List of Data Elements

Field	Description
B1.4	Billing Account Description
B1.2	Billing Alert User
B1.5	Billing Benefits Assignment
B1.13	Billing Employer's Address Line 1
B1.27	Billing Employer's Address Line 2
B1.23	Billing Employer's City
B1.24	Billing Employer's State
B1.15	Billing Employer's Telephone Number
B1.22	Billing Employer's Zip Code
B1.19	Billing Employment Status
B1.18	Billing Erase Statement Comment
B1.11	Billing Fee Schedule (Alternate Fee)
B1.16	Billing Finance Charges
B1.1	Billing Group Code
B1.1d	Billing Group Description
B1.12	Billing Guarantor's Employer
B1.8	Billing Internal Comment
B1.10	Billing Medicare Patient
B1.17	Billing Print Aging Message
B1.28	Billing Release of Information
B1.7	Billing Report Comment
B1.3	Billing Send Statement
B1.6	Billing Statement Comment
B1.21	Billing Suppress Collections
B1.9	Billing Use Primary Address
D0	Database Number
E1.1	Encounter DX Codes
E1.2	Encounter DX Descriptions
G1.4	Guarantor Address Line 1
G1.5	Guarantor Address Line 2
G1.18	Guarantor Birth Date
G1.6	Guarantor City
G1.19	Guarantor Country Code
G1.20	Guarantor County
G1.17	Guarantor E-Mail Address
G1.2	Guarantor First Name
G1.1	Guarantor Last Name
G1.3	Guarantor Middle Initial
G1.26	Guarantor Middle Name
G1.24	Guarantor Phone Cell
G1.9	Guarantor Phone Home
G1.16	Guarantor Phone Secondary

List of Data Elements

G1.11	Guarantor Secondary Address Line 1
G1.12	Guarantor Secondary Address Line 2
G1.13	Guarantor Secondary City
G1.21	Guarantor Secondary Country Code
G1.22	Guarantor Secondary County
G1.14	Guarantor Secondary State
G1.29	Guarantor Secondary Subdivision
G1.15	Guarantor Secondary Zip Code
G1.10	Guarantor Social Security #
G1.7	Guarantor State Code
G1.30	Guarantor Subdivision
G1.27	Guarantor Suffix
G1.8	Guarantor Zip Code
P1.0	Patient Account Number
P1.4	Patient Address Line 1
P1.5	Patient Address Line 2
P1.13a	Patient Age
P8.4	Patient Balance
P1.13	Patient Birth Date
P1.24	Patient Cell Phone
P1.6	Patient City
P1.22	Patient Class Codes
P1.22d	Patient Class Description
P1.30	Patient Country Code
P1.31	Patient County Code
P1.44	Patient Date Account Last Reviewed
P1.37	Patient Date of Death
P1.17	Patient Date of First Visit
P1.11	Patient Default DX
P1.18	Patient Default Location Code
P1.18d	Patient Default Location Description
P1.23	Patient Email
P1.33	Patient Ethnicity Code
P1.33d	Patient Ethnicity Code - Description
P1.2	Patient First Name
P1.1b	Patient Firstname Lastname
P1.42	Patient Gender Identity
P1.42d	Patient Gender Identity Description
P1.43	Patient Gender Identity Other
P1.9	Patient Home Phone
P1.29	Patient Identifier
P1.27	Patient Language
P1.1	Patient Last Name
P8.2	Patient Last Payment Amount

List of Data Elements

P8.1	Patient Last Payment Date
P8.3	Patient Last Statement Date
P1.1a	Patient Lastname, Firstname
P1.3	Patient Middle Initial
P1.19	Patient Primary Doctor
P1.19d	Patient Primary Doctor Description
P1.28	Patient Race
P1.28d	Patient Race Description
P1.34	Patient Race Other
P1.34d	Patient Race Other Description
P1.15	Patient Referral Code
P1.15c	Patient Referral First Name
P1.15b	Patient Referral Last Name
P1.15d	Patient Referral Middle Initial
P1.15a	Patient Referral Printing Name
P1.15e	Patient Referral Suffix
P1.32	Patient Referral Type
P1.14	Patient Rel to Guarantor
P1.14d	Patient Rel to Guarantor Description
P1.16	Patient Responsible Doctor
P1.16d	Patient Responsible Doctor Description
P1.12	Patient Sex
P1.12d	Patient Sex Description
P1.40	Patient Sex Orientation
P1.40d	Patient Sex Orientation Description
P1.41	Patient Sex Orientation Other
P1.10	Patient Social Security #
P1.7	Patient State
P1.20	Patient Status
P1.20d	Patient Status Description
P1.38	Patient Subdivision
P1.36	Patient Suffix
P1.8	Patient Zip
T9.76	Primary Carrier Allowed Amount
I1.01	Primary Carrier Auth Required
I1.1	Primary Carrier Code
I1.16	Primary Carrier Copay
I1.5	Primary Carrier Group Number
I1.34	Primary Carrier Last Verified By
I1.33	Primary Carrier Last Verified Date
I1.0	Primary Carrier Name
I1.14	Primary Carrier Plan Code
I1.14a	Primary Carrier Plan Code Desc
I1.6	Primary Carrier Policy Number

List of Data Elements

I1.24	Primary Carrier Spec Copay
I1.29	Primary Carrier Verified By via CGM webVERIFY
I1.28	Primary Carrier Verified Date via CGM webVERIFY
T9.21	Proc-Accept Assignment
T9.0e	Proc-Actual Date Posted
T9.20	Proc-All Modifiers
T9.32	Proc-Batch #
T9.35	Proc-Billing Group Code
T9.35a	Proc-Billing Group Desc
T9.28	Proc-Case #
T9.3	Proc-Charge Amount $
T9.0	Proc-Chg Acct Date
T9.2	Proc-CPT Code
T9.2a	Proc-CPT Desc
T9.2c	Proc-CPT Total Units (Units x QTY)
T9.2b	Proc-CPT Units per CPT
T9.10	Proc-Date of Service
T9.18	Proc-Delinquent Flag
T9.36	Proc-Department Code
T9.36a	Proc-Department Desc
T9.72	Proc-DX 1
T9.72a	Proc-DX 1 Description
T9.73	Proc-DX 2
T9.73a	Proc-DX 2 Description
T9.74	Proc-DX 3
T9.74a	Proc-DX 3 Description
T9.75	Proc-DX 4
T9.75a	Proc-DX 4 Desc
T9.64	Proc-Encounter #
T9.64a	Proc-EncounterProcID
T9.24	Proc-Fee Schedule Allowed Amt $
T9.26	Proc-Ins Balance
T9.31	Proc-Ins Doctor Code
T9.31a	Proc-Ins Doctor Name
T9.15	Proc-Ins Last Refiled/Denied Date
T9.16	Proc-Ins Last Refiled/Denied Reason
T9.14a	Proc-Ins Responsible Carrier Code
T9.14ab	Proc-Ins Responsible Carrier Description
T9.14e	Proc-Ins Responsible Carrier Last File Amount
T9.14c	Proc-Ins Responsible Carrier Last Filing Date
T9.14d	Proc-Ins Responsible Carrier Original Filing Date
T9.14b	Proc-Ins Responsible Carrier Type
T9.14	Proc-Ins Status
T9.99j	Proc-Last Pmt ICN

List of Data Elements

T9.99k	Proc-Last Pmt ICN Amount $
T9.11	Proc-Location Code
T9.11a	Proc-Location Desc
T9.0m	Proc-Master Account
T9.99a	Proc-MED Allowable Amount $
T9.20a	Proc-Modifier 1
T9.20b	Proc-Modifier 2
T9.20c	Proc-Modifier 3
T9.20d	Proc-Modifier 4
T9.12	Proc-Patient Acct Number
T9.22	Proc-Patient Name
T9.5	Proc-Performing Dr Code
T9.5a	Proc-Performing Dr Name
T9.5b	Proc-Performing Dr NPI
T9.11e	Proc-Place of Service Code BCBS
T9.11d	Proc-Place of Service Code DMERC
T9.11b	Proc-Place of Service Code HCFA
T9.11c	Proc-Place of Service Code MEDICARE
T9.11f	Proc-Place of Service Code REVENUE
T9.0d	Proc-Pmt Acct Date
T9.25	Proc-Pt Balance
T9.17	Proc-Quantity
T9.99f	Proc-RBRVS Fac Malpractice
T9.99g	Proc-RBRVS Fac Practice
T9.99h	Proc-RBRVS Fac Total
T9.99i	Proc-RBRVS Fac Work
T9.99b	Proc-RBRVS Non Fac Malpractice
T9.99c	Proc-RBRVS Non Fac Practice
T9.99d	Proc-RBRVS Non Fac Total
T9.99e	Proc-RBRVS Non Fac Work
T9.23	Proc-Referring Dr Code
T9.23a	Proc-Referring Dr Name
T9.4	Proc-Remarks
T9.19	Proc-Superbill
T9.0t	Proc-Timestamp Posted
T9.0a	Proc-Total Adjustments $
T9.13	Proc-Total Bal $
T9.0p	Proc-Total Payments $
T9.2d	Proc-Type of Service
T9.2da	Proc-Type of Service Desc
T9.45	Proc-User Code
T9.77	Secondary Carrier Allowed Amount
I2.01	Secondary Carrier Auth Required
I2.1	Secondary Carrier Code

List of Data Elements

I2.16	Secondary Carrier Copay
I2.5	Secondary Carrier Group Number
I2.34	Secondary Carrier Last Verified By
I2.33	Secondary Carrier Last Verified Date
I2.0	Secondary Carrier Name
I2.14	Secondary Carrier Plan Code
I2.14a	Secondary Carrier Plan Code Desc
I2.6	Secondary Carrier Policy Number
I2.24	Secondary Carrier Spec Copay
I2.29	Secondary Carrier Verified By via CGM webVERIFY
I2.28	Secondary Carrier Verified Date via CGM webVERIFY
I3.01	Tertiary Carrier Auth Required
I3.1	Tertiary Carrier Code
I3.16	Tertiary Carrier Copay
I3.5	Tertiary Carrier Group Number
I3.34	Tertiary Carrier Last Verified By
I3.33	Tertiary Carrier Last Verified Date
I3.0	Tertiary Carrier Name
I3.14	Tertiary Carrier Plan Code
I3.14a	Tertiary Carrier Plan Code Desc
I3.6	Tertiary Carrier Policy Number
I3.24	Tertiary Carrier Spec Copay
I3.29	Tertiary Carrier Verified By via CGM webVERIFY
I3.28	Tertiary Carrier Verified Date via CGM webVERIFY