

Pennsylvania

**Reporting Manual
for
Insurers and Third-Party Payors**

Payments Reporting

Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101
(717) 232-8958
www.phc4.org

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Any questions or concerns regarding this manual should be directed to the following:

Data Collection Team
225 Market Street, Suite 400
Harrisburg, PA 17101
(717) 232-8958 (Voice) (717) 772-1401 (Fax)

Introduction

This manual provides the guidance necessary to meet the PHC4 Payor Data Submission requirements as specified in the Pennsylvania Code (28 Pa. Code §913). An insurer will be deemed compliant when they have met the following criteria:

- 1) The data submission is received on or before the original due dates as follows:

Quarter Ends	Submission Due Date
March 31	September 30
June 30	December 31
September 30	March 31
December 31	June 30

- 2) Passed initial edit process for proper format and readability
- 3) Overall error rate of 15% or less

Each record should reflect a paid claim for a covered service. There are five types of acceptable records:

- 1) Facility Records (payments made to a hospital or ambulatory surgical facility)
- 2) Physician Records (payments made to an individual doctor)
- 3) Continuing Physician Payment Record
- 4) Continuing Facility Payment Record
- 5) Newborn Records (payments made for the delivery of a newborn)

Each record must contain one of these options using the guidelines described in Field 1. Record types 3 and 4 are used to indicate a continuation of a prior record.

PHC4 prefers to receive submissions electronically. Simply contact the Data Collection Team at (717) 232-8958 or payor@phc4.org to request a user name, password, and instructions on how to access our secure Electronic Data Submission System (EDS).

Detail Record “Quick Reference”

Data Element Name	Field Number	Page
Certification/SSN/Health Insurance Claim Number	20	34
Date of Admission	6	18
Date of Discharge	7	20
Other Payments	15	29
Patient Birth Date	4	16
Patient Control Number	17	31
Patient Sex	5	17
Patient’s Relationship to Insured	19	33
Payor Group Number	16	30
Physician ID	10	23
Place of Service	2	14
Primary Payor Payments	14	28
Procedure Code	8	21
Procedure Coding Method Used	18	32
Record Type	1	13
Reserve Field	21	35
Total Charges	13	27
Type of Professional Service	11	25
Uniform Identifier for Health Care Facility	9	22
Uniform Patient Identifier (Social Security Number)	3	15
Units of Service	12	26

Header Record

Header Record Format

Data Element	Data Element Description	Position		Format
		From	To	
1	Data Source Identifier	1	25	Left justify. Blank fill right.
2	Data Source Name/Address	26	125	Name = Position 26-50 Address 1 = Position 51-75 Address 2 = Position 76-100 City = Position 101-114 State = Position 115-116 Zip Code = Position 117-125
3	First Day of Quarter	126	131	MMDDYY
4	Last Day of Quarter	132	137	MMDDYY
5	File Creation Date	138	143	MMDDYY. Date file was produced.
6	Filler	144	300	Blank Fill

Field 1	Data Source Identifier
Description	The number identifying the data source. NAIC number is preferred. Third party payors – use your NAIC number.
Procedure	Left justify. Blank fill right.
Field Size & Type	25 character field; Alphanumeric
Record Location	1 – 25

Field 2	Data Source Name/Address
Description	The name and address of the data source.
Procedure	Left justify. Blank fill right.
	Payor Name = Position 26 - 50
	Payor Address 1 = Position 51 - 75
	Payor Address 2 = Position 76 - 100
	Payor City = Position 101 - 114
	Payor State = Position 115 - 116
	Payor Zip Code = Position 117 - 125
Field Size & Type	100 character field; Alphanumeric
Record Location	26 – 125

Field 3	First Day of Quarter
Description	The first day of the quarter from which the file is provided.
Procedure	Use the format MMDDYY without punctuation.
Field Size & Type	6 character field; Numeric
Record Location	126 - 131

Field 4	Last Day of Quarter
Description	The last day of the quarter from which the file is provided.
Procedure	Use the format MMDDYY without punctuation.
Field Size & Type	6 character field; Numeric
Record Location	132 - 137

Field 5	File Creation Date
Description	The date that the data source produced this file.
Procedure	Use the format MMDDYY without punctuation.
Field Size & Type	6 character field; Numeric
Record Location	138 - 143

Field 6	Filler
Description	Reserved for future use by the Council.
Procedure	Blank fill.
Field Size & Type	157 character field; Alphanumeric
Record Location	144 - 300

Detail Record

Detail Record Format

Data Element	Data Element Description	Position		Format
		From	To	
1	Record Type		1	1 = Facility payment record, 2 = Physician payment record, 3 = Continuing physician payment record, 4 = Continuing facility payment record, 5 = Delivery/newborn record
2	Place of Service		2	1 = Hospital Inpatient, 2 = Hospital Outpatient, 3 = Ambulatory Service Facility, 4 = Unknown
3	Uniform Patient Identifier (Social Security Number)	3	11	Left justify, no dashes; Zero-fill if unknown.
4	Patient Birth Date	12	19	MMDDYYYY. If unknown, use your best estimate. Right justify.
5	Patient Sex		20	M or 1 = Male, F or 2= Female, U or 3= Unknown.
6	Date of Admission/Start of Care/First Date of Service	21	26	MMDDYY
7	Date of Discharge/End of Care/Last Date of Service	27	32	MMDDYY
8	Procedure Code	33	41	Left justify. Use decimal. Blank fill right. If unknown, blank fill.
9	Uniform Identifier of Health Care Facility	42	52	Left justify, space fill right.
10	Physician ID	53	74	<u>Character 1:</u> 1 or A = PA State License Number, 2 or B = Social Security Number, 3 or C = Tax ID Number, 4 or D = Unique Provider Number. <u>Characters 2 – 10:</u> PA State License, SSN, Federal Tax ID Number. <u>Characters 11 – 20:</u> Physician Last Name. <u>Characters 21 – 22:</u> Physician First and Middle Initial.
11	Type of Professional Service	75	76	01 = Medical/Consulting/Psychiatric, 02 = Surgical/Obstetrics, 03 = Diagnostic/Radiological, 04 = Anesthetic, 05 = Assisted in Surgery
12	Units of Service	77	79	Right justify. Zero fill left.
13	Total Charges	80	87	Characters 1 – 6 = whole dollars, characters 7 – 8 = cents. No decimal. Right justify. Zero fill left.
14	Primary Payor Payments	88	95	Characters 1 – 6 = whole dollars, characters 7 – 8 = cents. No decimal. Right justify. Zero fill left.
15	Other Payments	96	103	Characters 1 – 6 = whole dollars, characters 7 – 8 = cents. No decimal. Right justify. Zero fill left.
16	Payor Group Number	104	120	Left justify.
17	Patient Control Number	121	137	Right justify. Zero fill left.
18	Procedure Coding Method Used		138	4 = CPT-4, 5 = HCPCS, 9 = ICD-9-CM.
19	Patient's Relationship to Insured	139	140	01 = Self, 02 = Spouse, 03 = Child, 04 = Other
20	Certification/SSN/Health Insurance Claim Number	141	156	Left justify.
21	Reserve Field	157	300	Reserved for future use by the Council. Blank fill.

Field 1	Record Type
Description Procedure Field Size & Type Record Location Purpose	Indicator distinguishing between the different types of records. 1 = Facility payment record 2 = Physician payment record 3 = Continuing physician payment record. (When individual patient records contain more than one procedure/service, this field indicates that this record is a continuation of the previous record.) 4 = Continuing facility payment record. (When individual patient records contain more than one procedure/service, this field indicates that this record is a continuation of the previous record.) 5 = Delivery that includes newborn payments 1 character field; Numeric 1 To identify whether payment was made to a physician or a facility and whether the record contains multiple services for the same episode of care.
Field Edit Criteria:	
Error Code: 001 – 107 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Record Type Blank or Invalid Reason: The Record Type is blank or does not contain one of the values listed above. User Response: Correct the Record Type
Relational Edit Criteria:	
Error Code: 001 – 301 Facility Record: No Physician Record: No Newborn Record: Yes	Error Report Message: Age > 28 Days, Newborn Record Reason: The patient's age at admission is > 28 days but the Record Type entered in Field 1 indicates a payment for a newborn delivery. User Response: Correct the Admit Date, Birth Date, and/or Record Type.
Error Code: 001 – 303 Facility Record: Yes Physician Record: Yes Newborn Record: No	Error Report Message: DOB Equal to Admit Date, Not Newborn Record Reason: The patient's Birth Date equals Admit Date, but the Record Type entered in Field 1 does not indicate a payment for a newborn delivery. User Response: Correct the Admit Date, Birth Date, and/or Record Type.

Field 2	Place of Service
Description Procedure Field Size & Type Record Location Purpose	Type of setting 1 = Hospital Inpatient 2 = Hospital Outpatient 3 = Ambulatory Service Facility 4 = Unknown 1 character field; Numeric 2 To describe where services were rendered.
Field Edit Criteria:	
Error Code: 002 – 108 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Place of Service Blank or Invalid Reason: The Place of Service is blank or does not contain one of the values listed above. User Response: Correct the Place of Service.
Relational Edit Criteria:	
Error Code: 002 – 313 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Coding Method Code Blank or Invalid Reason: The code to indicate the type of Procedure Coding used is blank or not valid for the place of service (Field 2). User Response: Correct the Procedure Coding Method or place of service.

Field 3	Uniform Patient Identifier (Social Security Number)
Description Procedure Field Size & Type Record Location Purpose	The Social Security Number of the <u>Patient</u> . Left justify. No dashes. If the patient's Social Security Number is unknown, fill this field with zeros. 9 character field; Numeric 3 – 11 To identify readmissions of the same patient and match to other PHC4 databases.
Field Edit Criteria:	
Error Code: 003 - 100 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Uniform Patient Identifier/SSN Blank or Invalid Reason: The field entry is not a valid identifier. User Response: Change value to valid Uniform Patient Identifier/SSN.

Field 4	Patient Birth Date
Description Procedure Field Size & Type Record Location Purpose	The Birth Date of the <u>Patient</u> . Use the format MMDDYYYY, without punctuation. Example 06231995. If unknown, use your best estimate. 8 character field; Numeric 12 – 19 To identify readmissions of the same patient, determine the age of the patient, and match to other databases.
Field Edit Criteria:	
Error Code: 004 – 101 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Birth Date Blank or Invalid Reason: The Patient's Birth Date is blank or not a valid date. User Response: Correct the Birth Date.
Relational Edit Criteria:	
Error Code: 004 – 300 Facility Record: Yes Physician Record: Yes Newborn Record: No	Error Report Message: Age greater than 120 Years Reason: The patient's age as calculated by the Birth Date, Admit Date is >120 years. User Response: Correct the Birth Date and/or Admit Date.
Error Code: 004 – 301 Facility Record: No Physician Record: No Newborn Record: Yes	Error Report Message: Age > 28 Days, Newborn Record Reason: The patient's age at admission is > 28 days but the Record Type entered in Field 1 indicates a payment for a newborn delivery. User Response: Correct the Admit Date, Birth Date and/or Record Type.
Error Code: 004 – 303 Facility Record: Yes Physician Record: Yes Newborn Record: No	Error Report Message: DOB Equal to Admit Date, Not Newborn Record Reason: The patient's Birth Date equals Admit Date, but the Record Type entered in Field 1 does not indicate a payment for a newborn delivery. User Response: Correct the Admit Date, Birth Date and/or Record Type.
Error Code: 004 – 304 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: DOB After Admit Date Reason: The Patient's Birth Date is after the Admit Date. User Response: Correct the Admit Date and/or Birth Date.
Error Code: 004 – 315 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Age Invalid for Procedure Reason: A Procedure Code exists on the record that is only valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admit Date, Birth Date, and/or the Procedure Code.

Field 5	Patient Sex
<p>Description</p> <p>Procedure</p> <p>Field Size & Type</p> <p>Record Location</p> <p>Purpose</p>	<p>Patient Sex <i>(as recorded at the time of admission)</i></p> <p>M or 1 = Male F or 2 = Female U or 3 = Unknown</p> <p>M, F, U is the preferred method. The Council will convert data submitted in the format of "1", "2" or "3" to "M", "F" or "U". Edit Reports to data sources will contain "M", "F" or "U".</p> <p>1 character field; Alphanumeric</p> <p>20</p> <p>To identify readmissions of the same patient, match to other databases, and identify sex for population analysis.</p>
Field Edit Criteria:	
<p>Error Code: 005 – 102</p> <p>Facility Record: Yes</p> <p>Physician Record: Yes</p> <p>Newborn Record: Yes</p>	<p>Error Report Message: Sex Code Blank or Invalid</p> <p>Reason: The Patient Sex is blank or does not contain one of the above values.</p> <p>User Response: Correct the Sex Code for the patient <i>(as recorded at the time of admission)</i>.</p>
Relational Edit Criteria:	
<p>Error Code: 005 – 309</p> <p>Facility Record: No</p> <p>Physician Record: Yes</p> <p>Newborn Record: No</p>	<p>Error Report Message: Sex Invalid for Procedure</p> <p>Reason: A Procedure Code exists on the record that is not valid for this patient's sex. NOTE: only applicable to Record Types "2" and "3" (Physician Payments).</p> <p>User Response: Correct the Procedure Code(s) and/or Sex Code.</p>
Payor-Level Edit Criteria:	
<p>Error Code: 005 – 901</p> <p>Facility Record: Yes</p> <p>Physician Record: Yes</p> <p>Newborn Record: Yes</p>	<p>Error Report Message: Number of Unknown Sex Exceeds Acceptable Limits</p> <p>Reason: The number of unknown Sex Codes for your company exceeds the acceptable limit. This may be caused by a system problem.</p> <p>User Response: Review your data for unknown Sex Codes and resubmit it.</p>

Field 6	Date of Admission/Start of Care/First Date of Service
Description Procedure Field Size & Type Record Location Purpose	<p>The date that the patient was admitted to the provider for inpatient care, outpatient services, start of care or the beginning date of the period covered by this bill.</p> <p>Use the format MMDDYY. Example: 021805</p> <p>6 character field; Numeric</p> <p>21 – 26</p> <p>To calculate patient age, length of stay, for seasonal admissions analysis, to track transfers, to match record to other databases, etc.</p>
Field Edit Criteria:	
Error Code: 006 – 104 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Date of Admission Blank or Invalid Reason: The Date of Admission is blank or not a valid date. User Response: Correct the Date of Admission.
Relational Edit Criteria:	
Error Code: 006 – 300 Facility Record: Yes Physician Record: Yes Newborn Record: No	Error Report Message: Age Greater than 120 Years Reason: The patient's age as calculated by the Birth Date, Admit Date is >120 years. User Response: Correct the Birth Date and/or Admit Date.
Error Code: 006 – 301 Facility Record: No Physician Record: No Newborn Record: Yes	Error Report Message: Age > 28 Days, Newborn Record Reason: The patient's age at admission is >28 days but the Record Type entered in Field 1 indicates a payment for a newborn delivery. User Response: Correct the Admit Date, Birth Date and/or Record Type.
Error Code: 006 – 303 Facility Record: Yes Physician Record: Yes Newborn Record: No	Error Report Message: DOB Equal to Admit Date, Not Newborn Record Reason: The patient's Birth Date equals Admit Date but the Record Type entered in Field 1 does not indicate a payment for a newborn delivery. User Response: Correct the Admit Date, Birth Date and/or Record Type.
Error Code: 006 – 304 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: DOB After Admit Date Reason: The Patient's Birth Date is after the Admit Date. User Response: Correct the Admit Date and/or Birth Date.

Field 6	Date of Admission/Start of Care/First Date of Service
Error Code: 006 – 310 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Admit Date After Discharge Date Reason: The Admit Date or Discharge Date is invalid. User Response: Correct the Admit Date and/or Discharge Date.
Error Code: 006 – 315 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Age Invalid for Procedure Reason: A Procedure Code exists on the record that is only valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admit Date, Birth Date, and/or the Procedure Code.

Field 7	Date of Discharge/End of Care/Last Date of Service
Description	The final service date of patient care and the date that the patient was discharged from the provider's care.
Procedure	Use the format MMDDYY. Example: 112305
Field Size & Type	6 character field; Numeric
Record Location	27 – 32
Purpose	To calculate length of stay, seasonal admissions analysis, track transfers, and match to other databases.
Field Edit Criteria:	
Error Code: 007 – 105 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Discharge Date Blank or Invalid Reason: The Discharge Date is blank or not a valid date. User Response: Correct the Discharge Date.
Relational Edit Criteria:	
Error Code: 007 – 310 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Admit Date After Discharge Date Reason: The Admit Date or Discharge Date is invalid. User Response: Correct the Admit Date and/or Discharge Date.
Payor-Level Edit Criteria:	
Error Code: 007 – 902 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Discharge Date Greater than 90 Days Prior to Submission Quarter Reason: The record is submitted for the incorrect quarter/Discharge Date is invalid. User Response: Correct Discharge Date or submit the record in the proper quarter. This may be a clean-claim issue.

Field 8	Procedure Code (Physician Payments Reporting Only)
Description Procedure Field Size & Type Record Location Purpose	<p>Surgical Procedure Code, if any. Other procedure codes when available.</p> <p>The code structure must be consistent with the information provided in Field 18. This field is required if Field 11 is equal to a 02 or a 05. The field is optional if Field 11 is equal to a 01, 03, or 04. Use ICD-9-CM, HCPCS or CPT-4 codes. Left justify. Use decimal. Blank fill right. Leave blank if unknown.</p> <p>9 character field; Alphanumeric</p> <p>33 – 41</p> <p>To identify the principal reason for admission and identify patients with specific procedures.</p>
Field Edit Criteria:	
Error Code: 008 – 110 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Code Invalid Reason: The code is not a valid Procedure Code or is not in the correct format. User Response: Correct the Procedure Code.
Relational Edit Criteria:	
Error Code: 008 – 309 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Sex Invalid for Procedure Reason: A Procedure Code exists on the record that is not valid for this patient's sex. NOTE: only applicable to Record Types "2" and "3" (Physician Payments). User Response: Correct the Procedure Code(s) and/or Sex Code.
Error Code: 008 – 314 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Coding Method Invalid Reason: The Procedure Code listed in Field 8 is not a valid format for the Coding Method indicated. User Response: Correct the Procedure Coding Method or Procedure code.
Error Code: 008 – 315 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Age Invalid for Procedure Reason: A Procedure Code exists on the record that is only valid for a specific age range, but the age of the patient is not in that range. User Response: Correct the Admit Date, Birth Date, and/or the Procedure Code.
Error Code: 008 – 316 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Code and/or Coding Method Required for Type of Professional Service Listed is Blank Reason: A Procedure Code and a Procedure Coding Method exists on the record that is not valid for the Type of Professional Service listed in Field 11. NOTE: Mandatory for Type of Professional Service Record Types "02" and "05"; optional for types "01", "03" and "04". User Response: Correct the Procedure Code(s) and/or Type of Professional Service Code.

Field 9a – 9b	Uniform Identifier of Health Care Facility (Facility Payments Only)
<p>Description</p> <p>Procedure</p> <p>Field Size & Type</p> <p>Record Location</p> <p>Purpose</p>	<p>The number identifying the provider facility as assigned and used by PROMISE, Federal Tax ID or Medicare Number.</p> <p>9a:</p> <p>1 or A PROMISE Number 2 or B Federal Tax ID Number 3 or C Medicare Number</p> <p>9b:</p> <p>PROMISE Number (use first 9 characters), Federal Tax ID Number, or Medicare Number. Left justify, space fill right.</p> <p>The PROMISE Number is preferred. (Data sources using other numbering systems must provide a Facility ID file according to a format approved by the Council. The Facility ID file must have one number for each separately licensed facility.)</p> <p>11 character field; Alphanumeric</p> <p>9a: 42 9b: 43 – 52</p> <p>To identify the facility where treatment was provided.</p>
Field Edit Criteria:	
<p>Error Code: 009b – 114 Facility Record: Yes Physician Record: No Newborn Record: No</p>	<p>Error Report Message: Uniform Identifier of Facility Blank or Invalid</p> <p>Reason: Uniform Identifier of Facility is blank.</p> <p>User Response: Correct the Uniform Identifier of Facility by using a PROMISE Number, Federal Tax ID Number or Medicare Number.</p>
<p>Error Code: 009a – 120 Facility Record: Yes Physician Record: No Newborn Record: No</p>	<p>Error Report Message: First Character of Facility Identifier Invalid</p> <p>Reason: The first character in the Uniform Identifier of Facility Field is not a “1”, “2”, “3”, or “A”, “B”, or “C”.</p> <p>User Response: Correct the Uniform Identifier of Facility using the first character to indicate the type of identifier being provided.</p>

Field 10a, 10b, 10c, 10d	Physician ID (Physician Payments Reporting Only)
<p>Description</p> <p>Procedure</p> <p>Field Size & Type</p> <p>Record Location</p> <p>Purpose</p>	<p>The Pennsylvania State License Number, SSN, or Tax ID and the name of the physician responsible for the patient's care. Other Unique Provider Numbers may be acceptable with prior approval from the Council.</p> <p>10a: 1 or A = PA State License Number 2 or B = Social Security Number 3 or C = Tax ID Number 4 or D = Unique Provider Number (approved by the</p> <p>10b: = PA State License Number / SSN / Federal Tax ID</p> <p>10c: = Physician Last Name</p> <p>10d: = Physician First and Middle Initial</p> <p>Left justify.</p> <p>The PA State License Number is preferred. Data sources using other numbering systems must provide the Council with a file of physician ID numbers according to a format approved by the Council. This physician ID file must have one number for each separately licensed physician.</p> <p>22 character field; Alphanumeric</p> <p>10a: 53 10b: 54 – 62 10c: 63 – 72 10d: 73 – 74</p> <p>To identify services that were under the care of a specific physician.</p>
Field Edit Criteria:	
<p>Error Code: 010b – 115 Facility Record: No Physician Record: Yes Newborn Record: No</p>	<p>Error Report Message: Physician ID Blank or Invalid</p> <p>Reason: The Physician ID is blank or invalid.</p> <p>User Response: Correct the Physician's PA State License Number, Social Security Number or Federal Tax ID Number. If the number is correct, please contact the Data Collection Team. We will contact the Department of State Bureau of Professional and Occupational Affairs to verify this number and add it to our Database of Physician ID Numbers.</p>
<p>Error Code: 010a – 127 Facility Record: No Physician Record: Yes Newborn Record: No</p>	<p>Error Report Message: First Character of Physician Identifier Invalid</p> <p>Reason: The first character in the Physician ID Field is not a "1", "2", "3", "4", "A", "B", "C", or "D".</p> <p>User Response: Correct the Physician ID using the first character to indicate the type of identifier being provided.</p>

Field 11	Type of Professional Service (Physician Payments Reporting Only)
Description Procedure Field Size & Type Record Location Purpose	The type of service that the physician performed for which payment is expected. 01 Medical, Consulting, Psychiatric (Includes drug and alcohol abuse 02 Surgical, Obstetrics 03 Diagnostic, Radiological 04 Anesthetic 05 Assisted in Surgery 2 character field; Numeric 75 – 76 To identify the type of service provided.
Field Edit Criteria:	
Error Code: 011 – 118 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Type of Professional Service Blank or Invalid Reason: The Type of Service is blank or does not contain one of the values listed above. User Response: Correct the Type of Service.
Relational Edit Criteria:	
Error Code: 011 – 316 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Code and/or Coding Method Required for Type of Professional Service Listed is Blank. Reason: A Procedure Code and a Procedure Coding Method exists on the record that is not valid for the Type of Professional Service listed in Field 11. NOTE: Mandatory for Type of Professional Service Record Types “02” and “05”; optional for types “01”, “03” and “04”. User Response: Correct the Procedure Code(s) and/or Type of Professional Service Code.

Field 12	Units of Service (Physician Payments Reporting Only)
Description Procedure Field Size & Type Record Location Purpose	The total number of identical procedures or services, such as facility visits. Right justify. Zero fill left. 3 character field; Numeric 77 – 79 To identify the services provided during an episode of care.
Field Edit Criteria:	
Error Code: 012 – 119 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Units of Service Blank or Invalid Reason: The Units of Service entered are blank or invalid. User Response: Correct the Units of Service by entering a non-zero value.

Field 13	Total Charges
<p>Description</p> <p>Procedure</p> <p>Field Size & Type</p> <p>Record Location</p> <p>Purpose</p>	<p>The total charges pertaining to the current billing period as reflected by the begin date and end date.</p> <p>Facility or Newborn Total Charges: Place total charges as stated in the definition above; <u>OR</u></p> <p>Physician Total Charges Place the total charge for the procedure or service indicated in Fields 11 and 8. A separate record should be provided for individual charges. The multiple records should be indicated as follows:</p> <ol style="list-style-type: none"> In Field 1, place the number 3 or 4, which indicates that this record is a continuation of an episode of care. <u>Complete the following fields:</u> <ul style="list-style-type: none"> Field 8 Procedure Code Field 11 Type of Professional Service Field 13 Total Charges Field 14 Primary Payor Payments Field 15 Other Payments All other fields in a continuation record should be duplicated from the initial record for the episode, depending upon the format of each field. Right justify, zero fill left. No decimal. <p>8 character field; Numeric Characters 1 – 6 = whole dollars Characters 7 – 8 = cents</p> <p>80 – 87</p> <p>To measure the amount charged for services.</p>
Field Edit Criteria:	
<p>Error Code: 013 – 121 Facility Record: Yes Physician Record: Yes Newborn Record: Yes</p>	<p>Error Report Message: Total Charges Blank or Invalid</p> <p>Reason: Total charges must be positive. Field 13 cannot be negative (-) and must be numeric.</p> <p>User Response: Use only numeric charges. Investigate and correct negative charges if they exist.</p>

Field 14	Primary Payor Payments
<p>Description</p> <p>Procedure</p> <p>Field Size & Type</p> <p>Record Location</p> <p>Purpose</p>	<p>Total of all payments made by the Payor to the facility or other professional for services rendered to the patient for the episode of care indicated in Fields 6 and 7.</p> <p>Facility or Newborn Payments: Place total Primary Payor Payments as stated in definition above; OR</p> <p>Physician Payments: Place total Primary Payor Payments for the procedure or service indicated in Fields 11 and 8. A separate record should be provided for individual payments. The multiple records should be indicated as follows:</p> <ol style="list-style-type: none"> In Field 1, place the number 3 or 4, which indicates that this record is a continuation of the episode of care. <u>Complete the following fields:</u> <ul style="list-style-type: none"> Field 8 Procedure Code Field 11 Type of Professional Service Field 13 Total Charges Field 14 Primary Payor Payments Field 15 Other Payments All other fields in a continuation record should be duplicated from the initial record for the episode depending upon the format of each field. Right justify, zero fill left. No decimal. <p>8 character field, Numeric Character 1 – 6 = whole dollars Character 7 – 8 = cents</p> <p>88 – 95</p> <p>To measure the amount paid for services.</p>
Field Edit Criteria:	
<p>Error Code: 014 – 122 Facility Record: Yes Physician Record: Yes Newborn Record: Yes</p>	<p>Error Report Message: Primary Payor Payments Blank or Invalid</p> <p>Reason: Total payments must be zero or positive. Field 14 cannot be negative and must be numeric.</p> <p>User Response: Use only numeric payments. Investigate and correct negative payments if they exist.</p>

Field 15	Other Payments
<p>Description</p> <p>Procedure</p> <p>Field Size & Type</p> <p>Record Location</p> <p>Purpose</p>	<p>The sum of other payments made to the facility or professional. These sums may include patient responsibility (co-payments or deductibles) or payments from secondary payors (coordination of benefits).</p> <p>Facility or Newborn Other Payments: Place total of Other Payments as stated in definition above; <u>OR</u></p> <p>Physician Other Payments: Place the total of other payments for the procedure or service indicated in Fields 11 and 8. A separate record should be provided for individual charges. The multiple records should be indicated as follows:</p> <ol style="list-style-type: none"> In Field 1, place the number 3 or 4, which indicates that this record is a continuation of the episode of care. <u>Complete the following fields:</u> <ul style="list-style-type: none"> Field 8 Procedure Code Field 11 Type of Professional Service Field 13 Total Charges Field 14 Primary Payor Payments Field 15 Other Payments All other fields in a continuation record should be duplicated from the initial record for the episode, depending upon the format of each field. Right justify, zero fill left. No decimal. <p>8 character field; Numeric Characters 1 – 6 = whole dollars Characters 7 – 8 = cents</p> <p>96 – 103</p> <p>To measure the amount paid for services by someone other than the primary payor.</p>
Field Edit Criteria:	
<p>Error Code: 015 – 128 Facility Record: Yes Physician Record: Yes Newborn Record: Yes</p>	<p>Error Report Message: Other Payments Blank or Invalid</p> <p>Reason: Total payments must be zero or positive. Field 15 cannot be negative and must be numeric.</p> <p>User Response: Use only numeric payments. Investigate and correct negative payments if they exist.</p>

Field 16	Payor Group Number
Description Procedure Field Size & Type Record Location Purpose	The identification number or code used to identify the group under which the individual is covered. Left justify. 17 character field; Alphanumeric 104 – 120 To determine the group that provides insurance coverage for the patient.
Field Edit Criteria:	
Error Code: 016 – 123 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Payor Group Number Blank Reason: The Payor Group Number is blank. User Response: Enter the correct Payor Group Number.

Field 17	Patient Control Number (Facility Payments Reporting Only)
Description Procedure Field Size & Type Record Location Purpose	A unique code assigned by the payor that is used to identify a patient's bill. Right justify; zero fill left 17 character field; Alphanumeric 121 – 137 To identify a particular claim.
Field Edit Criteria:	
Error Code: 017 – 124 Facility Record: Yes Physician Record: No Newborn Record: No	Error Report Message: Patient Control Number Blank or Invalid. Reason: The Patient Control Number is blank or invalid. User Response: Enter the correct Patient Control Number.

Field 18	Procedure Coding Method Used (Physician Payments Reporting only)
Description Procedure Field Size & Type Record Location Purpose	An indicator that identifies the coding method used for procedure coding on this bill. 4 = CPT-4 5 = HCPCS (Healthcare Common Procedure Coding System) 9 = ICD-9-CM 1 character field; Numeric 138 To identify the type of coding method used for the principal procedure code.
Relational Edit Criteria:	
Error Code: 018 – 313 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Coding Method Code Blank or Invalid Reason: The code to indicate the type of Procedure Coding used is blank or not valid for the place of service (Field 2). User Response: Correct the Procedure Coding Method or place of service.
Error Code: 018 – 314 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Coding Method Invalid Reason: The Procedure Code listed in Field 8 is an invalid format for the Coding Method indicated. User Response: Correct the Procedure Coding Method or the Procedure Code.
Error Code: 018 – 316 Facility Record: No Physician Record: Yes Newborn Record: No	Error Report Message: Procedure Code and/or Coding Method Required for Type of Professional Service Listed is Blank. Reason: A Procedure Code and a Procedure Coding Method exists on the record that is not valid for the Type of Professional Service listed in Field 11. NOTE: Mandatory for Type of Professional Service Record Types “02” and “05”; optional for types “01”, “03” and “04”. User Response: Correct the Procedure Code(s) and/or Type of Professional Service Code.

Field 19	Patient's Relationship to Insured
Description Procedure Field Size & Type Record Location Purpose	A code indicating the relationship of the <u>Patient</u> to the insured. 01 = Self 02 = Spouse 03 = Child 04 = Other 2 character field; Numeric 139 – 140 To determine if the patient was the policyholder or a dependant.
Field Edit Criteria:	
Error Code: 019 – 125 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Patient Relationship Blank or Invalid Reason: Patient's Relationship is blank or does not contain one of the values listed above. User Response: Correct the Patient Relationship to Insured code.

Field 20	Certification/SSN/Health Insurance Claim Number
Description Procedure Field Size & Type Record Location Purpose	Insured's unique identification number assigned by the Payor organization. Left justify. 16 character field; Alphanumeric 141 – 156 To identify coverage under a specific insurance policy.
Field Edit Criteria:	
Error Code: 020 – 126 Facility Record: Yes Physician Record: Yes Newborn Record: Yes	Error Report Message: Certification Number is Blank. Reason: The Certification Number is blank. User Response: Enter the correct Certification Number.

Field 21	Reserve Field
Description	To be reserved for future use by the Council.
Procedure	Blank fill.
Field Size & Type	144 character field, Alphanumeric
Record Location	157 – 300
Purpose	

Trailer Record

Trailer Record Format

Data Element	Data Element Description	Position		Format
		From	To	
1	Total Records	1	10	Total number of records.
2	Total Claims	11	20	Total number of patients.
3	Total Physician Charges	21	31	Total of all physician charges.
4	Total Facility Charges	32	42	Total of all facility charges.
5	Total Physician Payments	43	53	Total of all physician payments.
6	Total Facility Payments	54	64	Total of all facility payments.
7	Total Other Payments (Physician)	65	75	Total of all Other Payments to Physicians.
8	Total Other Payments (Facility)	76	86	Total of all Other Payments to Facilities.
9	Filler	87	300	

Field 1	Total Records
Description	The total number of data records contained in the file, excluding the Header and Trailer Records.
Procedure	Right justify; zero fill left.
Field Size & Type	10 character field; Numeric
Record Location	1 – 10

Field 2	Total Claims
Description	The total number of claims contained in the file. Enter a count of all records where Field 1 is equal to "1" or "2".
Procedure	Right justify.
Field Size & Type	10 character field; Numeric
Record Location	11 – 20

Field 3	Total Physician Charges
Description	Total of all Physician Charges. Sum of all fields 13 (Total Charges) when Field 1 is equal to "2" or "3".
Procedure	Right justify. The last two digits are for cents. Characters 1 - 9 = dollars Characters 11 - 12 = cents
Field Size & Type	11 character field; Numeric
Record Location	21 – 31

Field 4	Total Facility Charges
Description	Total of all facility charges. Sum of all Fields 13 (Total Charges) where Field 1 is equal to "1" or "4".
Procedure	Right justify. The last two digits are for cents.
Field Size & Type	11 character field; Numeric
Record Location	32 – 42

Field 5	Total Physician Payments
Description	Total of all Physician Payments. Sum of all Fields 14 (Primary Payor Payments) where Field 1 is equal to "2" or "3".
Procedure	Right justify. The last two digits are for cents.
Field Size & Type	11 character field; Numeric
Record Location	43 – 53

Field 6	Total Facility Payments
Description	Total of all Facility Payments. Sum of all Fields 14 (Primary Payor Payments) when Field 1 is equal to "1" or "4".
Procedure	Right justify. The last two digits are for cents.
Field Size & Type	11 character field; Numeric
Record Location	54 – 64

Field 7	Total Other Payments (Physician)
Description	Total of all Other Payments to Physicians. Sum of all Fields 15 (Other Payments) where Field 1 is equal to "2" or "3".
Procedure	Right justify. The last two digits are for cents
Field Size & Type	11 character field; Numeric
Record Location	65 – 75

Field 8	Total Other Payments (Facility)
Description	Total of all Other Payments to Facilities. Sum of all Fields 15 (Other Payments) where Field 1 is equal to "1" or "4".
Procedure	Right justify. The last two digits are for cents.
Field Size & Type	11 character field; Numeric
Record Location	76 – 86

Field 9	Filler
Description	Reserved for future use by the Council.
Procedure	Blank fill.
Field Size & Type	214 character field; Alphanumeric
Record Location	87 – 300