EXHIBIT 10-DATA ELEMENT REQUIREMENTS MATRIX

CLAIMS WILL BE RETURNED AS UNPROCESSABLE IF THE FOLLOWING INFORMATION IS INCOMPLETE/INVALID:

CMS 1500	NSF 3.01	ANSI 837 Version 4010	PAPER ITEM DESCRIPTION	EDI DATA ELEMENT DESCRIPTION	MedicareStatus(Required or Conditional) *
1A	DA0 - 18.0	Loop 2010BA 2-015-NM109	Insured I.D. Number	Subscriber Primary Identifier	R
2	CA0 - 04.0	Loop 2010BA 2-015-NM103	Patient Name	Subscriber Last Name	R
	CA0 - 05.0	Loop 2010BA 2-015-NM104		Subscriber First Name	R
4	DA0 - 19.0	Loop 2330A 2-325-NM103	Insured Name	Other Insured Last Name	C
	DA0 - 20.0	Loop 2330A 2-325-NM104		Other Insured First Name	C
6	DA0 - 17.0	Loop 2000B 2-005-SBR02 Loop 2320 2-290-SBR02	Patient Relationship to Insured	Individual Relationship Code	C
7	DA2 – 04.0	Loop 2330A 2-332-N301	Insured's Address	Other Insured Address Line 1	C
	DA2 – 06.0	Loop 2330A 2-340-N401		Other Insured City	C
	DA2 - 07.0	Loop 2330A 2-340-N402		Other Insured State	C
	DA2 - 08.0	Loop 2330A 2-340-N403		Other Insured Zip Code	C
	DA2 - 09.0	Not Used	Insured Telephone Number		NR
8	CA0 - 17.0	Not Used	Patient Status		NR
	CA0 - 18.0	Not Used	Patient Student Status		NR
	CA0 - 19.0	Not Used	Patient Employment Status		NR
11	DA0 - 10.0	Loop 2320 2-290-SBR03	Insured's Policy Group Number	Insured Group or Policy Number	C
	DA0 - 05.0	Loop 2320 2-290-SBR09		Source of Payment	R
	DA0 - 06.0	Loop 2320 2-290-SBR05		Insurance Type Code	R
11C	DA0 - 11.0	Loop 2320 2-290-SBR04	Insurance Plan or Program Name	Other Insured Group Name	C
12	DA0 - 16.0	Loop 2300 2-130-CLM10	Patient Signature Source	Patient Signature Source Code	R
	EA0 - 13.0	Loop 2300 2-130-CLM09		Release of Information Indicator	R
14	EA0 - 07.0	Loop 2300 2-135-DTP03(439)	Date of Current Illness, etc.	Accident Date	C
	GC0 - 05.0	Loop 2300 2-135-DTP03(454) OR Loop 2400 2-455-DTP03(454)		Initial Treatment Date	C
15	EA0 - 15.0	Not Used	Patient Has Same/Similar Illness	Same/Similar Symptom Indicator	NR
	EA0 - 16.0	Loop 2300 2-135-DTP03(438) OR Loop 2400 2-455-DTP03(438)		Onset of Similar Symptoms or Illness	NR
		Loop 2300 2-135-DTP03(431) OR Loop 2400 2-455-DTP03(431)	Date of current illness or injury	Onset of current illness or injury	C
17	EA0 - 24.0	Loop 2310A 2-250-NM103 OR Loop 2420F 2-500-NM103	Name of Referring Provider	Referring Provider Last Name	C
	EA0 – 25.0	Loop 2310A 2-250-NM104 OR Loop 2420F 2-500-NM104		Referring Provider First Name	C
			OR		
	FB1 - 06.0	Loop 2420E 2-500-NM103		Ordering Provider Last Name	C
	FB1 - 07.0	Loop 2420E 2-500-NM104		Ordering Provider First Name	C
			OR		
17A	FB1 - 09.0	Loop 2420E 2-525-REF02(1G or	UPIN/PIN of Ordering Provider	Ordering Provider Secondary	C

EXHIBIT 10-DATA ELEMENT REQUIREMENTS MATRIX

CLAIMS WILL BE RETURNED AS UNPROCESSABLE IF THE FOLLOWING INFORMATION IS INCOMPLETE/INVALID:

CMS 1500	NSF 3.01	ANSI 837 Version 4010	PAPER ITEM DESCRIPTION	EDI DATA ELEMENT DESCRIPTION	MedicareStatus(Required or Conditional) *
		1C)		Identifier (UPIN)	
			OR		
	FB0 - 09.0	Loop 2420E 2-250-NM109(XX)		Order Provider Primary Identifier (UPIN)	C
			OR		
	EA0 - 20.0	Loop 2310A 2-250-NM109(XX) OR Loop 2420F 2-500-NM109(XX)		Referring Provider Primary Identifier (UPIN)	C
			OR		
	EA0 - 21.0	Loop 2310A 2-271-REF02(1G) OR		Referring Provider Secondary Identifier (UPIN)	C
	FB1 – 13.0	Loop 2420F 2-525-REF02(1G)			
			OR		
19	EA1 - 16.0	Loop 2310E 2-250-NM109(XX) OR Loop 2420D 2-500-NM109(XX)	Reserved for Local Use	Supervising Provider Primary Identifier (PIN)	C
	FB1 - 21.0	Loop 2310E 2-260-REF02(1G/1C) OR Loop 2420D-2-525-REF02(1G/1C)		Supervising Provider Secondary Identifier (PIN)	C
	GC0 - 06.0	Loop 2300 2-135-DTP03(455) OR Loop 2400 2-455-DTP03(455)		X-Ray Date	C
	EA0 – 48.0	Loop 2300 2-135-DTP03(304) OR Loop 2400 2-455-DTP03(304)		Date Last Seen	C
	EA0 - 50.0	Loop 2300 2-220-CRC03(IH)		Homebound Indicator	C
	EA1 - 25.0	Loop 2300 2-135-DTP03(090/091)		Assumed and Relinquished Care Dates	C
	FA0 - 40.0	Loop 2400 2-450-CRC02(70)		Hospice Employed Provider Indicator	C
20	FB0 - 05.0	Loop 2400 2-488-PS102	Outside Lab	Purchased Service Charge	C
21	EA0 - 32.0	Loop 2300 2-231-HI01-02(BK)	Diagnosis	Principal Diagnosis Code	C
	EA0 - 33.0	Loop 2300 2-231-HI02-02(BF)		Diagnosis Code	C
	EA0 - 34.0	Loop 2300 2-231-HI03-02(BF)		Diagnosis Code	C
	EA0 - 35.0	Loop 2300 2-231-HI04-02(BF)		Diagnosis Code	C
22			Medicaid Resubmission Code		NR
23	DA0 - 14.0	Loop 2300 2-180-REF02(G1) OR Loop 2400 2-470-REF02(G1)	Prior Authorization Number	Prior Authorization or Referral Number	C
	FA0 - 34.0	Loop 2300 2-180-REF02(X4) OR Loop 2400 2-470-REF02(X4)	CLIA ID Number	CLIA Certification Number	C
	EA0 - 53.0	Loop 2310D 2-271-REF02(LU)	Care Plan Oversight (CPO) Number	CPO Number	C
	EA0 - 54.0	Loop 2300 2-180-REF02(LX)		Investigational Device Number	C
24A	FA0 - 05.0	Loop 2400 2-455-DTP03(472)	Dates of Service (s) (From date)	Service Date	R
	FA0 - 06.0	Loop 2400 2-455-DTP03(472)	Dates of Service (s) (To Date)	Service Date	C
24B	FA0 - 07.0	Loop 2300 2-130-CLM05-1 OR	Place of Service	Facility Type Code	R

EXHIBIT 10-DATA ELEMENT REQUIREMENTS MATRIX

CLAIMS WILL BE RETURNED AS UNPROCESSABLE IF THE FOLLOWING INFORMATION IS INCOMPLETE/INVALID:

CMS 1500	NSF 3.01	ANSI 837 Version 4010	PAPER ITEM DESCRIPTION	EDI DATA ELEMENT DESCRIPTION	MedicareStatus(Required or Conditional) *
		Loop 2400 2-370-SV105		Place of Service Code	
24C	FA0 - 08.0	Not Used	Type of Service	Type of Service Code	NR
24D	FA0 - 09.0	Loop 2400 2-370-SV101-2 (HC)	Procedures, Services, etc.	Procedure Code	R
	FA0 - 10.0	Loop 2400 2-370-SV101-3		Procedure Modifier 1	C
	FA0 - 11.0	Loop 2400 2-370-SV101-4		Procedure Modifier 2	C
	FA0 - 12.0	Loop 2400 2-370-SV101-5		Procedure Modifier 3	C
	FA0 - 36.0	Loop 2400 2-370-SV101-6		Procedure Modifier 4	C
24G	FA0 - 18.0	Loop 2400 2-370-SV104 (UN)	Days or Units of Service	Units of Service	R
			OR		
	FA0 - 19.0	Loop 2400 2-370-SV104 (MJ)		Anesthesia/Oxygen Minutes	R
24H	FB0 - 22.0	Loop 2400 2-370-SV112	EPSDT Family Plan	Family Planning Indicator	NR
24I	FA0 - 20.0	Loop 2400 2-370-SV109	EMG	Emergency Indicator	NR
24J	FB0 - 21.0	Loop 2400 2-370-SV115	COB	Co-pay Status Code	NR
24K	FA0 - 23.0	Loop 2310B 2-250-NM109(XX) OR Loop 2420A 2-500-NM109(XX)	Reserved for Local Use	Rendering Provider Primary Identifier (PIN)	C
	BA0 - 09.0	Loop 2310B 2-271-REF02(1C) OR Loop 2420A 2-525-REF02(1C)		Rendering Provider Secondary Identifier (PIN)	C
27	EA0 - 36.0	Loop 2300 2-130-CLM07	Accept Assignment	Medicare Assignment Code	NR
31	EA0 - 37.0	Loop 2300 2-130-CLM06	Provider Signature Indicator	Provider or Supplier Signature Indicator	R
32	EA0 - 39.0	Loop 2310D 2-250-NM103	Facility Name and Address	Laboratory or Facility Name	C
				AND/OR	
	EA1 - 04.0	Loop 2310D 2-250-NM109(XX) OR Loop 2420C 2-500-NM109(XX)		Laboratory or Facility Primary Identifier (PIN)	C
		Loop 2310D 2-250-REF02(1C) OR Loop 2420C 2-525-REF02(1C)	OR	Laboratory or Facility Secondary Identifier (PIN)	
	FB0 - 11.0	Loop 2310C 2-250-NM109(XX) OR Loop 2400 2-488-PS101		Purchased Service Provider Primary Identifier (PIN)	C
		Loop 2310C 2-271-REF02(1C) OR Loop 2400 2-488-PS101		Purchased Service Provider Secondary Identifier (PIN)	
	FA0 - 31.0	Loop 2300 2-180-REF02(EW) OR Loop 2400 2-470-REF02(EW)		Mammography Certification Number	C
33	BA0 - 19.0	Loop 2010AA 2-015-NM103(85,1)	Provider's Billing Name & Address	Provider Last Name	R
	BA0 - 20.0	Loop 2010AA 2-015-NM104		Provider First Name	R
			OR	OR	
	BA0 - 18.0	Loop 2010AA 2-015-NM103(85,2)		Payer Organization Name	R
	BA1 - 13.0	Loop 2010AA 2-025-N301		Pay-To Provider Address 1	R
	BA1 - 15.0	Loop 2010AA 2-030-N401		Pay-To Provider City Name	R
	BA1 - 16.0	Loop 2010AA 2-030-N402		Pay-To Provider State Code	R

EXHIBIT 10-DATA ELEMENT REQUIREMENTS MATRIX

CLAIMS WILL BE RETURNED AS UNPROCESSABLE IF THE FOLLOWING INFORMATION IS INCOMPLETE/INVALID:

CMS 1500	NSF 3.01	ANSI 837 Version 4010	PAPER ITEM DESCRIPTION	EDI DATA ELEMENT DESCRIPTION	MedicareStatus(Required or Conditional) *
	BA1 - 17.0	Loop 2010AA 2-030-N403		Pay-To Provider Zip Code	R
	BA1 - 18.0	Loop 2010AA 2-040-PER04		Communication Number	R
			OR		
	BA0 - 09.0	Loop 2010AA 2-015-NM109(XX)	Provider's Billing Name & Address	Billing Provider Primary Identifier (PIN)	R
	BA0 - 02.0	Loop 2010AA 2-035-REF02(1C)		Billing Provider Secondary Identifier (PIN)	C
	CA0 - 28.0				

* R = Required - information which MUST always be on a claim.

* C = Conditional - information which is required on a claim if certain conditions exist.

NR = Not Required - information which is either optional or is not required in order to process a claim.