

FL	Data Element	Acute/Swing						Acute		Swing	
		Anthem BCBS	BCBSVT	TRICARE	CIGNA NH	MTHP	VT Medicaid	Medicare	NH Medicaid	Medicare	NH Medicaid
57	Unlabeled Field										
58 A,B,C	Insured's Name	R	R	R	R	R		R	R	R	R
59 A,B,C	Patient's Relationship to Insured	R	R	R	R	R		R		R	
60 A,B,C	Certificate/SS Number/Health Insurance Claim/ID Number	R	R	R	R	R	R	R	R	R	R
61 A,B,C	Insured Group Name	R	R	*		A		*		R	
62 A,B,C	Insured Group Number	R	R	*				*		R	
63 A,B,C	Treatment Authorization Code	A	A	A	A	A		*	*	A	*
64 A,B,C	Employment Status Code		R	R				*		*	
65 A,B,C	Employer Name		R	R				*		*	
66 A,B,C	Employer Location		R	R				R		R	
67	Principal Diagnosis Code	R	R	R	R	R	R	R	R	R	R
68-75	Other Diagnosis Codes	R	R	R	R	R	R	R	R	R	R
76	Admitting Diagnosis	I	I	I	R	R		R		A	
77	External Cause of Injury Code E Code	R	R		R	R	R				
78	Unlabeled Field										
79	Procedure Coding Method Used			R							
80	Principal Procedure Code and Date	R	R	R	R	R	R	I	R		R
81 A,B,C,D,E	Other Procedure Codes and Dates	R	R	R	R	R	R	I	R		R
82 A,B	Attending Physician ID	R	R	R	R	R	R	R	R	R	R
83 A,B,C,D	Other Physician ID	R	R	R	R	R	R	R	R	R	R
84	Remarks	R	R	R			R	A	A	A	A
85	Provider Representative Signature	A	A	R	A	R	R	R	A	R	A
86	Date Bill Submitted	R	R	R	A	R	R	R	R	R	R