Electronic Claims

Powered by MedUnite

Instruction manual for setting up and transmitting electronic claims

MedUnite Clearinghouse
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Preface

MedUnite Clearinghouse

Welcome to the world of electronic media claims. This module gives you the ability to transmit virtually all of your insurance claims (Medicare Part B, Medicaid, Blue Cross/Blue Shield and commercials) through the MedUnite Clearinghouse ("MedUnite").

Lytec Electronic Claims Powered by MedUnite includes all the software you need to submit insurance claims electronically using a modem and telephone line. Your claims are transmitted to a central clearinghouse where they are formatted for each individual insurance carrier's requirements. Your claims are then forwarded electronically to the carriers.

Depending on the state in which you practice, claims can be submitted by MedUnite to Medicare, Medicaid, Blue Cross/Blue Shield, and Commercial carriers throughout the country. For a complete list, see the Payer List in your enrollment packet or you can download one from www.lytec.com.

About This Manual

This manual is for use with the Lytec Medical XE Release 1 and Release 2.

Modem and Phone Line

In order to transmit electronic claims, you must have the following items in place.

1 Modem: This is a device which links your computer to a telephone line. Its function is to convert data signals to a series of tones which can be sent over a phone line. Think of it as a telephone for your computer. Your modem can be inside your computer or an external model, but must be installed on each computer from which electronic claims will be transmitted.

2 Phone line: It is best to have a separate line for your modem at time of transmission, although it is not required. Sharing a line with a fax machine is a popular option. However, do not share it with "rollover" lines. DSL and cable modems cannot be used. You do not need the Internet to send electronic claims. The communication software is "built in."

Clearinghouse Advantages

There are very important benefits and advantages in transmitting to a clearinghouse. They include the following:

1 Every claim you submit is checked for data errors and omissions, dramatically reducing claim rejections and suspensions.

2 All claims can be submitted with one telephone call. In most cases, the claims are accepted 24 hours a day, every day.

3 Claims are submitted on a toll-free telephone line. This means that you have no phone bills to pay each month for your electronic claims.

Customer Support

MedUnite clearinghouse customer service can be reached at (800) 792-5256. For registration and enrollment questions, contact Lytec at (800) 333-4747. The number for Lytec technical support is (800) 895-6700 6:00 AM – 5:00 PM MST. The Lytec Knowledge Base at www.lytec.com/kb/index.asp is also available 24 hours a day.

Enrollment

Understanding the Enrollment Process

Step 1

Before you can begin filing electronic claims, it is first necessary to enroll with the MedUnite clearinghouse.

Note: If you are a billing service, you must have contracted with at least one provider before you can enroll with the clearinghouse.

Now you are ready to begin the enrollment process!

Customer Agreement

The first page of the enrollment packet is the Customer Agreement. Enter your practice's name and mailing address.

Note: Billing services must enter their own company's name and mailing address on this form, not the physician's.

As you fill in the Customer Agreement, be aware of the options for the practice type – be sure you understand whether the provider files as a single physician, a member of a group practice, or if he or she is part of a multi-physician practice that bills as individuals.

Check off only one of these three items.

Additionally, if you are filing chiropractic or anesthesia claims, check the appropriate box.

There is also an area for your Lytec Value Added Reseller's name and identifying numbers. Do not enter anything in this area yourself. If you are working with a dealer, he or she will be responsible for this information.

Terms and Conditions

The next pages are the Terms and Conditions – make sure the business manager or physician is the one to initial and date both pages.

Now move on to the EDI Provider Enrollment Form. Information on filling out the Provider Specialty Code can be found in Section A of the Reference Guide page in your enrollment packet. It is very important that you indicate whether commercial claim payments should be made to the practice or to the provider named on this form.

Lytec Claims Addendum Form

You are now ready to complete the Claims Addendum Form. You should make some extra photocopies of this blank form right now. You will need one Claims Addendum Form for each provider in the practice, for each location, even if you file as a group. Even if your practice has only one provider, you may need to make changes to the Addendum, or another person may later join the practice. The Provider Tax ID should contain the Federal Tax Identification Number (TIN), if one has been assigned to the practice by the IRS. A TIN has two digits followed by a dash and seven more digits. If the provider/practice does not have a TIN, enter the provider's Social Security Number in this field.

Important: You must attach a photocopy of an EOB for each provider for the following carriers, if applicable: Medicare, Medicaid, Blue Cross/Blue Shield, TriCare, Railroad Medicare, and any other carriers that require a special provider ID number.

At this time, it is a good idea to review your MedUnite Payer Directory and be sure you have Explanation of Benefits (EOB) for any carrier with a letter "Y" in the "Need MU App'l" (Need MedUnite Approval) column.

Billing Information

The last page of the enrollment packet is for billing information. Please fill in your business name, address, and telephone and fax numbers. Then decide whether you would like to use a credit card or have your checking account debited each month for your clearinghouse fees.

This would be a good time to check over the forms and make sure all necessary items have been completed.

After you have checked over each item in the packet, send the enrollment information to Lytec. You can fax the completed enrollment forms to Lytec at (480) 635-8271. Please include a coversheet to the attention of MedUnite Enrollment.

If a fax is not available, you can mail the enrollment forms to:

NDCHealth
Attn: MedUnite Enrollment
5222 E. Baseline Road, Suite 101
Gilbert, AZ 85234

Be sure to make copies of the completed forms before mailing them.

Lytec will receive your forms and process them, which can take up to five business days. When this has been completed, each provider will be assigned a special ID number, called a TAT number, for the MedUnite clearinghouse. Once the TAT number has been assigned, you can start sending most of your commercial carrier claims. The setup portion of this manual will explain how to enter the TAT number into your Lytec program.

MedUnite performs a quality inspection to ensure data accuracy. A clearinghouse representative may call you to verify information, if needed. This will typically occur two or more days after the TAT number has been assigned. The MedUnite clearinghouse generates and sends to your office all of the necessary Carrier Agreements for your government payers and those few commercial carriers who require such Agreements. This can take one to three days to complete. You will receive one set of Agreements

for each payer that requests one, plus a MedUnite Agreement Tracking Form (ATF). Fill them all out quickly but carefully (errors can cause delays).

The next step is to mail the completed Carrier Agreements to the appropriate payer (not Lytec or MedUnite). We recommend using a trackable overnight or priority mail service. On the same day, fax the completed Agreement Tracking Form (ATF) to MedUnite, including all shipping service tracking numbers. MedUnite will enter your ATF information into its system. It will then wait for an approval from each payer, following up on any delinquent responses. As it receives each payer's approval, your account is activated for that payer and MedUnite will send you a fax notifying you of the approval.

FAQ: "So, when can I actually send claims?" Most commercial claims can be sent after you get your TAT number. This will take about five business days from the date your enrollment forms are sent to Lytec. Allow a minimum of an additional 25 days for your Government carriers and any other carriers that require special provider agreements. Some carriers may take longer. Keep in mind that MedUnite will follow up on the status of these agreements. You do not need to contact the carrier yourself. Doing so may cause confusion and delays.

Miscellaneous

MedUnite Claims Pricing

The charges for electronic claims filing are broken down by services rendered. Contact Lytec for the current prices, or see the Fee Schedule in the enrollment package.

Getting Started

Note: This manual is for use with the Lytec Medical XE Release 1 and Release 2.

Setting Up

Step 2

Electronic Claims

Approximately five days after receiving your enrollment forms, you will receive a fax with your provider's TAT numbers. Once this fax has been received, you are ready to start setting up your Lytec program to process electronic claims.

You now need to enter the settings for MedUnite as a clearinghouse. Go to the Settings menu and select Electronic Claims. See Figure 1.

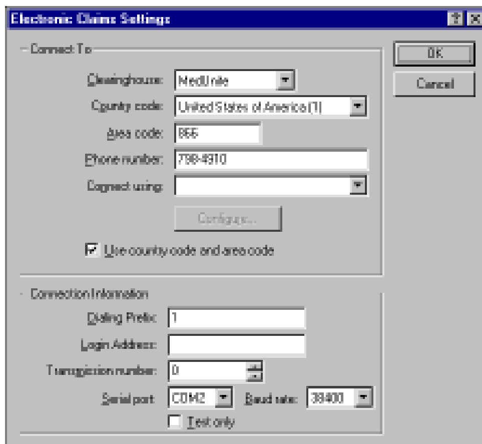

Figure 1

Clearinghouse
Select the MedUnite clearinghouse.

Country Code
Select the United States of America (1) option.

Area Code
Enter 866 as the area code.

Phone Number
Enter 7984910 in the Phone Number field. This is the telephone number the program will use to dial when connecting to the clearinghouse.

Connect Using
Select the modem that will be used to submit electronic claims.

[Configure]
Click this button to configure the modem for use with your Lytec program.

Use Country Code and Area Code
Click this check box to use the country and area codes when dialing phone numbers.

Dialing Prefix
Enter a 1 in the Dialing Prefix field.

Login Address
Leave this field blank.

Transmission Number

The number in this field will be incremented automatically by one every time you send a new transmission.

Test Only

Do not click this box unless instructed to do so by Lytec.

[OK]

Click [OK] to accept the MedUnite settings.

[Cancel]

Click [Cancel] to reject any changes or entries and exit the dialog box.

Patient Settings

Go to the Lists menu and select Patients. See Figure 2.

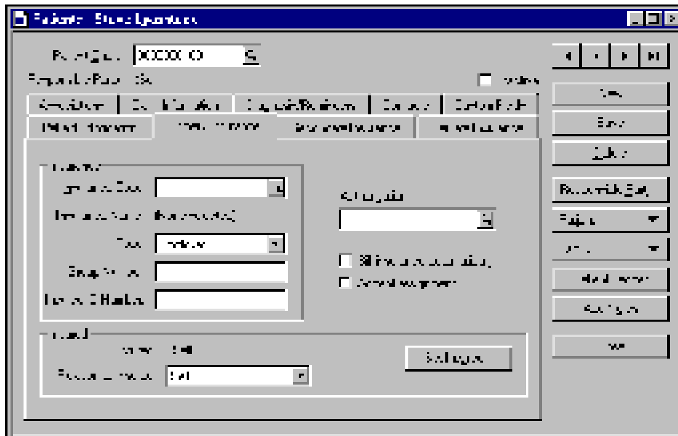

Figure 2

Under the Primary Insurance and Secondary Insurance tabs, the Accept Assignment check box should be checked if the insured is assigning

benefits to the provider. Also, the Relation to Insured field must not be blank. The Insurance Code, Group Number, and Insured ID Number fields must be filled in.

In the Secondary Insurance tab, if you are submitting Medigap claims, the Bill insurance automatically check box must not be checked. Review the Medigap carrier list received from Medicare to verify its crossover status.

In the Associations tab, the Provider and/or the Referring Physician field(s) must be filled in.

We suggest that the provider be assigned as the referring physician if no referring physician exists. This is required if CPT codes are used for ordering lab work or X-rays. No harm is done if the referring physician is listed.

Note: If the referring physician is listed, the Unique Personal Identification Number (UPIN) is required. Enter the UPIN in the Insurance Code 1 field of the referring provider's address file.

Provider Settings

Go to the Lists menu and select Providers. See Figure 3.

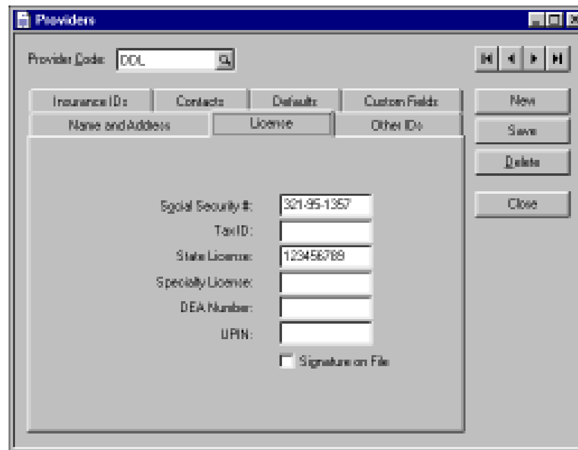

Figure 3

In the License tab, be sure that the Social Security # and Tax ID fields are filled in.

Enter the TAT number in the TAT Number field. You receive this number from MedUnite five to seven days after enrollment.

The Signature on File box must be checked.

In the Insurance IDs tab, enter an H at the beginning for HMO; P for PPO.

Insurance Companies

Enter insurance company information in this list. Use the Insurance Companies list to add and edit insurance records. Use the information to submit insurance claims. Select Insurance Companies from the Lists menu. See Figure 4.

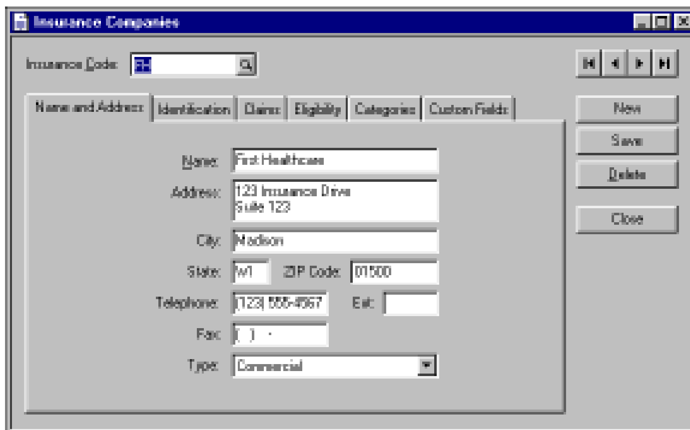

Figure 4

In the Name and Address tab, the Type field must be filled in correctly. If you file any crossover claims, you will need to set up two insurance companies – one for regular Medicare claims (Medicare type) and one for the crossover company (Medicare with crossover type).

In the Identification tab, enter the commercial carrier Payer Number in the Commercial ID field. This number is provided by MedUnite in the Payer List you received in your enrollment package. Leave the field blank for insurance companies to which you want MedUnite to send paper claims.

If applicable, enter the Medigap ID in the Medigap ID field.

In the Claims tab, check the When generating electronic claims, include claims for this insurance company box.

Setup Complete

This completes the onetime setup preparation for sending EMC claims to MedUnite. The next section describes the routine to follow each time you do insurance billing.

Claims

Step 3

The first step in transmitting your claims is to make sure that they have been created. This is accomplished through the Charges and Payments window. Go to the Billing menu and select Charges and Payments, or click the Charges and Payments icon.

Select the Patient Chart and Billing information. Be sure the Bill box in the Bill To section is checked for the primary insurance company.

Before a claim can be sent electronically, the following conditions must be met:

1 The Bill column must be checked for the primary insurance company;

2 The insurance company must be set up for sending EMC claims.

If any claim you want to send does not show these settings, that claim must be edited.

Create Insurance Claims File

Go to the Billing menu and select Electronic Claims, then Create Insurance Claims File. See Figure 5.

Figure 5

You need to assign a name to the insurance claims file.   Click [Save].

Once the insurance claims file has been named and saved, set the ranges for the claims to be sent. See Figure 6.

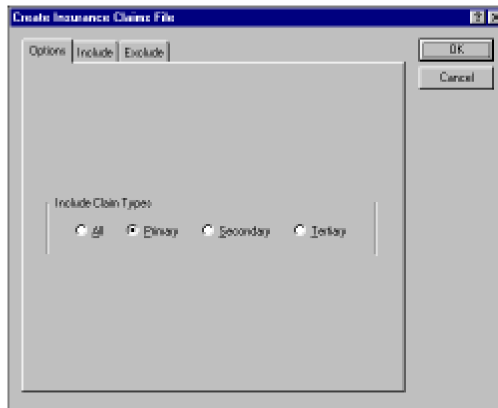

Figure 6

To send insurance claims for everything that has not been sent, leave all the ranges blank.

Click [OK] and a preview of the report is displayed. We recommend that you print this report and keep it in your files as a verification of the claims prepared.

After printing, click [Close].

Transmit File

Go to the Billing menu again and select Electronic Claims, then Transmit File. You can now transmit insurance claims or tracer files. (Tracer files are used to resend claims after they have been billed.) See Figure 7.

Figure 7

Locate the electronic claims or tracer file to send and click [Open]. See Figure 8.

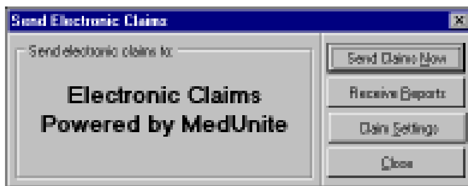

Figure 8

Click [Send Claims Now] to begin transmitting claims.

Note: If you need to add a dialing prefix, such as a 9 to connect to an outside line, click [Claim Settings] to open the Change Settings window, where you can enter the prefix in the Phone prefix field.

When the claims have passed initial clearinghouse edits, they are forwarded to the respective carriers. If a carrier then determines corrections need to be made, it will report the error to MedUnite. MedUnite will post the report to your electronic mailbox (named NDC1.RPT).

Starting a day or two after sending claims, open the Send Electronic Claims window and click [Receive Reports] to download any available Delayed Response Reports. You must keep checking for reports to be sure you have received them all. It is suggested that you check for reports before transmitting any more claims to MedUnite. If errors are reported, the claims must be corrected and retransmitted using the same steps as before.

When you receive a new report, Lytec automatically renames your old report file with an ".OLD" extension, i.e., NDCRPT1.OLD. The program will hold up to ten .OLD files before overwriting them, and then will start by overwriting NDCRPT10.OLD. If you want a printed copy of these reports, be sure to print them before downloading any new reports or change the document name.

Transmission

After you click [Send Claims Now], the next window to appear is the Progress window. The computer dials up MedUnite, connects, and transmits the file.

Viewing the Audit/Edit Claim Response

When a claim file batch is transmitted, MedUnite's computer edits the claims for errors and returns an Audit/Edit Claim Response listing any immediate errors found. This report is called NDCRES.RPT and is available immediately.

Lytec automatically downloads the report. The report should be printed. When you receive a new report (after the next batch of claims is sent), Lytec automatically renames your old report files with an ".OLD" extension. This is overwritten each time you receive a new report (e.g., each time you send a batch of claims). If you want a printed copy of this report, be sure to print it before sending another batch of claims or rename the document.

After the Audit/Edit Claim Response has been downloaded, the report is automatically displayed. You will see the claims that were included in the batch and whether each one was accepted or rejected. If a claim is rejected, the report lists the errors that must be corrected. See Figure 9 on the following page.

Click the Print icon to print out a copy of this report and then make any necessary corrections to the claim. After making all the necessary corrections, you can use the tracer file to resend the claim.

Audit Edit Report
Electronic Claims Powered by MedUnite
Using Version 7.00 dated 11/16/01
Filename: C:\data\MDCRES.RPT

Date & Time	Chart #	Name		Status
Wed Jan 23 09:18:37 2002	SMITH100	JOHN	R SMITH	PAPER FAIL: CLAIM REJECTED!

DA101 PAYOR ZIP	01500	MISSING/INVALID PAYOR ZIP CODE	C
FA002 TYPE OF SVC CODE		INVALID/MISSING TYPE OF SVC CODE	C
FA003 TYPE OF SVC CODE		INVALID/MISSING TYPE OF SVC CODE	C
Total Claim Charges:	$95.00		

Date & Time	Chart #	Name		Status
Wed Jan 23 09:19:18 2002	YOUNG00	BERT	B YOUNG	PAPER FAIL: CLAIM REJECTED!

DA001 PAYOR ORGANIZATION ID		MISSING/INVALID PAYOR ORGANIZATION ID	C
DA001 INSURED ID NO		MISSING/ INVALID INSURED ID NUMBER	C
DA101 PAYOR ZIP	12345	MISSING/INVALID PAYOR ZIP CODE	C
FA001 PLACE OF SVC		INVALID/MISSING PLACE OF SVC CODE	C
FA001 DIAG CODE POINTER1		MISSING/INVALID DIAG CODE POINTER 1	C
Total Claim Charges:	$44.00		

Date & Time	Chart #	Name		Status
Wed Jan 23 09:19:21 2002	00000003	JAY	CAESAR	PAPER FAIL: CLAIM REJECTED!

CA000 PAT ZIP	12345	MISSING/INVALID PATIENT ZIP CODE	C
DA001 PAYOR ORGANIZATION ID		MISSING/INVALID PAYOR ORGANIZATION ID	C
DA001 INSURED ID NO		MISSING/ INVALID INSURED ID NUMBER	C
DA101 PAYOR ZIP	02543	MISSING/INVALID PAYOR ZIP CODE	C
DA201 INSURED ZIP	12345	MISSING/INVALID INSURED ZIP CODE	C
DA102 PAYOR ZIP	89754	MISSING/INVALID PAYOR ZIP CODE	C
DA202 INSURED ZIP	12345	MISSING/INVALID INSURED ZIP CODE	C
FA001 PLACE OF SVC		INVALID/MISSING PLACE OF SVC CODE	C
FA001 TYPE OF SVC CODE		INVALID/MISSING TYPE OF SVC CODE	C
Total Claim Charges:	$18.00		

Date & Time	Chart #	Name		Status
Wed Jan 23 09:21:18 2002	00000003	JULIE	CAESAR	PAPER FAIL: CLAIM REJECTED!

CA000 PAT ZIP	12345	MISSING/INVALID PATIENT ZIP CODE	C
DA001 PAYOR ORGANIZATION ID		MISSING/INVALID PAYOR ORGANIZATION ID	C
DA001 INSURED ID NO		MISSING/ INVALID INSURED ID NUMBER	C
DA101 PAYOR ZIP	02543	MISSING/INVALID PAYOR ZIP CODE	C
DA201 INSURED ZIP	12345	MISSING/INVALID INSURED ZIP CODE	C
DA102 PAYOR ZIP	89754	MISSING/INVALID PAYOR ZIP CODE	C
DA202 INSURED ZIP	12345	MISSING/INVALID INSURED ZIP CODE	C
EA000 DIAGNOSIS CODE 1	2780	MISSING/INVALID DIAGNOSIS CODE 1	C
FA001 PLACE OF SVC		INVALID/MISSING PLACE OF SVC CODE	C
Total Claim Charges:	$52.00		

Date & Time	Chart #	Name		Status
Wed Jan 23 09:21:56 2002	00000002	JONATHAN	CONNER	PAPER FAIL: CLAIM REJECTED!

Printed on 01/23/2002 9:22:23 1

Figure 9

Receive Response

To receive a response concerning your electronic claims, go to the Billing menu and select Receive Response. If you have the Send Electronic Claims window open, you can click [Receive Reports].

The program will automatically dial MedUnite and collect any available reports containing the insurance claims or tracer information.

Delayed Response Reports

When the claims have passed initial clearinghouse edits, they are forwarded to the respective carriers. If a carrier then determines corrections need to be made, it will report the error to MedUnite. MedUnite will post the report to your electronic mailbox (named NDC1.RPT).

Starting a day or two after sending claims, open the *Send Electronic Claims* window and click [Receive Reports] to download any available *Delayed Response Reports*. You must keep checking for reports to be sure you have received them all. It is suggested that you check for reports before transmitting any more claims to MedUnite. If errors are reported, the claims must be corrected and retransmitted using the same steps as before.

When you receive a new report, Lytec automatically renames your old report file with an ".OLD" extension, i.e., NDCRPT1.OLD. The program will hold up to ten .OLD files before overwriting them, and then will start by overwriting NDCRPT10.OLD. If you want a printed copy of these reports, be sure to print them before downloading any new reports or change the document name.

Appendix A

Systemic Conditions

Electronic Media Claims National Standard Format

The following chart lists specific values for field FA0 33.0.

CODE	NARRATIVE
E01	Amputation: leg, foot or part or foot
E02	ASO (arteriosclerosis obliterans) of the feet
E03	Arteriosclerosis of the lower extremities
E04	ASO of the feet, or just ASO
E05	Buerger's disease: lower extremities
E06	Generalized arteriosclerosis
E07	Lumbosacral syringomyelia
E08	Occlusive peripheral arteriosclerosis: feet

Peripheral neuropathies involving the feet associated with:

E09	Carcinoma
E10	Hereditary disorders (amyloid neuropathy, angiokeratoma corposis deffusum (fabry's disease), hereditary sensory radicular neuopathy)
E11	Leprosy
E12	Neurosyphilis
E13	Traumatic injury
E20	Chronic phlebitis
E21	Chronic thrombophlebitis
E22	Diabetes (non-specified)
E23	Diabetes mellitus

CODE	NARRATIVE
Peripheral neuropathies involving the feet associated with:	
E24	Diabetes (non-specified)
E25	Diabetes mellitus
E26	Drugs
E27	Malnutrition and vitamin deficiency (alcoholism, malabsorption-celiac duseasem trioical sprue, malnutrition, pernicious anemia).
E28	Multiple sclerosis
E29	Uremia (chronic renal disease)
E30	Toxins
E31	Peripheral vasculas disease: arteries foot or toes
E32	PVD of the foot or toes
E40	Acute thromphoplebitis
E41	Acute plebitis
Systemic conditions for routine foot care required specific primary disease diagnosed required anatomical site for reported services:	
H01	Arterial insufficiency
H02	Blockage of leg vessels
H03	Chronic vascular disease
H04	Circulatory deficiency
H05	Circulatory impairment
H06	Circulatory insufficiency
H07	Clot in leg
H08	Impaired arterial circulation
H09	Peripheral arterial insufficiency
H10	Peripheral neuritis
H11	Peripheral occlusive disease
H12	Peripheral vascular disease non-specified.
Condition Statement:	
A01	The Condition is of such severity that it markedly limits the patient's ability to ambulate and the treatment would allow improvement.
B01	The patient is non-ambulatory and if the condition is left untreated it will likely result in serious medical complications.

Appendix B

Class Findings

Record Name: Service Line Detail

Record/Field: FA0 32.0

Data Element: Class Findings

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
32.0	X(09)	LEFT	SPACES	152	160	C

Definition: Code for class findings for routine foot care. One Class A, or 2 Class B, or 1 Class B and 2 Class C findings.

CODE VALUES:

CLASS "A" FINDINGS

A10 - Non-traumatic amputation of the foot or integral skeletal portion thereof.

CLASS "B" FINDINGS

B10 - Absent posterior tibial pulse

B20 - Absent dorsalis pedis. pulse

B30 - Advanced changes (three of the following conditions must exist to be considered advanced):

- B31 - hair growth (decrease or absence)
- B32 - nail changes (thickening)
- B33 - pigmentary changes (discoloration)
- B34 - skin texture (thin shiny)
- B35 - skin color (rubor or redness)

CLASS "C" FINDINGS

- C10 - Claudication
- C20 - Temperature changes (e.g. cold feet)
- C30 - Paresthesia (abnormal spontaneous sensations in the feet)
- C40 - Burning
- C50 - Edema

VALIDATION:

Must be entered if required by payor.
If entered, must be a valid code from the above list.

FORM LOCATION:

HCFA-1500 Block 21

Appendix C

PPO/HMO Indicator

Record Name: Insurance Information

Record/Field: DA0 12.0 "PAYOR DATA 1"

Data Element: Preferred Provider Organization Indicator/Health Maintenance Organization Indicator (PPO/HMO IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(01)	LEFT	SPACES	122	122	C

Definition: An indicator that the provider is submitting this claim to or has submitted this claim to the indicated payor under a Special Processing Agreement.

CODE VALUES:

Y = Claim is to be processed under a PPO/HMO agreement
I = Claim is to be processed under a CHAMPUS "Internal" Partnership agreement
E = Claim is to be processed under a CHAMPUS "External" Partnership agreement
N = Claim is not a PPO or HMO claim
C = Claim is to be processed under a CHAMPUS "CAM Charleston" Partnership agreement
G = Claim is to be processed as a CHAMPUS Army CAM Demonstration
H = Claim is to be processed as a CHAMPUS Navy CAM Demonstration
J = Claim is to be processed as a CHAMPUS Air Force CAM Demonstration

O = Claim is to be processed under a CHAMPUS MCSP PPO agreement
P = Claim is to be processed under a CHAMPUS MCSP Prime agreement
T = Claim is to be processed under a CHAMPUS TRICARE MCSP Extra agreement
U = Claim is to be processed under a CHAMPUS TRICARE MCSP HMO agreement
X = Claim is to be processed as a CHAMPUS Cooperative Care Claim

Appendix D

NSF Mappings to Lytec Data

Record Type: Header Record			
Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Terminal ID	01-11 X(11)	Providers list, TAT Number
02.0	Transaction Code	12-13 X(2)	Hardcode 36
03.0	Version Number	14-15 X(2)	Hardcode 01
04.0	Write Control Character	16-16 X(1)	Hardcode M
05.0	Payer Organization ID	17-21 X(5)	Insurance Companies list, Payer ID - first box
06.0	Test Indicator	22-22 X(1)	Electronic Claims Settings, Test Only check box Y – Test, N – Production

Record Type: BA0 Batch Header Record - "Provider Data 1"			
Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "BA0"	01-03 X(3)	Hardcode BA0
02.0	EMC Prov ID	04-18 X(15)	Not used
03.0	Batch Type	19-21 X(3)	Not used
04.0	Batch No	22-25 X(4)	Not used
05.0	Batch ID	26-31 X(6)	Not used
06.0	Prov Tax ID	32-40 X(9)	Providers list, Tax ID Providers list, Social Security #
07.0	Reserved (BA0.07)	41-46 X(6)	Not used
08.0	Prov Tax ID Type	47-47 X(1)	Not used
09.0	National Prov ID	48-62 X(15)	Not used
10.0	Prov Upin – Usin ID	63-68 X(6)	Not used

Record Type: BA0 continued			
11.0	Reserved (BA0.11)	69-74 X(6)	Not used
12.0	Prov Medicaid No	75-89 X(15)	Not used
13.0	Prov Champus No	90-104 X(15)	Not used
14.0	Prov Blue Shield No	105-119 X(15)	Not used
15.0	Prov Commercial No	120-134 X(15)	Not used
16.0	Prov No 1	135-149 X(15)	Not used
17.0	Prov No 2	150-164 X(15)	Not used
18.0	Organization Name	165-197 X(33)	Not used
19.0	Prov Last Name	198-217 X(20)	Not used
20.0	Prov First Name	218-229 X(12)	Not used
21.0	Prov MI	230-230 X(1)	Not used
22.0	Prov Specialty	231-233 X(3)	Not used
23.0	Specialty License No	234-248 X(15)	Not used
24.0	State License No	249-263 X(15)	Not used
25.0	Dentist License No	264-278 X(15)	Not used
26.0	Anesthesia License No	279 293 X(15)	Not used
27.0	Prov Participate Ind	294-306 X(1)	Not used
28.0	Filler - National	307-320 X(26)	Not used

Record Type: BA1
Batch Header Record - "Provider Data 2"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "BA1"	01-03 X(3)	Hardcode BA1
02.0	EMC Prov ID	04-18 X(15)	Not used
03.0	Batch Type	19-21 X(3)	Not used
04.0	Batch No	22-25 N(4)	Not used
05.0	Batch ID	26-31 X(6)	Not used
06.0	Prov Type Org	32-34 X(3)	Not used
07.0	Prov Svc Addr1	35-64 X(30)	Not used
08.0	Prov Svc Addr2	65-94 X(30)	Not used
09.0	Prov Svc City	95-114 X(20)	Not used
10.0	Prov Svc State	115-116 X(1)	Not used
11.0	Prov Svc Zip	117-125 X(9)	Not used
12.0	Prov Svc Phone	126-135 X(10)	Not used
13.0	Prov Pay To Addr1	136-165 X(30)	Not used
14.0	Prov Pay To Addr2	166-195 X(30)	Not used
15.0	Prov Pay To City	196-215 X(20)	Not used
16.0	Prov Pay To State	216-217 X(2)	Not used
17.0	Prov Pay To Zip	218-226 X(9)	Not used
18.0	Prov Pay To Phone	227-236 X(10)	Not used
20.0	Filler – National	237-320 X(84)	Not used

Record Type: BA9
Claim Header Record - "Patient's Provider Data"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "BA9"	01-03 X(3)	Hardcode BA9
02.0	Reserved	04-05 X(2)	Not used
03.0	Patient Control Number	06-22 X(17)	Patients list, Chart
04.0	Batch ID	23-38 X(16)	Not used
05.0	Submitter ID	39-48 X(10)	Not used
06.0	Bill Code	49-53 X(5)	Not used
07.0	Office Location	54-56 X(3)	Not used
08.0	Sequence Number	57-59 X(3)	Not used
09.0	Carrier User ID	60-67 X(8)	Not used
10.0	Carrier Sub ID	68-71 X(4)	Not used
11.0	Claim Number	72-76 X(5)	Not used
12.0	Provider Title	77-80 X(4)	Not used
13.0	Provider SSN	81-89 X(9)	Not used
14.0	Provider Batch ID	90-105 X(16)	Not used
15.0	Version Code	106-111 X(6)	Hardcode 30111A
16.0	Vendor ID	112-121 X(10)	Hardcode LYTEC
17.0	Filler	122-320 X(199)	Not used

Record Type: CA0
Claim Header Record - "Patient Data"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "CA0"	01-03 X(3)	Hardcode CA0
02.0	Reserved (CA0-02.0)	04-05 X(2)	Not used
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Pat Last Name	23-42 X(20)	Patients list, Last Name
05.0	Pat First Name	43-54 X(12)	Patients list, First Name
06.0	Pat MI	55-55 X(1)	Patients list, Middle
07.0	Pat Generation	56-58 X(3)	Not used
08.0	Pat Date of Birth	59-66 X(8)	Patients list, Birth Date
09.0	Pat Sex	67-67 X(1)	Patients list, Sex
10.0	Pat Type of Residence	68-68 X(1)	Not used
11.0	Pat Addr1	69-98 X(30)	Patients list, Address Line 1
12.0	Pat Addr2	99-128 X(30)	Patients list, Address Line 2
13.0	Pat City	129-148 X(20)	Patients list, City
14.0	Pat State	149-150 X(2)	Patients list, State
15.0	Pat Zip	151-159 X(9)	Patients list, Zip Code
16.0	Pat Phone	160-169 X(10)	Patients list, Home Phone

Record Type: CA0 continued				
17.0	Pat Marital Status	170-170	X(1)	Patients list, Marital Status S-Single M-Married D-Divorced W-Widowed X-Legally Separated U-Unknown
18.0	Pat Student Status	171-171	X(1)	Patients list, Student status F-Full-time student P-Part-time student N-Not a student
19.0	Pat Employment Status	172-172	X(1)	Patients list, Employment status 1-Employed full-time 2-Employed part-time 3-Not employed 4-Self-employed 5-Retired 6-On active military duty 7-Reserved for national assignment 8-Reserved for national assignment 9-Unknown
20.0	Pat Death Ind	173-173	X(1)	Patients list, Status/Death D-patient is deceased N-patient is not deceased
21.0	Pat Date of Death	174-181	X(8)	Patients list, Date of Death
22.0	Other Insurance Ind	182-182	X(1)	Patients list, Secondary Insurance Blank - Primary Insurance with commercial ID of 00086 1-Yes, patient has other insurance (Medicare with Crossover) 2-Yes, patient has other insurance not reflected on this bill 3-No, patient does not have other insurance
23.0	Claim Editing Ind	183-183	X(1)	Insurance Companies list, Type B-Workers' Compensation C-Medicare D-Medicaid F-Commercial Insurance Co G-Blue Cross and Blue Shield H-Champus I-HMO (enter H in first position of Provider ID for the primary insurance) P-Blue Cross (enter P in first position of Provider ID for the primary insurance)

Record Type: CA0 continued			
24.0	Type of Claim Ind	184-185 X(2)	Practice Settings, Practice Type B-Anesthesia (Providers list, Specialty 005) C-Chiropractic F-Medical K-Podiatry (Billing Options, More Information 2, Podiatry) P-EPSDT (Patients list, More Info 1, EPSDT checkbox)
25.0	Legal Rep Ind	186-186 X(1)	Patients list, Insured Y-Yes, there is a responsible party N-No, there is not a responsible party
26.0	Origin Code	187-195 X(9)	Providers list, ZIP Code
27.0	Payer Clm Control No	196-212 X(17)	Not used
28.0	Provider Number	213-227 X(15)	Not used
29.0	Claim ID No	228-233 X(6)	Not used
30.0	Filler-National	234-320 X(87)	Not used

Record Type: DA0
Insurance Information - "Payer Data 1"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "DA0"	01-03 X(3)	Hardcode DA0
02.0	Sequence No	04-05 X(2)	Calculated: 01 – Primary payer record 02 – Secondary payer record
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Claim Filing Ind	23-23 X(1)	Calculated: P- Primary insurance I- Secondary insurance
05.0	Source of Pay	24-24 X(1)	Insurance Companies list, Type B-Worker's Compensation C-Medicare D-Medicaid F-Commercial Insurance Co G-Blue Cross and Blue Shield H-Champus I-HMO (enter H in first position of Provider ID for the primary insurance) P-Blue Cross (enter P in first position of Provider ID for the primary insurance)

Record Type: DA0 continued			
06.0	Insurance Type Code	25-26 X(2)	Patients list, Type (Insurance) Insurance Companies list, Type Primary: IP-Individual Policy GP-Group or Employer MP-Medicare Secondary: OT-Other PolicyMG-Medigap
07.0	Payer Organization ID	27-31 X(5)	Insurance Companies list, Payer ID If not Medicare, Medicaid, Blue Cross or Blue Shield then ‘00000’
08.0	Payer Claim Office No	32-35 X(4)	Not used
07-08	Redefined: National Payer ID	27-35 X(9)	Not used
09.0	Payer Name	36-68 X(33)	Insurance Companies list, Name
10.0	Group No	69-88 X(20)	Billing Options, Group Number
11.0	Group Name	89-121 X(33)	Insurance Companies list, Group Name
12.0	PPO\HMO Ind	122-122 X(1)	Insurance Companies list, Type Y- PPO/HMO N- Not PPO, HMO, or Champus If Champus, the program looks to Claims tab, EMC Special Processing Agreement I-Champus ‘Internal’ Partnership E-Champus ‘External’ Partnership C-Champus ‘CAM Charleston’ G-Champus Army CAM Demonstration H-Champus Navy CAM Demonstration J-Champus Air Force CAM Demonstration O-Champus MCSP PPO Agreement P-Champus MCSP Prime Agreement T-Champus TRICARE MCSP Prime U-Champus TRICARE MCSP HMO X-Champus Cooperative Care Claim
13.0	PPO ID	123-137 X(15)	Providers list, ID
14.0	Prior Auth No	138-152 X(15)	Patients list, Authorization
15.0	Assign of Benefits	153-153 X(1)	Patients list, Accept Assignment Y-Benefits have been assigned N-Benefits have not been assigned O-Pay Other Organization/Legal (For NSF COB)

Record Type: DA0 continued				
16.0	Pat Signature Source	154-154	X(1)	Patients list, Signature on File Patients list, Accept Assignment Providers list, Signature on File B- patient Signature on File and Accept Assignment checked S-patient Signature on File checked M-patient Accept Assignment checked P-provider Signature on File checked
17.0	Pat Rel to Insured	155-156	X(2)	Patients list, Relation to Insured 01-Patient is Insured 02-Spouse 03-Natural Child/Insured has financial responsibility 09-Unknown
18.0	Insured ID No	157-181	X(25)	Bill Options, Insured ID Number Bill Options, Group Number (used on Medicaid claims when policy is blank)
19.0	Insured Last Name	182-201	X(20)	Patients list, Insured Last Name
20.0	Insured First Name	202-213	X(12)	Patients list, Insured First Name
21.0	Insured MI	214-214	X(1)	Patients list, Insured Middle
22.0	Insured Generation	215-217	X(3)	Not used
23.0	Insured Sex	218-218	X(1)	Patients list, Insured Sex M,F,U-Unknown
24.0	Insured Date of Birth	219-226	X(8)	Patients list, Insured Birth Date
25.0	Insured Emp Status	227-227	X(1)	Patients list, Insured Employment status 1-Employed full-time 2-Employed part-time 3-Not employed 5-Retired 9-Unknown
26.0	Supplemental Ins Ind	228-228	X(1)	Calculated: I-Primary S-Secondary
27.0	Insurance Location Ind	229-235	X(7)	Not used
28.0	Medicaid ID No	236-260	X(25)	Not used
29.0	Supplemental Patient ID	261-285	X(25)	Not used
30.0	Assign 4081 Ind	286-286	X(1)	Not used
31.0	COB Routing Ind	287-287	X(1)	Not used
32.0	Filler-National	288-320	X(33)	Not used

Record Type: DA1
Insurance Information - "Payer Data 2"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "DA1"	01-03 X(3)	Hardcode DA1
02.0	Sequence No	04-05 X(2)	Calculated: 01- Primary 02- Secondary
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Payer Addr1	23-52 X(30)	Insurance Companies list, Address Line 1
05.0	Payer Addr2	53-82 X(30)	Insurance Companies list, Address Line 2
06.0	Payer City	83-102 X(20)	Insurance Companies list, City
07.0	Payer State	103-104 X(2)	Insurance Companies list, State
08.0	Payer Zip	105-113 X(9)	Insurance Companies list, Zip Code
09.0	Disallowed Cost Cont	114-120 N(7)	Harcode zeros
10.0	Disallowed Other	121-127 N(7)	Harcode zeros
11.0	Allowed Amount	128-134 N(7)	Harcode zeros
12.0	Deductible Amount	135-141 N(7)	Harcode zeros
13.0	Coinsurance Amount	142-148 N(7)	Harcode zeros
14.0	Payer Amount Paid	149-155 N(7)	Harcode zeros
15.0	Zero Pay Ind	156-156 X(1)	Not used
16.0	Adjudication Ind 1	157-158 X(2)	Not used
17.0	Adjudication Ind 2	159-160 X(2)	Not used
18.0	Adjudication Ind 3	161-162 X(2)	Not used
19.0	Champus Spnsr Branch	163-163 X(1)	Patients list, Branch of Service 1-Army 2-Air Force 3-Marines 4-Navy 5-Coast Guard 6-Public Health Svc 7-NOAA
20.0	Champus Spnsr Grade	164-165 X(2)	Patients list, Service Grade G1-General, Admiral 01-09-Officer W1-W4-Warrant Officer E1-E9-Enlisted
21.0	Champus Spnsr Status	166-166 X(1)	Patients list, Service Status 1-Active Military 2-Retired Military 3-Deceased
22.0	Ins Card Effect Date	167-174 X(8)	Patients list, Service Card Effective (from)
23.0	Ins Card Term Date	175-182 X(8)	Patients list, Service Card Effective (to)
24.0	Balance Due	183-189 N(7)	Harcode zeros

Record Type: DA1 continued				
25.0	EOMB Date1	190-197	X(8)	Not used
26.0	EOMB Date2	198-205	X(8)	Not used
27.0	EOMB Date3	206-213	X(8)	Not used
28.0	EOMB Date4	214-221	X(8)	Not used
29.0	Claim Receipt Date	222-229	X(8)	Not used
30.0	Amt Paid to Bene	230-238	N(9)	Not used
31.0	Bene Check/ EFT Trace No	239-253	X(15)	Not used
32.0	Bene Check Date	254-261	X(8)	Not used
33.0	Amt Paid to Prov	262-270	N(9)	Not used
34.0	Prov Check/ EFT Trace No	271-285	X(15)	Not used
35.0	Prov Check Date	286-293	X(8)	Not used
36.0	Interest Paid	294-302	N(9)	Not used
37.0	Approved Amt	303-311	N(9)	Not used
38.0	Contract Agreement Ind	312-312	X(1)	Not used
39.0	Filler-National	313-320	X(8)	Not used

Record Type: DA2
Insurance Information - "Payer Data 3"

Field #	Field Name	Pos From - Thru		Requirements/Description
01.0	Record ID "DA2"	01-03	X(3)	Hardcode DA2
02.0	Sequence No	04-05	X(2)	Calculate: 01- Primary 02- Secondary
03.0	Pat Control No	06-22	X(17)	Patients list, Chart
04.0	Insured Addr1	23-52	X(30)	Patients list, Insured Address Line 1
05.0	Insured Addr2	53-82	X(30)	Patients list, Insured Address Line 2
06.0	Insured City	83-102	X(20)	Patients list, Insured City
07.0	Insured State	103-104	X(2)	Patients list, Insured State
08.0	Insured Zip	105-113	X(9)	Patients list, Insured Zip Code
09.0	Insured Phone	114-123	X(10)	Patients list, Insured Home Phone
10.0	Insured Retire Date	124-131	X(8)	Not used
11.0	Insured Spouse Retire	132-139	X(8)	Not used
12.0	Insured Emplr Name	140-172	X(33)	Addresses list, Employer Name
13.0	Insured Emplr Addr1	173-202	X(30)	Not used
14.0	Insured Emplr Addr2	203-232	X(30)	Not used
15.0	Insured Emplr City	233-252	X(20)	Not used
16.0	Insured Emplr State	253-254	X(2)	Not used
17.0	Insured Emplr Zip	255-263	X(9)	Not used
18.0	Employee ID No	264-275	X(12)	Not used
19.0	Filler-National	276-320	X(45)	Not used

Record Type: DA9
Insurance Information - "Supplemental Payer Data"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "DA9"	01-03 X(3)	Hardcode DA9
02.0	Sequence No	04-05 X(2)	Hardcode 01
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Healthmacs-Auth-No	23-35 X(13)	Not used
05.0	Carrier-Match	36-53 X(18)	Not used
06.0	Paper-Test Flag	54-55 X(2)	Not used
07.0	Filler	56-320 X(265)	Not used

Record Type: EA0
Claim Record - "Claim Data"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "EA0"	01-03 X(3)	Hardcode EA0
02.0	Reserved (EA0-02.0)	04-05 X(2)	Not used
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Empl Related Ind	23-23 X(1)	Bill Options, More Information 1, Employment Related Y-Yes N-No
05.0	Accident Ind	24-24 X(1)	Bill Options, More Information 1, Accident Type A-Auto accident O-Other, non-auto accident N-No accident
06.0	Symptom Ind	25-25 X(1)	Bill Options, Billing Information, Symptom Type 0-No Symptom Date in EA0-07 1-Date of first symptoms of illness 2-Date of LMP
07.0	Accident/Symptom Date	26-33 X(8)	Bill Options, More Information 1, Accident Date Bill Options, Billing Information, Symptom Date
08.0	Ext Cause of Accident	34-38 X(5)	Bill Options, More Information 2, External Cause of Accident
09.0	Responsibility Ind	39-39 X(1)	Not used
10.0	Accident State	40-41 X(2)	Bill Options, More Information 1, Accident State
11.0	Accident Hour	42-43 X(2)	Not used
12.0	Abuse Ind	44-44 X(1)	Not used
13.0	Release of Info Ind	45-45 X(1)	Patients list, Release of Information Authorized Y-Yes N-No Release
14.0	Release of Info Date	46-53 X(8)	Patients list, Claim Information, Release of Information Authorized. If blank, then System Date.

Record Type: EA0 continued				
15.0	Same/Similar Symp Ind	54-54	X(1)	Billing Options, Billing Information, Similar Symptom Y-Yes N-No
16.0	Same/Similar Symp Dt	55-62	X(8)	Billing Options, Billing Information, Symptom Date
17.0	Disability Type	63-63	X(1)	Patients list, Partial Disability Patients list, Total Disability 1-Short Term Disability 3-Permanent/Total Disability 4-No Disability
18.0	Disability-From Date	64-71	X(8)	Patients list, Partial Disability (from) Patients list, Total Disability (from)
19.0	Disability-To Date	72-79	X(8)	Patients list, Partial Disability (to) Patients list, Total Disability (to)
20.0	Refer Prov NPI	80-94	X(15)	Not used
21.0	Refer Prov Upin	95-109	X(15)	Addresses list, Referring Provider Insurance Code
22.0	Refer Prov Tax Type	110-110	X(1)	Not used
23.0	Refer Prov Tax ID	111-119	X(9)	Not used
24.0	Refer Prov Last	120-139	X(20)	Addresses list, Referring Provider Last Name
25.0	Refer Prov First	140-151	X(12)	Addresses list, Referring Provider First Name
26.0	Refer Prov MI	152-152	X(1)	Addresses list, Referring Provider Middle
27.0	Refer Prov State	153-154	X(2)	Addresses list, Referring Provider State
28.0	Admission Date-1	155-162	X(8)	Billing Options, More Information 1, Hospitalization (from)
29.0	Discharge Date-1	163-170	X(8)	Billing Options, More Information 1, Hospitalization (to)
30.0	Lab Ind	171-171	X(1)	Billing Options, Billing Information, Lab Charges Y-Claim contains Laboratory services performed outside of the provider's office N-Claim does not contain Laboratory services performed outside of the provider's office
31.0	Lab Charges	172-178	N(7)	Billing Options, Billing Information, Lab Amount
32.0	Diagnosis Code-1	179-183	X(5)	Patients list, Permanent Diagnosis Codes Charges and Payments, Detail Diagnosis
33.0	Diagnosis Code-2	184-188	X(5)	Patients list, Permanent Diagnosis Codes Charges and Payments, Detail Diagnosis
34.0	Diagnosis Code-3	189-193	X(5)	Patients list, Permanent Diagnosis Codes Charges and Payments, Detail Diagnosis
35.0	Diagnosis Code-4	194-198	X(5)	Patients list, Permanent Diagnosis Codes Charges and Payments, Detail Diagnosis
36.0	Prov Assign Ind	199-199	X(1)	Insurance Companies list, Accept Assignment A-Assigned N-Not Assigned

Record Type: EA0 continued				
37.0	Prov Signature Ind	200-200	X(1)	Providers list, Signature on File Y-Signature of provider is on file N-Signature of provider is not on file
38.0	Prov Signature Date	201-208	X(8)	System Date
39.0	Facility/Lab Name	209-241	X(33)	Billing Options, Billing Information, Facility Name
40.0	Documentation Ind	242-242	X(1)	Not used
41.0	Type of Documentation	243-243	X(1)	Not used
42.0	Functional Status Code	244-245	X(2)	Not used
43.0	Special Program Ind	246-247	X(2)	Patients list, Handicapped Program 03-Special Federal Funding 05-Disabilty 06-PPV/Medicare100% Payment 07-Induced Abortion-Danger to Women's Life 08-Induced Abortion-Victim of Rape/Incest 09-Second Opinion/Surgery 30-Medicare Demonstration Project for Lung Volume Reduction Surgery Study 70 thru 99- Reserved for Local Use A- Champus Program For The Handicapped; Patient is Sponsor B- Champus Program For The Handicapped; Patient is Spouse D-Champus Program For The Handicapped; Patient is Widow of Sponsor W-Champus Program For The Handicapped; Patient is a Child; however, the individual's assigned PFTH Suffix is unknown C1 thru C9-Champus Program For The Handicapped; Patient is a Child (up to nine PFTH Suffix(s) are available for assignment when more than one child from the same family is enrolled in the program)
44.0	Champus Nonavail Ind	248-248	X(1)	Patients list, Non-Available Statement Y- Yes, statement on file N- No, statement not on file or statement necessary
45.0	Supv Prov Ind	249-249	X(1)	Not used
46.0	Sub/Resubmission Code	250-251	X(2)	Billing Options, More Information 2, Resubmission Number 00-Original claim 01-Void/Cancel prior claim (Disregard claim previously submitted-should be an exact duplicate of previous claim) 02-Resubmission (This claim is a Replacement of a previously submitted claim)
47.0	Resub Reference No	252-266	X(15)	Billing Options, More Information 2, Original Reference Number
48.0	Date Last Seen	267-274	X(8)	Billing Options, Billing Information, Date Last Seen by PCP

Record Type: EA0 continued				
49.0	Date Document Sent	275-282	X(8)	Not used
50.0	Homebound Ind	283-283	X(1)	Not used
51.0	Blood Units Paid	284-286	X(3)	Not used
52.0	Blood Units Remaining	287-289	X(3)	Not used
53.0	CPO Prov No	290-295	X(6)	Providers list, Other IDs, Care Plan Oversight Number
54.0	IDE Number	296-310	X(15)	Not used
55.0	Filler-National	311-320	X(10)	Not used

Record Type: EA1
Claim Record - "Claim Data"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "EA1"	01-03 X(3)	Hardcode EA1
02.0	Reserved (EA2-02.0)	04-05 X(2)	Not used
03.0	Patient Control Number	06-22 X(17)	Patients list, Chart
04.0	Facility/Lab NPI	23-37 X(15)	Addresses list, Facility Insurance Code
05.0	Reserved (EA1-05.0)	38-52 X(15)	Not used
06.0	Facility/Lab ADDR1	53-82 X(30)	Addresses list, Facility Address Line 1
07.0	Facility/Lab ADDR2	83-112 X(30)	Addresses list, Facility Address Line 2
08.0	Facility/Lab City	113-132 X(20)	Addresses list, Facility City
09.0	Facility/Lab State	133-134 X(02)	Addresses list, Facility State
10.0	Facility/Lab Zip Code	135-143 X(09)	Addresses list, Facility Zip Code
11.0	Medical Record Number	144-160 X(17)	Not used
12.0	Return To Work Date	161-168 X(08)	Billing Options, More Information 1, Return to Work Date
13.0	Consult/Surgery Date	169-176 X(08)	Billing Options, More Information 1, Consultation Dates (from)
14.0	Admission Date-2	177-184 X(08)	Not used
15.0	Discharge Date-2	185-192 X(08)	Not used
16.0	Supv Prov NPI	193-207 X(15)	Addresses list, Referring Physician Insurance Code (Referenced to Outside PCP in Billing Options)
17.0	Reserved (EA1-17.0)	208-222 X(15)	Not used
18.0	Supervising Provider Last Name	223-242 X(20)	Not used
19.0	Supervising Provider First Name	243-254 X(12)	Not used
20.0	Supervising Provider Middle Initial	255-255 X(01)	Not used
21.0	Supervising Provider State	256-257 X(02)	Not used
22.0	EMT/Paramedic Last Name	258-277 X(20)	Not used
23.0	EMT/Paramedic First Name	278-289 X(12)	Not used
24.0	EMT/Paramedic Middle Name	290-290 X(01)	Not used
25.0	Date Care Assumed	291-298 X(08)	Not used
26.0	Diagnosis Code-5	299-303 X(05)	Not used
27.0	Diagnosis Code-6	304-308 X(05)	Not used

Record Type: EA1 continued			
28.0	Diagnosis Code-7	309-313 X(05)	Not used
29.0	Diagnosis Code-8	314-318 X(05)	Not used
30.0	Filler-National	319-320 X(02)	Not used

Record Type: EA2
Claim Record - "EPSDT"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "EA2"	01-03 X(3)	Hardcode EA2
02.0	Reserved (EA2-02.0)	04-05 X(2)	Not used
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Screening Type	23-23 X(1)	Not used
05.0	Med Hist Obtain Perf	24-24 X(1)	Not used
06.0	Med Hist Obtain Find	25-25 X(1)	Billing Options, More Information 2, EPSDT Findings - position 1 N-Normal findings A-Abnormal findings Blank-Not applicable
07.0	Physical Exam Perf	26-26 X(1)	Not used
08.0	Physical Exam Find	27-27 X(1)	Billing Options, More Information 2, EPSDT Findings - position 2 N-Normal findings A-Abnormal findings Blank-Not applicable
09.0	Vision Assess Perf	28-28 X(1)	Not used
10.0	Vision Assess Find	29-29 X(1)	Billing Options, More Information 2, EPSDT Findings - position 3 N-Normal findings A-Abnormal findings Blank-Not applicable
11.0	Hearing Assess Perf	30-30 X(1)	Not used
12.0	Hearing Assess Find	31-31 X(1)	Billing Options, More Information 2, EPSDT Findings - position 4 N-Normal findings A-Abnormal findings Blank-Not applicable
13.0	Dental Assess Perf	32-32 X(1)	Not used
14.0	Dental Assess Find	33-33 X(1)	Not used
15.0	Develop Assess Perf	34-34 X(1)	Not used

Record Type: EA2 continued				
16.0	Develop Assess Find	35-35	X(1)	Billing Options, More Information 2, EPSDT Findings - position 5 N-Normal findings A-Abnormal findings Blank-Not applicable
17.0	Nut Assess Perf	36-36	X(1)	Not used
18.0	Nut Assess Find	37-37	X(1)	Billing Options, More Information 2, EPSDT Findings - position 6 N-Normal findings A-Abnormal findings Blank-Not applicable
19.0	Card Assess Perf	38-38	X(1)	Not used
20.0	Card Assess Find	39-39	X(1)	Not used
21.0	Gen/UR Assess Perf	40-40	X(1)	Not used
22.0	Gen/UR Assess Find	41-41	X(1)	Not used
23.0	Diabetes Assess Perf	42-42	X(1)	Not used
24.0	Diabetes Assess Find	43-43	X(1)	Not used
25.0	Oth Assess Perf	44-44	X(1)	Not used
26.0	Oth Assess Find	45-45	X(1)	Not used
27.0	Oth Assess Desc	46-65	X(20)	Not used
28.0	HBG/HCT Lab Test Perf	66-66	X(1)	Not used
29.0	HBG/HCT Lab Test Find	67-67	X(1)	Not used
30.0	Urinaly Lab Tst Perf	68-68	X(1)	Not used
31.0	Urinaly Lab Tst Find	69-69	X(1)	Not used
32.0	Sickle Cell Lab Perf	70-70	X(1)	Not used
33.0	Sickle Cell Lab Find	71-71	X(1)	Not used
34.0	Blood Lead Lab Perf	72-72	X(1)	Not used
35.0	Blood Lead Lab Find	73-73	X(1)	Not used
37.0	Tine Test Find	75-75	X(1)	Not used
38.0	Other Test 1 Perf	76-76	X(1)	Not used
39.0	Other Test 1 Find	77-77	X(1)	Not used
40.0	Other Test 1 Desc	78-97	X(20)	Not used
41.0	Other Test 2 Perf	98-98	X(1)	Not used
42.0	Other Test 2 Find	99-99	X(1)	Not used
43.0	Other Test 2 Desc	100-119	X(20)	Not used
44.0	Treatment Item No 1	120-121	X(2)	Not used
45.0	Treatment Item No 2	122-123	X(2)	Not used
46.0	Treatment Item No 3	124-125	X(2)	Not used
47.0	Treatment Item No 4	126-127	X(2)	Not used
48.0	Treatment Item No 5	128-129	X(2)	Not used
49.0	Treatment Item No 6	130-131	X(2)	Not used
50.0	Treatment Item No 7	132-133	X(2)	Not used
51.0	Treatment Item No 8	134-135	X(2)	Not used

Record Type: EA2 continued				
52.0	Treatment Item No 9	136-137	X(2)	Not used
53.0	Treatment Item No 10	138-139	X(2)	Not used
54.0	Treatment Item No 11	140-141	X(2)	Not used
55.0	Treatment Item No 12	142-143	X(2)	Not used
56.0	Treatment Item No 13	144-145	X(2)	Not used
57.0	Treatment Item No 14	146-147	X(2)	Not used
58.0	Treatment Item No 15	148-149	X(2)	Not used
59.0	Treatment Item No 16	150-151	X(2)	Not used
60.0	Treatment Stat No1 IN	152-153	X(2)	Not used
61.0	Treatment Stat No2 IN	154-155	X(2)	Not used
62.0	Treatment Stat No3 IN	156-157	X(2)	Not used
63.0	Treatment Stat No4 IN	158-159	X(2)	Not used
64.0	Treatment Stat No1 DE	160-161	X(2)	Not used
65.0	Treatment Stat No2 DE	162-163	X(2)	Not used
66.0	Treatment Stat No3 DE	164-165	X(2)	Not used
67.0	Treatment Stat No4 DE	166-167	X(2)	Not used
68.0	Treatment Stat No1 NR	168-169	X(2)	Not used
69.0	Treatment Stat No2 NR	170-171	X(2)	Not used
70.0	Treatment Stat No3 NR	172-173	X(2)	Not used
71.0	Treatment Stat No4 NR	174-175	X(2)	Not used
72.0	Referral Item No 1	176-177	X(2)	Billing Options, More Information 2, EPSDT Referral Items - positions 1-2
73.0	Referral Item No 2	178-179	X(2)	Billing Options, More Information 2, EPSDT Referral Items - positions 3-4
74.0	Referral Item No 3	180-181	X(2)	Billing Options, More Information 2, EPSDT Referral Items - positions 5-6
75.0	Referral Item No 4	182-183	X(2)	Billing Options, More Information 2, EPSDT Referral Items - positions 7-8
76.0	Referral Item No 5	184-185	X(2)	Billing Options, More Information 2, EPSDT Referral Items - positions 9-10
77.0	Referral Item No 6	186-187	X(2)	Billing Options, More Information 2, EPSDT Referral Items - positions 11-12
78.0	Referral Item No 7	188-189	X(2)	Not used
79.0	Referral Item No 8	190-191	X(2)	Not used
80.0	Immun Polio Given	192-192	X(1)	Not used
81.0	Immun Polio Not	193-193	X(1)	Not used
82.0	Immun DPT/TD Given	194-194	X(1)	Not used
83.0	Immun DPT/TD Not	195-195	X(1)	Not used
84.0	Immun Meas Given	196-196	X(1)	Not used
85.0	Immun Meas Not	197-197	X(1)	Not used
86.0	Immun Mumps Given	198-198	X(1)	Not used
87.0	Immun Mumps Not	199-199	X(1)	Not used

Record Type: EA2 continued				
88.0	Immun Rubella Given	200-200	X(1)	Not used
89.0	Immun Rubella Not	201-201	X(1)	Not used
90.0	Immun HIB Given	202-202	X(1)	Not used
91.0	Immun HIB Not	203-203	X(1)	Not used
92.0	Immun Other Given	204-204	X(1)	Not used
93.0	Immun Other Desc	205-224	X(20)	Not used
94.0	Filler-National	225-320	X(96)	Not used

Record Type: EA9
Claim Record - "Claim Data"

Field #	Field Name	Pos From - Thru		Requirements/Description
01.0	Record Identification	01-03	X(3)	Hardcode EA9
02.0	Reserved (EA9-02.0)	04-05	X(2)	Not used
03.0	Patient Control Number	06-22	X(17)	Patients list, Chart
04.0	Next Screening Date	23-30	X(8)	Not used
05.0	Pre-Treatment Est Indicator	31-31	X(1)	Not used
06.0	Pregnancy Delivery Date	32-39	X(8)	Not used
07.0	Second/Third Opinion Ind	40-40	X(1)	Not used
08.0	General Standard Vision	41-41	X(1)	Not used
09.0	Lens Replacement Reason	42-42	X(1)	Not used
Record Type: EA9 continued				
10.0	Contact Lenses	43-43	X(1)	Not used
11.0	Corrected Vision Regular	44-44	X(1)	Not used
12.0	Corrected Vision Contacts	45-45	X(1)	Not used
13.0	Frame Replacement Reason	46-46	X(1)	Not used
14.0	Prescription Date of Lenses	47-54	X(8)	Not used
15.0	Appliance Dispense Date	55-62	X(8)	Not used
16.0	CHDP Screening Indicator	63-63	X(1)	Not used
17.0	Anesthesia Age Unit	64-64	X(1)	Not used
18.0	Physical Status	65-65	X(1)	Not used
19.0	Hypothermia Modifying Units	66-66	X(1)	Not used
20.0	Hypotension Modifying Units	67-67	X(1)	Not used
21.0	Hyperbaric Pressure Mod Units	68-68	X(1)	Not used
22.0	Emergency Modifying Units	69-69	X(1)	Not used
23.0	Doctor Certification	70-70	X(1)	Not used
24.0	Filler	71-320	X(250)	Not used

Record Type: FA0
Service Line Detail

Field #	Field Name	Pos From - Thru		Requirements/Description
01.0	Record Identifier	01-03	X(3)	Hardcode FA0
02.0	Sequence Number	04-05	X(2)	Calculated
03.0	Patient Control Number	06-22	X(17)	Patients list, Chart
04.0	Line Item Control Number	23-39	X(17)	Charges and Payments, Billing + Charges and Payments, Detail Item Number
05.0	Service From Date	40-47	X(8)	Charges and Payments, Detail Date From
06.0	Service To Date	48-55	X(8)	Charges and Payments, Detail Date To Charges and Payments, Detail Date From
07.0	Place of Service	56-57	X(2)	Charges and Payments, Detail POS 11-Office 12-Home 21-Inpatient Hospital 22-Outpatient Hospital 23-Emergency Room-Hospital 24-Ambulatory Surgical Center 25-Birthing Center 26-Military Treatment Facility 31-Skilled Nursing Facility 32- Nursing Facility/Home 33-Custodial Care Facility 34-Hospice 41-Ambulance-Land 42-Ambulance-Air or Water 50-Federally Qualified Health Center 51-Inpatient Psychiatric Facility 52-Psych Facility Partial Hospitalization 53-Community Mental Health Ctr 54-Intermediate Care Facility/Mentally Retarded 55-Residential Substance Abuse Treatment Facility 56-Psychiatric Residential Trtmt Center 60-Mass Immunization Center 61-Comprehensive Inpatient Rehab Facility 62-Comprehensive Outpatient Rehab Facility 65-End Stage Renal Disease Trtmt Facility 71-State or Local Public Health Clinic 72-Rural Health Clinic 81-Independent Laboratory 99-Other Unlisted Facility RX-Pharmacy ST-Specialized Treatment Center

Record Type: FA0 continued				
07.0	Place of Service continued			IX-Independent Radiology
				PI-Inpatient Hospital-Champus Internal Partnership
				PO-Outpatient Hospital-Champus Internal Partnership
				PD-Office-Champus Internal Partnership
				EI-Inpatient Hospital-Champus External Partnership
				EO-Outpatient Hospital-Champus External Partnership
				ED-Office-Champus External Partnership
08.0	Type of Service Code	58-59	X(2)	Transaction Code List, Fee Schedules, TOS
				Transaction Code List, General Type of Service
				Transaction Code List, Unique Type of Service
				Output U if > 3 character in either field
				01-Medical Care
				02-Surgery
				03-Consultation
				04-Diagnostic X-Ray
				05-Diagnostic Lab
				06-Radiation Therapy
				07-Anesthesia
				08-Surgical Assistance
				09-Other Medical
				10-Blood Charges
				11-Used DME
				12-DME Purchase
				13-ASC Facility
				14-Renal Supplies in the Home
				15-Alternate Method Dialysis Payment
				16-CRD Equipment
				17-Pre-Admission Testing
				18-DME Rental
				19-Pneumonia Vaccine
				20-Second Surgical Opinion
				21-Third Surgical Opinion
				51-Purchased Lab
				95-Psychiatric Assistant
				97-Room and Board
				99-Ancillaries
				1G-Global Service Radiology
				1H-Global Service Laboratory
				A-Ambulance
				B-Maternity
				BL-Blood/Packed Cells
				C-Chiropractic
				CB-Cosmetic Surgery-Beautification

Record Type: FA0 continued				
08.0	Type of Service Code continued			CC-Concurrent Care
				CS-Cosmetic Surgery-Necessary
				D-Occupational Therapy
				E-DME-Used Without Warranty
				G-Medical Diagnostic Services
				GG-DrugsH-Special Medical Therapeutics
				HS-HospiceI-DentalII-Professional Component
				J-Therapeutic Injections
				JJ-Interpretation
				K-Monitoring Services
				KK-Emergency Care
				L-Speech Therapy
				LL-Home Care Program
				MM-Vision
				N-Kidney Donor
				NC-60% Non Emergency Consultation
				NN-Visiting Nurse Services
				O-Physical Therapy
				OO-Pulmonary
				P-Parenteral
				PP-Chemotherapy
				PR-Pro-Rated Service
				Q-Psychiatric Services
				QQ-Radioimmunoassy/Competitive Protein Bldg
				R-60% Non Emergency
				RH-Rural Health
				RR-Supplemental Accident
				S-Supplies
				T-Enteral
				TC-Technical Component
				TL-Technical Component Laboratory
				TR-Technical Component Radiology
				TT-Alcohol Rehabilitation
				VV-Nurse MidwifeW-Hearing Care
09.0	HCPCS Procedure Code	60-64	X(5)	Charges and Payments, Detail Code
10.0	HCPCS Modifier 1	65-66	X(2)	Charges and Payments, Detail Modifier 1
11.0	HCPCS Modifier 2	67-68	X(2)	Charges and Payments, Detail Modifier 2
12.0	HCPCS Modifier 3	69-70	X(2)	Charges and Payments, Detail Modifier 3
13.0	Line Charges	71-77	N(7)	Charges and Payments, Detail Extended
14.0	Diagnosis Code Pointer 1	78-78	X(1)	Calculated: 1-indicates the 1st header diagnosis 2-indicates the 2nd header diagnosis 3-indicates the 3rd header diagnosis 4-indicates the 4th header diagnosis

Record Type: FA0 continued			
15.0	Diagnosis Code Pointer 2	79-79 X(1)	Calculated
16.0	Diagnosis Code Pointer 3	80-80 X(1)	Calculated
17.0	Diagnosis Code Pointer 4	81-81 X(1)	Calculated
18.0	Units of Service	82-85 N(4)	Charges and Payments, Detail Units
19.0	Anesthesia/ Oxygen Minutes	86-89 N(4)	Charges and Payments, Detail Anesthesia Minutes (if blank then zero filled)
20.0	Emergency indicator	90-90 X(1)	Billing Options, More Information 1, Accident Emergency check box Y-Yes, emergency related (sudden onset of a medical condition) N-No, emergency not related.
21.0	COB Indicator	91-91 X(1)	Not used
22.0	HPSA Indicator	92-92 X(1)	Not used
23.0	Rendering Prov NPI	93-107 X(15)	Not used
24.0	Referring Prov NPI	108- 22 X(15)	Addresses list, Referring Physician Insurance Code
25.0	Referring Prov State	123-124 X(2)	Not used
26.0	Purchase Service Indicator	125-125 X(1)	Transaction Codes list, Purchased Service Cost If PS: is in last 3 positions then automatically outputs Y Y-Service was purchased from another entity N-Service was not purchased
27.0	Disallowed Cost Cont	126-132 N(7)	Zero filled
28.0	Disallowed Other	133-139 N(7)	Zero filled
29.0	Review By Code Indicator	140-140 X(1)	Not used
30.0	Multi Procedure Ind	141-141 X(1)	Not used
31.0	Mammography cert no	142-151 X(10)	Providers list, Other IDs, Mammography Cert. Number
32.0	Class Findings	152-160 X(9)	Billing Options, More Information 2, Podiatry Class Finding Class “A” Findings A10-Non-traumatic amputation of the foot or integral skeletal portion thereof Class “B” Findings B10-Absent posterior tibal pulse B20-Absent dorsalis pedis pulse B31-Advanced changes (three of the following conditions must exist to be considered advanced): -hair growth (decreased or absence) -nail changes (thickening) -pigmentary changes (discoloration) -skin texture (thin shiny) -skin color (rubor or redness)

Record Type: FA0 continued				
32.0	Class Findings continued			Class "C" Findings C10-Claudication C20-Temperature changes (e.g., cold feet) C30-Paresthesia (abnormal spontaneous sensations in the feet) C40-Burning C50-Edema
33.0	Podiatry Svc Cond	161-163	X(3)	Billing Options, More Information 2, Podiatry Systemic Condition E01-Amputation: leg, foot or part or foot E02-ASO (arteriosclerosis obliterans) of the feet E03-Arteriosclerosis of the lower extremities E04-ASO of the feet, or just ASO E05-Buerger's disease: lower extremities E06-Generalized arteriosclerosis E07-Lumbosacral syringomyelia E08-Occlusive peripheral arteriosclerosis: feet Peripheral neuropathies involving the feet associated with: E09-Carcinoma E10-Hereditary disorders (amyloid neuropathy, angiokeratoma corposis deffusum (fabry's disease), hereditary sensory radicular neuropathy) E11-Leprosy E12-Neurosyphilis E13-Traumatic injury E20-Chronic phlebitis E21-Chronic thrombophlebitis E22-Diabetes (non-specified) E23-Diabetes mellitus Peripheral neuropathies involving the feet associated with: E24-Diabetes (non-specified) E25-Diabetes mellitus E26-Drugs E27-Malnutrition and vitamin deficiency (alcoholism, malabsorption-celiac duseasem trioical sprue, malnutrition, pernicious anemia) E28-Multiple sclerosis E29-Uremia (chronic renal disease) E30-Toxins E31-Peripheral vasculas disease: arteries foot or toes E32-PVD of the foot or toes

Record Type: FA0 continued				
33.0 Podiatry Svc Cond continued				E40-Acute thromphoplebitis E41-Acute plebitis Systemic conditions for routine foot care required specific primary disease diagnosed required anatomical site for reported services. H01-Arterial insufficiency H02-Blockage of leg vessels H03-Chronic vascular disease H04-Circulatory deficiency H05-Circulatory impairment H06-Circulatory insufficiency H07-Clot in leg H08-Impaired arterial circulation H09-Peropheral arterial insufficiency H10-Peripheral neuritis H11-Peripheral occlusive disease H12-Peripheral vascular disease non-specified Condition Statement: A01-the Condition is of such severity that it markedly limits the patient's ability to ambulate and the treatment would allow improvement. B01-The patient is non-ambulatory and if the condition is left untreated it will likely result in serious medical complications.
34.0	Clinical Laboratory Improvement Amendments of 1988 ID Number	164-178	X(15)	Laboratory List, CLIA Number Only if transaction is a lab procedure (check box in Transaction Codes list, Description tab)
35.0	Primary Paid Amount	179-185	N(7)	Zero Filled
36.0	HCPCS Modifier 4	186-187	X(2)	Not used
37.0	Provider Specialty	188-190	X(3)	Not used
38.0	Podiatry Therapy Indicator	191-191	X(1)	Billing Options, More Information 2, Podiatry Therapy Type Y-Yes, patient is receiving anti-fungal therapy N-No, patient is not receiving anti-fungal therapy
39.0	Podiatry Therapy Type	192-192	X(1)	Billing Options, More Information 2, Podiatry Therapy Type O-Oral T-Topical

Record Type: FA0 continued				
40.0	Hospice Employed Prov Ind.	193-193	X(1)	Providers list, Other IDs, Hospice Employed Y-Yes, Physician is employed by the Hospice N-No, Physician is not employed by the Hospice
41.0	HGB/HCT Date	194-201	X(8)	Not used
42.0	Hemoglobin Result	202-204	N(3)	Not used
43.0	Hematocrit Result	205-206	N(2)	Not used
44.0	Patient Weight	207-209	N(3)	Not used
45.0	Epoetin Dosage	210-212	N(3)	Not used
46.0	Serum Creatine Date	213-220	X(8)	Not used
47.0	Creatine Result	221-223	N(3)	Not used
48.0	Obligated to Accept Amount	224-230	N(7)	Zero Filled
49.0	Drug Discount Amount	231-237	N(7)	Zero Filled
50.0	Type of Units indicator	238-238	X(1)	Not used
51.0	Approved Amount	239-245	N(7)	Zero Filled
52.0	Paid Amount	246-252	N(7)	Zero Filled
53.0	Bene Liability Amt	253-259	N(7)	Zero Filled
54.0	Balance Bill Limit Chg	260-266	N(7)	Zero Filled
55.0	Limit Charge Percent	267-273	N(7)	Zero Filled
56.0	Performing Provider Phone	274-283	X(10)	Not used
57.0	Performing ProviderTax Type	284-284	X(1)	Not used
58.0	Performing Provider Tax ID	285-293	X(9)	Not used
59.0	Perform Prov Assign Ind	294-294	X(1)	Not used
60.0	Pre-Transplant Indicator	295-295	X(1)	Not used
61.0	ICD-10-PCS	296-302	X(7)	Not used
62.0	Universal Product Code	303-316	X(14)	Not used
63.0	Diagnosis Code Pointer 5	317-317	X(1)	Not used
64.0	Diagnosis Code Pointer 6	318-318	X(1)	Not used
65.0	Diagnosis Code Pointer 7	319-319	X(1)	Not used
66.0	Diagnosis Code Pointer 8	320-320	X(1)	Not used

Record Type: FA9
Service Line Detail

Field #	Field Name	Pos From - Thru		Requirements/Description
01.0	Record Identifier	01-03	X(3)	Hardcode FA9
02.0	Sequence Number	04-05	X(2)	Calculated
03.0	Patient Control Number	06-22	X(17)	Patients list, Chart
04.0	Line Item Control Number	23-39	X(17)	Charges and Payments, Billing + Charges and Payments, Detail Item Number
05.0	Rendering Prov Tat No	40-50	X(11)	Providers list, TAT Number

Record Type: FA9continued				
06.0	Admitting Provider Indicator	51-51	X(1)	Not used
07.0	Unique Type Of Service	52-54	X(3)	Transaction Code list, Fee Schedules, TOS Transaction Code List, General Type of Service Transaction Code List, Unique Type of Service Output only if > 2 characters
08.0	Filler	55-320	X(266)	Not used

Record Type: FB0
Service Line Detail

Field #	Field Name	Pos From – Thru		Requirements/Description
01.0	Recorder Identifier	01-03	X(3)	Hardcode FB0
02.0	Sequence Number	04-05	X(2)	Calculated
03.0	Patient Control Number	06-22	X(17)	Patients list, Chart
04.0	Line Item Control Number	23-39	X(17)	Charges and Payments, Billing + Charges and Payments, Detail Item Number
05.0	Purchase Service Charge	40-46	N(7)	Zero Filled
06.0	Allowed Amount	47-53	N(7)	Zero Filled
07.0	Deductible Amount	54-60	N(7)	Zero Filled
08.0	Coinsurance Amount	61-67	N(7)	Zero Filled
09.0	Ordering Prov NPI	68-82	X(15)	Providers list, License, UPIN
10.0	Ordering Prov State	83-84	X(2)	Not used
11.0	Purchase Svc Prov NPI	85-99	X(15)	Not used
12.0	Purchase Service State	100-101	X(20)	Not used
13.0	Pen Grams of Protein	102-105	N(4)	Not used
14.0	Pen Calories	106-109	N(4)	Not used
15.0	National Drug Code	110-120	X(11)	Not used
16.0	National Drug Units	121-127	N(7)	Not used
17.0	Prescription Number	128-142	X(15)	Not used
18.0	Prescription Date	143-150	X(8)	Not used
19.0	Prescription No of Months	151-152	N(2)	Not used
20.0	Spec Pricing Ind.	153-153	X(1)	Not used
21.0	Copay Status Indicator	154-154	X(1)	Not used
22.0	EPSDT Indicator	155-155	X(1)	Patients list, EPSDT Y-Yes, EPSDT involvement N-No, EPSDT not involved
23.0	Family Planning Ind.	156-156	X(1)	Patients list, Family Planning Y-Yes, family planning involved N-No, family planning not involved
24.0	DME Charge Indicator	157-157	X(1)	Not used

Record Type: FB0 continued				
25.0	HPSA Facility Identification	158-172	X(15)	Not used
26.0	HPSA Facility Zip Code	173-181	X(9)	Not used
27.0	Purchase Service Name	182-214	X(33)	Not used
28.0	Purchase Service Address 1	215-244	X(30)	Not used
29.0	Purchase Service Address 2	245-274	X(30)	Not used
30.0	Purchase Service City	275-294	X(20)	Not used
31.0	Purchase Service Zip	295-303	X(9)	Not used
32.0	Purchase Service Phone	304-313	X(10)	Not used
33.0	Drug Days Supply	314-316	N(3)	Not used
34.0	Payment Type Indicator	317-317	X(1)	Not used
35.0	Filler-National	318-320	X(3)	Not used

Record Type: FB1
Service Line Detail

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record Identifier	01-03 X(3)	Hardcode FB1
02.0	Sequence Number	04-05 X(2)	Calculated
03.0	Patient Control Number	06-22 X(17)	Patients list, Chart
04.0	Line Item Control Number	23-39 X(17)	Charges and Payments, Billing + Charges and Payments, Detail Item Number
05.0	Place of Service Name	40-72 X(33)	Addresses list, Facility Name
06.0	Ordering Provider Last	73-92 X(20)	Providers list, Last Name
07.0	Ordering Provider First	93-104 X(12)	Providers list, First Name
08.0	Ordering Prov Middle Initial	105-105 X(1)	Providers list, Middle
09.0	Ordering Provider UPIN	106-120 X(15)	Providers list, License, UPIN
10.0	Referring Provider Last	121-140 X(20)	Addresses list, Referring Physician Last Name
11.0	Referring Provider First	141-152 X(12)	Addresses list, Referring Physician First Name
12.0	Referring Prov. Middle Initial	153-153 X(1)	Addresses list, Referring Physician Middle
13.0	Referring Provider UPIN	154-168 X(15)	Addresses list, Insurance Code 1
14.0	Rendering Provider Last	169-188 X(20)	Providers list, Last Name
15.0	Rendering Provider First	189-200 X(12)	Providers list, First Name
16.0	Rendering Prov Middle	201-201 X(1)	Providers list, Middle
17.0	Rendering Provider UPIN	202-216 X(15)	Providers list, License, UPIN
18.0	Supervising Provider Last	217-236 X(20)	Address list, Last Name (Fields 18-21 are referenced to Billing Options Outside PCP)
19.0	Supervising Provider First	237-248 X(12)	Address list, First Name
20.0	Supervising Prov Middle	249-249 X(1)	Address list, Middle Initial
21.0	Supervising Provider National Provider Identifier	250-264 X(15)	Address list, Insurance Code 2. If blank, then Code 1
22.0	Supervising Provider UPIN	265-279 X(15)	Not used
23.0	Filler-National	280-320 X(41)	Not used

Record Type: GC0
Chiropractic Cert Record

Field #	Field Name	Pos From - Thru		Requirements/Description
01.0	Record ID “GC0”	01-03	X(3)	Hardcode GC0
02.0	Sequence No	04-05	X(2)	Calculated
03.0	Pat Control No	06-22	X(17)	Patients list, Chart
04.0	Reserved (GC0-04.0)	23-39	X(17)	Charges and Payments, Billing + Charges and Payments, Detail Item Number
05.0	Initial Treatment Date	40-47	X(8)	Billing Options, More Information 1, Consultation Dates (from)
06.0	Date of Last X-ray	48-55	X(8)	Billing Options, More Information 1, Date of Last X-Ray
07.0	No in Series	56-62	X(7)	Patients list, Number of Visits Used - Number of Visits Allowed
08.0	Level of Subluxation	63-69	X(7)	Patients list, Level of Subluxation (from) OC-Occiput T7-Thoracic 7 C1-Cervical 1 T8-Thoracic 8 C2-Cervical 2 T9-Thoracic 9 C3-Cervical 3 T10-Thoracic 10 C4-Cervical 4 T11-Thoracic 11 C5-Cervical 5 T12-Thoracic 12 C6-Cervical 6 L1-Lumbar 1 C7-Cervical 7 L2-Lumbar 2 T1-Thoracic 1 L3-Lumbar 3 T2-Thoracic 2 L4-Lumbar 4 T3-Thoracic 3 L5-Lumbar 5 T4-Thoracic 4 SA-Sacrum T5-Thoracic 5 CO-Coccyx T6-Thoracic 6 IL-Ilium
09.0	Treatment Months/Years	70-72	X(3)	Patients list, Start Date For position 72: M-Months Y-Years For positions 70-71: 01-12 if position 72=M 01-99 if position 72=Y
10.0	No Treatments-Month	73-74	X(2)	Zero Filled
11.0	Nature of Condition	75-75	X(1)	Billing Options, More Information 2, Nature of Condition Patients list, Symptom Type (if Accident Date) A-Acute Condition C-Chronic Condition M-Acute Manifestation of a Chronic Condition
12.0	Date of Manifestation	76-83	X(8)	Billing Options, Billing Information, Symptom Date

Record Type: GC0 continued			
13.0	Complication Ind	84-84 X(1)	Billing Options, More Information 2, Complication Indicator C-Complicated Condition U-Uncomplicated Condition
14.0	Symptoms Description	85-244 X(160)	Charges and Payments, Detail Narrative First 3 characters of narrative must be SD: and include this narrative must be checked
15.0	X-Ray Ind	245-245 X(1)	Billing Options, More Information 1, Date of Last X-Ray Y-Yes, X-Rays are on file, maintained and ready for review N-No, X-Rays are not maintained and not available for review
16.0	Filler-National	246-320 X(75)	Not used

Record Type: HA0
Narrative Record - "Claim Data"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "HA0"	01-03 X(3)	Hardcode HA0
02.0	Sequence No	04-05 X(2)	Calculated
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Line Item Control No	23-39 X(17)	Charges and Payments, Billing + Charges and Payments, Detail Item Number
05.0	Extra Narrative Data	40-320 X(281)	Charges and Payments, Insurance Narrative (Include the narratives for this billing) Charges and Payments, Detail Narrative (Include this narrative) Transaction Code List, Description (for Procedure-Unclassified)

Record Type: XA0
Claim Trailer Record - "Record Summary"

Field #	Field Name	Pos From - Thru	Requirements/Description
01.0	Record ID "XA0"	01-03 X(3)	Hardcode XA0
02.0	Reserved (XA0-02.0)	04-05 X(2)	Not used
03.0	Pat Control No	06-22 X(17)	Patients list, Chart
04.0	Record CXX Count	23-24 N(2)	Calculated
05.0	Record DXX Count	25-26 N(2)	Calculated
06.0	Record EXX Count	27-28 N(2)	Calculated
07.0	Record FXX Count	29-30 N(2)	Calculated
08.0	Record GXX Count	31-32 N(2)	Calculated
09.0	Record HXX Count	33-34 N(2)	Calculated
10.0	Claim Record Count	35-37 N(3)	Calculated
11.0	Reserved (XA0-11.0)	38-77 X(40)	Not used
12.0	Total Claim Charges	78-84 N(7)	Calculated
13.0	Total Disal Cost Cont Chgs	85-91 N(7)	Zero Filled
14.0	Total Disal Other Chgs	92-98 N(7)	Zero Filled
15.0	Total Allowed Amount	99-105 N(7)	Zero Filled
16.0	Total Deductible Amount	106-112 N(7)	Zero Filled
17.0	Total Coinsurance Amount	113-119 N(7)	Zero Filled
18.0	Total Payer Amt Paid	120-126 N(7)	Zero Filled
19.0	Pat Amount Paid	127-133 N(7)	Zero Filled
20.0	Total Purchase Svc Chgs	134-140 N(7)	Zero Filled
21.0	Prov Discount Information	141-156 X(16)	Not used
22.0	Remarks	157-259 X(103)	Not used
23.0	Filler-National	260-320 X(61)	Not used