indicator	NA
02-13	Intermediary Number	ISA06 GS02
02-14	COB Identification	NA
02-15	Filler (National Use)	NA
02-16	Process Date this file covers (FROM CCYYMMDD)	NA
02-17	Process Date this file covers (THRU CCYYMMDD)	NA
02-18	Filler	NA
02-19	Filler	NA

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10-01	Record type	NA
10-02	Type of Batch	2300 CLM05.01, CLM05.03
10-03	Batch Number	NA
10-04	Federal Tax Number or EIN	2010AA REF02 REF01 = EI or SY
10-05	Federal Tax Sub ID	2010AA REF02 REF01 = EI or SY
10-06	National Provider Identifier	2010AA NM109
10-07	Medicaid Provider Number	2010AA REF02 REF01 = ID
10-08	CHAMPUS Insurer Provider Number	2010AA REF02 REF01 = IH

10-09	Other Insurer Provider Number	2010AA REF02 REF01 = 1A or G2 10-10
	Other Insurer Provider Number	2010AA REF02 REF01 = 1A or G2
10-11	Provider Telephone Number	2010AA PER08, PER06, or PER04 PER03, PER05, PER07 = TE
10-12	Provider Name	2010AA NM103
10-13	Provider Address	2010AA N301, N302 (if needed)
10-14	Provider City	2010AA N401
10-15	Provider State	2010AA N402
10-16	Provider ZIP Code	2010AA N403
10-17	Provider FAX Number	2010AA PER08, PER04, or PER06 PER03, PER05, PER07 = FX
10-18	Provider Country Code	2010AA N404
10-19	Filler	NA
10-20	Filler	NA

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20-01	Record type	NA
20-02	Filler (National Use)	NA
20-03	Patient Control Number	2300 CLM01
20-04	Patient Last Name	2010CA NM103 2010BA NM103
20-05	Patient First Name	2010CA NM104 2010BA NM104
20-06	Patient Middle Initial	2010CA NM105 2010BA NM105
20-07	Patient Sex	2010CA DMG03
20-08	Patient Birth Date (CCYYMMDD)	2010CA DMG02
20-09	Patient Marital Status	2010BA DMG04
20-10	Type of Admission	2300 CL101
20-11	Source of Admission	2300 CL102
20-12	Patient Address - Line 1	2010CA N301 2010BA N301
20-13	Patient Address - Line 2	2010CA N302 2010BA N302
20-14	Patient City	2010CA N401 2010BA N401
20-15	Patient State	2010CA N402 2010BA N402
20-16	Patient ZIP Code	2010CA N403 2010BA N403
20-17	Admission/Start of Care Date (CCYYMMDD)	2300 DTP03 DTP01 = 435
20-18	Admission Hour	2300 DTP03 DTP01 = 435
20-19	Statement Covers From (CCYYMMDD)	2300 DTP03 DTP01 = 434
20-20	Statement Covers Thru (CCYYMMDD)	2300 DTP03 DTP01 = 434
20-21	Patient Status	2300 CL103
20-22	Discharge Hour	2300 DTP03 DTP01 = 096
20-23	Payments Received (Patient line)	2300 AMT02 AMT01 = F5
20-24	Estimated Amount Due (Patient line)	2300 AMT02 AMT01 = F3
20-25	Medical Record Number	2300 REF02
20-26	Filler (National Use)	NA

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21-01	Record type	NA
21-02	Sequence Number	NA
21-03	Patient Control Number	2300 130 CLM01
21-04	Employer-1Name	NA
21-05	Employer-1 Address	NA
21-06	Employer-1 City	NA
21-07	Employer-1 State	NA
21-08	Employer-1 ZIP Code	NA
21-09	Employment-1 Status Code	NA
21-09a	Employer Qualifier	NA

21-10	Filler (National Use)	NA
21-11	Employer-2 Name	NA
21-12	Employer-2 Address	NA
21-13	Employer-2 City	NA
21-14	Employer-2 State	NA
21-15	Employer-2 ZIP Code	NA
21-16	Employment-2 Status Code	NA
21-16a	Employer Qualifier	NA
21-17	Filler (National Use)	NA

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22-01	Record type	NA
22-02	Sequence Number	NA
22-03	Patient Control Number	2300 130 CLM01
22-04	State Code	NA
22-05	Form Locator 2 (upper line)	NA
22-06	Form Locator 2 (lower line)	NA
22-07	Form Locator 11 (upper line)	NA
22-08	Form Locator 11 (lower line)	NA
22-09	Form Locator 56 (upper line)	NA
22-10	Form Locator 56 (2nd line)	NA
22-11	Form Locator 56 (3rd line)	NA
22-12	Form Locator 56 (4th line)	NA
22-13	Form Locator 56 (patient line)	NA
22-14	Form Locator 78 (upper line)	NA
22-15	Form Locator 78 (lower line)	NA
22-16	Filler	NA

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30-01	Record type	NA
30-02	Sequence Number	2000B SBR01 2320 SBR01
30-03	Patient Control Number	2300 CLM01
30-04	Source of Payment Code	2000B SBR09 2320 SBR09
30-05 and 06	Payer Identification NOTE: Multiple mappings necessary until NPI implemented	2010BC NM109 NM108 = PI or XV 2010BC REF02 REF01 = 2U, FY, NF, or TJ 2010CA NM109 2330B NM109 2430 SVD01
30-07	Certificate/SSN/Health Insurance Claim/ID	2010CA NM109 2330A REF02
30-08a	Payer Identification Indicator	2010BC NM109 NM108 = PI or XV
30-08b	Payer Name	2010BC NM103 2330B NM103
30-09	Primary Payer Code	2000B SBR01 2320 SBR05
30-10	Insurance Group Number	2000B SBR03 2320 SBR03
30-11	Insured Group Name	2000B SBR04 2320 SBR04
30-12	Insured's Last Name	2010BA NM103 2330A NM103
30-13	Insured's First Name	2010BA NM104 2330A NM104
30-14	Insured's Middle Initial	2010BA NM104 2330A NM105
30-15	Insured's Sex	2010BA DMG03 2320 DMG03
30-16	Release of Information Certification Indicator	2300 CLM09 2320 OI06
30-17	Assignment of Benefits Certification Indicator	2300 CLM08

		2320 OI03
30-18	Patient's Relationship to Insured	2000C PAT01
		2000B SBR02
		2320 SBR02
30-19	Employment Status Code	NA
30-20	Covered Days	2300 QTY02 QTY01 = CA
		2320 MIA01
30-21	Noncovered Days	2300 QTY02 QTY01 = NA
30-22	Coinsurance Days	2300 QTY02 QTY01 = CD
30-23	Lifetime Reserve Days	2300 QTY02 QTY01 = LA
		2320 MIA02
30-24	Provider Identification Number	2010AA REF02 REF01 = G2, 1H, 1A, or 1C
30-25	Payments Received	2300 AMT02 AMT01 = C4
		2320 AMT02 AMT01 = C4
30-26	Estimated Amount Due	2300 AMT02 AMT01 = C5
		2320 AMT02 AMT01 = C5

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31-01	Record type	NA
31-02	Sequence Number	2000B SBR01
		2320 SBR01
31-03	Patient Control Number	2300 CLM01
31-04	Insured's Address - Line 1	2010BA N301
		2330A N301
31-05	Insured's Address - Line 2	2010BA N302
		2330A N302
31-05a	Filler	NA
31-06	Insured's City	2010BA N401
		2330A N401
31-07	Insured's State	2010BA N402
		2330A N402
31-08	Insured's ZIP Code	2010BA N403
		2330A N403
31-09	Employer Name	NA
31-10	Employer Address	NA
31-11	Employer City	NA
31-12	Employer State	NA
31-13	Employer ZIP Code	NA
31-14	Form Locator 37 (ICN/DCN)	2300 REF02 REF01 = F8
		2330B REF02 REF01 = F8
31-15	Contract Number	2010BC REF01
31-16	Filler (National Use)	NA

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32-01	Record type '32'	NA
32-02	Sequence Number	2000B SBR01
		2320 SBR01
32-03	Patient Control Number	2300 CLM01
32-04	Payer Name	2010BC NM103
		2330B NM103
32-05	Payer Address Line - 1	2010BC N301
		2330B N301
32-06	Payer Address Line - 2	2010BC N302
		2330B N302
32-07	Payer City	2010BC N401
		2330B N401
32-08	Payer State	2010BC N402
		2330B N402
32-09	Payer Zip Code	2010BC N403
		2330B N403
32-10	Filler (National Use)	NA

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34-01	Record type	NA
34-02	Sequence Number	2000B SBR01 2320 SBR01
34-03	Patient Control Number	2300 CLM01
34-04	Authorization Type 1	NA
34-05	Authorization Number IDE Number	2300 REF02
34-06	Authorization From Date (CCYYMMDD)	NA
34-07	Authorization Thru Date (CCYYMMDD)	NA
34-08	Authorization Revenue Code	NA
34-09	Authorization HCPCS Procedure Code	NA
34-10	Authorization - 2	NA
34-11	Authorization - 3	NA
34-12	Filler (National Use)	NA

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40-01	Record Type	NA
40-02	Sequence Number	NA
40-03	Patient Control Number	2300 CLM01
40-04	Type of Bill	2300 CLM05.01 2300 CLM05.03
40-05	Treatment Authorization Code-A	2000B SBR01 2300 REF02 REF01 = G1 2320 SBR01 2330B REF02 REF01 = G1
40-06	Treatment Authorization Code-B	2000B SBR01 2300 REF02 2320 SBR01 2330B REF02 REF01 = G1
40-07	Treatment Authorization Code-C	2000B SBR01 2300 REF02 2320 SBR01 2330B REF02 REF01 = G1
40-08	Occurrence Code - 1	2300 HI01.02 CODE BH
40-09	Occurrence Date - 1 (CCYYMMDD)	2300 HI01.04
40-10	Occurrence Code - 2	2300 HI02.02
40-11	Occurrence Date - 2 (CCYYMMDD)	2300 HI02.04
40-12	Occurrence Code - 3	2300 HI03.02
40-13	Occurrence Date - 3 (CCYYMMDD)	2300 HI03.04
40-14	Occurrence Code - 4	2300 HI04.02
40-15	Occurrence Date - 4 (CCYYMMDD)	2300 HI04.04
40-16	Occurrence Code - 5	2300 HI05.02
40-17	Occurrence Date - 5 (CCYYMMDD)	2300 HI05.04
40-18	Occurrence Code - 6	2300 HI06.02
40-19	Occurrence Date - 6 (CCYYMMDD)	2300 HI06.04
40-20	Occurrence Code - 7	2300 HI07.02
40-21	Occurrence Date - 7 (CCYYMMDD)	2300 HI07.04
40-22	Occurrence Span Code - 1	2300 HI01.02 CODE BI
40-23	Occurrence Span FROM DATE - 1 (CCYYMMDD)	2300 HI01.04
40-24	Occurrence Span THRU DATE - 1 (CCYYMMDD)	2300 HI01.04
40-25	Occurrence Span Code - 2	2300 HI02.02
40-26	Occurrence Span FROM DATE - 2 (CCYYMMDD)	2300 HI02.04
40-27	Occurrence Span THRU DATE - 2 (CCYYMMDD)	2300 HI02.04
40-28	Filler (National Use)	NA

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41-01	Record Type	NA
41-02	Sequence Number	NA
41-03	Patient Control Number	2300 CLM01
41-04	Condition Code - 1	2300 HI01.02 CODE BG
41-05	Condition Code - 2	2300 HI02.02
41-06	Condition Code - 3	2300 HI03.02
41-07	Condition Code - 4	2300 HI04.02

41-08	Condition Code - 5	2300 HI05.02
41-09	Condition Code - 6	2300 HI06.02
41-10	Condition Code - 7	2300 HI07.02
41-11	Condition Code - 8	2300 HI08.02
41-12	Condition Code - 9	2300 HI09.02
41-13	Condition Code - 10	2300 HI10.02
41-14	Form Locator 31 (upper)	NA
41-15	Form Locator 31 (lower)	NA
41-16	Value Code - 1	2300 HI01.02 CODE BE
41-17	Value Amount - 1	2300 HI01.05
41-18	Value Code - 2	2300 HI02.02
41-19	Value Amount - 2	2300 HI02.05
41-20	Value Code - 3	2300 HI03.02
41-21	Value Amount - 3	2300 HI03.05
41-22	Value Code - 4	2300 HI04.02
41-23	Value Amount - 4	2300 HI04.05
41-24	Value Code - 5	2300 HI05.02
41-25	Value Amount - 5	2300 HI05.05
41-26	Value Code - 6	2300 HI06.02
41-27	Value Amount - 6	2300 HI06.05
41-28	Value Code - 7	2300 HI07.02
41-29	Value Amount - 7	2300 HI07.05
41-30	Value Code - 8	2300 HI08.02
41-31	Value Amount - 8	2300 HI08.05
41-32	Value Code - 9	2300 HI09.02
41-33	Value Amount - 9	2300 HI09.05
41-34	Value Code - 10	2300 HI10.02
41-35	Value Amount - 10	2300 HI10.05
41-36	Value Code - 11	2300 HI11.02
41-37	Value Amount - 11	2300 HI11.05
41-38	Value Code - 12	2300 HI12.02
41-39	Value Amount - 12	2300 HI12.05
41-40	Filler (National Use)	NA

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42-1	Record Type	NA
42-2	Sequence Number	NA
42-3	Payer Sequence	NA
42-4	Patient Control	2300 CLM01
42-5	Group Code	2320 CAS01
42-6	Reason Code-1	2320 CAS02
42-7	Adjustment Amount-1	2320 CAS03
42-8	Adjustment Quantity-1	2320 CAS04
42-9	Reason Code-2	2320 CAS05
42-10	Adjustment Amount-2	2320 CAS06
42-11	Adjustment Quantity-2	2320 CAS07
42-12	Reason Code-3	2320 CAS08
42-13	Adjustment Amount-3	2320 CAS09
42-14	Adjustment Quantity-3	2320 CAS10
42-15	Reason Code-4	2320 CAS11
42-16	Adjustment Amount-4	2320 CAS12
42-17	Adjustment Quantity-4	2320 CAS13
42-18	Reason Code-5	2320 CAS14
42-19	Adjustment Amount-5	2320 CAS15
42-20	Adjustment Quantity-5	2320 CAS16
42 21	Reason Code-6	2320 CAS17
42-22	Adjustment Amount-6	2320 CAS18
42-23	Adjustment Quantity-6	2320 CAS19
42-24	MIA/MOA Remark Code-1 (Inpatient)	2320 MIA05
	(Outpatient)	2320 MOA03
42-25	MIA/MOA Remark Code-2 (Inpatient)	2320 MIA20

(Outpatient)	2320 MOA04
42-26 MIA/MOA Remark Code-3 (Inpatient)	2320 MIA21
(Outpatient)	2320 MOA05
42-27 MIA/MOA Remark Code-4 (Inpatient)	2320 MIA22
(Outpatient)	2320 MOA06
42-28 MIA/MOA Remark Code-5 (Inpatient)	2320 MIA23
(Outpatient)	2320 MOA07
42-29 Filler	NA

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50-01 Record type	NA
50-02 Sequence Number	NA
50-03 Patient Control Number	2300 CLM01
50-04 Accommodations Revenue Code	2400 SV201
50-05 Accommodations Rate	2400 SV206
50-06 Accommodations Days	2400 SV205
50-07 Accommodations Total Charges	2400 SV203
50-08 Accommodations Noncovered Charges	2400 SV207
50-09 Form Locator 49	NA
50-10 Filler (National Use)	NA
50-11 Accommodations - 2	SEE MAPPING FOR 50-04 THRU 50-10
50-12 Accommodations - 3	SEE MAPPING FOR 50-04 THRU 50-10
50-13 Accommodations - 4	SEE MAPPING FOR 50-04 THRU 50-10

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51-1 Record Type	NA
51-2 Sequence Number	NA
51-3 Payer Sequence Number	NA
51-4 Patent Control Number	2300 CLM01
51-5 Accommodations Info.-1: Revenue Code	NA
51-6 REF Remarks Code 1	NA
51-7 REF Remarks Code 2	NA
51-8 REF Remarks Code 3	NA
51-9 REF Remarks Code 4	NA
51-10 REF Remarks Code 5	NA
51-11 REF Remarks Code 6	NA
51-12 REF Remarks Code 7	NA
51-13 REF Remarks Code 8	NA
51-14 REF Remarks Code 9	NA
51-15 REF Remarks Code 10	NA
51-16 Filler	NA

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52-01 Record Type	NA
52-02 Sequence Number	NA
52-03 Payer Sequence Number	2430 SVD01
52-04 Patient Control Number	2300 CLM01
52-05 Revenue Code-1	2430 SVD04
52-06 Group Code	2430 CAS01
52-07 Reason Code 1	2430 CAS02
52-08 Adjustment Amount 1	2430 CAS03
52-09 Adjustment Quantity 1	2430 CAS04
52-10 Reason Code 2	2430 CAS05
52-11 Adjustment Amount 2	2430 CAS06
52-12 Adjustment Quantity 2	2430 CAS07
52-13 Reason Code 3	2430 CAS08
52-14 Adjustment Amount 3	2430 CAS09
52-15 Adjustment Quantity 3	2430 CAS10
52-16 Reason Code 4	2430 CAS11
52-17 Adjustment Amount 4	2430 CAS12
52-18 Adjustment Quantity 4	2430 CAS13
52-19 Reason Code 5	2430 CAS14

52-20 Adjustment Amount 5	2430 CAS15
52-21 Adjustment Quantity 5	2430 CAS16
52-22 Reason Code 6	2430 CAS17
52-23 Adjustment Amount 6	2430 CAS18
52-24 Adjustment Quantity 6	2430 CAS19
52-25 Filler	NA

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60-01 Record type	NA
60-02 Sequence Number	NA
60-03 Patient Control Number	2300 CLM01
60-04 Inpatient Ancillary Revenue Code	2400 SV201
60-05 HCPCS Procedure Code/HIPPS code	2400 SV202.02 SV202.01 = HC/ZZ
60-06 Modifier 1 (HCPCS & CPT-4)	2400 SV202.03
60-07 Modifier 2 (HCPCS & CPT-4)	2400 SV202.04
60-08 Inpatient Ancillary Units of Service	2400 SV205
60-09 Inpatient Ancillary Total Charges	2400 SV203
60-10 Inpatient Ancillary Noncovered Charges	2400 SV207
60-11 Form Locator 49	NA
60-12 HIPPS Assessment Date (CCYYMMDD)	2400 DTP03
60-12a Filler (National Use)	NA
60-13 Inpatient Ancillaries - 2	SEE MAPPING FOR 60-04 THRU 60-12a
60-14 Inpatient Ancillaries - 3	SEE MAPPING FOR 60-04 THRU 60-12a

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61-01 Record type	NA
61-02 Sequence Number	NA
61-03 Patient Control Number	2300 CLM01
61-04 Revenue Code	2400 SV201
61-05 HCPCS Procedure Code	2400 SV202.02 SV202.01 = HC
61-06 Modifier 1 (HCPCS & CPT-4)	2400 SV202.03
61-07 Modifier 2 (HCPCS & CPT-4)	2400 SV202.04
61-08 Units of Service	2400 SV205
61-09 Form Locator 49	NA
61-10 Outpatient Total Charges	2400 SV203
61-11 Outpatient Noncovered Charges	2400 SV207
61-12 Date of Service (CCYYMMDD)	2400 DTP03
61-13 Filler (National Use)	NA
61-14 Revenue Code - 2	SEE MAPPING FOR 60-04 THRU 60-13
61-15 Revenue Code - 3	SEE MAPPING FOR 60-04 THRU 60-13

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62-01 Record Type	NA
62-02 Sequence Number	NA
62-03 Payer Sequence	NA
62-04 Patient Control Number	2300 CLM01
62-05 Revenue Code	NA
62-06 Remarks Code 1	NA
62-07 Remarks Code 2	NA
62-08 Remarks Code 3	NA
62-09 Remarks Code 4	NA
62-10 Remarks Code 5	NA
62-11 Remarks Code 6	NA
62-12 Remarks Code 7	NA
62-13 Remarks Code 8	NA
62-14 Remarks Code 9	NA
62-15 Remarks Code 10	NA
62-16 Filler	NA

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63-01 Record Type	NA	
63-02 Sequence Number	NA	
63-03 Payer Sequence	NA	
63-04 Patient Control Number	2300 CLM01	
63-05 Revenue Code	2430 SVD04	
63-06 Group Code	2430 CAS01	
63-07 Reason Code 1	2430 CAS02	
63-08 Adjustment Amount 1	2430 CAS03	
63-09 Adjustment Quantity 1	2430 CAS04	
63-10 Reason Code 2	2430 CAS05	
63-11 Adjustment Amount 2	2430 CAS06	
63-12 Adjustment Quantity 2	2430 CAS07	
63-13 Reason Code 3	2430 CAS08	
63-14 Adjustment Amount 3	2430 CAS09	
63-15 Adjustment Quantity 3	2430 CAS10	
63-16 Reason Code 4	2430 CAS11	
63-17 Adjustment Amount 4	2430 CAS12	
63-18 Adjustment Quantity 4	2430 CAS13	
63-19 Reason Code 5	2430 CAS14	
63-20 Adjustment Amount 5	2430 CAS15	
63-21 Adjustment Quantity 5	2430 CAS16	
63-22 Reason Code 6	2430 CAS17	
63-23 Adjustment Amount 6	2430 CAS18	
63-24 Adjustment Quantity 6	2430 CAS19	
63-25 Filler	NA	

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70-01 Record Type	NA	
70-02 Sequence A01"	NA	
70-03 Patient Control Number	2300 CLM01	
70-04 Principal Diagnosis Code	2300 HI01.02	HI01.01 = BK
70-05 Other Diagnosis Code - 1	2300 HI01.02	HI01.01 = BF
70-06 Other Diagnosis Code - 2	2300 HI02.02	
70-07 Other Diagnosis Code - 3	2300 HI03.02	
70-08 Other Diagnosis Code - 4	2300 HI04.02	
70-09 Other Diagnosis Code - 5	2300 HI05.02	
70-10 Other Diagnosis Code - 6	2300 HI06.02	
70-11 Other Diagnosis Code - 7	2300 HI07.02	
70-12 Other Diagnosis Code - 8	2300 HI18.02	
70-13 Principal Procedure Code	2300 HI01.02	HI01.01 = BP or BR
70-14 Principal Procedure Date (CCYYMMDD)	2300 HI01.04	
70-15 Other Procedure Code - 1	2300 HI01.02	HI01.01 = BQ
70-16 Other Procedure Date - 1 (CCYYMMDD)	2300 HI01.04	
70-17 Other Procedure Code - 2	2300 HI02.02	
70-18 Other Procedure Date - 2 (CCYYMMDD)	2300 HI02.04	
70-19 Other Procedure Code - 3	2300 HI03.02	
70-20 Other Procedure Date - 3 (CCYYMMDD)	2300 HI03.04	
70-21 Other Procedure Code - 4	2300 HI04.02	
70-22 Other Procedure Date - 4 (CCYYMMDD)	2300 HI04.04	
70-23 Other Procedure Code - 5	2300 HI05.02	
70-24 Other Procedure Date - 5 (CCYYMMDD)	2300 HI05.04	
70-25 Admitting Diagnosis Code	2300 HI01.02	HI01.01 = BJ
70-26 External Cause of Injury (E-Code)	2300 HI11.02	HI11.01 = BN
70-27 Procedure Coding Method Used	2300 HI01.01	
70-28 Filler (National Use)	NA	
70-01 Record Type	NA	
70-02 Sequence "02"	NA	
70-03 Patient Control Number	2300 CLM01	
70-04 Form Locator 57	NA	
70-05 Filler (National Use)	NA	

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71-01	Record Type	NA
71-02	Sequence	NA
71-03	Patient Control Number	2300 CLM01
71-04	Data ID	2300 REF02
71-05	SOC Date (CCYYMMDD)	2300 CR602
71-06	Certification Period From (CCYYMMDD)	2300 CR604
71-07	Certification Period To (CCYYMMDD)	2300 CR604
71-08	Date of Onset or Exacerbation of Principal Diagnosis	2300 CR605
71-09	Surgical Procedure Code	2300 CR611
71-10	Date Surgical Procedure Performed (CCYYMMDD)	2300 CR609
71-11	Date Secondary Diagnosis-1 (CCYYMMDD)	2300 CR618
71-12	Date Secondary Diagnosis-2 (CCYYMMDD)	2300 CR619
71-13	Functional Limitation Code	2300 CRC03
71-14	Activities Permitted Code	2300 CRC03
71-15	Mental Status Code	2300 CRC03
71-16	Prognosis	2300 CR601
71-17	Verbal SOC Date (CCYYMMDD)	2300 CR612
71-18	Physician's Last Name	2310 NM103
71-19	Physician's First Name	2310 NM104
71-20	Physician's Initial	2310 NM105
71-21	Physician's ZIP Code	NA
71-22	Medicare Covered	2300 CR607
71-23	Date Physician Last Saw Patient (CCYYMMDD)	2300 CR613
71-24	Date Last Contacted Physician (CCYYMMDD)	2300 CR614
71-25	Patient Receiving Care in 1861(J)(1) Facility	2300 CR606
71-26	Cert/Recert/Mod	2300 CR608
71-27	Admission (CCYYMMDD)	2300 CR616
71-28	Discharge (CCYYMMDD)	2300 CR616
71-29	Type of Facility	2300 CR617

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72-01	Record Type	NA
72-02	Sequence Number	NA
72-03	Patient Control Number	2300 CLM01
72-04	Discipline	2300 CR701
72-05	Visits (This Bill) Related to Prior Certification	2300 CR702
72-06	Frequency and Duration of Visits - 1	2300 HSD02, HSD03, HSD06
72-07	Frequency and Duration of Visits - 2	2300 HSD02, HSD03, HSD06
72-08	Frequency and Duration of Visits - 3	2300 HSD02, HSD03, HSD06
72-09	Frequency and Duration of Visits - 4	2300 HSD02, HSD03, HSD06
72-10	Frequency and Duration of Visits - 5	2300 HSD02, HSD03, HSD06
72-11	Frequency and Duration of Visits - 6	2300 HSD02, HSD03, HSD06
72-12	Frequency and Duration of Visits - 7	2300 HSD02, HSD03, HSD06
72-13	Frequency and Duration of Visits - 8	2300 HSD02, HSD03, HSD06
72-14	Frequency and Duration of Visits - 9	2300 HSD02, HSD03, HSD06
72-15	Frequency and Duration of Visits -10	2300 HSD02, HSD03, HSD06
72-16	Frequency and Duration of Visits -11	2300 HSD02, HSD03, HSD06
72-17	Frequency and Duration of Visits -12	2300 HSD02, HSD03, HSD06
72-18	Treatment Code - 1	2300 HI01.02 HI01.01 = TC
72-19	Treatment Code - 2	2300 HI02.02
72-20	Treatment Code - 3	2300 HI03.02
72-21	Treatment Code - 4	2300 HI04.02
72-22	Treatment Code - 5	2300 HI05.02
72-23	Treatment Code - 6	2300 HI06.02
72-24	Treatment Code - 7	2300 HI07.02
72-25	Treatment Code - 8	2300 HI08.02
72-26	Treatment Code - 9	2300 HI09.02
72-27	Treatment Code -10	2300 HI10.02
72-28	Treatment Code -11	2300 HI11.02
72-29	Treatment Code -12	2300 HI12.02

72-30	Treatment Code -13 start 2nd occurrence	2300 HI01.02
72-31	Treatment Code -14	2300 HI02.02
72-32	Treatment Code -15	2300 HI03.02
72-33	Treatment Code -16	2300 HI04.02
72-34	Treatment Code -17	2300 HI05.02
72-35	Treatment Code -18	2300 HI06.02
72-36	Treatment Code -19	2300 HI07.02
72-37	Treatment Code -20	2300 HI08.02
72-38	Treatment Code -21	2300 HI09.02
72-39	Treatment Code -22	2300 HI10.02
72-40	Treatment Code -23	2300 HI11.02
72-41	Treatment Code -24	2300 HI12.02
72-42	Treatment Code -25	NA
72-43	Total Visits Projected This Cert.	2300 CR703
72-44	Filler (National Use)	NA
72-45	Filler (Local Use)	NA

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73-01	Record Type	NA
73-02	Sequence Number	NA
73-03	Patient Control Number	2300 CLM01
73-04	Filler (National Use)	NA
73-05	Data ID Number	2300 NTE01
73-06	Corresponding Data	2300 NTE02

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74-01	Record Type	NA
74-02	Filler (National Use)	NA
74-03	Patient Control Number	2300 CLM01
74-04	Attachment Submission Status	NA
74-05	HICN	NA
74-06	Medical Record Number	NA
74-07	Patient Last Name	NA
74-08	Patient First Name	NA
74-09	Patient Middle Initial	NA
74-10	Patient Birth date (CCYYMMDD)	NA
74-11	Patient Sex	NA
74-12	Principal Diagnosis Code	NA
74-13	Other Diagnosis Code-1	NA
74-14	Other Diagnosis Code-2	NA
74-15	Other Diagnosis Code-3	NA
74-16	Other Diagnosis Code-4	NA
74-17	Start of Care (SOC) Date (CCYYMMDD)	NA
74-18	FROM Date (CCYYMMDD)	NA
74-19	THROUGH Date (CCYYMMDD)	NA
74-20	Provider Number	NA
74-21	Internal Control (ICN/DCN)	NA
74-22	Filler (National Use)	NA

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75-01	Record Type >75'	NA
75-02	Sequence Number	NA
75-03	Patient Control Number	2300 CLM01
	Reasons for Ambulance	NA
	Transportation (occurs 3 times)	NA
75-04	Reason 1	NA
75-05	Reason 2	NA
75-06	Reason 3	NA
75-07	Number of Trips	NA
	Pickup - Destination Code (occurs 2 times)	NA
75-08	Code-1	NA
75-09	Code-2	NA
75-10	Base Charge	NA

75-11	Number of Miles		NA	
75-12	Cost Per Mile		NA	
	Ancillary Charges	NA		
75-13	Medical Surgical Supplies		NA	
75-14	IV Solutions		NA	
75-15	Oxygen/Oxygen Supplies		NA	
75-16	Injectable Drugs		NA	
	Pickup Address		NA	
75-17	Place		NA	
75-18	City		NA	
75-19	State		NA	
75-20	Zip Code	NA		
	Destination Address		NA	
75-21	Name		NA	
75-22	Place		NA	
75-23	City		NA	
75-24	State		NA	
75-25	Zip Code		NA	
75-26	Filler		NA	NA

75-01	Record Type 75	NA	
75-02	Sequence Number A02"	NA	
75-03	Patient Control Number	NA	
75-04	Reason for Transfer	NA	
75-05	Reason for Bypass	NA	
	Nearest Facility	NA	
75-06	Air Ambulance Justification	NA	
75-07	Ancillary Charge Other	NA	
75-08	Remarks	NA	

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Record Type 76 Types L and M are not mapped

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Record Type 77 Formats A, R, and N are not mapped

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80-01	Record Type	NA	
80-02	Sequence	NA	
80-03	Patient Control Number	2300 CLM01	
80-04	Physician Number Qualifying Code	2310 NM108	
80-05	Attending Physician Number	2310 NM109	
80-06	Operating Physician Number	2420 NM109	
80-07	Other Physician Number	2420 NM109	
80-08	Referring Physician Number	2420 NM109	
80-09	Attending Physician Last Name	2310A NM103	
80-09	Attending Physician First Name	2310A NM104	
80-09	Attending Physician Middle Initial	2310A NM105	
80-10	Operating Physician Last Name	2310B NM103	
80-10	Operating Physician First Name	2310B NM104	
80-10	Operating Physician Middle Initial	2310B NM105	
80-11	Other Physician Last Name	2310C NM103	
80-11	Other Physician First Name	2310C NM104	
80-11	Other Physician Middle Initial	2310C NM105	
80-12	Referring Physician Last Name	2310D NM103	
80-12	Referring Physician First Name	2310D NM104	
80-12	Referring Physician Middle Initial	2310D NM105	
80-13	Filler (National Use)	NA	

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90-01	Record Type	NA
90-02	Filler (National Use)	NA
90-03	Patient Control Number	2300 CLM01
90-04	Physical Record Count	NA

90-05	Record Type 2n Count	NA
90-06	Record Type 3n Count	NA
90-07	Record Type 4n Count	NA
90-08	Record Type 5n Count	NA
90-09	Record Type 6n Count	NA
90-10	Record Type 7n Count	NA
90-11	Record Type 8n Count	NA
90-12	Record Type 91 Qualifier	NA
90-13	Total Accommodation Charges - Revenue Centers	2300 CLM02
90-14	Noncovered Accommodation Charges - Revenue Centers	NA
90-15	Total Ancillary Charges - Revenue Centers	2300 CLM02
90-16	Noncovered Ancillary Charges - Revenue Centers	NA
90-17	Remarks	2300 NTE02

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91-01	Record Type	NA
91-02	Filler (National Use)	NA
91-03	Patient Control Number	2300 CLM01
91-04	Remarks (Additional)	2300 NTE02
91-05	Filler (National Use)	NA

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92-01	Record Type	NA
92-02	Sequence Number	NA
92-03	Patient Control Number	2300 CLM01
92-04	Current DCN/ICN	2300 REF02
92-05	Filler	NA
92-06	Total Submitted Charges	2320 AMT02 AMT01 = T3
92-07	Total Noncovered Charges	2320 AMT02 AMT01 = A8
92-08	Total Charge Allowed	2320 AMT02
92-09	Total Medicare Reimbursement	2320 AMT02
92-10	Total Amount Medicare Paid Provider	NA
92-11	Total Amount Medicare Paid Beneficiary	NA
92-12	Total Medicare Days Utilized	2320 MIA01
92-13	DRG/APG Amount Assigned via Grouper	NA
92-14	DRG/APG Amount Applied Via Pricer	2320 MIA04
92-15	DRG Outlier Amount	2320 AMT02 AMT01 = ZZ
92-16	Total Denied Charges	2320 AMT02 AMT01 = YT
92-17	Cost Report Days	2320 MIA15
92-18	Lifetime Psychiatric Days	2320 MIA03
92-19	Claim Status	NA
92-20	Reimbursement Rate	2320 MOA01
92-21	Claim Paid Date (CCYYMMDD)	NA
92-22	Filler	NA

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93-01	Record Type	NA
93-02	Sequence Number	NA
93-03	Patient Control Number	2300 CLM01
93-04	Allowed charges Medicare (Paid at 100%)	2320 AMT02 AMT01 = KF
93-05	Allowed Charges Medicare (Paid at 80%)	2320 AMT02 AMT01 = PG
93-06	Paid from Part A Medicare Trust Fund	2320 AMT02 AMT01 = AA
93-07	Paid from Part B Medicare Trust Fund	2320 AMT02 AMT01 = B1
93-08	Filler	NA

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95-01	Record Type	NA
95-02	Federal Tax Number (EIN)	NA
95-03	Receiver Identification	1000B NM109 GS03

		ISA08
95-04	Receiver Sub-Identification	1000B NM109
		GS03
		ISA08
95-05	Type of Batch	2300 CLM05.01 and CLM05.03
95-06	Number of Claims	NA
95-07	Number of 3M Batch Attachment Records	NA
95-08	Accommodations Total Charges for the Batch	NA
95-09	Accommodations Noncovered Charges for the Batch	NA
95-10	Ancillary Total Charges for the Batch	NA
95-11	Ancillary Noncovered Charges for the Batch	NA
95-12	Total Charges for the Batch	NA
95-13	Total Noncovered Charges for the Batch	NA
95-14	Reserved for Future Use	NA
95-15	Filler (National Use)	NA
95-16	Filler (Local Use)	NA

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Record Type 98 is not mapped

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99-01	Record Type	NA
99-02	Submitter EIN	NA
99-03	Receiver Identification	1000B NM109
		GS03
		ISA08
99-04	Receiver Sub-Identification	1000B NM109
		GS03
		ISA08
99-05	Number of Batches Billed this File	NA
99-06	Accommodations Total Charges for the File	NA
99-07	Accommodations Noncovered Charges for the File	NA
99-08	Ancillary Total Charges for the File	NA
99-09	Ancillary Noncovered Charges for the File	NA
99-10	Total Charges for the File	NA
99-11	Total Noncovered Charges for the File	NA
99-12	Number of Claims for the File	NA
99-11	Number of Records for the File	NA
99-14	Filler (National Use)	NA
99-15	Filler (Local Use)	NA