

# IAIABC GLOSSARY

## EDI Claims, Proof of Coverage, and Medical Bill Data Reporting 2024



***INTERNATIONAL ASSOCIATION OF INDUSTRIAL ACCIDENT BOARDS AND COMMISSIONS***

**IAIABC GLOSSARY**  
**Claims, Medical, and Proof of Coverage**  
**Updated March 2024**

The purpose of the glossary is to provide the reader with easy-to-understand definitions of workers' compensation terms.

For the most part, this glossary defines terms that are common to workers' compensation Claims, Medical, and Proof of Coverage (POC) EDI reporting. Not all the terms are directly related to one of the IAIABC EDI reporting products, but they are commonly used in the business and data-reporting environment.

Terms that are specific to approved data elements will not be found in this glossary. They will be found in the Data Dictionary sections of the individual implementation guides.

The definitions included in this glossary are not intended to be and should not be used as the legal definitions of the terms.

TERM	DESCRIPTION
<b>A</b>	
<b>Acknowledgment record</b>	A transaction returned by the jurisdiction as a result of a report sent. It contains enough data elements to identify the original transaction and any technical and business issues found with it.
<b>Acquired claim</b>	A claim previously administered by a different claim administrator.
<b>Address record</b>	The address record in WCPOOLS provides various types of address information of the insured, insurer, and agent or producer.
<b>Advisory organization</b>	An organization that provides advisory rules and rates for the workers' compensation insurance industry. (e.g., MWCIA, PCRB, or NCCI) See Bureau.
<b>Agent/Broker/Producer</b>	An independent person or entity engaged in the activity of soliciting insurance coverage for one or more insurance companies.
<b>AMCOMP</b>	The American Society of Workers' Compensation Professionals, Inc. - A not-for-profit corporation dedicated to the improvement of professional excellence in the multi-disciplined field of workers' compensation.
<b>Assigned Risk Plan (ARP)</b>	An involuntary plan where a risk obtains insurance that is not available on the voluntary insurance market. Insurance is handled by a pool (Assigned Risk Pools) or assigned to insurers for which participation is mandatory. Under an assigned risk plan, the Plan Administrator assigns the account to licensed insurers and the insurers issue their own policies and retain the experience of the risk as direct business.
<b>Audit</b>	An examination of the insured's books and records to determine actual payroll (exposure) for the purpose of computing premium. Audits are a requirement for workers' compensation.

**TERM****DESCRIPTION****B**

<b>Batch</b>	A set of records containing one header record, one or more detail transactions, and one trailer record. See Transmission Diagram in Systems Rules for the applicable product.
<b>BEEP</b>	Bureau Entry & Edit Package - A software package that provides the ability to enter, edit, validate, and electronically submit workers' compensation unit statistical information to DCOs in the required WCIO WCSTAT format.
<b>Benefits</b>	Monetary payments and other services provided by the insurer.
<b>Bill</b>	The medical bill that a health care provider submits to the claim administrator that provides medical information pertaining to the work-related illness or injury. This medical bill is matched to a workers' compensation claim. In healthcare, the bill is referred to as a "claim" but this is different than a workers' compensation claim.
<b>Binder</b>	A legal agreement issued by an agent or company to provide temporary insurance coverage until a policy can be written. This is known as a POC Notice/Binder for POC reporting.
<b>Bureau</b>	An organization formed for checking rates, developing forms, rules, and rates for a line of business. A bureau may be a department of the jurisdiction or an independent entity. A Bureau also collects and edits data. The term 'Bureau' is often used to describe a rating bureau, audit bureau, advisory rating bureau, inspection bureau, and Data Collection Organization, etc. See Advisory Organization.
<b>Bureau Rates</b>	Refers to rates filed by a rating bureau (see Bureau) and approved by the insurance department for use in that jurisdiction.

**C**

<b>Cancellation</b>	A termination, by either the insured or company, of an insurance policy before its expiration date.
<b>Carrier</b>	The licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer. Also known as insurer.
<b>Carrier code</b>	A five-digit numeric code, assigned by NCCI to identify a reporting company.
<b>CDX</b>	The mechanism for carriers and DCOs to securely exchange data electronically through file transfer protocol (SFTP).
<b>Claim</b>	A demand by an individual or corporation to recover under an insurance policy for a loss.
<b>Claim administrator</b>	The entity licensed or allowed by a jurisdiction to adjust a claim. (i.e., insurer, third-party administrator, state fund, or self-insured employer.)
<b>Claim number</b>	An alphanumeric code that the claim administrator issues to uniquely identify a claim.

<b>TERM</b>	<b>DESCRIPTION</b>
<b>Claim status</b>	A code that indicates whether a claim is opened, closed, reopened, or resolved.
<b>Claimant</b>	A person claiming workers' compensation benefits.
<b>Classification code</b>	A numeric code corresponding to the classification assigned to the insured according to the rules of the manual for workers' compensation or the statistical classification code defined by the rating organization. Commonly referred to as Class Code.
<b>Client company</b>	An employer that obtains all or part of its workforce from a Professional Employer Organization through an employee leasing arrangement. Also known as client employer.
<b>Compromised payment</b>	Payment made to limit or end past, present, or future liability.
<b>Concurrent indemnity benefits</b>	Weekly indemnity payments that are made for two or more benefit types for a common period.
<b>Contract medical</b>	Contract medical care costs are the actual costs incurred by the carrier under medical contracts with physicians, hospitals, and others, which cannot be allocated for a particular claim. See MCO.

## **D**

<b>Data Collection Organization (DCO)</b>	An organization statutorily authorized, licensed in, and actively engaged in the business of establishing rates, advisory rates, or advisory loss costs for the workers' compensation insurance industry in at least one jurisdiction.
<b>Data element</b>	A single piece of information, e.g., Employee Date of Birth.
<b>Data provider</b>	A company that reports data to a DCO.
<b>DBA</b>	Doing Business As - A phrase used to identify the insured's business trade name, e.g., Sammy Smith, DBA Bully Bulldozers, Inc.
<b>Death benefits</b>	Indemnity benefits paid to a survivor of a worker whose injury resulted in death.
<b>Denial</b>	Benefit entitlement of the entire claim or a portion thereof has been denied or rejected.
<b>Disability</b>	A medical condition that precludes the worker from earning pre-injury wages because of an occupational disease or injury that is subject to jurisdictional workers' compensation coverage.
<b>DN</b>	Data Element Number

## **E**

<b>Edit matrix</b>	A table identifying edits to be applied to each data element. Senders will apply the edits before submitting a transaction and receivers will confirm during processing.
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<b>TERM</b>	<b>DESCRIPTION</b>
<b>Effective date</b>	A date that identifies when a transaction becomes effective.
<b>Electronic Data Interchange (EDI)</b>	A general term used to describe the method by which insurers submit data to DCOs through internet or other electronic transmissions.
<b>Electronic data submission</b>	A method by which companies submit data to DCOs through the internet or other electronic transmissions.
<b>Element Requirement Table</b>	A receiver-specific list of requirement codes for each data element depending upon the transaction type. See Element Requirement Table Instructions for the applicable EDI product at <a href="http://www.iaiaabc.org/EDI/implementation_guide_index.htm">http://www.iaiaabc.org/EDI/implementation_guide_index.htm</a>
<b>Employee</b>	A person receiving remuneration for his or her services. May also include unpaid volunteers.
<b>Employee leasing company</b>	A company that leases employees to a client through an employee leasing arrangement. Also referred to as a labor contractor, Professional Employer Organization (PEO), or lessor.
<b>Employer</b>	The business entity that hired the employee and provided direction and remuneration to the employee at the time of injury, or as jurisdictionally defined for volunteers and other non-paid classes of employees. In a leasing situation, this would be the employee leasing company.
<b>Endorsement</b>	A written document attached to a policy that modifies the policy by changing the coverage afforded under the policy. An endorsement can add or delete coverage for acts or things that are or are not covered as a part of the original policy. An endorsement can be added at the inception of the policy or later during the term of the policy.
<b>Expense constant amount</b>	An amount applied to all policies to cover that represents a premium charge.
<b>Expiration date</b>	The date the insured's policy expires.
<b>Exposure</b>	The condition of being at risk of financial loss.
<b>Extensible Markup Language (XML)</b>	A data format that enables delivery of information for applications on the internet, intranet and extranet.

## F

<b>FEIN</b>	Federal Employer Identification Number which is an employer's federal tax identification number. Some employers may use their personal Social Security Number in lieu of a FEIN.
<b>Format</b>	The technical method used to exchange information, e.g., flat file or XML.

TERM	DESCRIPTION
<b>G</b>	
<b>Governing class</b>	A classification, other than a standard exception classification (salespersons, clerical employees, etc.), to which the largest amount of payroll is assigned. The class code is assigned by the rating bureau.
<b>Guaranty fund</b>	A jurisdiction guaranty fund is administered by a jurisdiction to protect policyholders if an insurance company or self-insured employer defaults on benefit payments or becomes insolvent. The fund only protects beneficiaries of insurance companies or self-insured employers that are licensed in that jurisdiction.
<b>H</b>	
<b>HCPCS</b>	<p>The Healthcare Common Procedure Coding System (HCPCS) is produced by the Centers for Medicare and Medicaid Services (CMS). HCPCS is a collection of standardized codes that represent medical procedures, supplies, products, and services. The codes are used to facilitate the processing of medical bills by public and private insurance programs. HCPCS is divided into two subsystems, Level I and Level II:</p> <ul style="list-style-type: none"> <li>• Level I is comprised of Current Procedural Terminology (CPT) codes and maintained by the American Medical Association. CPT codes are used by health care professionals for billing of medical services and procedures to insurers. CPT codes describe outpatient services and procedures. CPT codes consist of five numeric digits.</li> <li>• Level II HCPCS codes identify products, supplies, and services not included in CPT (e.g., equipment, drugs, and supplies for services and treatment). Level II codes consist of a letter followed by four numeric digits.</li> </ul>
<b>Health Insurance Portability and Accountability Act (HIPAA)</b>	A complex federal law that modernized the flow of healthcare information, stipulated how personally identifiable information maintained by the healthcare and insurance industries should be protected, and addressed some limitations on healthcare insurance coverage. The act generally prohibits healthcare providers and healthcare businesses, called covered entities, from disclosing protected information to anyone other than a patient and the patient's authorized representatives without their consent. Workers' compensation is not a covered entity under HIPAA . The act also gave Health and Human Services the authority to mandate national standards for <a href="#">electronic health care</a> transactions and national identifiers for providers, health insurance plans, and employers.
<b>I</b>	
<b>IAIABC</b>	International Association of Industrial Accident Boards and Commissions, which is a group comprised of jurisdictions, insurers, and vendors who are involved in workers' compensation. Further information may be obtained from <a href="http://www.iaiaabc.org">http://www.iaiaabc.org</a> .

TERM	DESCRIPTION
<b>ICD-10</b>	The International Classification of Diseases, Tenth Revision was developed and is maintained by the World Health Organization. ICD-10 codes are used in a variety of clinical and health care applications for reporting, morbidity statistics, and billing. In the U.S., there are two variants of ICD-10: the ICD-10 Clinical Modification (ICD-10-CM) and ICD-10 Procedure Coding System (ICD-10-PCS). Both variants were developed by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). ICD-10-CM diagnosis codes provide the reason for seeking health care and is used in both clinical and outpatient settings. ICD-10-PCS procedure codes tell what inpatient treatment and services the patient got and is used only for inpatient hospital settings. Further information may be obtained at <a href="https://www.cms.gov/medicare/coding/icd10">https://www.cms.gov/medicare/coding/icd10</a> .
<b>Idiopathic</b>	A disease or bodily condition of unknown origin or cause.
<b>IDMA</b>	Insurance Data Management Association - A not-for-profit, independent professional association of insurance data managers. Further information may be obtained from <a href="http://www.idma.org">http://www.idma.org</a> .
<b>If any</b>	A term used to indicate that coverage exists "if any" exposure/premium develops for a specific classification or jurisdiction.
<b>Implementation Date, "From"</b>	The effective begin date of the production level indicator for a trading partner.
<b>Implementation Date, "Thru"</b>	The effective end date of the production level indicator for a trading partner.
<b>Implementation guide</b>	User-friendly specifications issued by an industry organization such as the IAIABC or a jurisdiction which sets the objectives and parameters of trading partner agreements. May also be exchanged between trading partners for their unique requirements, e.g., employer/carrier.
<b>Indemnity benefits</b>	Benefits paid to the employee, employee's dependent, or jurisdiction fund, for wage replacement, permanent partial impairment, vocational rehabilitation maintenance, or dependency benefits.
<b>Independent adjuster</b>	See third party administrator (TPA).
<b>Independent State Rating Organizations</b>	The following data collection organizations are considered independent state rating organizations. <ul style="list-style-type: none"> <li>• Workers' Compensation Insurance Rating Bureau of California</li> <li>• Delaware Compensation Rating Bureau, Inc.</li> <li>• Indiana Compensation Rating Bureau</li> <li>• Workers' Compensation Insurance Rating and Inspection Bureau of Massachusetts</li> <li>• Compensation Advisory Organization of Michigan</li> <li>• Minnesota Workers' Compensation Insurers, Inc.</li> <li>• New Jersey Compensation Rating and Inspection Bureau</li> <li>• New York Compensation Insurance Rating Board</li> <li>• North Carolina Rate Bureau</li> <li>• Pennsylvania Compensation Rating Bureau</li> <li>• Wisconsin Compensation Rating Bureau</li> </ul>

TERM	DESCRIPTION
<b>Information page</b>	Usually, the first page of the policy contract that contains information about the insured and the insured's coverage, e.g., insured's name and address.
<b>Insurance</b>	A contractual relationship that exists when an insurer assumes the risk from their insured in return for a premium.
<b>Insurance company</b>	An organization licensed under jurisdictional laws to act as an insurer.
<b>Insurance Services Office, Inc. (Verisk)</b>	An organization that provides information, including statistics, underwriting and claims information, actuarial analyses, policy language, and consulting and technical services in connection with 18 lines of property/casualty insurance.
<b>Insured</b>	A person or business with whom an insurance contract is made. In workers' compensation, this is the employer.
<b>Insurer</b>	An organization that covers an employer for workers' compensation insurance.
<b>J</b>	
<b>Jurisdiction</b>	A governmental entity which exercises control over the workers' compensation system by enacting and enforcing laws and regulations. A jurisdiction is usually referred to by its political boundary, such as the State of Idaho, Commonwealth of Massachusetts, or District of Columbia.
<b>K</b>	
<b>L</b>	
<b>Leased worker</b>	A person who performs services for a client employer under an employee leasing arrangement. Also referred to leased employee.
<b>Lessee</b>	A person or organization to whom workers are provided under contract and for a fee on a leased basis (not a temporary basis).
<b>Lessor</b>	A person or an organization who provides workers, by contract and for a fee, to work for a client employer. It is a company that provides integrated human resource administration and risk management to its client employers, including workers' compensation insurance arrangements. The Lessor is legally the employer of record or co-employer for its clients' employees. Also known as a Professional Employer Organization (PEO).
<b>Link Data</b>	Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined.
<b>M</b>	
<b>Managed care organization (MCO)</b>	A healthcare company that consists of a group of doctors, hospitals, and providers that work together to keep the quality of care high while containing costs.



TERM	DESCRIPTION
<b>Manual premium</b>	Premium obtained by applying classification manual rates to their respective exposures.
<b>Manual rate</b>	The amount that is the charge per unit of exposure for each classification.
<b>Medical Bill Data Reporting standard</b>	The IAIABC's adaptation of the X12 837 Transaction Set for use in the workers' compensation environment and includes the IAIABC's flat file layout. The Medical Bill Data Reporting standard is used to submit health care information, charges, payments, and adjustments from a payer to a jurisdiction.
<b>Minimum premium</b>	The amount of lowest premium required to provide insurance under a standard policy.
<b>Modified premium</b>	The amount of total manual premium plus increased limits premium after the experience modification factor has been applied.

## N

<b>National Association of Insurance Commissioners (NAIC)</b>	The National Association of Insurance Commissioners (NAIC) is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S.
<b>North American Industry Classification System (NAICS)</b>	The North American Industry Classification System is the standard used in classifying the industry of business establishments (e.g., logging, residential construction, full-service restaurant). This system is used in Canada, Mexico, and the United States. Further information may be obtained at <a href="https://www.census.gov/naics/">https://www.census.gov/naics/</a> .
<b>Name Record</b>	<p>The Name Record(s) in WCPOLS provides information on the legal name(s) of the insured and additional named insureds on a policy. The Name Record allows for coding of three types of names:</p> <ul style="list-style-type: none"> <li>• Personal name of the insured (e.g., John Doe)</li> <li>• Commercial name of the business (e.g., ABC Farm Equipment)</li> <li>• Entity string name—for those insurers unable to distinguish between personal and commercial names</li> </ul>
<b>New business</b>	The first time the insurance company covers a risk or issues coverage after an extended period has passed between coverages.
<b>NCCI</b>	The National Council on Compensation Insurance, Inc is a shared-services organization committed to the collection, management, and distribution of information that serves and adds value to the workers' compensation industry and all its stakeholders.

**TERM****DESCRIPTION****O**

**Occupational disease** Any abnormal condition or disorder other than a workplace injury resulting in a disability or death that is not traceable to a definite compensable accident occurring during the employee's present or past employment. Any injury caused by repetitive exposure extending over time to a disease-producing agent or agents present in the worker's occupational environment.

**P**

**Payroll** The exposure basis for most workers' compensation classifications; refers to wages paid to employees.

**PEEP** Policy Entry & Edit Package which provides the ability to enter, edit, validate, and electronically submit workers' compensation policy information to DCOs in the required WCIO WCPOLS format.

**POC Notice/Binder** AA legal agreement issued by an agent or company to provide temporary insurance coverage until a policy can be written.

**Pilot/Parallel** Dual reporting of paper and EDI during the test phase. Production data is processed into the test or production system, depending on the jurisdiction. This is a temporary testing phase as defined by the trading partners with production as the final goal. Generally, it is a phase during which a trading partner reports real data that is verified by a jurisdiction for correctness until appropriate reporting requirements are met.

**Policy period** The period that coverage is provided by the policy contract (from Policy Effective Date to Policy Expiration Date).

**Production** A trading partner is sending production data and the data is loaded into the jurisdiction production system. No dual reporting (paper and EDI) to receiving party from sending party. IAIABC data satisfies the receiver's reporting requirements.

**Professional Employer Organization (PEO)** A person or an organization who provides workers, by contract and for a fee, to work for a client employer. It is a company that provides integrated human resource administration and risk management to its client employers, including workers' compensation insurance arrangements. The PEO is legally the employer of record or co-employer for its clients' employees. Also known as Lessor.

**Provider** In a generic sense, the provider is the entity that originally submitted the medical bill or encounter information to the payer. In EDI Medical, specific X12 loops are used for the various types of providers. For example, there are separate loops used for Billing Provider, Rendering Provider, Supervising Provider, Facility Provider, etc.

**PTD** Paid to date.

TERM	DESCRIPTION
<b>Q</b>	
<b>Queue</b>	A group of claims transactions designated as ready for transmission that preserves data at the time the report is triggered.
<b>R</b>	
<b>Rate</b>	The amount that is the charge per unit of exposure for each classification.
<b>Record layout</b>	A record layout defines the parameters for each data field contained in the record, including the data field's starting and ending positions on the record and the field's specific type/class (e.g., alpha, numeric, or alpha/numeric).
<b>Records</b>	A defined group of data elements that is identified by the Transaction Set ID.
<b>Recoveries</b>	Monies brought into a claim from external sources.
<b>Reduced earnings</b>	The actual or deemed weekly earnings of an employee who has returned to work with employment restrictions that may result in reduced earnings.
<b>Regulatory/Reporting agency</b>	Examples are jurisdiction, OSHA, State Agency.
<b>Reinstatement</b>	The resumption of coverage under a policy that has previously been cancelled. A provision is usually made for reinstating the policy to its original amount. Depending on policy conditions, it may be done automatically, either with or without premium consideration, or it may be done at the request of the insured.
<b>Renewal</b>	Continuation, by endorsement, certificate, or new contract, of an insurance policy beyond the original date of expiration.
<b>Replacement</b>	A policy that fully replaces a previously issued policy due to changes.
<b>Report</b>	Equivalent to a transaction. Refer to Transmission diagram in the Systems Rules section of the EDI claims implementation guide.
<b>Requirement code</b>	A code used to indicate the jurisdiction's requirement severity by data element and report type (FROI, SROI). See Element Requirement Table Instructions for the IAIABC EDI product for a description of applicable requirement code values.
<b>S</b>	
<b>Self –insured</b>	A jurisdictional approved or acknowledged employer, group fund, or association assuming financial risk and responsibility for their employees' workers' compensation claims.
<b>Sender FEIN</b>	The FEIN of the entity that is sending the EDI transaction. The Sender FEIN is a component of the Sender ID.
<b>Sender postal code</b>	The postal code of the entity that is sending the EDI transaction. The Sender Postal Code is a component of the Sender ID.

TERM	DESCRIPTION
<b>Settlement</b>	Payment made to limit or end past, present, or future liability.
<b>Standard Industry Classification (SIC)</b>	A coding system that provided common industry definitions for classifying industries. It was replaced in 1997 with the North American Industry Classification System (NAICS).
<b>Subrogation</b>	A situation in which the insurer takes over the insured's right to collect damages from another person responsible for an accident.
<b>Subscriber</b>	In the X12 837 Transaction Set, this means the owner of the health insurance policy. Generally, in workers' compensation, the claimant's employer at the date of injury is considered the subscriber. This is a good illustration of adapting the X12 837 Transaction Set to the workers' compensation business need.
<b>Suspension</b>	When indemnity benefits payments have been interrupted or discontinued due to associated circumstances.
<b>Sweep</b>	The process of providing cumulative paid-to-date amounts for each benefit type paid on a claim in addition to data required for a particular subsequent report. Refer to Subsequent Report (SROI) Benefits segment of the Variable Segment Population Rules (Section 4) in the EDI claims implementation guide for details.
<b>T</b>	
<b>Third-party administrator</b>	A business entity providing claim administration services on behalf of the insurer, or self-insured employer. Also known as TPA or independent adjuster.
<b>Trading partner</b>	An entity that has entered into an agreement with another entity to exchange data electronically.
<b>Trading partner agreement</b>	A set of expectations and responses between two entities exchanging data electronically. For example, what transactions to send, what format to use, what data elements to include, when and where data elements are to be sent, and testing to be performed.
<b>Transaction</b>	The communication of data that represents a single business event. A transaction consists of one or more records.
<b>Transmission</b>	Consists of one or more batches sent or received during a communication session.
<b>Trigger criteria</b>	Trigger criteria are the events that cause a particular report to be due for submission to the jurisdiction. Trigger criteria is defined by the jurisdiction's Event Table for the applicable EDI product.
<b>Triplicate code</b>	This term is used to describe specific Proof of Coverage electronic transaction types. POC Triplicate Codes are comprised of Transaction Set Purpose Code, Transaction Set Type Code, and Transaction Reason Code.

TERM	DESCRIPTION
	<b>U</b>
	<b>V</b>
<b>Version number</b>	The Version Number is a component of the Interchange Version ID. Identifies the version level of the release.
	<b>W</b>
<b>WCIO</b>	The Workers' Compensation Insurance Organizations is a voluntary association of workers compensation Data Collection Organizations (DCOs). The WCIO provides shared data specifications for reporting workers' compensation data to DCOs and promoting best practices.
<b>WCPOLS</b>	WCIO's electronic format for reporting policy, endorsement, cancellation, and reinstatement data from the insurer to the DCO.
<b>WCSTAT</b>	WCIO's electronic format for reporting unit statistical data (exposure, premium, and loss information) from the insurer to the DCO.
<b>Workers' Compensation Data Specifications Manuals</b>	A manual, published and administered by WCIO, of electronic specifications that provides standardized formats for exchanging information electronically, including policy, unit report, medical, indemnity and individual case report (ICR) submission requirements.
<b>Wrap-up policy</b>	A policy that covers many employers working together on a large construction project, also known as a wrap-up project.
	<b>X</b>
<b>XML</b>	See definition for Extensible Markup Language
<b>X12</b>	X12, chartered by the American National Standards Institute, develops, and maintains EDI standards and XML schemas which drive business processes globally. X12 members meet regularly to develop and maintain EDI standards that streamline and facilitate consistent electronic interchange of business transactions. X12 standards are the base for the IAIABC EDI Medical standard. Further information can be obtained at <a href="http://www.x12.org">http://www.x12.org</a> .
	<b>Y</b>
	<b>Z</b>
<b>ZIP code</b>	The Zoning Improvement Plan code is the postal code for any mailing address.