

# **PENNSYLVANIA REPORTING MANUAL FOR INSURERS AND THIRD-PARTY PAYORS**



**Pennsylvania Health Care Cost Containment Council**  
**March 2011**  
**Revised: June 2011**

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# Table of Contents

Overview .....	1
Data File Layout for Member Eligibility File .....	4
Member Eligibility File: Data Element Descriptions .....	7
Data File Layout for Medical Claims File .....	19
Medical Claims File: Data Element Descriptions .....	24

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# Overview

## *Background*

The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency formed under Pennsylvania statute Act 89 of 1986, and amended by Act 3 of 2009. To help improve the quality and restrain the cost of health care, PHC4 promotes health care competition through the collection, analysis and public dissemination of uniform cost and quality-related information.

## *Purpose of this Manual*

Payors are required to submit health care data to the Council under Act 3 of 2009. This manual is designed to assist them with their data submissions.

Listed below are some important points to remember:

- ❑ Normally, data is submitted on a quarterly basis and is required 180 days after the close of each quarter (reporting period). Data must be submitted using PHC4's secure portal at <https://www.phc4submit.org>.
- ❑ The first four reporting-period data submissions cover the period January 1, 2010 to December 31, 2010, and will be due to the Council during the collection period July 1, 2011 to August 31, 2011. Payors who need additional time beyond this to submit their data for 2010 reporting-period data submissions should contact PHC4's Information Services Department.
- ❑ 2010 data should be submitted in four installments, with one submission for each quarter/reporting period.
- ❑ Validations will be performed on the data during or after receipt of the data file.
- ❑ Subsequent data submissions will follow this reporting schedule:

### **Reporting Period**

January 1, 2011 to March 31, 2011  
April 1, 2011 to June 30, 2011  
July 1, 2011 to September 30, 2011  
October 1, 2011 to December 31, 2011

### **Data Submission Due Date**

December 31, 2011  
December 31, 2011  
March 31, 2012  
June 30, 2012

## ***Reporting Requirements***

### *Member Eligibility Data File*

- ❑ Payors should submit a Member Eligibility file containing all Pennsylvania resident members who receive their benefits under a plan or policy issued in the Commonwealth and who are eligible for benefits for one or more days of coverage any time during the reporting period. Member eligibility information is used for patient identification matching purposes and to understand patterns of utilization and health care population dynamics.
  - The data file format is a fixed-width delimited flat text file.
  - Each line of the text file should contain a single member-month record.

- Each record must be 1197 characters long, with a carriage return-line feed after each record.
- An “end of file” marker must follow the line feed of the last record.
- Standard text characters with ASCII values between 32 and 126 are accepted.
- Characters not accepted:
  - ASCII values 31 or less (pagination characters such as but not limited to tabs or page breaks)
  - ASCII values 127 and higher (characters such as non-Latin characters such as Greek or Cyrillic letters -  $\alpha$ ,  $\beta$ ,  $\text{\ae}$ ,  $\Phi$ , etc., and letters with accent marks such as tildes, umlauts, graves, etc. -  $\text{\a}$ ,  $\text{\o}$ ,  $\text{\e}$ ,  $\text{\n}$ , etc.)
- The text file may be compressed into a zip file prior to sending.
- All fields are to be left-justified.

### *Medical Claims Data File*

- Payers should submit a Medical Claims file containing paid-claim records for hospital inpatient discharges during the reporting period. This should include records for (1) all services rendered, including professional services, for an inpatient hospitalization from date of admission to date of discharge; (2) all services related to the hospitalization, including, but not limited to, testing, radiology and laboratory procedures rendered within three days of the admission date; and (3) emergency-department services related to the hospitalization.
  - The “Date of Service -Thru” (Field 60) date should be used to determine in which reporting period the paid-claim/service record should be reported. For example, an inpatient admission paid claim with a “Date of Service – Thru” date corresponding to April 20, 2010, should be reported for the second quarter (reporting period) of 2010.
  - Only final paid-claim records should be submitted. Any paid-claim records associated with the reporting period that have not been fully processed by the data submission due date should be submitted at the next data submission.
- The data file format is a fixed-width delimited flat text file.
  - Each line of the text file should contain a single service-line claim record.
  - Each record must be 1552 characters long, with a carriage return-line feed after each record.
  - An “end of file” marker must follow the line feed of the last record.
  - Standard text characters with ASCII values between 32 and 126 are accepted.
  - Characters not accepted:
    - ASCII values 31 or less (pagination characters such as but not limited to tabs or page breaks)
    - ASCII values 127 and higher (characters such as non-Latin characters such as Greek or Cyrillic letters -  $\alpha$ ,  $\beta$ ,  $\text{\ae}$ ,  $\Phi$ , etc., and letters with accent marks such as tildes, umlauts, graves, etc. -  $\text{\a}$ ,  $\text{\o}$ ,  $\text{\e}$ ,  $\text{\n}$ , etc.)
  - The text file may be compressed into a zip file prior to sending.
  - All fields are to be left-justified except fields having dollar amounts, which should be right-justified. These specific fields are noted in the data element descriptions.

*Reference Note:* The Reference line in the data element descriptions provides information for payors to “map” to standard 270 /271 (HIPAA Reference ASC X12N/004010 Transaction Set/Loop/Segment ID/Code Value/Reference Designator) and 837/835 (HIPAA Reference ASC X12N/005010Transaction Set/Loop/Segment ID/Code Value/Reference Designator) transactions.

*Where to Send the Files*

- Data must be submitted using PHC4’s secure portal at <https://www.phc4submit.org>.
- Data reporting schedules are located on PHC4’s website at <http://www.phc4.org>.

# Data File Layout

## Member Eligibility File

Data Element	Data Element Description	From	To	Data Type	Formatting Notes
1	Payer	1	128	X(128)	
2	National Plan ID	129	158	X(30)	
3	Insurance Type Code/Product	159	160	X(2)	Codes differ from data element in Medical Claims file
4	Year	161	164	9(4)	Use CCYY as year format
5	Month	165	166	9(2)	Use MM as month format
6	Insured Group or Policy Number	167	196	X(30)	
7	Coverage Level Code	197	199	X(3)	
8	Subscriber Social Security Number	200	208	9(9)	Do not use hyphen
9	Plan Specific Contract Number	209	238	X(30)	
10	Member Suffix or Sequence Number	239	258	9(20)	
11	Member Identification Code	259	267	9(9)	Do not use hyphen
12	Individual Relationship Code	268	269	9(2)	
13	Member Gender	270	270	X(1)	
14	Member Date of Birth	271	278	9(8)	Use MMDCCYY as date format
15	Member City Name	279	308	X(30)	
16	Member State or Province	309	310	X(2)	
17	Member ZIP Code	311	319	9(9)	Omit dash between two sets of numerals
18	Medical Coverage	320	320	X(1)	
19	Prescription Drug Coverage	321	321	X(1)	
20a	Patient Race	322	322	X(1)	
20b	Patient Hispanic/Latino Origin or Descent	323	323	X(1)	
21	Primary Insurance Indicator	324	324	X(1)	
22	Coverage Type	325	327	X(3)	
23	Market Category Code	328	331	X(4)	
24	Special Coverage	332	334	9(3)	Leave blank
25	Group Name	335	462	X(128)	
26	Health Care Home Assigned Flag	463	463	X(1)	Leave blank
27	Health Care Home Number	464	473	X(10)	Leave blank
28	Health Care Home Tax ID Number	474	493	X(20)	Leave blank

<b>Data Element</b>	<b>Data Element Description</b>	<b>From</b>	<b>To</b>	<b>Data Type</b>	<b>Formatting Notes</b>
29	Health Care Home National Provider ID	494	553	X(60)	Leave blank
30	Health Care Home Name	554	681	X(128)	Leave blank
31	Subscriber Last Name	682	809	X(128)	
32	Subscriber First Name	810	937	X(128)	
33	Subscriber Middle Initial	938	938	X(1)	
34	Member Last Name	939	1066	X(128)	
35	Member First Name	1067	1194	X(128)	
36	Member Middle Initial	1195	1195	X(1)	
37	Record Type	1196	1197	X(2)	Value = ME



# Data Element Descriptions

## Member Eligibility File

<b>Field 1</b>	<b>Payer</b>
<b>Description</b>	Payer submitting payments.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	1-128
<b>Reference</b>	

<b>Field 2</b>	<b>National Plan ID</b>
<b>Description</b>	CMS National Plan Identification Number
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	129-158
<b>Reference</b>	271/2100A/NM1/XV/09

Field 3	Insurance Type Code/Product
<p><b>Description</b></p> <p><b>Procedure</b></p>	<p>These codes differ from the codes for this data element in the Medical Claims file.</p> <p>12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan</p> <p>13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan</p> <p>14 Medicare Secondary, No-fault insurance including insurance in which auto is primary</p> <p>15 Medicare Secondary Worker's Compensation</p> <p>16 Medicare Secondary Public Health Service or Other Federal Agency</p> <p>41 Medicare Secondary Black Lung</p> <p>42 Medicare Secondary Veteran's Administration</p> <p>43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)</p> <p>47 Medicare Secondary, Other Liability Insurance is Primary</p> <p>CP Medicare Conditionally Primary</p> <p>D Disability</p> <p>DB Disability Benefits</p> <p>EP Exclusive Provider Organization (for self-insured risks)</p> <p>HM Health Maintenance Organization (HMO)</p> <p>HN Health Maintenance Organization (HMO) Medicare Advantage</p> <p>HS Special Low Income Medicare Beneficiary</p> <p>IN Indemnity</p> <p>MA Medicare Part A</p> <p>MB Medicare Part B</p> <p>MC Medicaid</p> <p>MD Medicare Part D</p> <p>MH Medigap Part A</p> <p>MI Medigap Part B</p> <p>MP Medicare Primary</p> <p>PC Personal Care</p> <p>PE Property Insurance – Personal</p> <p>PR Preferred Provider Organization (PPO)</p> <p>PS Point of Service (POS)</p> <p>QM Qualified Medicare Beneficiary</p> <p>SP Supplemental Policy</p> <p>WC Workers' Compensation</p> <p>AP Auto Insurance Policy</p> <p>LC Long Term Care</p> <p>LD Long Term Policy</p> <p>LI Life Insurance</p> <p>LT Litigation</p>

<b>Field 3</b>	<b>Insurance Type Code/Product</b>
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	159-160
<b>Reference</b>	271/2110C/EB//04, 271/2110D/EB//04

<b>Field 4</b>	<b>Year</b>
<b>Description</b>	Year for which eligibility is reported in this submission
<b>Procedure</b>	Use CCYY as year format.
<b>Field Size &amp; Type</b>	4 character field; Numeric
<b>Record Location</b>	161-164

<b>Field 5</b>	<b>Month</b>
<b>Description</b>	Month for which eligibility is reported in this submission
<b>Procedure</b>	Use MM as month format.
<b>Field Size &amp; Type</b>	2 character field; Numeric
<b>Record Location</b>	165-166

<b>Field 6</b>	<b>Insured Group or Policy Number</b>
<b>Description</b>	Group or policy number, not the number that uniquely identifies the subscriber.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	167-196
<b>Reference</b>	271/2100C/REF/1L/02, 271/2100C/REF/IG/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/IG/02, 271/2100D/REF/6P/02,

<b>Field 7</b>	<b>Coverage Level Code</b>
<b>Description</b>	Benefit coverage level
<b>Procedure</b>	CHD Children Only DEP Dependents Only ECH Employee and Children EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only
<b>Field Size &amp; Type</b>	3 character field; Alphanumeric
<b>Record Location</b>	197-199
<b>Reference</b>	271/2110C/EB/ /02, 271/2110D/EB/ /02

<b>Field 8</b>	<b>Subscriber SSN</b>
<b>Description</b>	Subscriber's Social Security Number
<b>Procedure</b>	(Zero-fill if number is unavailable) Do not use hyphen.
<b>Field Size &amp; Type</b>	9 character field; Numeric
<b>Record Location</b>	200-208
<b>Reference</b>	

<b>Field 9</b>	<b>Plan Specific Contract Number</b>
<b>Description</b>	Plan assigned subscriber's contract number
<b>Procedure</b>	Do not include values in this field that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of his/her dependents together.
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	209-238
<b>Reference</b>	271/2100C/NM1/MI/09

<b>Field 10</b>	<b>Member Suffix or Sequence Number</b>
<b>Description</b>	Uniquely numbers the member within the contract.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	20 character field; Numeric
<b>Record Location</b>	239-258
<b>Reference</b>	

<b>Field 11</b>	<b>Member Identification Code</b>
<b>Description</b>	Member's SSN.
<b>Procedure</b>	(Zero-fill if number is unavailable.) Do not use hyphen.
<b>Field Size &amp; Type</b>	9 character field; Numeric
<b>Record Location</b>	259-267
<b>Reference</b>	271/2100C/NM1/MI/09, 271/2100D/NM1/MI/09

<b>Field 12</b>	<b>Individual Relationship Code</b>
<b>Description</b>	Member's relationship to insured.
<b>Procedure</b>	01 Spouse 18 Self 21 Unknown 19 Child 34 Other Adult
<b>Field Size &amp; Type</b>	2 character field; Numeric
<b>Record Location</b>	268 -269
<b>Reference</b>	271/2100C/INS/Y/02, 271/2100D/INS/N/02

<b>Field 13</b>	<b>Member Gender</b>
<b>Description</b>	Member Gender
<b>Procedure</b>	M = Male F = Female U = Unknown
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	270
<b>Reference</b>	

<b>Field 14</b>	<b>Member Date of Birth</b>
<b>Description</b>	
<b>Procedure</b>	MMDDCCYY
<b>Field Size &amp; Type</b>	8 character field; Numeric
<b>Record Location</b>	271-278
<b>Reference</b>	

<b>Field 15</b>	<b>Member City Name</b>
<b>Description</b>	City name associated with member
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	279-308
<b>Reference</b>	271/2100C/N4/ /01, 271/2100D/N4/ /01

<b>Field 16</b>	<b>Member State</b>
<b>Description</b>	As defined by the US Postal Service
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	309-310
<b>Reference</b>	271/2100C/N4/ /02, 271/2100D/N4/ /02

<b>Field 17</b>	<b>Member ZIP Code</b>
<b>Description</b>	Zip code of member
<b>Procedure</b>	Do not include dash. Leave the last four characters blank if the +4 extension is unknown.
<b>Field Size &amp; Type</b>	9 character field; Numeric
<b>Record Location</b>	311-319
<b>Reference</b>	271/2100C/N4/ /03, 271/2100D/N4/ /03

<b>Field 18</b>	<b>Medical Coverage</b>
<b>Description</b>	Does the member have medical coverage?
<b>Procedure</b>	Y = yes; N = no.
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	320
<b>Reference</b>	

<b>Field 19</b>	<b>Prescription Drug Coverage</b>
<b>Description</b>	Does the member have prescription drug coverage?
<b>Procedure</b>	Y = yes; N = no.
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	321
<b>Reference</b>	

<b>Field 20a</b>	<b>Patient Race</b>
<b>Description</b>	Patient's/Member's racial background.
<b>Procedure</b>	W = White Alone B = Black Alone A = Asian Alone I = American Indian and Alaskan Native Alone P = Native Hawaiian or Other Pacific Islander M = Two or More Race Groups N = Other U = Unknown
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	322
<b>Reference</b>	

<b>Field 20b</b>	<b>Patient Hispanic/Latino Origin or Descent</b>
<b>Description</b>	Hispanic/Latino origin refers to people whose origins are from Spain, Mexico, or the Spanish speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality lineage, or country in which the person or his/her ancestors were born before their arrival in the United States.
<b>Procedure</b>	1 = Yes, the patient is of Hispanic origin or descent. 2 = No, the patient is not of Hispanic origin or descent.
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	323
<b>Reference</b>	

<b>Field 21</b>	<b>Primary Insurance Indicator</b>
<b>Description</b>	Indicates whether coverage under member's plan or policy is primary.
<b>Procedure</b>	Y = Yes, this is primary insurance; N = No, secondary or tertiary insurance.
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	324
<b>Reference</b>	



Field 22	Coverage Type
<b>Description</b> <b>Procedure</b>  <b>Field Size &amp; Type</b> <b>Record Location</b> <b>Reference</b>	ASW – self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage ASO – self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess, insurance coverage STN – short-term, non-renewable health insurance UND – plans underwritten by the insurer OTH – any other plan.  3 character field; Alphanumeric 325-327

Field 23	Market Category Code
<b>Description</b> <b>Procedure</b>  <b>Field Size &amp; Type</b> <b>Record Location</b> <b>Reference</b>	The market the policy is sold into.  IND – policies sold and issued directly to individuals (non-group) FCH – policies sold and issued directly to individuals on a franchise basis GCV – policies sold and issued directly to individuals as group conversion policies GS1 – policies sold and issued directly to employers having exactly one employee GS2 – policies sold and issued directly to employers having between two and nine employees GS3 – policies sold and issued directly to employers having between 10 and 25 employees GS4 – policies sold and issued directly to employers having between 26 and 50 employees GLG1 – policies sold and issued directly to employers having between 51 and 99 employees GLG2 – policies sold and issued directly to employers having 100 or more employees GSA – policies sold and issued directly to small employers through a qualified association trust OTH – policies sold to other types of entities.  4 character field; Alphanumeric 328-331

<b>Field 24</b>	<b>Special Coverage</b>
<b>Description</b>	Future element reserved for assignment.
<b>Procedure</b>	Leave blank.
<b>Field Size &amp; Type</b>	3 character field.
<b>Record Location</b>	332-334
<b>Reference</b>	

<b>Field 25</b>	<b>Group Name</b>
<b>Description</b>	Group name.
<b>Procedure</b>	Group name or IND for individual policies, and BLANK if data is not available.
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	335-462
<b>Reference</b>	

<b>Field 26</b>	<b>Health Care Home Assigned Flag</b>
<b>Description</b>	Future element reserved for assignment.
<b>Procedure</b>	Leave blank.
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	463
<b>Reference</b>	

<b>Field 27</b>	<b>Health Care Home Number</b>
<b>Description</b>	Future element reserved for assignment.
<b>Procedure</b>	Leave blank.
<b>Field Size &amp; Type</b>	10 character field; Alphanumeric
<b>Record Location</b>	464-473
<b>Reference</b>	

<b>Field 28</b>	<b>Health Care Home Tax ID Number</b>
<b>Description</b>	Future element reserved for assignment.
<b>Procedure</b>	Leave blank.
<b>Field Size &amp; Type</b>	20 character field; Alphanumeric
<b>Record Location</b>	474-493
<b>Reference</b>	

<b>Field 29</b>	<b>Health Care Home National Provider ID</b>
<b>Description</b>	Future element reserved for assignment.
<b>Procedure</b>	Leave blank.
<b>Field Size &amp; Type</b>	60 character field; Alphanumeric
<b>Record Location</b>	494-553
<b>Reference</b>	

<b>Field 30</b>	<b>Health Care Home Name</b>
<b>Description</b>	Future element reserved for assignment.
<b>Procedure</b>	Leave blank.
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	554-681
<b>Reference</b>	

<b>Field 31</b>	<b>Subscriber's Last Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	682-809
<b>Reference</b>	271/2100C/NM1/ /03

<b>Field 32</b>	<b>Subscriber's First Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	810-937
<b>Reference</b>	271/2100C/NM1/ /04

<b>Field 33</b>	<b>Subscriber's Middle Initial</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	938
<b>Reference</b>	271/2100C/NM1/ /05

<b>Field 34</b>	<b>Member's Last Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	939-1066
<b>Reference</b>	271/2100D/NM1/ /03

<b>Field 35</b>	<b>Member's First Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	1067-1194
<b>Reference</b>	271/2100D/NM1/ /04

<b>Field 36</b>	<b>Member's Middle Initial</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	1195
<b>Reference</b>	271/2100D/NM1/ /05

<b>Field 37</b>	<b>Record Type</b>
<b>Description</b>	Indicates the type of record being submitted, in this case, Member Eligibility.
<b>Procedure</b>	Value = ME.
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	1196-1197
<b>Reference</b>	

# Data File Layout

## Medical Claims File

Data Element	Data Element Description	From	To	Data Type	Formatting Notes
1	Payer	1	128	X(128)	
2	National Plan ID	129	158	X(30)	
3	Insurance Type/Product Code	159	160	X(2)	
4	Payer Claim Control Number	161	195	X(35)	
5	Line Counter	196	199	9(4)	
5a	Version Number	200	203	9(4)	
6	Insured Group or Policy Number	204	233	X(30)	
7	Subscriber Social Security Number	234	242	9(9)	Do not use hyphen
8	Plan Specific Contract Number	243	272	X(30)	
9	Member Suffix or Sequence Number	273	292	9(20)	
10	Member Identification Code	293	301	9(9)	Do not use hyphen
11	Individual Relationship Code	302	303	9(2)	
12	Member Gender	304	304	X(1)	
13	Member Date of Birth	305	312	9(8)	Use MMDDCCYY as date format
14	Member City Name	313	342	X(30)	
15	Member State	343	344	X(2)	
16	Member ZIP Code	345	353	9(9)	Omit dash between two sets of numerals
17	Date Service Approved/Accounts Payable Date/Actual Paid Date	354	361	X(8)	Use MMDDCCYY as date format
18	Admission Date	362	369	9(8)	Use MMDDCCYY as date format
19	Admission Hour	370	373	9(4)	Expressed in military time: HHMM
20	Admission Type	374	374	9(1)	
21	Admission Source	375	375	X(1)	
22	Discharge Hour	376	379	9(4)	Expressed in military time: HHMM
23	Discharge Status	380	381	9(2)	
24	Service Provider Number	382	411	X(30)	
25	Service Provider Tax ID Number	412	421	X(10)	
26	National Service Provider ID	422	441	X(20)	
27	Service Provider Entity Type Qualifier	442	442	X(1)	
28	Service Provider First Name	443	467	X(25)	Leave blank if provider is a facility or organization

Data Element	Data Element Description	From	To	Data Type	Format
29	Service Provider Middle Name	468	492	X(25)	Leave blank if provider is a facility or organization
30	Service Provider Last Name or Organization Name	493	552	X(60)	
31	Service Provider Suffix	553	562	X(10)	Leave blank if provider is a facility or organization
32	Service Provider Specialty	563	572	X(10)	
33	Service Provider City Name	573	602	X(30)	
34	Service Provider State or Province	603	604	X(2)	
35	Service Provider ZIP Code	605	613	9(9)	Do not include dash
36	Type of Bill – Institutional	614	615	9(2)	Not to be used for professional claims
37	Facility Type - Professional	616	617	X(2)	Not to be used for institutional claims
38	Claim Status	618	619	9(2)	
39	Admitting Diagnosis	620	626	X(7)	Do not code decimal point
40	E-Code	627	633	X(7)	Do not code decimal point
41	Principal Diagnosis	634	640	X(7)	Do not code decimal point
42	Other Diagnosis – 1	641	647	X(7)	Do not code decimal point
43	Other Diagnosis – 2	648	654	X(7)	Do not code decimal point
44	Other Diagnosis – 3	655	661	X(7)	Do not code decimal point
45	Other Diagnosis – 4	662	668	X(7)	Do not code decimal point
46	Other Diagnosis – 5	669	675	X(7)	Do not code decimal point
47	Other Diagnosis – 6	676	682	X(7)	Do not code decimal point
48	Other Diagnosis – 7	683	689	X(7)	Do not code decimal point
49	Other Diagnosis – 8	690	696	X(7)	Do not code decimal point
50	Other Diagnosis – 9	697	703	X(7)	Do not code decimal point
51	Other Diagnosis – 10	704	710	X(7)	Do not code decimal point
52	Other Diagnosis – 11	711	717	X(7)	Do not code decimal point
53	Other Diagnosis – 12	718	724	X(7)	Do not code decimal point
54	Revenue Code	725	734	9(10)	
55	Procedure Code	735	744	X(10)	
56	Procedure Modifier – 1	745	746	X(2)	
57	Procedure Modifier – 2	747	748	X(2)	

Data Element	Data Element Description	From	To	Data Type	Format
58	ICD-9-CM Procedure Code	749	755	X(7)	Do not code decimal point
59	Date of Service – From	756	763	9(8)	Use MMDDCCYY as date format
60	Date of Service – Thru	764	771	9(8)	Use MMDDCCYY as date format
61	Quantity	772	774	9(3)	
62	Charge Amount	775	784	9(10)	Use DDDDC format. Do not code decimal point. <b>RIGHT-JUSTIFY.</b>
63	Paid Amount	785	794	9(10)	Use DDDDC format. Do not code decimal point. <b>RIGHT-JUSTIFY.</b>
64	Prepaid Amount	795	804	9(10)	For capitated services. Use DDDDC format. Do not code decimal point. <b>RIGHT-JUSTIFY.</b>
65	Co-pay Amount	805	814	9(10)	Use DDDDC format. Do not code decimal point. <b>RIGHT-JUSTIFY.</b>
66	Coinsurance Amount	815	824	9(10)	Use DDDDC format. Do not code decimal point. <b>RIGHT-JUSTIFY.</b>
67	Deductible Amount	825	834	9(10)	Use DDDDC format. Do not code decimal point. <b>RIGHT-JUSTIFY.</b>
68	Patient Account/Control Number	835	858	X(24)	
69	Discharge Date	859	866	9(8)	Use MMDDCCYY for date format
70	Service Provider Country Name	867	896	X(30)	Code US for United States
71	DRG	897	906	X(10)	
72	DRG Version	907	908	9(2)	
73	APC	909	912	X(4)	
74	APC Version	913	914	X(2)	
75	Drug Code	915	925	X(11)	
76	Billing Provider Number	926	955	X(30)	
77	National Billing Provider ID	956	975	X(20)	
78	Billing Provider Last Name or Organization Name	976	1035	X(60)	
79	Subscriber Last Name	1036	1163	X(128)	
80	Subscriber First Name	1164	1291	X(128)	
81	Subscriber Middle Initial	1292	1292	X(1)	
82	Member Last Name	1293	1420	X(128)	



<b>Data Element</b>	<b>Data Element Description</b>	<b>From</b>	<b>To</b>	<b>Data Type</b>	<b>Format</b>
83	Member First Name	1421	1548	X(128)	
84	Member Middle Initial	1549	1549	X(1)	
85	Capitated Services Indicator	1550	1550	9(1)	
86	Record Type	1551	1552	X(2)	Value = MC

# Data Element Descriptions

## Medical Claims File

<b>Field 1</b>	<b>Payer</b>
<b>Description</b>	Payer submitting payments.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	1-128
<b>Reference</b>	

<b>Field 2</b>	<b>National Plan ID</b>
<b>Description</b>	CMS National Plan Identification Number
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	129-158
<b>Reference</b>	837/2010BB/NM1/XV/09



<b>Field 5</b>	<b>Line Counter</b>
<b>Description</b>	Line number for this service
<b>Procedure</b>	The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.
<b>Field Size &amp; Type</b>	4 character field; Numeric
<b>Record Location</b>	196-199
<b>Reference</b>	837/2400/LX/ /01

<b>Field 5a</b>	<b>Version Number</b>
<b>Description</b>	The version number of this claim service line.
<b>Procedure</b>	The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line.
<b>Field Size &amp; Type</b>	4 character field; Numeric
<b>Record Location</b>	200-203
<b>Reference</b>	

<b>Field 6</b>	<b>Insured Group or Policy Number</b>
<b>Description</b>	Group or policy number, not the number that uniquely identifies the subscriber.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	204-233
<b>Reference</b>	837/2000B/SBR/ /03

<b>Field 7</b>	<b>Subscriber SSN</b>
<b>Description</b>	Subscriber's Social Security Number
<b>Procedure</b>	(Zero-fill if number is unavailable) Do not use hyphen.
<b>Field Size &amp; Type</b>	9 character field; Numeric
<b>Record Location</b>	234-242
<b>Reference</b>	

<b>Field 8</b>	<b>Plan Specific Contract Number</b>
<b>Description</b>	Plan-assigned contract number
<b>Procedure</b>	Do not include values in this field that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of his/her dependents together.
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	243-272
<b>Reference</b>	835/2100/NM1/HN/09

<b>Field 9</b>	<b>Member Suffix or Sequence Number</b>
<b>Description</b>	Uniquely numbers the member within the contract.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	20 character field; Numeric
<b>Record Location</b>	273-292
<b>Reference</b>	

<b>Field 10</b>	<b>Member Identification Code</b>
<b>Description</b>	Patient's/Member's Social Security Number.
<b>Procedure</b>	(Zero-fill if number is unavailable.) Do not use hyphen.
<b>Field Size &amp; Type</b>	9 character field; Numeric
<b>Record Location</b>	293-301
<b>Reference</b>	835/2100/NM1/MI/09



<b>Field 13</b>	<b>Member Date of Birth</b>
<b>Description</b>	
<b>Procedure</b>	MMDDCCYY
<b>Field Size &amp; Type</b>	8 character field; Numeric
<b>Record Location</b>	305-312
<b>Reference</b>	

<b>Field 14</b>	<b>Member City Name</b>
<b>Description</b>	City name associated with member
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	313-342
<b>Reference</b>	837/2010CA/DMG/D8/02

<b>Field 15</b>	<b>Member State</b>
<b>Description</b>	As defined by the US Postal Service
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	343-344
<b>Reference</b>	837/2010CA/N4/ /02

<b>Field 16</b>	<b>Member ZIP Code</b>
<b>Description</b>	Zip code of member
<b>Procedure</b>	Omit dash between two sets of numerals. Leave the last four characters blank if the +4 extension is unknown.
<b>Field Size &amp; Type</b>	9 character field; Numeric
<b>Record Location</b>	345-353
<b>Reference</b>	837/2010CA/N4/ /02

<b>Field 17</b>	<b>Date Service Approved/Accounts Payable Date/Actual Paid Date</b>
<b>Description</b>	Date Service Approved.
<b>Procedure</b>	MMDDCCYY
<b>Field Size &amp; Type</b>	8 character field; Numeric
<b>Record Location</b>	354-361
<b>Reference</b>	



<b>Field 18</b>	<b>Admission Date</b>
<b>Description</b>	Required for all inpatient claims.
<b>Procedure</b>	MMDDCCYY
<b>Field Size &amp; Type</b>	8 character field; Numeric
<b>Record Location</b>	362-369
<b>Reference</b>	

<b>Field 19</b>	<b>Admission Hour</b>
<b>Description</b>	Required for all inpatient claims.
<b>Procedure</b>	Time is expressed in military time: HHMM
<b>Field Size &amp; Type</b>	4 character field; Numeric
<b>Record Location</b>	370-373
<b>Reference</b>	837/2300/DTP/435/03

<b>Field 20</b>	<b>Admission Type</b>
<b>Description</b>	Required for all inpatient claims
<b>Procedure</b>	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information not available
<b>Field Size &amp; Type</b>	1 character field; Numeric
<b>Record Location</b>	374
<b>Reference</b>	837/2300/CL1/ /01

<b>Field 21</b>	<b>Admission Source</b>
<b>Description</b>	Required for all inpatient claims. The point of patient origin for admission or visit.
<b>Procedure</b>	See external code source, the National Uniform Billing Committee, for data element coding specifications.
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	375
<b>Reference</b>	837/2300/CL1/ /02

<b>Field 22</b>	<b>Discharge Hour</b>
<b>Description</b>	Required for all inpatient claims.
<b>Procedure</b>	Time expressed in military time: HHMM
<b>Field Size &amp; Type</b>	4 character field; Numeric
<b>Record Location</b>	376-379
<b>Reference</b>	837/2300/DTP/096/03

<b>Field 23</b>	<b>Discharge Status</b>
<b>Description</b>	Required for all inpatient claims
<b>Procedures</b>	<ul style="list-style-type: none"> <li>01 Discharged to home or self care</li> <li>02 Discharged/transferred to another short term general hospital for inpatient care</li> <li>03 Discharged/transferred to skilled nursing facility (SNF)</li> <li>04 Discharged/transferred to nursing facility (NF)</li> <li>05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution</li> <li>06 Discharged/transferred to home under care of organized home health service organization</li> <li>07 Left against medical advice or discontinued care</li> <li>08 Discharged/transferred to home under care of a Home IV provider</li> <li>09 Admitted as an inpatient to this hospital</li> <li>20 Expired</li> <li>30 Still patient or expected to return for outpatient services</li> <li>40 Expired at home</li> <li>41 Expired in a medical facility</li> <li>42 Expired, place unknown</li> <li>43 Discharged/ transferred to a Federal Hospital</li> <li>50 Hospice – home</li> <li>51 Hospice – medical facility</li> <li>61 Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed</li> <li>62 Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital</li> <li>63 Discharged/transferred to a long-term care hospital</li> <li>64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare</li> </ul>
<b>Field Size &amp; Type</b>	2 character field; Numeric
<b>Record Location</b>	380-381
<b>Reference</b>	837/2300/CL1/ /03

<b>Field 24</b>	<b>Service Provider Number</b>
<b>Description</b>	As assigned by payer. To capture the provider that rendered the service.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	382-411
<b>Reference</b>	835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09

<b>Field 25</b>	<b>Service Provider Tax ID Number</b>
<b>Description</b>	Federal taxpayer's identification number
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	10 character field; Alphanumeric
<b>Record Location</b>	412-421
<b>Reference</b>	835/2100/NM1/FI/09

<b>Field 26</b>	<b>National Service Provider ID</b>
<b>Description</b>	National Provider ID. This data element pertains to the entity or individual directly providing the service.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	20 character field; Alphanumeric
<b>Record Location</b>	422-441
<b>Reference</b>	Professional providers: 837/2420A/NM1/XX/09; 837/2310B/NM1/XX/09; Institutional providers: 837/2420A/NM1/XX/09; 837/2420C/NM1/XX/09; 837/2310A/NM1/XX/09

<b>Field 27</b>	<b>Service Provider Entity Type Qualifier</b>
<b>Description</b>	HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a "person", and these shall be coded as a person
<b>Procedure</b>	Health care claims processors shall code according to: 1 = Person 2 = Non-Person Entity
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	442
<b>Reference</b>	professional: 837/2420A/NM1/82/02; 837/2310B/NM1/82/02; institutional: 837/2420A/NM1/72/02; 837/2420C/NM1/82/02; 837/2310A/NM1/71/02

<b>Field 28</b>	<b>Service Provider First Name</b>
<b>Description</b>	Individual first name.
<b>Procedure</b>	Set to null if provider is a facility or organization.
<b>Field Size &amp; Type</b>	25 character field; Alphanumeric
<b>Record Location</b>	443-467
<b>Reference</b>	professional: 837/2420A/NM1/82/04; 837/2310B/NM1/82/04; institutional: 837/2420A/NM1/72/04; 837/2420C/NM1/82/04; 837/2310A/NM1/71/04

<b>Field 29</b>	<b>Service Provider Middle Name</b>
<b>Description</b>	Individual middle name or initial.
<b>Procedure</b>	Set to null if provider is a facility or organization.
<b>Field Size &amp; Type</b>	25 character field; Alphanumeric
<b>Record Location</b>	468-492
<b>Reference</b>	professional: 837/2420A/NM1/82/05; 837/2310B/NM1/82/05; institutional: 837/2420A/NM1/72/05; 837/2420C/NM1/82/05; 837/2310A/NM1/71/05

<b>Field 30</b>	<b>Service Provider Last Name or Organization Name</b>
<b>Description</b>	Full name of provider organization or last name of individual provider.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	60 character field; Alphanumeric
<b>Record Location</b>	493-552
<b>Reference</b>	professional: 837/2420A/NM1/82/03; 837/2310B/NM1/82/03; institutional: 837/2420A/NM1/72/03; 837/2420C/NM1/82/03; 837/2310A/NM1/71/03

<b>Field 31</b>	<b>Service Provider Suffix</b>
<b>Description</b>	Suffix to individual name. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III), if applicable, rather than the clinician's degree (e.g., MD, LCSW).
<b>Procedure</b>	Set to null if provider is a facility or organization.
<b>Field Size &amp; Type</b>	10 character field; Alphanumeric
<b>Record Location</b>	553-562
<b>Reference</b>	professional: 837/2420A/NM1/82/07; 837/2310B/NM1/82/07; institutional: 837/2420A/NM1/72/07; 837/2420C/NM1/82/07; 837/2310A/NM1/71/07

<b>Field 32</b>	<b>Service Provider Specialty</b>
<b>Description</b>	As defined by payer.
<b>Procedure</b>	Dictionary for specialty code values must be supplied by payer.
<b>Field Size &amp; Type</b>	10 character field; Alphanumeric
<b>Record Location</b>	563-572
<b>Reference</b>	professional: 837/2420A/PRV/PE/03; 837/2310B/PRV/PE/03; institutional: 837/2310A/PRV/AT/03

<b>Field 33</b>	<b>Service Provider City Name</b>
<b>Description</b>	City name of provider, preferably practice location.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	573-602
<b>Reference</b>	professional: 837/2420C/N4/ /01; 837/2310C/N4/ /01; institutional: 837/2310E/N4/ /01

<b>Field 34</b>	<b>Service Provider State</b>
<b>Description</b>	As defined by US Postal Service
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	603-604
<b>Reference</b>	professional: 837/2420C/N4/ /02; 837/2310C/N4/ /02; institutional: 837/2310E/N4/ /02

<b>Field 35</b>	<b>Service Provider ZIP Code</b>
<b>Description</b>	ZIP code of provider
<b>Procedure</b>	Do not include dash. Leave the last four characters blank if the +4 extension is unknown.
<b>Field Size &amp; Type</b>	9 character field; Numeric
<b>Record Location</b>	605-613
<b>Reference</b>	

Field 36	Type of Bill - Institutional
<p><b>Description</b></p> <p><b>Procedure</b></p>	<p>Required for institutional claims.</p> <p>Not to be used for professional claims.</p> <p><b>Type of Facility - First Digit</b></p> <ol style="list-style-type: none"> <li>1 Hospital</li> <li>2 Skilled Nursing</li> <li>3 Home Health</li> <li>4 Christian Science Hospital</li> <li>5 Christian Science Extended Care</li> <li>6 Intermediate Care</li> <li>7 Clinic</li> <li>8 Special Facility</li> </ol> <p><b>Bill Classification - Second Digit if First Digit = 1-6</b></p> <ol style="list-style-type: none"> <li>1 Inpatient (Including Medicare Part A)</li> <li>2 Inpatient (Medicare Part B Only)</li> <li>3 Outpatient</li> <li>4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment)</li> <li>5 Nursing Facility Level I</li> <li>6 Nursing Facility Level II</li> <li>7 Intermediate Care - Level III Nursing Facility</li> <li>8 Swing Beds</li> </ol> <p><b>Bill Classification - Second Digit if First Digit = 7</b></p> <ol style="list-style-type: none"> <li>1 Rural Health</li> <li>2 Hospital Based or Independent Renal Dialysis Center</li> <li>3 Free Standing Outpatient Rehabilitation Facility (ORF)</li> <li>5 Comprehensive Outpatient Rehabilitation Facilities (CORFs)</li> <li>6 Community Mental Health Center</li> <li>9 Other</li> </ol> <p><b>Bill Classification - Second Digit if First Digit = 8</b></p> <ol style="list-style-type: none"> <li>1 Hospice (Non-Hospital Based)</li> <li>2 Hospice (Hospital-Based)</li> <li>3 Ambulatory Surgery Center</li> <li>4 Free Standing Birthing Center</li> <li>9 Other</li> </ol>
<p><b>Field Size &amp; Type</b></p>	<p>2 character field; Numeric</p>
<p><b>Record Location</b></p>	<p>614-615</p>
<p><b>Reference</b></p>	<p>837/2300/CLM/ /05-1</p>

Field 37	Facility Type - Professional
<b>Description</b>	Required for professional claims.
<b>Procedure</b>	Not to be used for institutional claims. 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgery Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 35 Boarding Home 41 Ambulance - Land 42 Ambulance - Air or Water 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 50 Federally Qualified Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	616-617
<b>Reference</b>	837/2300/CLM/ /05-1

<b>Field 38</b>	<b>Claim Status</b>
<b>Description</b>	Describes the payment status of the specific service line record.
<b>Procedure</b>	01 Processed as primary 02 Processed as secondary 03 Processed as tertiary 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment
<b>Field Size &amp; Type</b>	2 character field; Numeric
<b>Record Location</b>	618-619
<b>Reference</b>	835/2100/CLP/ /02

<b>Field 39</b>	<b>Admitting Diagnosis</b>
<b>Description</b>	Required on all inpatient admission claims.
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	620-626
<b>Reference</b>	837/2300/HI/BJ/01-2

<b>Field 40</b>	<b>E-Code</b>
<b>Description</b>	Describes an injury, poisoning or adverse effect.
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	627-633
<b>Reference</b>	837/2300/HI/BN/01-2

<b>Field 41</b>	<b>Principal Diagnosis</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	634-640
<b>Reference</b>	837/2300/HI/BK/01-2



<b>Field 42</b>	<b>Other Diagnosis - 1</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	641-647
<b>Reference</b>	837/2300/HI/BF/01-2

<b>Field 43</b>	<b>Other Diagnosis - 2</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	648-654
<b>Reference</b>	837/2300/HI/BF/02-2

<b>Field 44</b>	<b>Other Diagnosis - 3</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	655-661
<b>Reference</b>	837/2300/HI/BF/03-2

<b>Field 45</b>	<b>Other Diagnosis - 4</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	662-668
<b>Reference</b>	837/2300/HI/BF/04-2

<b>Field 46</b>	<b>Other Diagnosis - 5</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	669-675
<b>Reference</b>	837/2300/HI/BF/05-2

<b>Field 47</b>	<b>Other Diagnosis - 6</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	676-682
<b>Reference</b>	837/2300/HI/BF/06-2

<b>Field 48</b>	<b>Other Diagnosis - 7</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	683-689
<b>Reference</b>	837/2300/HI/BF/07-2

<b>Field 49</b>	<b>Other Diagnosis - 8</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	690-696
<b>Reference</b>	837/2300/HI/BF/08-2

<b>Field 50</b>	<b>Other Diagnosis - 9</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	697-703
<b>Reference</b>	837/2300/HI/BF/09-2

<b>Field 51</b>	<b>Other Diagnosis - 10</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	704-710
<b>Reference</b>	837/2300/HI/BF/10-2

<b>Field 52</b>	<b>Other Diagnosis - 11</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	711-717
<b>Reference</b>	837/2300/HI/BF/11-2

<b>Field 53</b>	<b>Other Diagnosis - 12</b>
<b>Description</b>	
<b>Procedure</b>	ICD-9-CM. Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	718-724
<b>Reference</b>	837/2300/HI/BF/12-2

<b>Field 54</b>	<b>Revenue Code</b>
<b>Description</b>	
<b>Procedure</b>	National Uniform Billing Committee Codes. Code using leading zeroes, left justified, and four digits.
<b>Field Size &amp; Type</b>	10 character field; Numeric
<b>Record Location</b>	725-734
<b>Reference</b>	835/2110/SVC/NU/01-2

<b>Field 55</b>	<b>Procedure Code</b>
<b>Description</b>	
<b>Procedure</b>	Health Care Common Procedural Coding System (HCPCS), including the CPT codes of the American Medical Association.
<b>Field Size &amp; Type</b>	10 character field; Alphanumeric
<b>Record Location</b>	735-744
<b>Reference</b>	835/2110/SVC/HC/01-2

<b>Field 56</b>	<b>Procedure Modifier - 1</b>
<b>Description</b>	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	745-746
<b>Reference</b>	835/2110/SVC/HC/01-3

<b>Field 57</b>	<b>Procedure Modifier - 2</b>
<b>Description</b>	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	747-748
<b>Reference</b>	835/2110/SVC/HC/01-4

<b>Field 58</b>	<b>ICD-9-CM Procedure Code</b>
<b>Description</b>	Primary procedure code for this line of service.
<b>Procedure</b>	Do not code decimal point.
<b>Field Size &amp; Type</b>	7 character field; Alphanumeric
<b>Record Location</b>	749-755
<b>Reference</b>	835/2110/SVC/ID/01-2

<b>Field 59</b>	<b>Date of Service - From</b>
<b>Description</b>	First date of service for this service line.
<b>Procedure</b>	MMDDCCYY
<b>Field Size &amp; Type</b>	8 character field; Numeric
<b>Record Location</b>	756-763
<b>Reference</b>	

<b>Field 60</b>	<b>Date of Service - Thru</b>
<b>Description</b>	Last date of service for this service line.
<b>Procedure</b>	MMDDCCYY
<b>Field Size &amp; Type</b>	8 character field; Numeric
<b>Record Location</b>	764-771
<b>Reference</b>	

<b>Field 61</b>	<b>Quantity</b>
<b>Description</b>	Count of services/units performed.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	3 character field; Numeric
<b>Record Location</b>	772-774
<b>Reference</b>	835/2110/SVC/ /05

<b>Field 62</b>	<b>Charge Amount</b>
<b>Description</b>	
<b>Procedure</b>	DDDDCC. Do not code decimal point. Code zero cents where applicable. (Example: \$150.00 would be reported as 15000)
<b>Field Size &amp; Type</b>	10 character field; Numeric; RIGHT-JUSTIFY.
<b>Record Location</b>	775-784
<b>Reference</b>	835/2110/SVC/ /02

<b>Field 63</b>	<b>Paid Amount</b>
<b>Description</b>	
<b>Procedure</b>	DDDDCC. Do not code decimal point. Code zero cents where applicable. (Example: \$150.00 would be reported as 15000) Includes any withhold amounts.
<b>Field Size &amp; Type</b>	10 character field; Numeric; RIGHT-JUSTIFY.
<b>Record Location</b>	785-794
<b>Reference</b>	835/2110/SVC/ /03

<b>Field 64</b>	<b>Prepaid Amount</b>
<b>Description</b>	For capitated services, the fee-for-service equivalent amount.
<b>Procedure</b>	DDDDCC. Do not code decimal point. Code zero cents where applicable. (Example: \$150.00 would be reported as 15000)
<b>Field Size &amp; Type</b>	10 character field; Numeric; RIGHT-JUSTIFY.
<b>Record Location</b>	795-804
<b>Reference</b>	

<b>Field 65</b>	<b>Co-pay Amount</b>
<b>Description</b>	The preset, fixed-dollar amount for which the individual is responsible.
<b>Procedure</b>	DDDDCC. Do not code decimal point. Code zero cents where applicable. (Example: \$150.00 would be reported as 15000)
<b>Field Size &amp; Type</b>	10 character field; Numeric; RIGHT-JUSTIFY.
<b>Record Location</b>	805-814
<b>Reference</b>	

<b>Field 66</b>	<b>Coinsurance Amount</b>
<b>Description</b>	The specific dollar amount for which the individual is responsible on a percentage basis.
<b>Procedure</b>	DDDDCC. Do not code decimal point. Code zero cents where applicable. (Example: \$150.00 would be reported as 15000)
<b>Field Size &amp; Type</b>	10 character field; Numeric; RIGHT-JUSTIFY.
<b>Record Location</b>	815-824
<b>Reference</b>	

<b>Field 67</b>	<b>Deductible amount</b>
<b>Description</b>	
<b>Procedure</b>	DDDDCC. Do not code decimal point. Code zero cents where applicable. (Example: \$150.00 would be reported as 15000)
<b>Field Size &amp; Type</b>	10 character field; Numeric; RIGHT-JUSTIFY.
<b>Record Location</b>	825-834
<b>Reference</b>	

<b>Field 68</b>	<b>Patient Account/Control Number</b>
<b>Description</b>	Number assigned by hospital/provider
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	24 character field; Alphanumeric
<b>Record Location</b>	835-858
<b>Reference</b>	837/2300/CLM/ /01

<b>Field 69</b>	<b>Discharge Date</b>
<b>Description</b>	Date patient was discharged.
<b>Procedure</b>	MMDDCCYY
<b>Field Size &amp; Type</b>	8 character field; Numeric
<b>Record Location</b>	859-866
<b>Reference</b>	

<b>Field 70</b>	<b>Service Provider Country Name</b>
<b>Description</b>	
<b>Procedure</b>	Code US for United States
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	867-896
<b>Reference</b>	

<b>Field 71</b>	<b>DRG</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	10 character field; Alphanumeric
<b>Record Location</b>	897-906
<b>Reference</b>	837/2300/HI/DR/01-2

<b>Field 72</b>	<b>DRG Version</b>
<b>Description</b>	Version number of the grouper used.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	2 character field; Numeric
<b>Record Location</b>	907-908
<b>Reference</b>	

<b>Field 73</b>	<b>APC</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	4 character field; Alphanumeric
<b>Record Location</b>	909-912
<b>Reference</b>	835/2110/REF/APC/02

<b>Field 74</b>	<b>APC Version</b>
<b>Description</b>	Version number of the grouper used.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	913-914
<b>Reference</b>	

<b>Field 75</b>	<b>Drug Code</b>
<b>Description</b>	An NDC code used only when a medication is paid for as part of a medical claim.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	11 character field; Alphanumeric
<b>Record Location</b>	915-925
<b>Reference</b>	837/2410/LIN/N4/03

<b>Field 76</b>	<b>Billing Provider Number</b>
<b>Description</b>	Payer-assigned billing provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	30 character field; Alphanumeric
<b>Record Location</b>	926-955
<b>Reference</b>	837/2010AA/NM1/ID/09

<b>Field 77</b>	<b>National Billing Provider ID</b>
<b>Description</b>	National Provider ID
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	20 character field; Alphanumeric
<b>Record Location</b>	956-975
<b>Reference</b>	837/2010AA/NM1/XX/09

<b>Field 78</b>	<b>Billing Provider Last Name or Organization Name</b>
<b>Description</b>	Full name of provider billing organization or last name of individual billing provider.
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	60 character field; Alphanumeric
<b>Record Location</b>	976-1035
<b>Reference</b>	837/2010AA/NM1/ /03

<b>Field 79</b>	<b>Subscriber's Last Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	1036-1163
<b>Reference</b>	837/2010BA/NM1/ /03

<b>Field 80</b>	<b>Subscriber's First Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	1164-1291
<b>Reference</b>	837/2010BA/NM1/ /04



<b>Field 81</b>	<b>Subscriber's Middle Initial</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	1292
<b>Reference</b>	837/2010BA/NM1/ /05

<b>Field 82</b>	<b>Member's Last Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	1293-1420
<b>Reference</b>	837/2010CA/NM1/ /03

<b>Field 83</b>	<b>Member's First Name</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	128 character field; Alphanumeric
<b>Record Location</b>	1421-1548
<b>Reference</b>	837/2010CA/NM1/ /04

<b>Field 84</b>	<b>Member's Middle Initial</b>
<b>Description</b>	
<b>Procedure</b>	
<b>Field Size &amp; Type</b>	1 character field; Alphanumeric
<b>Record Location</b>	1549
<b>Reference</b>	837/2010CA/NM1/ /05

<b>Field 85</b>	<b>Capitated Services Indicator</b>
<b>Description</b>	Indicates whether payment for this service or care is covered under a capitated arrangement.
<b>Procedure</b>	1 = Yes, service is covered under capitated arrangement 2 = No.
<b>Field Size &amp; Type</b>	1 character field; Numeric
<b>Record Location</b>	1550
<b>Reference</b>	

Field 86	Record Type
<b>Description</b>	Indicates the type of record being submitted, in this case, Medical Claims.
<b>Procedure</b>	Value = MC.
<b>Field Size &amp; Type</b>	2 character field; Alphanumeric
<b>Record Location</b>	1551-1552
<b>Reference</b>	