

	A	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	Name	X098 Medicare DMERC without CMN	X098 Medicare DMERC Oxygen	X098 Medicare DMERC with CMN- 841	X098 Medicare DMERC with CMN- 842	X098 Medicare DMERC with CMN- 843	X098 Medicare DMERC with CMN- 844	X098 Medicare DMERC with CMN- 845	X098 Medicare DMERC with CMN- 846	X098 Medicare DMERC with CMN- 847	X098 Medicare DMERC with CMN- 848	X098 Medicare DMERC with CMN- 849	X098 Medicare DMERC with CMN- 850	X098 Medicare DMERC with CMN- 851	X098 Medicare DMERC with CMN- 852	X098 Medicare DMERC with CMN- 853
2	X098 Patient Weight	Absent	Absent	Absent	Absent	Req	Req	Absent	Req	Req						
3	X098 Claim Place of Service: Office															
4	X098 Claim Place of Service: Home															
5	X098 Claim Place of Service: Inpatient Hospital	Absent		Absent												
6	X098 Claim Place of Service: Outpatient Hospital	Absent		Absent												
7	X098 Claim Place of Service: Emergency Room - Hospital	Absent		Absent												
8	X098 Claim Place of Service: Ambulatory Surgical Center	Absent		Absent												
9	X098 Claim Place of Service: Birthing Center	Absent		Absent												
10	X098 Claim Place of Service: Military Treatment Facility	Absent		Absent												
11	X098 Claim Place of Service: Skilled Nursing Facility															
12	X098 Claim Place of Service: Nursing Facility															
13	X098 Claim Place of Service: Custodial Care Facility															
14	X098 Claim Place of Service: Hospice	Absent		Absent												
15	X098 Claim Place of Service: Adult Living Care Facility															
16	X098 Claim Place of Service: Ambulance - Land	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
17	X098 Claim Place of Service: Ambulance - Air or Water	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
18	X098 Claim Place of Service: Inpatient Psychiatric Facility	Absent		Absent												
19	X098 Claim Place of Service: Psychiatric Facility Partial Hosp.	Absent		Absent												
20	X098 Claim Place of Service: Community Mental Health Center	Absent		Absent												
21	X098 Claim Place of Service: ICF/ Mentally Retarded															
22	X098 Claim Place of Service: Residential Substance Abuse Facilit															
23	X098 Claim Place of Service: Psychiatric Residential Treat. Cntr															
24	X098 Claim Place of Service: Federally Qualified Health Center	Absent		Absent												
25	X098 Claim Place of Service: Mass Immunization Center	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
26	X098 Claim Place of Service: Comprehensive Inpatient Rehab.	Absent		Absent												
27	X098 Claim Place of Service: Comprehensive Outpatient Rehab.	Absent		Absent												
28	X098 Claim Place of Service: ESRD Treatment Facility															
29	X098 Claim Place of Service: State or Local Public Health Clinic	Absent		Absent												
30	X098 Claim Place of Service: Rural Health Clinic	Absent		Absent												
31	X098 Claim Place of Service: Independent Laboratory	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
32	X098 Claim Place of Service: Other Unlisted Facility	Absent		Absent												
33	X098 Order date															
34	X098 Initial treatment date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
35	X098 Last seen date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
36	X098 Onset of current illness or injury date															
37	X098 Acute manifestation date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
38	X098 Similar illness or symptom date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
39	X098 Accident date															
40	X098 Accident date and time															
41	X098 Last Menstrual Period date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
42	X098 Last X-Ray date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
43	X098 Estimated birth date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
44	X098 Prescription date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
45	X098 Disability from date															
46	X098 Disability To date															
47	X098 Last worked date															
48	X098 Work Return date															
49	X098 Admission date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
50	X098 Discharge date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
51	X098 Assumed Care date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
52	X098 Relinquished Care date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
53	X098 Attachment report Type: Admission Summary															
54	X098 Attachment report Type: Prescription															
55	X098 Attachment report Type: Physician Order															
56	X098 Attachment report Type: Referral Form															
57	X098 Attachment report Type: Certification															
58	X098 Attachment report Type: Dental Models		Absent													
59	X098 Attachment report Type: Diagnostic Report		Absent													
60	X098 Attachment report Type: Discharge Summary															
61	X098 Attachment report Type: Explanation of Benefits	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
62	X098 Attachment report Type: Models		Absent													

	A	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
63	X098 Attachment report Type: Nursing Notes		Absent													
64	X098 Attachment report Type: Operative Note															
65	X098 Attachment report Type: Physical Therapy Notes		Absent													
66	X098 Attachment report Type: Prosthetics or Orthotic Certificat.		Absent													
67	X098 Attachment report Type: Physical Therapy Certification		Absent													
68	X098 Attachment report Type: Radiology Films	Absent														
69	X098 Attachment report Type: Radiology Reports	Absent														
70	X098 Attachment report Type: Tests and Analysis Reports	Absent		Absent												
71	X098 Total Purchased Service amount															
72	X098 Mammography certification number	Absent														
73	X098 CLIA number	Absent														
74	X098 Investigational Device Exemption identifier	Absent														
75	X098 Claim Note: Certification Narrative															
76	X098 Claim Note: Goals, Rehabilitation, Discharge Plans	Absent		Absent												
77	X098 Claim Note: Diagnosis Description	Absent		Absent												
78	X098 Claim Note: Payment	Absent														
79	X098 Claim Note: Third Party Organization Notes	Absent														
80	X098 Ambulance: Patient Weight	Absent														
81	X098 Ambulance Transport information	Absent														
82	X098 Ambulance Reason: To Nearest Facility	Absent														
83	X098 Ambulance Reason: For Preferred Physician	Absent														
84	X098 Ambulance Reason: For Nearness of Family	Absent														
85	X098 Ambulance Reason: For Specialized Care	Absent														
86	X098 Ambulance Reason: To Rehabilitation Facility	Absent														
87	X098 Ambulance Round Trip Purpose description	Absent														
88	X098 Ambulance Stretcher Purpose description	Absent														
89	X098 Spinal Manipulation information	Absent														
90	X098 Spinal Subluxation Level (single level)	Absent														
91	X098 Spinal Subluxation Level (range of levels)	Absent														
92	X098 Spinal Treatment Period count: Days	Absent														
93	X098 Spinal Treatment Period count: Months	Absent														
94	X098 Spinal Treatment Period count: Weeks	Absent														
95	X098 Spinal Treatment Period count: Years	Absent														
96	X098 Spinal Patient Condition description 1	Absent														
97	X098 Spinal Patient Condition description 2	Absent														
98	X098 Ambulance Certification: 1 Condition Code	Absent														
99	X098 Ambulance Certification: 2 Condition Codes	Absent														
100	X098 Ambulance Certification: 3 Condition Codes	Absent														
101	X098 Ambulance Certification: 4 Condition Codes	Absent														
102	X098 Ambulance Certification: 5 Condition Codes	Absent														
103	X098 Vision Condition: 1 code	Absent														
104	X098 Vision Condition: 2 codes	Absent														
105	X098 Vision Condition: 3 codes	Absent														
106	X098 Vision Condition: 4 codes	Absent														
107	X098 Vision Condition: 5 codes	Absent														
108	X098 Homebound Indicator	Absent														
109	X098 Home Health Discipline code: Home Health Aide	Absent														
110	X098 Home Health Discipline code: Medical Social Worker	Absent														
111	X098 Home Health Discipline code: Occupational Therapy	Absent														
112	X098 Home Health Discipline code: Physical Therapy	Absent														
113	X098 Home Health Discipline code: Skilled Nursing	Absent														
114	X098 Home Health Discipline code: Speech Therapy	Absent														
115	X098 Home Health Number of visits	Absent														
116	X098 Rendering provider type: Person															
117	X098 Rendering provider type: Non Person Entity															
118	X098 Rendering provider type: Non Person Entity (long name)															
119	X098 Purchased Service provider type: Person															
120	X098 Purchased Service provider type: Non Person Entity															
121	X098 Service Facility: Service Location															
122	X098 Service Facility: Service Location (long name)															
123	X098 Service Facility: Facility															
124	X098 Service Facility: Facility (long name)															
125	X098 Service Facility: Independent Lab															
126	X098 Service Facility: Independent Lab (long name)															
127	X098 Service Facility: Testing Laboratory															
128	X098 Service Facility: Testing Laboratory (long name)															
129	X098 Service Facility address: USA															
130	X098 Supervising provider	Absent														
131	X098 Supervising provider (long name)	Absent														
132	X098 Supervising provider ID: UPIN															

	A	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
133	X098 Svc. Procedure Code: HCPCS	Req														
134	X098 Svc. Procedure Code: NDC code 5-4-2 format		Absent													
135	X098 Svc. Units	Req														
136	X098 Svc. Minutes	Absent														
137	X098 Svc. International Units	Absent														
138	X098 Svc. Place of Service: Office															
139	X098 Svc. Place of Service: Home															
140	X098 Svc. Place of Service: Inpatient Hospital	Absent		Absent												
141	X098 Svc. Place of Service: Outpatient Hospital	Absent		Absent												
142	X098 Svc. Place of Service: Emergency Room - Hospital	Absent		Absent												
143	X098 Svc. Place of Service: Ambulatory Surgical Center	Absent		Absent												
144	X098 Svc. Place of Service: Birthing Center	Absent		Absent												
145	X098 Svc. Place of Service: Military Treatment Facility	Absent		Absent												
146	X098 Svc. Place of Service: Skilled Nursing Facility															
147	X098 Svc. Place of Service: Nursing Facility															
148	X098 Svc. Place of Service: Custodial Care Facility															
149	X098 Svc. Place of Service: Hospice	Absent		Absent												
150	X098 Svc. Place of Service: Ambulance - Land	Absent														
151	X098 Svc. Place of Service: Ambulance - Air or Water	Absent														
152	X098 Svc. Place of Service: Federally Qualified Health Center	Absent		Absent												
153	X098 Svc. Place of Service: Inpatient Pshychiatric Facility	Absent		Absent												
154	X098 Svc. Place of Service: Adult Living Care Facility	Absent		Absent												
155	X098 Svc. Place of Service: Psychiatric Facility Partial Hosp.	Absent		Absent												
156	X098 Svc. Place of Service: Community Mental Health Center	Absent		Absent												
157	X098 Svc. Place of Service: ICF / Mentally Retarded															
158	X098 Svc. Place of Service: Residential Substance Abuse Facility															
159	X098 Svc. Place of Service: Psychiatric Residential Treat. Cntr.															
160	X098 Svc. Place of Service: Mass Immunization Center	Absent														
161	X098 Svc. Place of Service: Comprehensive Inpatient Rehab.	Absent		Absent												
162	X098 Svc. Place of Service: Comprehensive Outpatient Rehab.	Absent		Absent												
163	X098 Svc. Place of Service: ESRD Treatment Facility															
164	X098 Svc. Place of Service: State or Local Public Health Clinic	Absent		Absent												
165	X098 Svc. Place of Service: Rural Health Clinic	Absent		Absent												
166	X098 Svc. Place of Service: Independent Laboratory	Absent														
167	X098 Svc. Place of Service: Other Unlisted Facility	Absent		Absent												
168	X098 Svc. Prescription Number															
169	X098 Svc. Attachment Transmission: Previously Submitted to payer			Absent												
170	X098 Svc. Attachment Transmission: Certification Included	Absent		Req												
171	X098 Svc. Attachment Transmission: No Documentation Required			Absent												
172	X098 Svc. Attachment Transmission: Available at provider site			Absent												
173	X098 Svc. Ambulance Transport information	Absent														
174	X098 Svc. Ambulance: Patient Weight	Absent														
175	X098 Svc. Ambulance Reason: To Nearest Facility	Absent														
176	X098 Svc. Ambulance Reason: For Preferred Physician	Absent														
177	X098 Svc. Ambulance Reason: For Nearness of Family	Absent														
178	X098 Svc. Ambulance Reason: For Specialized Care	Absent														
179	X098 Svc. Ambulance Reason: To Rehabilitation Facility	Absent														
180	X098 Svc. Ambulance Round Trip Purpose description	Absent														
181	X098 Svc. Ambulance Stretcher Purpose description	Absent														
182	X098 Svc. Spinal Manipulation information	Absent														
183	X098 Svc. Spinal Subluxation Level (single level)	Absent														
184	X098 Svc. Spinal Subluxation Level (range of levels)	Absent														
185	X098 Svc. Spinal Treatment Period count: Days	Absent														
186	X098 Svc. Spinal Treatment Period count: Weeks	Absent														
187	X098 Svc. Spinal Treatment Period count: Months	Absent														
188	X098 Svc. Spinal Treatment Period count: Years	Absent														
189	X098 Svc. Spinal Patient Condition description 1	Absent														
190	X098 Svc. Spinal Patient Condition description 2	Absent														
191	X098 Svc. DME certification in months	Absent		Req												
192	X098 Svc. DME lifetime" certification"	Absent														
193	X098 Svc. Oxygen Therapy information	Absent	Req	Absent												
194	X098 Svc. Oxygen Therapy Arterial Blood Gas	Absent	Req	Absent												
195	X098 Svc. Oxygen Therapy Oxygen Saturation	Absent		Absent												
196	X098 Svc. Oxygen Test Finding: Dependent Edema	Absent		Absent												
197	X098 Svc. Oxygen Test Finding: P" Pulmonale"	Absent		Absent												
198	X098 Svc. Oxygen Test Finding: Erythrocythemia	Absent		Absent												
199	X098 Svc. Ambulance Certification: 1 Condition Code	Absent														
200	X098 Svc. Ambulance Certification: 2 Condition Codes	Absent														
201	X098 Svc. Ambulance Certification: 3 Condition Codes	Absent														
202	X098 Svc. Ambulance Certification: 4 Condition Codes	Absent														

	A	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
203	X098 Svc. Ambulance Certification: 5 Condition Codes	Absent														
204	X098 Svc. Hospice Employed Provider: yes	Absent														
205	X098 Svc. Hospice Employed Provider: no	Absent														
206	X098 Svc. DMERC Certification Condition indicator 1	Absent		Req												
207	X098 Svc. DMERC Certification Condition indicator 2	Absent														
208	X098 Svc. DMERC Certification Condition indicator 3	Absent														
209	X098 Svc. DMERC Certification Condition indicator 4	Absent														
210	X098 Svc. DMERC Certification Condition indicator 5	Absent														
211	X098 Svc. Oxygen Certification Condition indicator 1	Absent	Req	Absent												
212	X098 Svc. Oxygen Certification Condition indicator 2	Absent		Absent												
213	X098 Svc. Oxygen Certification Condition indicator 3	Absent		Absent												
214	X098 Svc. Oxygen Certification Condition indicator 4	Absent		Absent												
215	X098 Svc. Oxygen Certification Condition indicator 5	Absent		Absent												
216	X098 Svc. Date: single date															
217	X098 Svc. Date: from-through dates															
218	X098 Svc. Certification Revision date	Absent														
219	X098 Svc. Begin Therapy date	Absent		Req												
220	X098 Svc. Last Certification date	Absent		Req												
221	X098 Svc. Order date															
222	X098 Svc. Last Seen date	Absent														
223	X098 Svc. Test Performed date: Hemoglobin or Hematocrit	Absent														
224	X098 Svc. Test Performed date: Creatinine	Absent														
225	X098 Svc. Test Performed date: 4 L/m test date	Absent		Absent												
226	X098 Svc. Test Performed date: Arterial Blood Gas	Absent		Absent												
227	X098 Svc. Test Performed date: Oxygen Saturation	Absent		Absent												
228	X098 Svc. Shipped date	Absent														
229	X098 Svc. Onset of current illness or injury date	Absent														
230	X098 Svc. Last X-Ray date	Absent														
231	X098 Svc. Acute manifestation date	Absent														
232	X098 Svc. Initial treatment date	Absent														
233	X098 Svc. Similar illness or symptom date	Absent														
234	X098 Svc. Anesthesia modifying units	Absent														
235	X098 Svc. Test Result: Oxygen Concentration	Absent	Req	Absent												
236	X098 Svc. Test Result: Oxygen Test Rate	Absent		Absent												
237	X098 Svc. Test Result: Height	Absent														
238	X098 Svc. Test Result: Hemoglobin	Absent														
239	X098 Svc. Test Result: Hematocrit	Absent														
240	X098 Svc. Test Result: Creatinine	Absent														
241	X098 Svc. Test Result: Oxygen	Absent		Absent												
242	X098 Svc. Test Result: Epoetin Starting Dosage	Absent														
243	X098 Svc. Mammography Certification number	Absent														
244	X098 Svc. CLIA Certification number	Absent														
245	X098 Svc. Referring facility CLIA Certification number	Absent														
246	X098 Svc. Immunization batch number	Absent														
247	X098 Svc. Oxygen Flow Rate	Absent	Req	Absent												
248	X098 Svc. Sales Tax amount															
249	X098 Svc. Home Health Delivery Pattern time code	Absent														
250	X098 Svc. Note: Goals, Rehabilitation, Discharge Plans															
251	X098 Svc. Note: Third Party Organization Notes															
252	X098 Svc. Purchased Service amount	Absent														
253	X098 Svc. Rendering provider type: Non Person Entity															
254	X098 Svc. Rendering provider type: Non Person Entity (long name)															
255	X098 Svc. Purchased Service provider type: Person															
256	X098 Svc. Purchased Service provider type: Non Person Entity															
257	X098 Svc. Service Facility: Service Location															
258	X098 Svc. Service Facility: Service Location (long name)															
259	X098 Svc. Service Facility: Facility															
260	X098 Svc. Service Facility: Facility (long name)															
261	X098 Svc. Service Facility: Independent Lab															
262	X098 Svc. Service Facility: Independent Lab (long name)															
263	X098 Svc. Service Facility: Testing Laboratory															
264	X098 Svc. Service Facility: Testing Laboratory (long name)															
265	X098 Svc. Supervising provider	Absent														
266	X098 Svc. Supervising provider (long name)	Absent														
267	X098 Svc. Ordering provider	Req		Req												
268	X098 Svc. Ordering provider (long name)															
269	X098 Svc. Ordering provider ID: UPIN	Req		Req												
270	X098 Svc. Supporting Form: Home Health	Absent														
271	X098 Svc. Supporting Form: DMERC CMN 841 Hospital Beds	Absent	Absent	Req	Absent											
272	X098 Svc. Supporting Form: DMERC CMN 842 Support Surfaces	Absent	Absent	Absent	Req	Absent										

	A	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
273	X098 Svc. Supporting Form: DMERC CMN 843 Motorized Wheelchairs	Absent	Absent	Absent	Absent	Req	Absent									
274	X098 Svc. Supporting Form: DMERC CMN 844 Manual Wheelchairs	Absent	Absent	Absent	Absent	Absent	Req	Absent								
275	X098 Svc. Supporting Form: DMERC CMN 845 CPAP Devices	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent							
276	X098 Svc. Supporting Form: DMERC CMN 846 Lymphedema Pumps	Absent	Req	Absent												
277	X098 Svc. Supporting Form: DMERC CMN 847 Osteogenesis Stimulator	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent							
278	X098 Svc. Supporting Form: DMERC CMN 848 TENS	Absent	Req	Absent	Absent	Absent	Absent	Absent								
279	X098 Svc. Supporting Form: DMERC CMN 849 Seat Lift Mechanisms	Absent	Req	Absent	Absent	Absent	Absent									
280	X098 Svc. Supporting Form: DMERC CMN 850 Power Operated Vehicles	Absent	Req	Absent	Absent	Absent										
281	X098 Svc. Supporting Form: DMERC CMN 851 External Infusion Pump	Absent	Req	Absent	Absent											
282	X098 Svc. Supporting Form: DMERC CMN 852 Parenteral Nutrition	Absent	Req	Absent												
283	X098 Svc. Supporting Form: DMERC CMN 853 Enteral Nutrition	Absent	Req													
284	X098 Svc. Supporting Form: DMERC CMN 484 (Must NOT use, use CRC)	Absent														