

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 761	Date: August 20, 2010
	Change Request 7054

SUBJECT: Revisions to Change Request (CR) 5949: Integrated Data Repository (IDR) Claims Sourcing from Shared Systems – Implementation Based on Conference Calls and Further Research

I. SUMMARY OF CHANGES: The Medicare Program Integrity Group has determined that it will use the Shared Systems claims data for fraud, waste and abuse detection.

EFFECTIVE DATE: The effective date is **January 1, 2011**, for MCS and VMS. **April 1, 2011**, is the effective date for FISS

IMPLEMENTATION DATE: The implementation date is **January 3, 2011**, for MCS and VMS. **April 4, 2011**, is the implementation date for FISS

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 761	Date: August 20, 2010	Change Request: 7054
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SUBJECT: Revisions to Change Request (CR) 5949: Integrated Data Repository (IDR) Claims Sourcing from Shared Systems – Implementation Based on Conference Calls and Further Research

This CR will be implemented over two releases: January 2011 and April 2011. The Fiscal Intermediary Shared System (FISS) is to implement in April 2011 and the ViPS Medicare System (VMS) and the Multi Contractor System (MCS) are to implement in January 2011.

Effective Date: The effective date is January 1, 2011, for MCS and VMS. April 1, 2011, is the effective date for FISS.

Implementation Date: The implementation date is January 3, 2011, for MCS and VMS. April 4, 2011, is the implementation date for FISS

I. GENERAL INFORMATION

A. Background: The Shared Systems IDR (SSIDR) will receive feeds from the three shared systems – the FISS, MCS and VMS. Specifically, the Enterprise Data Centers (EDCs) will send files for each shared system that are based on the copybooks the shared systems maintainers currently provide to the IDR Shared Systems Analysis Team. Once files are received, the Centers for Medicare & Medicaid Services (CMS) requires the SSIDR to perform a file consistency validation on each file sent by the shared systems prior to accepting the file and to retain the files at the Baltimore Data Center (BDC). To accomplish these requirements and to simplify the FISS file layout, the CMS is requiring changes to the shared systems files and submission processes.

Based on common file interchange control practices, CMS will accomplish consistency validation by having specific file summary information available in each file header and trailer record. When a file is received, the SSIDR process will validate that the header and trailer summary information is consistent with the detail records within the file. CMS has defined checks that adequately deem a file as consistent. Upon review of the copybooks from each of the shared systems CMS has identified changes required to the file header and trailer record layouts, as described in CR 6942 to perform the CMS validation checks.

In addition, this CR will change the existing extracts for the IDR that were coded based on CR5949. After analyzing the current shared systems IDR extracts, CMS has determined that the extracts do not consistently meet CMS business needs. For example, in VMS, adjustment claims and paper claims are not included in the Phase I file; in FISS, claims appear in the Phase II file multiple times; and in MCS, claims appear in the Phase I file multiple times. Implementing the new phases definitions included in this CR will standardize the extract content across the three shared systems.

To accomplish the change to the extracts, CMS is requiring new claim record layouts for the other record types within the file, as detailed in the attachments here entitled New FISS Claim Record Layout 2010-5-18, New MCS Claim Record Layout 2010-5-18, and New VMS Claim Record Layout 2010-5-18. These changes will reduce the footprint of the files, which will be beneficial in meeting the CMS requirement to store these files at the BDC for seven years. The changes will also simplify the complexity of the FISS claim record file and make it more closely conform to the MCS and VMS claim record files.

Next, this CR establishes Medicare Administrative Contractor (MAC) reporting requirements that will provide end to end quality control for files that CR 5949 requires EDCs to submit. CMS will work with MACs to finalize the specifics of the collection and reporting of required data.

Further, this CR requires that the FISS maintainer revise the FISS module that meets the requirements of CR 5949 to submit data by workload ID rather than by Customer Information Control System (CICS) region.

Additionally, to insure claims for each phase accurately reflect the state of the claim at submission of the files, CMS is requiring that EDCs wait until the end of the current cycle before adding a claim record to the files the EDC will submit to the BDC.

Finally, this CR requires Medicare contractors to provide SSIDR with a crosswalk between old and new beneficiary numbers whenever responsibility for a service are changes, e.g., transition to a MAC.

B. Policy: The Medicare Program Integrity Group has determined that it will use the Shared Systems claims data for fraud, waste and abuse detection.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7054.1	FISS shall update their IDR extract file to replicate the claim record layout in attachment A entitled "New FISS Claim Record Layout."						X				
7054.2	MCS shall update their IDR extract file to replicate the claim record layout in attachment B entitled "New MCS Claim Record Layout."							X			
7054.3	VMS shall update their IDR extract file to replicate the claim record layout in attachment C entitled "New VMS Claim Record Layout."								X		
7054.4	MACs/EDCs shall produce reports that will allow end to end quality control of files the EDCs submit in compliance with the requirements of CR 5949.	X	X	X	X	X				EDCs	
7054.4.1	MACs/EDCs shall produce reports containing <ul style="list-style-type: none"> the number of claims, the number of claim lines, and the total dollars submitted for claims received and submitted to shared systems on a given day. DAILY RECEIPT FILE	X	X	X	X	X				EDCs	
7054.4.2	MACs/EDCs shall produce reports containing <ul style="list-style-type: none"> the number of claims that have reached a completed status and the number of claims for which financials have been posted each day. 	X	X	X	X	X				EDCs	
7054.4.3	CMS and MACs shall collaborate on the format and method of submission for the reports.	X	X	X	X	X				CMS BDC	
7054.4.4	If existing reporting capabilities are not available to meet the requirements of BRs 7054.4.1 and 7054.4.2 and the work required to develop reports will put the creation of such reports out of MAC scope and/or over	X	X	X	X	X				CMS	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	MAC budget, CMS shall waive MAC"s from BRs 7054.4.1 and 7054.4.2										
7054.4.5	CMS shall not required MACs to build non-base jobs for the reporting that BR 7054.4.1 and 7054.4.2 require	X	X	X	X	X				CMS	
7054.5	Shared systems maintainers shall revise the shared systems modules developed as required by CR 5949 as necessary to support the following clarified definitions of phases.						X	X	X		
7054.5.1	Phase I – Enumeration: A claim is accepted by shared systems and a claim number is assigned. This is regardless of the input mechanism or format of the claim. The following shared system specific definitions shall be used:						X	X	X		
7054.5.1.1	VMS <ul style="list-style-type: none"> • All claims entering the system: <ul style="list-style-type: none"> ○ Paper, ○ System Generated, ○ Online, and ○ CEDI. • All claims: <ul style="list-style-type: none"> ○ Original, ○ Adjustment, and ○ Reactivated. 								X		
7054.5.1.2	MCS <ul style="list-style-type: none"> • All claims entering the system: <ul style="list-style-type: none"> ○ Paper, ○ EMC, ○ System Generated, ○ Online, and ○ CEM (future). • All claims: <ul style="list-style-type: none"> ○ Original, ○ Adjustment, ○ Void, and ○ Reopened. 							X			
7054.5.1.3	FISS						X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> All claims entering the system: <ul style="list-style-type: none"> Paper, EMC, System Generated , DDE, and CEM (future); All claims: <ul style="list-style-type: none"> Original, Adjustment, and Cancel. 										
7054.5.2	<p>Phase II – Adjudication: When CMS has made a determination concerning the claim or the claim is deleted before a decision is reached. These claims include claims that are approved to pay, deleted/inactivated, rejected, denied, returned to provider, or voided/canceled.</p> <p>The following shared system specific definitions shall be used:</p>						X	X	X		
7054.5.2.1	<p>VMS: Based on location and status combination</p> <ul style="list-style-type: none"> 10/75 – Paid, 10/76 – Paid with deductible/unpaid, 04/10 – Deleted, 10/77 – Totally denied, and - If REJECT-IND = Y: "Rejected claim." 								X		
7054.5.2.2	<p>MCS: Based on location</p> <ul style="list-style-type: none"> 65 – Approved to Pay, 66 – MCS Trading Partner’s Crossovers, 67 – COBC Trading Partner’s Crossovers, and 90 – Deleted. 							X			
7054.5.2.3	<p>FISS: Based on location and status</p> <ul style="list-style-type: none"> PB9997 – Paid, RB9997 – Rejected, DB9997 – Denied, TB9997 – Return to Provider, and IB9997 – Inactive. 						X				
7054.5.3	<p>Phase III – Financials posted: A check is issued. If a check is reissued or a change is made to the claim, the claim will be updated with the financial information.</p>						X	X	X	FISS HI- GLAS and IBM	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	The following shared system specific definitions shall be used:									HI-GLAS	
7054.5.3.1	VMS: <ul style="list-style-type: none"> When the provider financials are produced and When the beneficiary financials are produced. 								X		
7054.5.3.2	MCS: <ul style="list-style-type: none"> Location 70 – Paid, Location 72 – Total allowance applied to deductible, and Location 76 – Denied 							X			
7054.5.3.3	FISS: When financials are produced <ul style="list-style-type: none"> PB9997 – Paid, RB9997 – Rejected, DB9997 – Denied, and TB9997 – Return to Provider. <p>Requirements in CR 6942 will provide check number and will change the existing rules for Phase III extraction.</p>						X				
7054.6	The FISS maintainer shall revise the IDR module developed to meet the requirement of CR 5949 to submit claims by workload ID instead of CICS region.							X			
7054.7	EDCs shall send each daily update after the claims cycle completes									EDC	
7054.8	Contractors shall supply a crosswalk between old IDs and new IDs where the ID changes because of a change in the contractor organization such as transition to a MAC.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
NA	

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

John Stewart at 410-786-1189 or John.Stewart@cms.hhs.gov

Patte Appling at 410-786-1814 or Patricia.Appling@cms.hhs.gov

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John Stewart at 410-786-1189 or John.Stewart@cms.hhs.gov

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VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Suggested layout for MAC/Contractor report:

SR	Field Name	Field Type	Length	Value	Field Description
1	SYSTEM IDENTIFIER	Char	3	"MCS", "VMS" or "FSS"	Used to differentiate whether the feed is for MCS, VMS or FISS.
2	RECORD TYPE	Char	1	"T"	Identifies the record as file Totals record.
3	RECORD PHASE	Char	2	"VL" – Validation Record	Identifies the record as a validation record from the MAC
4	WORKLOAD ID	Char	5		Workload Identifier of the contractor/carrier.
5	MAC ID	Char	5		MAC Identifier of the contractor/carrier.
6	EXTRACT CYCLE DATE	CCYYMMDD	8		Date the batch cycle is run (CYCLE-DATE).
7	NUMBER CLAIMS ENUMERATED	Numeric	7		Number of claims enumerated on the cycle date by the MAC for the particular workload
8	NUMBER CLAIM LINES	Numeric	8		Total number of claim lines contained within the claim enumerated on the cycle date for a MAC/Workload
9	TOTAL COVERED AMOUNT	Numeric	10,2	999999999.99	Total of the covered amounts for all claims enumerated on the cycle date for the MAC/Workload
10	ADJUDICATED CLAIMS	Numeric	7		The total number of claims that were adjudicated, deleted or rejected (for FISS: Inactivated) on the cycle date for the MAC/Workload

SR	Field Name	Field Type	Length	Value	Field Description
11	TOTAL ALLOWED AMOUNT	Numeric	10,2	9999999999.99	Total of the allowed amounts for all claims adjudicated on the cycle date for the MAC/Workload
12	PAID CLAIMS	Numeric	7		The total number of claims that had financials posted on the cycle date for the MAC/Workload

ATTACHMENT A

Table 1: FISS Claim Header Layout

Remove the trailing filler in the header section, making the header record 8,885 bytes in length.

COLOR HAS NO INFORMATIONAL MEANING

Start	End	Field Level/Name	Picture	Length	Phase	Description
1	27996	FSSCIDRP-CLAIM-RECORD		27996		
1	10537	5 FSSCIDRP-CLAIM-SEGMENT	GROUP	10537	1	
1	267	10 FSSCIDRP-SUMMARY-DATA	GROUP	267	1	
1	37	15 FSSCIDRP-CLMS-KEY	GROUP	37	1	
1	12	20 FSSCIDRP-HIC-NO	X(12)	12	1	Health Insurance Claim Number
13	35	20 FSSCIDRP-DCN	GROUP	23	1	Document Control Number
13	13	25 FSSCIDRP-DCN-PLAN-CD	X	1	1	Code used to indicate the century the DCN was established. 1 is used for 1900-1999 dates, 2 is use for 2000 and after dates. This field may also be user defined as needed.
14	18	25 FSSCIDRP-DCN-JULIAN	GROUP	5	1	The Julian date the claim was established
14	15	30 FSSCIDRP-DCN-YR	99	2	1	The year for the batch that this claim was established in. This is a two-digit field.
16	18	30 FSSCIDRP-DCN-JUL-DT	999	3	1	Julian date on which the DCN (Document Control Number) was assigned through Batch Entry. This is a three-digit field.
19	22	25 FSSCIDRP-DCN-BTCH-NBR-X	GROUP	4	1	
19	22	30 FSSCIDRP-DCN-BTCH-NBR	9(4)	4	1	The batch sequence number as assigned by the system through Batch Entry ranges '0000' - '9999'. This is a four-digit field.

Start	End	Field Level/Name	Picture	Length	Phase	Description
23	24	25 FSSCIDRP-DCN-CLM-SEQ-NBR	99	2	1	The claim sequence number as assigned by the system through Batch Entry ranges '00' - '99'. This is a two-digit field.
25	25	25 FSSCIDRP-DCN-SPLIT-CD	X	1	1	the site-specific field used on split bills
26	26	25 FSSCIDRP-DCN-ORIG-CD	X	1	1	The code designating the method by which the claim entered the system Value Description 0 Unknown. 1 EMC/UB92/HCFA Format. 2 EMC Tape/UB92/Other. 3 EMC Tape/Other (Other is defined as PRO Automated adjustment for FISS). 4 EMC Telecom/UB92 (DDE Claim). 5 EMC Telecom/Not UB92. 6 Other EMC/UB92. 7 Other EMC/Not UB92. 8 UB92 hard copy. 9 Other hard copy.
27	29	25 FSSCIDRC-DCN-BSI	XXX	3	1	Provider's business segment
30	30	25 FSSCIDRP-DCN-FUTURE	X	1	1	Filler for future use
31	33	25 FSSCIDRP-DCN-FUTURE2	XXX	3	1	Filler for future use
34	35	25 FSSCIDRP-DCN-SITE-ID	XX	2	1	the field populated when field - Use Site Processing on the Site Control record is set to Y
36	37	20 FSSCIDRP-TRAILER-SEQ	99	2	1	Record number 00 for first record 1-27 for additional revenue line data.
38	38	15 FSSCIDRP-COMPRESS-IND	X	1	1	Indicates if record is compress or not, will be U on all IDR records
39	40	15 FSSCIDRP-PHYS-LENGTH	XX	2	1,2	physical length of the claim

Start	End	Field Level/Name	Picture	Length	Phase	Description
41	46	15 FSSCIDRP-CURR-STATUS-LOC	GROUP	6	1,2,3	
41	41	20 FSSCIDRP-CURR-STATUS	X	1	1,2,3	the condition of the claim (e.g., good, suspended, inactive)
42	46	20 FSSCIDRP-CURR-LOCATION	GROUP	5	1,2,3	where the claim resides in the system
42	42	25 FSSCIDRP-CURR-LOC-1	X	1	1,2,3	Processing location type (manual, offline, batch)
43	46	25 FSSCIDRP-CURR-LOC-2	X(4)	4	1,2,3	Location within type
47	59	15 FSSCIDRP-MEDA-PROV-ID	GROUP	13	1	Provider number
47	52	20 FSSCIDRP-MEDA-PROV-6	GROUP	6	1	Provider number
47	48	25 FSSCIDRP-PROV-STATE-CD	XX	2	1	1st 2 positions of provider number are a numeric state code
49	52	25 FSSCIDRP-PROV-ID	GROUP	4	1	3rd through 6th positions of the provider number
49	49	30 FSSCIDRP-PROV-TYP-FACIL-CD	X	1	1	Provider facility type
50	51	30 FILLER	XX	2	N/A	Positions 4 and 5 of the provider number
52	52	30 FSSCIDRP-PROV-EMER-IND	X	1	1	Position 6 of the provider number
53	55	20 FSSCIDRP-PROV-DEPT-ID	XXX	3	1	Not used by FISS
56	59	20 FILLER	X(4)	4	N/A	Not used by FISS
60	267	15 FSSCIDRP-OTHER-SUMMARY-DATA	GROUP	208		
60	60	20 FSSCIDRP-UB04-FILLER-F1	X	1	N/A	Filler are for future expansion of Bill type cd
61	63	20 FSSCIDRP-BILL-TYP-CD	GROUP	3	1	the type of facility, bill classification, and frequency of the claim in a particular period of care

Start	End	Field Level/Name	Picture	Length	Phase	Description
61	62	25 FSSCIDRP-BILL-CATEGORY	GROUP	2	1	the type of claims in specific locations by the first two positions of the claim bill type
61	61	30 FSSCIDRP-LOB-CD	9	1	1	indicates the type of facility
62	62	30 FSSCIDRP-SERV-TYP-CD	9	1	1	indicates the bill classification
63	63	25 FSSCIDRP-FREQ-CD	X	1	1	indicates the bill frequency
64	64	20 FSSCIDRP-UB04-FILLER-F2	X	1	N/A	Filler are for future expansion
65	72	20 FSSCIDRP-RECD-DT-CYMD	GROUP	8	1	receipt date of the claim
65	66	25 FSSCIDRP-RECD-DT-CC	99	2	1	receipt date of the claim
67	72	25 FSSCIDRP-RECD-DT	GROUP	6	1	receipt date of the claim
67	68	30 FSSCIDRP-RECD-YR	99	2	1	receipt date of the claim
69	70	30 FSSCIDRP-RECD-MO	99	2	1	receipt date of the claim
71	72	30 FSSCIDRP-RECD-DY	99	2	1	receipt date of the claim
73	80	20 FSSCIDRP-CURR-TRAN-DT-CYMD	GROUP	8	1,2,3	Last transaction date
73	74	25 FSSCIDRP-CURR-TRAN-DT-CC	99	2	1,2,3	Last transaction date
75	80	25 FSSCIDRP-CURR-TRAN-DT	GROUP	6	1,2,3	Last transaction date
75	76	30 FSSCIDRP-CURR-TRAN-YR	99	2	1,2,3	Last transaction date
77	78	30 FSSCIDRP-CURR-TRAN-MO	99	2	1,2,3	Last transaction date

Start	End	Field Level/Name	Picture	Length	Phase	Description
79	80	30 FSSCIDRP-CURR-TRAN-DY	99	2	1,2,3	Last transaction date
81	88	20 FSSCIDRP-PAID-DT-CYMD	GROUP	8	3	paid date
81	82	25 FSSCIDRP-PAID-DT-CC	99	2	3	paid date
83	88	25 FSSCIDRP-PAID-DT	GROUP	6	3	paid date
83	84	30 FSSCIDRP-PAID-YR	99	2	3	paid date
85	86	30 FSSCIDRP-PAID-MO	99	2	3	paid date
87	88	30 FSSCIDRP-PAID-DY	99	2	3	paid date
89	96	20 FSSCIDRP-ADM-DATE-CYMD	GROUP	8	1	admission date
89	90	25 FSSCIDRP-ADM-DATE-CC	99	2	1	admission date
91	96	25 FSSCIDRP-ADM-DATE	GROUP	6	1	admission date
91	92	30 FSSCIDRP-ADM-DATE-YY	99	2	1	admission date
93	94	30 FSSCIDRP-ADM-DATE-MO	99	2	1	admission date
95	96	30 FSSCIDRP-ADM-DATE-DD	99	2	1	admission date
97	104	20 FSSCIDRP-STMT-COV-FROM-DT-CYMD	GROUP	8	1	From date
97	98	25 FSSCIDRP-STMT-COV-FROM-DT-CC	99	2	1	From date
99	104	25 FSSCIDRP-STMT-COV-FROM-DT	GROUP	6	1	From date
99	100	30 FSSCIDRP-STMT-COV-FROM-YR	99	2	1	From date

Start	End	Field Level/Name	Picture	Length	Phase	Description
101	102	30 FSSCIDRP-STMT-COV-FROM-MO	99	2	1	From date
103	104	30 FSSCIDRP-STMT-COV-FROM-DY	99	2	1	From date
105	112	20 FSSCIDRP-STMT-COV-TO-DT-CYMD	GROUP	8	1	To date
105	106	25 FSSCIDRP-STMT-COV-TO-DT-CC	99	2	1	To date
107	112	25 FSSCIDRP-STMT-COV-TO-DT	GROUP	6	1	To date
107	108	30 FSSCIDRP-STMT-COV-TO-YR	99	2	1	To date
109	110	30 FSSCIDRP-STMT-COV-TO-MO	99	2	1	To date
111	112	30 FSSCIDRP-STMT-COV-TO-DY	99	2	1	To date
113	125	20 FSSCIDRP-TOTALS	GROUP	13	1	Total amount charged
113	125	25 FSSCIDRP-TOTAL-CHARGE-AMOUNT	9(9).99-	13	1	Total amount charged
126	126	20 FSSCIDRP-TAPE-TO-TAPE-IND	X	1	1,2	The valid values are the flag indicators across the top of the chart. Each indicator instructs the system to either perform or skip each of the five functions listed on the left of the chart. The first indicator column represents a blank. If this field is blank, all functions are performed (as indicated on the chart). Function ' ' J O Q R S T U V W X Y Z Transmit To CWF Y N N N N Y Y Y Y N N N Print On Remittance Y Y N Y Y Y N N Y N Y Y N Include On PS & R Y Y Y N N N N N Y Y Y Y N Include On Workload Y Y Y Y N Y Y N N Y Y N N

Start	End	Field Level/Name	Picture	Length	Phase	Description
						Bypass All Dupe edits N Y N N N N N N N N Y N N
127	127	20 FSSCIDRP-POST-PAY-IND	X	1	2	Value Description blank Not in post pay development. C post pay development completed. Y active post pay development occurring.
128	135	20 FSSCIDRP-CANCEL-DATE-CYMD	GROUP	8	2	Cancel date of the claim
128	129	25 FSSCIDRP-CANCEL-DATE-CYMD-CC	99	2	2	Cancel date of the claim
130	135	25 FSSCIDRP-CANCEL-DATE	GROUP	6	2	Cancel date of the claim
130	131	30 FSSCIDRP-CANCEL-DATE-YY	99	2	2	Cancel date of the claim
132	133	30 FSSCIDRP-CANCEL-DATE-MM	99	2	2	Cancel date of the claim
134	135	30 FSSCIDRP-CANCEL-DATE-DD	99	2	2	Cancel date of the claim
136	136	20 FSSCIDRP-AHSM-PASS-IND	X	1	2	
137	137	20 FSSCIDRP-CLEAN-IND	X	1	2	Identifies whether interest is to be paid on the claim if the claim is not paid within the mandated payment timeframe.
138	142	20 FSSCIDRP-PP-REASON-CODE	X(5)	5	2	The five position post pay location of b75xx if the reason code is to send a claim to the post pay driver for post pay developmental activities. Leave blank if this is not applicable.
143	143	20 FSSCIDRP-USER-ACTION-CODE	X	1	1	To be used for Medical Review and Reconsiderations only. Value Description 5 Generates systematically from the reason code file to identify claims for which special procession

Start	End	Field Level/Name	Picture	Length	Phase	Description
						is required. C Full medical provider liability, subject to waiver provisions. D Full beneficiary liability, subject to waiver provisions. G Full technical provider liability, subject to waiver provisions. I Full medical provider liability, not subject to waiver provisions. J Full technical provider liability, not subject to waiver provisions. K Full provider liability, not subject to waiver provisions.
144	144	20 FSSCIDRP-UNIFORM-BILL-CD	X	1	1	the code indicating the mode of claim submission
145	149	20 FSSCIDRP-REJECT-CD	X(5)	5	2	the reason code that identifies why the claim is being denied
150	150	20 FSSCIDRP-ROUTING-UBC	X	1	2	The system used the routing UBC field to determine whether or not to route claims to the hard copy Status/Location entered on the Reason Code File or the EMC Status/Location codes 0, 4 and 8 route as hard copy claims. All other codes route as EMC.
151	155	20 FSSCIDRP-PRIMARY-REASON	X(5)	5	2	this is the first of a possible ten reason codes assigned to a claim
156	160	20 FSSCIDRP-CWF-RECYCLE-JUL-DT	X(5)	5	2	Reflects the Julian date of the last recycled transmission to CWF.
161	173	20 FSSCIDRP-PVDR-FINAL-SETTLEMENT	9(9).99-	13	2	Capture reimbursement for RTS in the summary portion of the claim record (not displayed online). This field represents the provider final settlement (fsscclms-pvdr-final-settlement.

Start	End	Field Level/Name	Picture	Length	Phase	Description
174	174	20 FSSCIDRP-PRIMARY-PAYER-CODE	X	1	1	Primary payer code: Values: 1 MEDICAID 2 BLUE CROSS 3 OTHER 4 NONE A WORKING AGED B END STAGE RENAL DISEASE (ESRD) BENEFICIARY IN 12 MONTH COORDINATION PERIOD WITH AN EGHP (EMPLOYER GROUP HEALTH PLAN) C CONDITIONAL PAYMENT D AUTO NO-FAULT E WORKERS COMPENSATION F PUBLIC HEALTH SERVICE OR OTHER FEDERAL AGENCY; G DISABLED H BLACK LUNG I VETERANS ADMINISTRATION L LIABILITY Z MEDICARE
175	175	20 FSSCIDRP-UB04-FILLER-F3	X	1	N/A	Filler for future use
176	178	20 FSSCIDRP-SUBMITTED-TOB	GROUP	3	1	type of bill submitted on the claim
176	177	25 FSSCIDRP-SUBMITTED-CAT	XX	2	1	Save area for original bill category when TOB changes
178	178	25 FSSCIDRP-SUBMITTED-FREQ	X	1	1	Save area for original bill frequency code when TOB changes
179	179	20 FSSCIDRP-UB04-FILLER-F4	X	1	N/A	Filler for future use
180	180	20 FSSCIDRP-UB-82-92	X	1	1	identifies the type of claims to be processed in this batch Value Description A UB-04 (Hardcopy Claims) 8 UB82 9 UB92
181	181	20 FSSCIDRP-RECON-IND	X	1	2	RECONSIDERATION INDICATOR - This field is used only for home health claims

Start	End	Field Level/Name	Picture	Length	Phase	Description
182	182	20 FSSCIDRP-CHOICES-CLAIM	X	1	1	The demonstration in which the beneficiary is participating. Value Description D Home Health Daycare E ESRD H Home Health Homebound L Low Vision Rehabilitation P Plan Submitted Encounter Data T Trial 49 V Veterans Administration (VA) Y Choices
183	183	20 FSSCIDRP-FULL-PART-DEN-IND	X	1	2	indicates whether a claim was fully or partially denied
184	190	20 FSSCIDRP-ADMIT-DIAG-CODE	X(7)	7	1	identifies the diagnosis code describing the inpatient condition at the time of the admission
191	198	20 FSSCIDRP-PRINCIPLE-DIAG-CODE	GROUP	8	1	identifies the icd-9-cm code(s) describing the principal diagnosis (first code)
191	196	25 FSSCIDRP-PRINCIPLE-DIAG	X(6)	6	1	identifies the icd-9-cm code(s) describing the principal diagnosis (first code)
197	197	25 FSSCIDRP-ICD10-FILLER-F1	X	1	N/A	Filler for future use
198	198	25 FSSCIDRP-ICD10-FILLER-F2	X	1		Filler for future use

Start	End	Field Level/Name	Picture	Length	Phase	Description
199	200	20 FSSCIDRP-NON-PAY-IND	XX	2	1,2	identify the reason for Medicare's decision not to make payment Value Description B Benefits exhausted C Non-Covered Care (discontinued) E First Claim Development (Contractor 11107) F Trauma Code Development (Contractor 11108) G Secondary Claims Investigation (Contractor 11109) H Self Reports (Contractor 11110) J 411.25 (Contractor 11111) K Insurer Voluntary Reporting (Contractor 11106) N All other reasons for non-payment P Payment requested Q MSP Voluntary Agreements (Contractor 88888) Q Employer Voluntary Reporting (Contractor 11105) R Spell of illness benefits refused, certification refused, failure to submit evidence, provider responsible for not filing timely, or Waiver of Liability T MSP Initial Enrollment Questionnaire (Contractor 99999) T MSP Initial Enrollment Questionnaire (Contractor 11101) U MSP HMO Cell Rate Adjustment (Contractor 55555) U HMO/Rate Cell (Contractor 11103) V MSP Litigation Settlement (Contractor 33333) V Litigation Settlement (Contractor 11104) W Workers Compensation X MSP cost avoided

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>Y IRS SSA Data Match Project MSP Cost Avoided (Contractor 77777)</p> <p>Y IRS/SSA HCFA Data Match Project Cost Avoided (Contractor 11102)</p> <p>Z System set for type of bills 322 and 332, containing dates of service 10/01/00 or greater and submitted as an MSP primary claim. This code allows the FISS to process the claim to CWF and allows CWF to accept the claim as billed.</p> <p>00 COB Contractor (Contractor 11100)</p> <p>12 Blue Cross - Blue Shield Voluntary Agreements (Contractor 11112)</p> <p>13 Office Of Personnel Management (OPM) Data Match (Contractor 11113)</p> <p>14 Workers' Compensation (WC) Data Match (Contractor 11114)</p> <p>15 Workers Compensation Insurer Voluntary Data Sharing Agreements (WC VDSA)</p> <p>16 Liability Insurer VDSA (Contractor 11116)</p> <p>17 No-Fault Insurer VDSA (Contractor 11117)</p> <p>18 Pharmacy Benefit Manager Data Sharing Agreement (Contractor 11118)</p> <p>25 Recovery Audit Contractor MSP (California) (Contractor 11125)</p> <p>26 Recovery Audit Contractor MSP (Florida) (Contractor 11126)</p>
201	202	20 FSSCIDRP-ORIGINAL-UAC	GROUP	2	2	Group level identifier for user action code
201	201	25 FSSCIDRP-ORIG-UAC	X	1	2	identifies the original user action code

Start	End	Field Level/Name	Picture	Length	Phase	Description
202	202	25 FSSCIDRP-ORIG-RECON-UAC	X	1	2	Identifies the second position of the user action code. The reconsideration user action code will always be 'R'
203	203	20 FSSCIDRP-SUMM-SUPPRESS-IND	X	1	2	
204	204	20 FSSCIDRP-HH-SPLIT-IND	X	1	2	Used to identify Home Health claims after 9/31/00 Value Description F Final. R Rap.
205	207	20 FSSCIDRP-PHYS-REV-RECS	999	3	1	the number of revenue - IDRR, records
208	210	20 FSSCIDRP-LINES-TOTAL	999	3	1	actual or physical number of revenue lines on a claim
211	213	20 FSSCIDRP-LINES	999	3	1	the number of revenue lines on a record
214	221	20 FSSCIDRP-PROCESS-DT-CYMD	GROUP	8	1	the process date of the claim
214	215	25 FSSCIDRP-PROCESS-DT-CC	99	2	1	the process date of the claim
216	221	25 FSSCIDRP-PROCESS-DT	GROUP	6	1	the process date of the claim
216	217	30 FSSCIDRP-PROCESS-YR	99	2	1	the process date of the claim
218	219	30 FSSCIDRP-PROCESS-MO	99	2	1	the process date of the claim
220	221	30 FSSCIDRP-PROCESS-DY	99	2	1	the process date of the claim
222	231	20 FSSCIDRP-NPI-NUMBER	9(10)	10	1	National Provider ID
232	232	20 FSSCIDRP-TRANSACT-TYPE	X	1	1	Identifies an adjustment as either a debit or credit record. This is a one-position alphanumeric field. The valid values are: 'D' Debit 'C' Credit

Start	End	Field Level/Name	Picture	Length	Phase	Description
233	233	20 FSSCIDRP-SUPPRESS-VIEW	X	1	2	
234	236	20 FSSCIDRP-DRG-CD	XXX	3	2	Diagnosis Related Group Code
237	267	20 FSSCIDRP-SUMMARY-FUTURE	X(31)	31	N/A	Filler for future use
268	567	10 FSSCIDRP-PAYERS-ID-TABLE	GROUP	300	1	
268	367	15 FSSCIDRP-PAYERS-ID-DATA(1)	GROUP	100	1	high level group field that contains payer ID and name information
268	268	20 FSSCIDRP-PAYERS-ID(1)	X	1	1	Identifies the type of payer for the next claim.
		OCCURS 3 TIMES				
269	300	20 FSSCIDRP-PAYERS-NAME(1)	X(32)	32	1	Identifies each payer organization from which the provider might expect some payment for the claim
301	301	20 FSSCIDRP-REL-IND(1)	X	1	1	Identifies whether or not the provider has on file a signed statement permitting the provider to release data to other organizations in order to adjudicate the claim. Value Description N No release. R Restricted or modified release. Y Yes
302	302	20 FSSCIDRP-UB04-FILLER-F5(1)	X	1	N/A	Filler for future use
303	303	20 FSSCIDRP-ASSIGN-IND(1)	X	1	1	Identifies whether or not the provider has a signed form authorizing the third party payer to pay the provider. N No benefits assigned. Y Benefits assigned
304	316	20 FSSCIDRP-PROVIDER-NUMBER(1)	X(13)	13	1	The Medicare provider number as assigned by CMS for identification of the provider rendering Medicare services.

Start	End	Field Level/Name	Picture	Length	Phase	Description
317	318	20 FSSCIDRP-UB04-FILLER-F6(1)	XX	2	N/A	Filler for future use
319	341	20 FSSCIDRP-ADJ-DCN-ICN(1)	X(23)	23	1	Identifies the document control number of the claim being adjusted. This is the DCN to be adjusted according to the provider. This field matches the XREF DCN, if the provider gave the correct DCN to be adjusted.
342	354	20 FSSCIDRP-PRIOR-PMT(1)	9(9).99-	13	1	the amount the provider has received toward payment of the claim prior to the billing date by the indicated payer, and is required on outpatient claims if applicable
355	367	20 FSSCIDRP-EST-AMT-DUE(1)	9(9).99-	13	1	The amount estimated by the provider to be still due from the indicated payer (estimated responsibility less prior payments).
368	467	15 FSSCIDRP-PAYERS-ID-DATA(2)	GROUP	100		
368	368	20 FSSCIDRP-PAYERS-ID(2)	X	1		
369	400	20 FSSCIDRP-PAYERS-NAME(2)	X(32)	32		
401	401	20 FSSCIDRP-REL-IND(2)	X	1		
402	402	20 FSSCIDRP-UB04-FILLER-F5(2)	X	1		
403	403	20 FSSCIDRP-ASSIGN-IND(2)	X	1		
404	416	20 FSSCIDRP-PROVIDER-NUMBER(2)	X(13)	13		
417	418	20 FSSCIDRP-UB04-FILLER-F6(2)	XX	2		
419	441	20 FSSCIDRP-ADJ-	X(23)	23		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		DCN-ICN(2)				
442	454	20 FSSCIDRP-PRIOR-PMT(2)	9(9).99-	13		
455	467	20 FSSCIDRP-EST-AMT-DUE(2)	9(9).99-	13		
468	567	15 FSSCIDRP-PAYERS-ID-DATA(3)	GROUP	100		
468	468	20 FSSCIDRP-PAYERS-ID(3)	X	1		
469	500	20 FSSCIDRP-PAYERS-NAME(3)	X(32)	32		
501	501	20 FSSCIDRP-REL-IND(3)	X	1		
502	502	20 FSSCIDRP-UB04-FILLER-F5(3)	X	1		
503	503	20 FSSCIDRP-ASSIGN-IND(3)	X	1		
504	516	20 FSSCIDRP-PROVIDER-NUMBER(3)	X(13)	13		
517	518	20 FSSCIDRP-UB04-FILLER-F6(3)	XX	2		
519	541	20 FSSCIDRP-ADJ-DCN-ICN(3)	X(23)	23		
542	554	20 FSSCIDRP-PRIOR-PMT(3)	9(9).99-	13		
555	567	20 FSSCIDRP-EST-AMT-DUE(3)	9(9).99-	13		
568	918	10 FSSCIDRP-INSURED-INFO-TABLE	GROUP	351	1	high level group that contains insured and Beneficiary data
568	684	15 FSSCIDRP-	GROUP	117	1	high level group that contains insured and

Start	End	Field Level/Name	Picture	Length	Phase	Description
		INSURED- INFORMATION(1)				Beneficiary data
568	684	20 FSSCIDRP- INSURED-DATA(1)	GROUP	117	1	high level group that contains insured and Beneficiary data
		OCCURS 3 TIMES				
568	569	25 FSSCIDRP- INSURED-REL(1)	99	2	1	Identifies the X12 code indicating the relationship of the patient to the identified insured Value Description 01 Patient is insured. 02 Spouse. 03 Natural child/insured financial responsibility. 07 Ward of the court. 08 Employee. 09 Unknown. 10 Handicapped dependent. 11 Organ donor. 12 Cadaver donor. 13 Grandchild.
570	570	25 FSSCIDRP-UB04- FILLER-F12(1)	X	1	N/A	Filler for future use
571	595	25 FSSCIDRP- INSURED-NAME(1)	X(25)	25	1	identifies the individual in whose name the insurance is carried, as qualified by the payer organization
596	596	25 FSSCIDRP-UB04- FILLER-F9(1)	X	1	N/A	Filler for future use
597	615	25 FSSCIDRP- INSURED-SSN-HIC(1)	X(19)	19	1	social security number / HIC of the Beneficiary
616	616	25 FSSCIDRP-UB04- FILLER-F10(1)	X	1	N/A	Filler for future use
617	633	25 FSSCIDRP- INSURED-GROUP- NAME(1)	X(17)	17	1	Identifies the name of the group or plan through which the insurance is provided to the insured or insured's date of birth.

Start	End	Field Level/Name	Picture	Length	Phase	Description
634	653	25 FSSCIDRP-INSURED-GROUP-NBR(1)	X(20)	20	1	The Identification Number, Control Number, or Code assigned by the carrier or administrator to identify the group under which the individual is covered.
654	671	25 FSSCIDRP-TREAT-AUTH-CD(1)	X(18)	18	1	HHPPS Treatment Authorization Code
672	684	25 FSSCIDRP-UB04-FILLER-F11(1)	X(13)	13	N/A	Filler for future use
568	684	20 FSSCIDRP-BENE-Z-DATA(1)	GROUP	117	1,2	Group level for beneficiary data
		REDEFINES FSSCIDRP-INSURED-DATA				
568	569	25 FSSCIDRP-BENE-REL(1)	99	2	2	The beneficiary/patients relationship to the insured Value Description 01 Patient is insured. 02 Spouse. 03 Natural child/insured has financial responsibility. 04 Natural child, insured does not have financial responsibility. 05 Step child. 06 Foster child. 07 Ward of the court. 08 Emp.
570	570	25 FSSCIDRP-UB04-FILLER-F12A(1)	X	1	N/A	Filler for future use
571	595	25 FSSCIDRP-BENE-NAME(1)	GROUP	25	1	the name of the beneficiary
571	585	30 FSSCIDRP-BENE-LAST-NAME(1)	X(15)	15	1	the last name of the beneficiary
586	595	30 FSSCIDRP-BENE-	X(10)	10	1	the first name of the beneficiary

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FIRST-NAME(1)				
596	596	25 FSSCIDRP-UB04-FILLER-F13(1)	X	1	N/A	Filler for future use
597	615	25 FSSCIDRP-BENE-SSN-HIC(1)	X(19)	19	1	social security number / HIC of the Beneficiary
616	616	25 FSSCIDRP-UB04-FILLER-F14(1)	X	1	N/A	Filler for future use
617	617	25 FSSCIDRP-BENE-MID-INIT(1)	X	1	1	The Beneficiaries middle initial.
618	625	25 FSSCIDRP-BENE-DOB(1)	X(8)	8	1	the birth date of the beneficiary
626	626	25 FSSCIDRP-BENE-SEX(1)	X	1	1	the sex gender of the beneficiary
627	684	25 FILLER(1)	X(58)	58	N/A	Filler for future use
685	801	15 FSSCIDRP-INSURED-INFORMATION(2)	GROUP	117		
685	801	20 FSSCIDRP-INSURED-DATA(2)	GROUP	117		
685	686	25 FSSCIDRP-INSURED-REL(2)	99	2		
687	687	25 FSSCIDRP-UB04-FILLER-F12(2)	X	1		
688	712	25 FSSCIDRP-INSURED-NAME(2)	X(25)	25		
713	713	25 FSSCIDRP-INSURED-SSN-HIC(2)	X	1		
714	732	25 FSSCIDRP-UB04-FILLER-F10(2)	X(19)	19		
733	733	25 FSSCIDRP-INSURED-GROUP-NAME(2)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
734	750	25 FSSCIDRP-INSURED-GROUP-NBR(2)	X(17)	17		
751	770	25 FSSCIDRP-TREAT-AUTH-CD(2)	X(20)	20		
771	788	25 FSSCIDRP-UB04-FILLER-F11(2)	X(18)	18		
789	801	25 FSSCIDRP-UB04-FILLER-F11(2)	X(13)	13		
685	801	20 FSSCIDRP-BENE-Z-DATA(2)	GROUP	117		
685	686	25 FSSCIDRP-BENE-REL(2)	99	2		
687	687	25 FSSCIDRP-UB04-FILLER-F12A(2)	X	1		
688	712	25 FSSCIDRP-BENE-NAME(2)	GROUP	25		
688	702	30 FSSCIDRP-BENE-LAST-NAME(2)	X(15)	15		
703	712	30 FSSCIDRP-BENE-FIRST-NAME(2)	X(10)	10		
713	713	25 FSSCIDRP-UB04-FILLER-F13(2)	X	1		
714	732	25 FSSCIDRP-BENE-SSN-HIC(2)	X(19)	19		
733	733	25 FSSCIDRP-UB04-FILLER-F14(2)	X	1		
734	734	25 FSSCIDRP-BENE-MID-INIT(2)	X	1		
735	742	25 FSSCIDRP-BENE-DOB(2)	X(8)	8		
743	743	25 FSSCIDRP-BENE-	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		SEX(2)				
744	801	25 FILLER(2)	X(58)	58		
802	918	15 FSSCIDRP-INSURED-INFORMATION(3)	GROUP	58		
802	918	20 FSSCIDRP-INSURED-DATA(3)	GROUP	117		
802	803	25 FSSCIDRP-INSURED-REL(3)	99	117		
804	804	25 FSSCIDRP-UB04-FILLER-F12(3)	X	2		
805	829	25 FSSCIDRP-INSURED-NAME(3)	X(25)	1		
830	830	25 FSSCIDRP-UB04-FILLER-F9(3)	X	25		
831	849	25 FSSCIDRP-INSURED-SSN-HIC(3)	X(19)	1		
850	850	25 FSSCIDRP-UB04-FILLER-F10(3)	X	1		
851	867	25 FSSCIDRP-INSURED-GROUP-NAME(3)	X(17)	17		
868	887	25 FSSCIDRP-INSURED-GROUP-NBR(3)	X(20)	20		
888	905	25 FSSCIDRP-TREAT-AUTH-CD(3)	X(18)	18		
906	918	25 FSSCIDRP-UB04-FILLER-F11(3)	X(13)	13		
802	918	20 FSSCIDRP-BENE-Z-DATA(3)	GROUP	117		

Start	End	Field Level/Name	Picture	Length	Phase	Description
802	803	25 FSSCIDRP-BENE-REL(3)	99	2		
804	804	25 FSSCIDRP-UB04-FILLER-F12A(3)	X	1		
805	829	25 FSSCIDRP-BENE-NAME(3)	GROUP	25		
805	819	30 FSSCIDRP-BENE-LAST-NAME(3)	X(15)	15		
820	829	30 FSSCIDRP-BENE-FIRST-NAME(3)	X(10)	10		
830	830	25 FSSCIDRP-UB04-FILLER-F13(3)	X	1		
831	849	25 FSSCIDRP-BENE-SSN-HIC(3)	X(19)	19		
850	850	25 FSSCIDRP-UB04-FILLER-F14(3)	X	1		
851	851	25 FSSCIDRP-BENE-MID-INIT(3)	X	1		
852	859	25 FSSCIDRP-BENE-DOB(3)	X(8)	8		
860	860	25 FSSCIDRP-BENE-SEX(3)	X	1		
861	918	25 FILLER(3)	X(58)	58		
919	988	10 FSSCIDRP-EMPLOYMENT-DATA(1)	GROUP	70	1,2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
919	919	15 FSSCIDRP-EMP-STATUS-CD(1)	X	1	2	The employment status of the individual identified in form locator 58 (insured's name). Employee status is only required if the primary payer code on claim page 4 is equal to 'A' through 'E' or 'G' Value Description 1 Indicates Employed full time. 2 Indicates Employed part time. 3 Indicates not employed 4 Indicates Self-employed. 5 Indicates Retired. 6 Indicates On active military duty. 7 - 8 Indicates these codes are reserved. 9 Unknown
		OCCURS 3 TIMES				
920	943	15 FSSCIDRP-EMP-NAME(1)	X(24)	24	1	the name of the employer that provides health care coverage for the individual identified in the employment information data
944	944	15 FSSCIDRP-UB04-FILLER-F15(1)	X	1	N/A	Filler for future use
945	988	15 FSSCIDRP-EMP-LOCATION(1)	GROUP	44	2	Employer address
945	962	20 FSSCIDRP-EMP-STREET(1)	X(18)	18	2	street address of the employer
963	977	20 FSSCIDRP-EMP-CITY(1)	X(15)	15	2	city of the employer
978	979	20 FSSCIDRP-EMP-STATE(1)	XX	2	2	state of the employer
980	988	20 FSSCIDRP-EMP-ZIP(1)	GROUP	9	2	zip code of the employer
980	984	25 FSSCIDRP-EMP-ZIP-5(1)	9(5)	5	2	zip code of the employer
985	988	25 FSSCIDRP-EMP-ZIP-	9(4)	4	2	zip code of the employer

Start	End	Field Level/Name	Picture	Length	Phase	Description
		4(1)				
989	1058	10 FSSCIDRP-EMPLOYMENT-DATA(2)	GROUP	70		
989	989	15 FSSCIDRP-EMP-STATUS-CD(2)	X	1		
990	1013	15 FSSCIDRP-EMP-NAME(2)	X(24)	24		
1014	1014	15 FSSCIDRP-UB04-FILLER-F15(2)	X	1		
1015	1058	15 FSSCIDRP-EMP-LOCATION(2)	GROUP	44		
1015	1032	20 FSSCIDRP-EMP-STREET(2)	X(18)	18		
1033	1047	20 FSSCIDRP-EMP-CITY(2)	X(15)	15		
1048	1049	20 FSSCIDRP-EMP-STATE(2)	XX	2		
1050	1058	20 FSSCIDRP-EMP-ZIP(2)	GROUP	9		
1050	1054	25 FSSCIDRP-EMP-ZIP-5(2)	9(5)	5		
1055	1058	25 FSSCIDRP-EMP-ZIP-4(2)	9(4)	4		
1059	1128	10 FSSCIDRP-EMPLOYMENT-DATA(3)	GROUP	70		
1059	1059	15 FSSCIDRP-EMP-STATUS-CD(3)	X	1		
1060	1083	15 FSSCIDRP-EMP-NAME(3)	X(24)	24		
1084	1084	15 FSSCIDRP-UB04-	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FILLER-F15(3)				
1085	1128	15 FSSCIDRP-EMP-LOCATION(3)	GROUP	44		
1085	1102	20 FSSCIDRP-EMP-STREET(3)	X(18)	18		
1103	1117	20 FSSCIDRP-EMP-CITY(3)	X(15)	15		
1118	1119	20 FSSCIDRP-EMP-STATE(3)	XX	2		
1120	1128	20 FSSCIDRP-EMP-ZIP(3)	GROUP	9		
1120	1124	25 FSSCIDRP-EMP-ZIP-5(3)	9(5)	5		
1125	1128	25 FSSCIDRP-EMP-ZIP-4(3)	9(4)	4		
1129	1228	10 FSSCIDRP-CLAIM-PATH	GROUP	100	2,3	the path a claim is to follow through the system and at what point the claim resides, such as the claim is suspended in the Administrative Driver (Driver 15) by reflecting an S next to the 15 driver, etc.
1129	1133	15 FSSCIDRP-CLAIM-PATH-ENTRY(1)	GROUP	5	2,3	the path a claim is to follow through the system and at what point the claim resides, such as the claim is suspended in the Administrative Driver (Driver 15) by reflecting an S next to the 15 driver, etc.
1129	1129	20 FSSCIDRP-CLAIM-PATH-MODE(1)	X	1	2,3	indicates if the claim path location is online or batch - Values O - online, B - Batch
		OCCURS 20 TIMES			2,3	
1130	1131	20 FSSCIDRP-CLAIM-PATH-LOC(1)	XX	2	2,3	the number of the claim path driver
1132	1132	20 FSSCIDRP-CLAIM-PATH-REPS(1)	X	1	2,3	An internal field used to ensure the Medical Policy driver is only executed once, unless the claim is forced to re-edit through the Medical Policy driver.

Start	End	Field Level/Name	Picture	Length	Phase	Description
1133	1133	20 FSSCIDRP-CLAIM-PATH-FLAG(1)	X	1	2,3	The claim path flag will display a Y when the driver has been successfully completed and a S when the claim is suspended in the driver.
1134	1138	15 FSSCIDRP-CLAIM-PATH-ENTRY(2)	GROUP	5	2,3	
1134	1134	20 FSSCIDRP-CLAIM-PATH-MODE(2)	X	1	2,3	
1135	1136	20 FSSCIDRP-CLAIM-PATH-LOC(2)	XX	2	2,3	
1137	1137	20 FSSCIDRP-CLAIM-PATH-REPS(2)	X	1	2,3	
1138	1138	20 FSSCIDRP-CLAIM-PATH-FLAG(2)	X	1	2,3	
1139	1143	15 FSSCIDRP-CLAIM-PATH-ENTRY(3)	GROUP	5	2,3	
1139	1139	20 FSSCIDRP-CLAIM-PATH-MODE(3)	X	1	2,3	
1140	1141	20 FSSCIDRP-CLAIM-PATH-LOC(3)	XX	2	2,3	
1142	1142	20 FSSCIDRP-CLAIM-PATH-REPS(3)	X	1	2,3	
1143	1143	20 FSSCIDRP-CLAIM-PATH-FLAG(3)	X	1	2,3	
1144	1148	15 FSSCIDRP-CLAIM-PATH-ENTRY(4)	GROUP	5	2,3	
1144	1144	20 FSSCIDRP-CLAIM-PATH-MODE(4)	X	1	2,3	
1145	1146	20 FSSCIDRP-CLAIM-PATH-LOC(4)	XX	2	2,3	
1147	1147	20 FSSCIDRP-CLAIM-PATH-REPS(4)	X	1	2,3	
1148	1148	20 FSSCIDRP-CLAIM-	X	1	2,3	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		PATH-FLAG(4)				
1149	1153	15 FSSCIDRP-CLAIM-PATH-ENTRY(5)	GROUP	5	2,3	
1149	1149	20 FSSCIDRP-CLAIM-PATH-MODE(5)	X	1	2,3	
1150	1151	20 FSSCIDRP-CLAIM-PATH-LOC(5)	XX	2	2,3	
1152	1152	20 FSSCIDRP-CLAIM-PATH-REPS(5)	X	1	2,3	
1153	1153	20 FSSCIDRP-CLAIM-PATH-FLAG(5)	X	1	2,3	
1154	1158	15 FSSCIDRP-CLAIM-PATH-ENTRY(6)	GROUP	5	2,3	
1154	1154	20 FSSCIDRP-CLAIM-PATH-MODE(6)	X	1	2,3	
1155	1156	20 FSSCIDRP-CLAIM-PATH-LOC(6)	XX	2	2,3	
1157	1157	20 FSSCIDRP-CLAIM-PATH-REPS(6)	X	1	2,3	
1158	1158	20 FSSCIDRP-CLAIM-PATH-FLAG(6)	X	1	2,3	
1159	1163	15 FSSCIDRP-CLAIM-PATH-ENTRY(7)	GROUP	5	2,3	
1159	1159	20 FSSCIDRP-CLAIM-PATH-MODE(7)	X	1	2,3	
1160	1161	20 FSSCIDRP-CLAIM-PATH-LOC(7)	XX	2	2,3	
1162	1162	20 FSSCIDRP-CLAIM-PATH-REPS(7)	X	1	2,3	
1163	1163	20 FSSCIDRP-CLAIM-PATH-FLAG(7)	X	1	2,3	

Start	End	Field Level/Name	Picture	Length	Phase	Description
1164	1168	15 FSSCIDRP-CLAIM-PATH-ENTRY(8)	GROUP	5	2,3	
1164	1164	20 FSSCIDRP-CLAIM-PATH-MODE(8)	X	1	2,3	
1165	1166	20 FSSCIDRP-CLAIM-PATH-LOC(8)	XX	2	2,3	
1167	1167	20 FSSCIDRP-CLAIM-PATH-REPS(8)	X	1	2,3	
1168	1168	20 FSSCIDRP-CLAIM-PATH-FLAG(8)	X	1	2,3	
1169	1173	15 FSSCIDRP-CLAIM-PATH-ENTRY(9)	GROUP	5	2,3	
1169	1169	20 FSSCIDRP-CLAIM-PATH-MODE(9)	X	1	2,3	
1170	1171	20 FSSCIDRP-CLAIM-PATH-LOC(9)	XX	2	2,3	
1172	1172	20 FSSCIDRP-CLAIM-PATH-REPS(9)	X	1	2,3	
1173	1173	20 FSSCIDRP-CLAIM-PATH-FLAG(9)	X	1	2,3	
1174	1178	15 FSSCIDRP-CLAIM-PATH-ENTRY(10)	GROUP	5	2,3	
1174	1174	20 FSSCIDRP-CLAIM-PATH-MODE(10)	X	1	2,3	
1175	1176	20 FSSCIDRP-CLAIM-PATH-LOC(10)	XX	2	2,3	
1177	1177	20 FSSCIDRP-CLAIM-PATH-REPS(10)	X	1	2,3	
1178	1178	20 FSSCIDRP-CLAIM-PATH-FLAG(10)	X	1	2,3	
1179	1183	15 FSSCIDRP-CLAIM-PATH-ENTRY(11)	GROUP	5	2,3	

Start	End	Field Level/Name	Picture	Length	Phase	Description
1179	1179	20 FSSCIDRP-CLAIM-PATH-MODE(11)	X	1	2,3	
1180	1181	20 FSSCIDRP-CLAIM-PATH-LOC(11)	XX	2	2,3	
1182	1182	20 FSSCIDRP-CLAIM-PATH-REPS(11)	X	1	2,3	
1183	1183	20 FSSCIDRP-CLAIM-PATH-FLAG(11)	X	1	2,3	
1184	1188	20 FSSCIDRP-CLAIM-PATH-MODE(12)	GROUP	5	2,3	
1184	1184	20 FSSCIDRP-CLAIM-PATH-LOC(12)	X	1	2,3	
1185	1186	20 FSSCIDRP-CLAIM-PATH-REPS(12)	XX	2	2,3	
1187	1187	20 FSSCIDRP-CLAIM-PATH-FLAG(12)	X	1	2,3	
1188	1188	15 FSSCIDRP-CLAIM-PATH-ENTRY(13)	X	1	2,3	
1189	1193	15 FSSCIDRP-CLAIM-PATH-ENTRY(13)	GROUP	5	2,3	
1189	1189	20 FSSCIDRP-CLAIM-PATH-MODE(13)	X	1	2,3	
1190	1191	20 FSSCIDRP-CLAIM-PATH-LOC(13)	XX	2	2,3	
1192	1192	20 FSSCIDRP-CLAIM-PATH-REPS(13)	X	1	2,3	
1193	1193	20 FSSCIDRP-CLAIM-PATH-FLAG(13)	X	1	2,3	
1194	1198	15 FSSCIDRP-CLAIM-PATH-ENTRY(14)	GROUP	5	2,3	
1194	1194	20 FSSCIDRP-CLAIM-PATH-MODE(14)	X	1	2,3	

Start	End	Field Level/Name	Picture	Length	Phase	Description
1195	1196	20 FSSCIDRP-CLAIM-PATH-LOC(14)	XX	2	2,3	
1197	1197	20 FSSCIDRP-CLAIM-PATH-REPS(14)	X	1	2,3	
1198	1198	20 FSSCIDRP-CLAIM-PATH-FLAG(14)	X	1	2,3	
1199	1203	15 FSSCIDRP-CLAIM-PATH-ENTRY(15)	GROUP	5	2,3	
1199	1199	20 FSSCIDRP-CLAIM-PATH-MODE(15)	X	1	2,3	
1200	1201	20 FSSCIDRP-CLAIM-PATH-LOC(15)	XX	2	2,3	
1202	1202	20 FSSCIDRP-CLAIM-PATH-REPS(15)	X	1	2,3	
1203	1203	20 FSSCIDRP-CLAIM-PATH-FLAG(15)	X	1	2,3	
1204	1208	15 FSSCIDRP-CLAIM-PATH-ENTRY(16)	GROUP	5	2,3	
1204	1204	20 FSSCIDRP-CLAIM-PATH-MODE(16)	X	1	2,3	
1205	1206	20 FSSCIDRP-CLAIM-PATH-LOC(16)	XX	2	2,3	
1207	1207	20 FSSCIDRP-CLAIM-PATH-REPS(16)	X	1	2,3	
1208	1208	20 FSSCIDRP-CLAIM-PATH-FLAG(16)	X	1	2,3	
1209	1213	20 FSSCIDRP-CLAIM-PATH-MODE(17)	GROUP	5	2,3	
1209	1209	20 FSSCIDRP-CLAIM-PATH-LOC(17)	X	1	2,3	
1210	1211	20 FSSCIDRP-CLAIM-PATH-REPS(17)	XX	2	2,3	

Start	End	Field Level/Name	Picture	Length	Phase	Description
1212	1212	20 FSSCIDRP-CLAIM-PATH-REPS(17)	XX	1	2,3	
1213	1213	20 FSSCIDRP-CLAIM-PATH-FLAG(17)	X	1	2,3	
1214	1218	15 FSSCIDRP-CLAIM-PATH-ENTRY(18)	GROUP	5	2,3	
1214	1214	20 FSSCIDRP-CLAIM-PATH-MODE(18)	X	1	2,3	
1215	1216	20 FSSCIDRP-CLAIM-PATH-LOC(18)	XX	2	2,3	
1217	1217	20 FSSCIDRP-CLAIM-PATH-REPS(18)	X	1	2,3	
1218	1218	20 FSSCIDRP-CLAIM-PATH-FLAG(18)	X	1	2,3	
1219	1223	15 FSSCIDRP-CLAIM-PATH-ENTRY(19)	GROUP	5	2,3	
1219	1219	20 FSSCIDRP-CLAIM-PATH-MODE(19)	X	1	2,3	
1220	1221	20 FSSCIDRP-CLAIM-PATH-LOC(19)	XX	2	2,3	
1222	1222	20 FSSCIDRP-CLAIM-PATH-REPS(19)	X	1	2,3	
1223	1223	20 FSSCIDRP-CLAIM-PATH-FLAG(19)	X	1	2,3	
1224	1228	15 FSSCIDRP-CLAIM-PATH-ENTRY(20)	GROUP	5	2,3	
1224	1224	20 FSSCIDRP-CLAIM-PATH-MODE(20)	X	1	2,3	
1225	1226	20 FSSCIDRP-CLAIM-PATH-LOC(20)	XX	2	2,3	
1227	1227	20 FSSCIDRP-CLAIM-PATH-REPS(20)	X	1	2,3	

Start	End	Field Level/Name	Picture	Length	Phase	Description
1228	1228	20 FSSCIDRP-CLAIM-PATH-FLAG(20)	X	1	2,3	
1229	1928	10 FSSCIDRP-AUDIT-TRAIL	GROUP	700	2,3	History of each status/location the claim has been through
1229	1256	15 FSSCIDRP-BADT-ENTRY(1)	GROUP	28	2,3	
1229	1234	20 FSSCIDRP-BADT-STAT-LOC(1)	GROUP	6	2,3	
		OCCURS 25 TIMES				
1229	1229	25 FSSCIDRP-BADT-STATUS(1)	X	1	2,3	identifies the condition of the claim (e.g., good, suspended, inactive)
1230	1234	25 FSSCIDRP-BADT-LOC(1)	X(5)	5	2,3	identifies where the claim resides in the system
1235	1243	20 FSSCIDRP-BADT-OPER-ID(1)	X(9)	9	2,3	the last operator who created or updated (PF9d) this claim
1244	1248	20 FSSCIDRP-BADT-REAS-TABLE(1)	GROUP	5	2,3	identifies a specific condition detected during processing a record
1244	1248	25 FSSCIDRP-BADT-REAS(1)	X(5)	5	2,3	identifies a specific condition detected during processing a record
1249	1256	20 FSSCIDRP-BADT-CURR-DATE-CYMD(1)	GROUP	8	2,3	the date the claim when to this STAT/LOC
1249	1250	25 FSSCIDRP-BADT-CURR-DATE-CC(1)	99	2	2,3	the date the claim when to this STAT/LOC
1251	1256	25 FSSCIDRP-BADT-CURR-DATE(1)	GROUP	6	2,3	the date the claim when to this STAT/LOC
1251	1252	30 FSSCIDRP-BADT-YY(1)	99	2	2,3	the date the claim when to this STAT/LOC
1253	1254	30 FSSCIDRP-BADT-MM(1)	99	2	2,3	the date the claim when to this STAT/LOC
1255	1256	30 FSSCIDRP-BADT-DD(1)	99	2	2,3	the date the claim when to this STAT/LOC

Start	End	Field Level/Name	Picture	Length	Phase	Description
1257	1284	15 FSSCIDRP-BADT-ENTRY(2)	GROUP	28		
1257	1262	20 FSSCIDRP-BADT-STAT-LOC(2)	GROUP	6		
1257	1257	25 FSSCIDRP-BADT-STATUS(2)	X	1		
1258	1262	25 FSSCIDRP-BADT-LOC(2)	X(5)	5		
1263	1271	20 FSSCIDRP-BADT-OPER-ID(2)	X(9)	9		
1272	1276	20 FSSCIDRP-BADT-REAS-TABLE(2)	GROUP	5		
1272	1276	25 FSSCIDRP-BADT-REAS(2)	X(5)	5		
1277	1284	20 FSSCIDRP-BADT-CURR-DATE-CYMD(2)	GROUP	8		
1277	1278	25 FSSCIDRP-BADT-CURR-DATE-CC(2)	99	2		
1279	1284	25 FSSCIDRP-BADT-CURR-DATE(2)	GROUP	6		
1279	1280	30 FSSCIDRP-BADT-YY(2)	99	2		
1281	1282	30 FSSCIDRP-BADT-MM(2)	99	2		
1283	1284	30 FSSCIDRP-BADT-DD(2)	99	2		
1285	1312	15 FSSCIDRP-BADT-ENTRY(3)	GROUP	28		
1285	1290	20 FSSCIDRP-BADT-STAT-LOC(3)	GROUP	6		
1285	1285	25 FSSCIDRP-BADT-STATUS(3)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1286	1290	25 FSSCIDRP-BADT-LOC(3)	X(5)	5		
1291	1299	20 FSSCIDRP-BADT-OPER-ID(3)	X(9)	9		
1300	1304	20 FSSCIDRP-BADT-REAS-TABLE(3)	GROUP	5		
1300	1304	25 FSSCIDRP-BADT-REAS(3)	X(5)	5		
1305	1312	20 FSSCIDRP-BADT-CURR-DATE-CYMD(3)	GROUP	8		
1305	1306	25 FSSCIDRP-BADT-CURR-DATE-CC(3)	99	2		
1307	1312	25 FSSCIDRP-BADT-CURR-DATE(3)	GROUP	6		
1307	1308	30 FSSCIDRP-BADT-YY(3)	99	2		
1309	1310	30 FSSCIDRP-BADT-MM(3)	99	2		
1311	1312	30 FSSCIDRP-BADT-DD(3)	99	2		
1313	1340	15 FSSCIDRP-BADT-ENTRY(4)	GROUP	28		
1313	1318	20 FSSCIDRP-BADT-STAT-LOC(4)	GROUP	6		
1313	1313	25 FSSCIDRP-BADT-STATUS(4)	X	1		
1314	1318	25 FSSCIDRP-BADT-LOC(4)	X(5)	5		
1319	1327	20 FSSCIDRP-BADT-OPER-ID(4)	X(9)	9		
1328	1332	20 FSSCIDRP-BADT-REAS-TABLE(4)	GROUP	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1328	1332	25 FSSCIDRP-BADT-REAS(4)	X(5)	5		
1333	1340	20 FSSCIDRP-BADT-CURR-DATE-CYMD(4)	GROUP	8		
1333	1334	25 FSSCIDRP-BADT-CURR-DATE-CC(4)	99	2		
1335	1340	25 FSSCIDRP-BADT-CURR-DATE(4)	GROUP	6		
1335	1336	30 FSSCIDRP-BADT-YY(4)	99	2		
1337	1338	30 FSSCIDRP-BADT-MM(4)	99	2		
1339	1340	30 FSSCIDRP-BADT-DD(4)	99	2		
1341	1368	15 FSSCIDRP-BADT-ENTRY(5)	GROUP	28		
1341	1346	20 FSSCIDRP-BADT-STAT-LOC(5)	GROUP	6		
1341	1341	25 FSSCIDRP-BADT-STATUS(5)	X	1		
1342	1346	25 FSSCIDRP-BADT-LOC(5)	X(5)	5		
1347	1355	20 FSSCIDRP-BADT-OPER-ID(5)	X(9)	9		
1356	1360	20 FSSCIDRP-BADT-REAS-TABLE(5)	GROUP	5		
1356	1360	25 FSSCIDRP-BADT-REAS(5)	X(5)	5		
1361	1368	20 FSSCIDRP-BADT-CURR-DATE-CYMD(5)	GROUP	8		
1361	1362	25 FSSCIDRP-BADT-CURR-DATE-CC(5)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1363	1368	25 FSSCIDRP-BADT-CURR-DATE(5)	GROUP	6		
1363	1364	30 FSSCIDRP-BADT-YY(5)	99	2		
1365	1366	30 FSSCIDRP-BADT-MM(5)	99	2		
1367	1368	30 FSSCIDRP-BADT-DD(5)	99	2		
1369	1396	15 FSSCIDRP-BADT-ENTRY(6)	GROUP	28		
1369	1374	20 FSSCIDRP-BADT-STAT-LOC(6)	GROUP	6		
1369	1369	25 FSSCIDRP-BADT-STATUS(6)	X	1		
1370	1374	25 FSSCIDRP-BADT-LOC(6)	X(5)	5		
1375	1383	20 FSSCIDRP-BADT-OPER-ID(6)	X(9)	9		
1384	1388	20 FSSCIDRP-BADT-REAS-TABLE(6)	GROUP	5		
1384	1388	25 FSSCIDRP-BADT-REAS(6)	X(5)	5		
1389	1396	20 FSSCIDRP-BADT-CURR-DATE-CYMD(6)	GROUP	8		
1389	1390	25 FSSCIDRP-BADT-CURR-DATE-CC(6)	99	2		
1391	1396	25 FSSCIDRP-BADT-CURR-DATE(6)	GROUP	6		
1391	1392	30 FSSCIDRP-BADT-YY(6)	99	2		
1393	1394	30 FSSCIDRP-BADT-MM(6)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1395	1396	30 FSSCIDRP-BADT-DD(6)	99	2		
1397	1424	15 FSSCIDRP-BADT-ENTRY(7)	GROUP	28		
1397	1402	20 FSSCIDRP-BADT-STAT-LOC(7)	GROUP	6		
1397	1397	25 FSSCIDRP-BADT-STATUS(7)	X	1		
1398	1402	25 FSSCIDRP-BADT-LOC(7)	X(5)	5		
1403	1411	20 FSSCIDRP-BADT-OPER-ID(7)	X(9)	9		
1412	1416	20 FSSCIDRP-BADT-REAS-TABLE(7)	GROUP	5		
1412	1416	25 FSSCIDRP-BADT-REAS(7)	X(5)	5		
1417	1424	20 FSSCIDRP-BADT-CURR-DATE-CYMD(7)	GROUP	8		
1417	1418	25 FSSCIDRP-BADT-CURR-DATE-CC(7)	99	2		
1419	1424	25 FSSCIDRP-BADT-CURR-DATE(7)	GROUP	6		
1419	1420	30 FSSCIDRP-BADT-YY(7)	99	2		
1421	1422	30 FSSCIDRP-BADT-MM(7)	99	2		
1423	1424	30 FSSCIDRP-BADT-DD(7)	99	2		
1425	1452	15 FSSCIDRP-BADT-ENTRY(8)	GROUP	28		
1425	1430	20 FSSCIDRP-BADT-STAT-LOC(8)	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1425	1425	25 FSSCIDRP-BADT-STATUS(8)	X	1		
1426	1430	25 FSSCIDRP-BADT-LOC(8)	X(5)	5		
1431	1439	20 FSSCIDRP-BADT-OPER-ID(8)	X(9)	9		
1440	1444	20 FSSCIDRP-BADT-REAS-TABLE(8)	GROUP	5		
1440	1444	25 FSSCIDRP-BADT-REAS(8)	X(5)	5		
1445	1452	20 FSSCIDRP-BADT-CURR-DATE-CYMD(8)	GROUP	8		
1445	1446	25 FSSCIDRP-BADT-CURR-DATE-CC(8)	99	2		
1447	1452	25 FSSCIDRP-BADT-CURR-DATE(8)	GROUP	6		
1447	1448	30 FSSCIDRP-BADT-YY(8)	99	2		
1449	1450	30 FSSCIDRP-BADT-MM(8)	99	2		
1451	1452	30 FSSCIDRP-BADT-DD(8)	99	2		
1453	1480	15 FSSCIDRP-BADT-ENTRY(9)	GROUP	28		
1453	1458	20 FSSCIDRP-BADT-STAT-LOC(9)	GROUP	6		
1453	1453	25 FSSCIDRP-BADT-STATUS(9)	X	1		
1454	1458	25 FSSCIDRP-BADT-LOC(9)	X(5)	5		
1459	1467	20 FSSCIDRP-BADT-OPER-ID(9)	X(9)	9		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1468	1472	20 FSSCIDRP-BADT-REAS-TABLE(9)	GROUP	5		
1468	1472	25 FSSCIDRP-BADT-REAS(9)	X(5)	5		
		20 FSSCIDRP-BADT-CURR-DATE-CYMD(9)				
1473	1480	20 FSSCIDRP-BADT-CURR-DATE-CYMD(9)	GROUP	8		
		25 FSSCIDRP-BADT-CURR-DATE-CC(9)				
1473	1474	25 FSSCIDRP-BADT-CURR-DATE-CC(9)	99	2		
1475	1480	25 FSSCIDRP-BADT-CURR-DATE(9)	GROUP	6		
1475	1476	30 FSSCIDRP-BADT-YY(9)	99	2		
1477	1478	30 FSSCIDRP-BADT-MM(9)	99	2		
1479	1480	30 FSSCIDRP-BADT-DD(9)	99	2		
1481	1508	15 FSSCIDRP-BADT-ENTRY(10)	GROUP	28		
1481	1486	20 FSSCIDRP-BADT-STAT-LOC(10)	GROUP	6		
1481	1481	25 FSSCIDRP-BADT-STATUS(10)	X	1		
1482	1486	25 FSSCIDRP-BADT-LOC(10)	X(5)	5		
1487	1495	20 FSSCIDRP-BADT-OPER-ID(10)	X(9)	9		
1496	1500	20 FSSCIDRP-BADT-REAS-TABLE(10)	GROUP	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1496	1500	25 FSSCIDRP-BADT-REAS(10)	X(5)	5		
1501	1508	20 FSSCIDRP-BADT-CURR-DATE-CYMD(10)	GROUP	8		
1501	1502	25 FSSCIDRP-BADT-CURR-DATE-CC(10)	99	2		
1503	1508	25 FSSCIDRP-BADT-CURR-DATE(10)	GROUP	6		
1503	1504	30 FSSCIDRP-BADT-YY(10)	99	2		
1505	1506	30 FSSCIDRP-BADT-MM(10)	99	2		
1507	1508	30 FSSCIDRP-BADT-DD(10)	99	2		
1509	1536	15 FSSCIDRP-BADT-ENTRY(11)	GROUP	28		
1509	1514	20 FSSCIDRP-BADT-STAT-LOC(11)	GROUP	6		
1509	1509	25 FSSCIDRP-BADT-STATUS(11)	X	1		
1510	1514	25 FSSCIDRP-BADT-LOC(11)	X(5)	5		
1515	1523	20 FSSCIDRP-BADT-OPER-ID(11)	X(9)	9		
1524	1528	20 FSSCIDRP-BADT-REAS-TABLE(11)	GROUP	5		
1524	1528	25 FSSCIDRP-BADT-REAS(11)	X(5)	5		
1529	1536	20 FSSCIDRP-BADT-CURR-DATE-CYMD(11)	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1529	1530	25 FSSCIDRP-BADT-CURR-DATE-CC(11)	99	2		
1531	1536	25 FSSCIDRP-BADT-CURR-DATE(11)	GROUP	6		
1531	1532	30 FSSCIDRP-BADT-YY(11)	99	2		
1533	1534	30 FSSCIDRP-BADT-MM(11)	99	2		
1535	1536	30 FSSCIDRP-BADT-DD(11)	99	2		
1537	1564	15 FSSCIDRP-BADT-ENTRY(12)	GROUP	28		
1537	1542	20 FSSCIDRP-BADT-STAT-LOC(12)	GROUP	6		
1537	1537	25 FSSCIDRP-BADT-STATUS(12)	X	1		
1538	1542	25 FSSCIDRP-BADT-LOC(12)	X(5)	5		
1543	1551	20 FSSCIDRP-BADT-OPER-ID(12)	X(9)	9		
1552	1556	20 FSSCIDRP-BADT-REAS-TABLE(12)	GROUP	5		
1552	1556	25 FSSCIDRP-BADT-REAS(12)	X(5)	5		
1557	1564	20 FSSCIDRP-BADT-CURR-DATE-CYMD(12)	GROUP	8		
1557	1558	25 FSSCIDRP-BADT-CURR-DATE-CC(12)	99	2		
1559	1564	25 FSSCIDRP-BADT-CURR-DATE(12)	GROUP	6		
1559	1560	30 FSSCIDRP-BADT-	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		YY(12)				
1561	1562	30 FSSCIDRP-BADT-MM(12)	99	2		
1563	1564	30 FSSCIDRP-BADT-DD(12)	99	2		
1565	1592	15 FSSCIDRP-BADT-ENTRY(13)	GROUP	28		
1565	1570	20 FSSCIDRP-BADT-STAT-LOC(13)	GROUP	6		
1565	1565	25 FSSCIDRP-BADT-STATUS(13)	X	1		
1566	1570	25 FSSCIDRP-BADT-LOC(13)	X(5)	5		
1571	1579	20 FSSCIDRP-BADT-OPER-ID(13)	X(9)	9		
1580	1584	20 FSSCIDRP-BADT-REAS-TABLE(13)	GROUP	5		
1580	1584	25 FSSCIDRP-BADT-REAS(13)	X(5)	5		
1585	1592	20 FSSCIDRP-BADT-CURR-DATE-CYMD(13)	GROUP	8		
1585	1586	25 FSSCIDRP-BADT-CURR-DATE-CC(13)	99	2		
1587	1592	25 FSSCIDRP-BADT-CURR-DATE(13)	GROUP	6		
1587	1588	30 FSSCIDRP-BADT-YY(13)	99	2		
1589	1590	30 FSSCIDRP-BADT-MM(13)	99	2		
1591	1592	30 FSSCIDRP-BADT-DD(13)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1593	1620	15 FSSCIDRP-BADT-ENTRY(14)	GROUP	28		
1593	1598	20 FSSCIDRP-BADT-STAT-LOC(14)	GROUP	6		
1593	1593	25 FSSCIDRP-BADT-STATUS(14)	X	1		
1594	1598	25 FSSCIDRP-BADT-LOC(14)	X(5)	5		
1599	1607	20 FSSCIDRP-BADT-OPER-ID(14)	X(9)	9		
1608	1612	20 FSSCIDRP-BADT-REAS-TABLE(14)	GROUP	5		
1608	1612	25 FSSCIDRP-BADT-REAS(14)	X(5)	5		
1613	1620	20 FSSCIDRP-BADT-CURR-DATE-CYMD(14)	GROUP	8		
1613	1614	25 FSSCIDRP-BADT-CURR-DATE-CC(14)	99	2		
1615	1620	25 FSSCIDRP-BADT-CURR-DATE(14)	GROUP	6		
1615	1616	30 FSSCIDRP-BADT-YY(14)	99	2		
1617	1618	30 FSSCIDRP-BADT-MM(14)	99	2		
1619	1620	30 FSSCIDRP-BADT-DD(14)	99	2		
1621	1648	15 FSSCIDRP-BADT-ENTRY(15)	GROUP	28		
1621	1626	20 FSSCIDRP-BADT-STAT-LOC(15)	GROUP	6		
1621	1621	25 FSSCIDRP-BADT-	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		STATUS(15)				
1622	1626	25 FSSCIDRP-BADT-LOC(15)	X(5)	5		
1627	1635	20 FSSCIDRP-BADT-OPER-ID(15)	X(9)	9		
1636	1640	20 FSSCIDRP-BADT-REAS-TABLE(15)	GROUP	5		
1636	1640	25 FSSCIDRP-BADT-REAS(15)	X(5)	5		
1641	1648	20 FSSCIDRP-BADT-CURR-DATE-CYMD(15)	GROUP	8		
1641	1642	25 FSSCIDRP-BADT-CURR-DATE-CC(15)	99	2		
1643	1648	25 FSSCIDRP-BADT-CURR-DATE(15)	GROUP	6		
1643	1644	30 FSSCIDRP-BADT-YY(15)	99	2		
1645	1646	30 FSSCIDRP-BADT-MM(15)	99	2		
1647	1648	30 FSSCIDRP-BADT-DD(15)	99	2		
1649	1676	15 FSSCIDRP-BADT-ENTRY(16)	GROUP	28		
1649	1654	20 FSSCIDRP-BADT-STAT-LOC(16)	GROUP	6		
1649	1649	25 FSSCIDRP-BADT-STATUS(16)	X	1		
1650	1654	25 FSSCIDRP-BADT-LOC(16)	X(5)	5		
1655	1663	20 FSSCIDRP-BADT-OPER-ID(16)	X(9)	9		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1664	1668	20 FSSCIDRP-BADT-REAS-TABLE(16)	GROUP	5		
1664	1668	25 FSSCIDRP-BADT-REAS(16)	X(5)	5		
1669	1676	20 FSSCIDRP-BADT-CURR-DATE-CYMD(16)	GROUP	8		
1669	1670	25 FSSCIDRP-BADT-CURR-DATE-CC(16)	99	2		
1671	1676	25 FSSCIDRP-BADT-CURR-DATE(16)	GROUP	6		
1671	1672	30 FSSCIDRP-BADT-YY(16)	99	2		
1673	1674	30 FSSCIDRP-BADT-MM(16)	99	2		
1675	1676	30 FSSCIDRP-BADT-DD(16)	99	2		
1677	1704	15 FSSCIDRP-BADT-ENTRY(17)	GROUP	28		
1677	1682	20 FSSCIDRP-BADT-STAT-LOC(17)	GROUP	6		
1677	1677	25 FSSCIDRP-BADT-STATUS(17)	X	1		
1678	1682	25 FSSCIDRP-BADT-LOC(17)	X(5)	5		
1683	1691	20 FSSCIDRP-BADT-OPER-ID(17)	X(9)	9		
1692	1696	20 FSSCIDRP-BADT-REAS-TABLE(17)	GROUP	5		
1692	1696	25 FSSCIDRP-BADT-REAS(17)	X(5)	5		
1697	1704	20 FSSCIDRP-BADT-	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CURR-DATE- CYMD(17)				
1697	1698	25 FSSCIDRP-BADT- CURR-DATE-CC(17)	99	2		
1699	1704	25 FSSCIDRP-BADT- CURR-DATE(17)	GROUP	6		
1699	1700	30 FSSCIDRP-BADT- YY(17)	99	2		
1701	1702	30 FSSCIDRP-BADT- MM(17)	99	2		
1703	1704	30 FSSCIDRP-BADT- DD(17)	99	2		
1705	1732	15 FSSCIDRP-BADT- ENTRY(18)	GROUP	28		
1705	1710	20 FSSCIDRP-BADT- STAT-LOC(18)	GROUP	6		
1705	1705	25 FSSCIDRP-BADT- STATUS(18)	X	1		
1706	1710	25 FSSCIDRP-BADT- LOC(18)	X(5)	5		
1711	1719	20 FSSCIDRP-BADT- OPER-ID(18)	X(9)	9		
1720	1724	20 FSSCIDRP-BADT- REAS-TABLE(18)	GROUP	5		
1720	1724	25 FSSCIDRP-BADT- REAS(18)	X(5)	5		
1725	1732	20 FSSCIDRP-BADT- CURR-DATE- CYMD(18)	GROUP	8		
1725	1726	25 FSSCIDRP-BADT- CURR-DATE-CC(18)	99	2		
1727	1732	25 FSSCIDRP-BADT-	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CURR-DATE(18)				
1727	1728	30 FSSCIDRP-BADT-YY(18)	99	2		
1729	1730	30 FSSCIDRP-BADT-MM(18)	99	2		
1731	1732	30 FSSCIDRP-BADT-DD(18)	99	2		
1733	1760	15 FSSCIDRP-BADT-ENTRY(19)	GROUP	28		
1733	1738	20 FSSCIDRP-BADT-STAT-LOC(19)	GROUP	6		
1733	1733	25 FSSCIDRP-BADT-STATUS(19)	X	1		
1734	1738	25 FSSCIDRP-BADT-LOC(19)	X(5)	5		
1739	1747	20 FSSCIDRP-BADT-OPER-ID(19)	X(9)	9		
1748	1752	20 FSSCIDRP-BADT-REAS-TABLE(19)	GROUP	5		
1748	1752	25 FSSCIDRP-BADT-REAS(19)	X(5)	5		
1753	1760	20 FSSCIDRP-BADT-CURR-DATE-CYMD(19)	GROUP	8		
1753	1754	25 FSSCIDRP-BADT-CURR-DATE-CC(19)	99	2		
1755	1760	25 FSSCIDRP-BADT-CURR-DATE(19)	GROUP	6		
1755	1756	30 FSSCIDRP-BADT-YY(19)	99	2		
1757	1758	30 FSSCIDRP-BADT-MM(19)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1759	1760	30 FSSCIDRP-BADT-DD(19)	99	2		
1761	1788	15 FSSCIDRP-BADT-ENTRY(20)	GROUP	28		
1761	1766	20 FSSCIDRP-BADT-STAT-LOC(20)	GROUP	6		
1761	1761	25 FSSCIDRP-BADT-STATUS(20)	X	1		
1762	1766	25 FSSCIDRP-BADT-LOC(20)	X(5)	5		
1767	1775	20 FSSCIDRP-BADT-OPER-ID(20)	X(9)	9		
1776	1780	20 FSSCIDRP-BADT-REAS-TABLE(20)	GROUP	5		
1776	1780	25 FSSCIDRP-BADT-REAS(20)	X(5)	5		
1781	1788	20 FSSCIDRP-BADT-CURR-DATE-CYMD(20)	GROUP	8		
1781	1782	25 FSSCIDRP-BADT-CURR-DATE-CC(20)	99	2		
1783	1788	25 FSSCIDRP-BADT-CURR-DATE(20)	GROUP	6		
1783	1784	30 FSSCIDRP-BADT-YY(20)	99	2		
1785	1786	30 FSSCIDRP-BADT-MM(20)	99	2		
1787	1788	30 FSSCIDRP-BADT-DD(20)	99	2		
1789	1816	15 FSSCIDRP-BADT-ENTRY(21)	GROUP	28		
1789	1794	20 FSSCIDRP-BADT-	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		STAT-LOC(21)				
1789	1789	25 FSSCIDRP-BADT-STATUS(21)	X	1		
1790	1794	25 FSSCIDRP-BADT-LOC(21)	X(5)	5		
1795	1803	20 FSSCIDRP-BADT-OPER-ID(21)	X(9)	9		
1804	1808	20 FSSCIDRP-BADT-REAS-TABLE(21)	GROUP	5		
1804	1808	25 FSSCIDRP-BADT-REAS(21)	X(5)	5		
1809	1816	20 FSSCIDRP-BADT-CURR-DATE-CYMD(21)	GROUP	8		
1809	1810	25 FSSCIDRP-BADT-CURR-DATE-CC(21)	99	2		
1811	1816	25 FSSCIDRP-BADT-CURR-DATE(21)	GROUP	6		
1811	1812	30 FSSCIDRP-BADT-YY(21)	99	2		
1813	1814	30 FSSCIDRP-BADT-MM(21)	99	2		
1815	1816	30 FSSCIDRP-BADT-DD(21)	99	2		
1817	1844	15 FSSCIDRP-BADT-ENTRY(22)	GROUP	28		
1817	1822	20 FSSCIDRP-BADT-STAT-LOC(22)	GROUP	6		
1817	1817	25 FSSCIDRP-BADT-STATUS(22)	X	1		
1818	1822	25 FSSCIDRP-BADT-LOC(22)	X(5)	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1823	1831	20 FSSCIDRP-BADT-OPER-ID(22)	X(9)	9		
1832	1836	20 FSSCIDRP-BADT-REAS-TABLE(22)	GROUP	5		
1832	1836	25 FSSCIDRP-BADT-REAS(22)	X(5)	5		
1837	1844	20 FSSCIDRP-BADT-CURR-DATE-CYMD(22)	GROUP	8		
1837	1838	25 FSSCIDRP-BADT-CURR-DATE-CC(22)	99	2		
1839	1844	25 FSSCIDRP-BADT-CURR-DATE(22)	GROUP	6		
1839	1840	30 FSSCIDRP-BADT-YY(22)	99	2		
1841	1842	30 FSSCIDRP-BADT-MM(22)	99	2		
1843	1844	30 FSSCIDRP-BADT-DD(22)	99	2		
1845	1872	15 FSSCIDRP-BADT-ENTRY(23)	GROUP	28		
1845	1850	20 FSSCIDRP-BADT-STAT-LOC(23)	GROUP	6		
1845	1845	25 FSSCIDRP-BADT-STATUS(23)	X	1		
1846	1850	25 FSSCIDRP-BADT-LOC(23)	X(5)	5		
1851	1859	20 FSSCIDRP-BADT-OPER-ID(23)	X(9)	9		
1860	1864	20 FSSCIDRP-BADT-REAS-TABLE(23)	GROUP	5		
1860	1864	25 FSSCIDRP-BADT-	X(5)	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		REAS(23)				
1865	1872	20 FSSCIDRP-BADT-CURR-DATE-CYMD(23)	GROUP	8		
1865	1866	25 FSSCIDRP-BADT-CURR-DATE-CC(23)	99	2		
1867	1872	25 FSSCIDRP-BADT-CURR-DATE(23)	GROUP	6		
1867	1868	30 FSSCIDRP-BADT-YY(23)	99	2		
1869	1870	30 FSSCIDRP-BADT-MM(23)	99	2		
1871	1872	30 FSSCIDRP-BADT-DD(23)	99	2		
1873	1900	15 FSSCIDRP-BADT-ENTRY(24)	GROUP	28		
1873	1878	20 FSSCIDRP-BADT-STAT-LOC(24)	GROUP	6		
1873	1873	25 FSSCIDRP-BADT-STATUS(24)	X	1		
1874	1878	25 FSSCIDRP-BADT-LOC(24)	X(5)	5		
1879	1887	20 FSSCIDRP-BADT-OPER-ID(24)	X(9)	9		
1888	1892	20 FSSCIDRP-BADT-REAS-TABLE(24)	GROUP	5		
1888	1892	25 FSSCIDRP-BADT-REAS(24)	X(5)	5		
1893	1900	20 FSSCIDRP-BADT-CURR-DATE-CYMD(24)	GROUP	8		
1893	1894	25 FSSCIDRP-BADT-	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CURR-DATE-CC(24)				
1895	1900	25 FSSCIDRP-BADT-CURR-DATE(24)	GROUP	6		
1895	1896	30 FSSCIDRP-BADT-YY(24)	99	2		
1897	1898	30 FSSCIDRP-BADT-MM(24)	99	2		
1899	1900	30 FSSCIDRP-BADT-DD(24)	99	2		
1901	1928	15 FSSCIDRP-BADT-ENTRY(25)	GROUP	28		
1901	1906	20 FSSCIDRP-BADT-STAT-LOC(25)	GROUP	6		
1901	1901	25 FSSCIDRP-BADT-STATUS(25)	X	1		
1902	1906	20 FSSCIDRP-BADT-OPER-ID(25)	X(5)	5		
1907	1915	20 FSSCIDRP-BADT-REAS-TABLE(25)	X(9)	9		
1916	1920	25 FSSCIDRP-BADT-REAS(25)	GROUP	5		
1916	1920	20 FSSCIDRP-BADT-CURR-DATE-CYMD(25)	X(5)	5		
1921	1928	25 FSSCIDRP-BADT-CURR-DATE-CC(25)	GROUP	8		
1921	1922	25 FSSCIDRP-BADT-CURR-DATE(25)	99	2		
1923	1928	30 FSSCIDRP-BADT-YY(25)	GROUP	6		
1923	1924	30 FSSCIDRP-BADT-MM(25)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
1925	1926	30 FSSCIDRP-BADT-MM(25)	99	2		
1927	1928	30 FSSCIDRP-BADT-DD(25)	99	2		
1929	1932	10 FSSCIDRP-MSA-PRICER-CD	X(4)	4	2	the geographic location of the metropolitan statistical area used in reimbursing PPS claims
1933	1945	10 FSSCIDRP-BC-BS-PROV-ID	X(13)	13	1	the Blue Cross and Blue Shield provider number
1946	1950	10 FSSCIDRP-INTERMEDIARY-NB	X(5)	5	1	Fiscal Intermediary Number assigned by CMS
1951	1951	10 FSSCIDRP-MSPPAY-IND	X	1	2	code indicating whether MSP savings were calculated by MSPPAY or MSPPRIM
1952	1963	10 FSSCIDRP-DIAG-CODE-DATA(1)	GROUP	12	1	group level field that is comprised of the all ICD-9 Diagnosis codes assigned to the claim
1952	1959	15 FSSCIDRP-DIAGNOSIS-CODES(1)	GROUP	8	1	identifies the ICD-9-CM code(s) describing the principal diagnosis (first code) and additional conditions that co-exist at the time of admission, or develop subsequently
		OCCURS 25 TIMES				
1952	1957	20 FSSCIDRP-DIAG-CD-2(1)	X(6)	6	1	Identifies the secondary ICD 9 CM diagnosis code assigned at the time of admission
1958	1958	20 FSSCIDRP-DIAG-POA-FUTURE(1)	X	1	1	Filler for future use
1959	1959	20 FSSCIDRP-DIAG-POA-IND(1)	X	1	1	Present on Admission indicator
1960	1963	15 FSSCIDRP-BIT-FLAGS(1)	X(4)	4	1	
1964	1975	10 FSSCIDRP-DIAG-CODE-DATA(2)	GROUP	12	1	
1964	1971	15 FSSCIDRP-DIAGNOSIS-CODES(2)	GROUP	8	1	
1964	1969	20 FSSCIDRP-DIAG-	X(6)	6	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CD-2(2)				
1970	1970	20 FSSCIDRP-DIAG-POA-FUTURE(2)	X	1	1	
1971	1971	20 FSSCIDRP-DIAG-POA-IND(2)	X	1	1	
1972	1975	15 FSSCIDRP-BIT-FLAGS(2)	X(4)	4	1	
1976	1987	10 FSSCIDRP-DIAG-CODE-DATA(3)	GROUP	12	1	
1976	1983	15 FSSCIDRP-DIAGNOSIS-CODES(3)	GROUP	8	1	
1976	1981	20 FSSCIDRP-DIAG-CD-2(3)	X(6)	6	1	
1982	1982	20 FSSCIDRP-DIAG-POA-FUTURE(3)	X	1	1	
1983	1983	20 FSSCIDRP-DIAG-POA-IND(3)	X	1	1	
1984	1987	15 FSSCIDRP-BIT-FLAGS(3)	X(4)	4	1	
1988	1999	10 FSSCIDRP-DIAG-CODE-DATA(4)	GROUP	12	1	
1988	1995	15 FSSCIDRP-DIAGNOSIS-CODES(4)	GROUP	8	1	
1988	1993	20 FSSCIDRP-DIAG-CD-2(4)	X(6)	6	1	
1994	1994	20 FSSCIDRP-DIAG-POA-FUTURE(4)	X	1	1	
1995	1995	20 FSSCIDRP-DIAG-POA-IND(4)	X	1	1	
1996	1999	15 FSSCIDRP-BIT-FLAGS(4)	X(4)	4	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2000	2011	10 FSSCIDRP-DIAG-CODE-DATA(5)	GROUP	12	1	
2000	2007	15 FSSCIDRP-DIAGNOSIS-CODES(5)	GROUP	8	1	
2000	2005	20 FSSCIDRP-DIAG-CD-2(5)	X(6)	6	1	
2006	2006	20 FSSCIDRP-DIAG-POA-FUTURE(5)	X	1	1	
2007	2007	20 FSSCIDRP-DIAG-POA-IND(5)	X	1	1	
2008	2011	15 FSSCIDRP-BIT-FLAGS(5)	X(4)	4	1	
2012	2023	10 FSSCIDRP-DIAG-CODE-DATA(6)	GROUP	12	1	
2012	2019	15 FSSCIDRP-DIAGNOSIS-CODES(6)	GROUP	8	1	
2012	2017	20 FSSCIDRP-DIAG-CD-2(6)	X(6)	6	1	
2018	2018	20 FSSCIDRP-DIAG-POA-FUTURE(6)	X	1	1	
2019	2019	20 FSSCIDRP-DIAG-POA-IND(6)	X	1	1	
2020	2023	15 FSSCIDRP-BIT-FLAGS(6)	X(4)	4	1	
2024	2035	10 FSSCIDRP-DIAG-CODE-DATA(7)	GROUP	12	1	
2024	2031	15 FSSCIDRP-DIAGNOSIS-CODES(7)	GROUP	8	1	
2024	2029	20 FSSCIDRP-DIAG-CD-2(7)	X(6)	6	1	
2030	2030	20 FSSCIDRP-DIAG-POA-FUTURE(7)	X	1	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2031	2031	20 FSSCIDRP-DIAG-POA-IND(7)	X	1	1	
2032	2035	15 FSSCIDRP-BIT-FLAGS(7)	X(4)	4	1	
2036	2047	10 FSSCIDRP-DIAG-CODE-DATA(8)	GROUP	12	1	
2036	2043	15 FSSCIDRP-DIAGNOSIS-CODES(8)	GROUP	8	1	
2036	2041	20 FSSCIDRP-DIAG-CD-2(8)	X(6)	6	1	
2042	2042	20 FSSCIDRP-DIAG-POA-FUTURE(8)	X	1	1	
2043	2043	20 FSSCIDRP-DIAG-POA-IND(8)	X	1	1	
2044	2047	15 FSSCIDRP-BIT-FLAGS(8)	X(4)	4	1	
2048	2059	10 FSSCIDRP-DIAG-CODE-DATA(9)	GROUP	12	1	
2048	2055	15 FSSCIDRP-DIAGNOSIS-CODES(9)	GROUP	8	1	
2048	2053	20 FSSCIDRP-DIAG-CD-2(9)	X(6)	6	1	
2054	2054	20 FSSCIDRP-DIAG-POA-FUTURE(9)	X	1	1	
2055	2055	20 FSSCIDRP-DIAG-POA-IND(9)	X	1	1	
2056	2059	15 FSSCIDRP-BIT-FLAGS(9)	X(4)	4	1	
2060	2071	10 FSSCIDRP-DIAG-CODE-DATA(10)	GROUP	12	1	
2060	2067	15 FSSCIDRP-DIAGNOSIS-	GROUP	8	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CODES(10)				
2060	2065	20 FSSCIDRP-DIAG-CD-2(10)	X(6)	6	1	
2066	2066	20 FSSCIDRP-DIAG-POA-FUTURE(10)	X	1	1	
2067	2067	20 FSSCIDRP-DIAG-POA-IND(10)	X	1	1	
2068	2071	15 FSSCIDRP-BIT-FLAGS(10)	X(4)	4	1	
2072	2083	10 FSSCIDRP-DIAG-CODE-DATA(11)	GROUP	12	1	
2072	2079	15 FSSCIDRP-DIAGNOSIS-CODES(11)	GROUP	8	1	
2072	2077	20 FSSCIDRP-DIAG-CD-2(11)	X(6)	6	1	
2078	2078	20 FSSCIDRP-DIAG-POA-FUTURE(11)	X	1	1	
2079	2079	20 FSSCIDRP-DIAG-POA-IND(11)	X	1	1	
2080	2083	15 FSSCIDRP-BIT-FLAGS(11)	X(4)	4	1	
2084	2095	10 FSSCIDRP-DIAG-CODE-DATA(12)	GROUP	12	1	
2084	2091	15 FSSCIDRP-DIAGNOSIS-CODES(12)	GROUP	8	1	
2084	2089	20 FSSCIDRP-DIAG-CD-2(12)	X(6)	6	1	
2090	2090	20 FSSCIDRP-DIAG-POA-FUTURE(12)	X	1	1	
2091	2091	20 FSSCIDRP-DIAG-	X	1	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		POA-IND(12)				
2092	2095	15 FSSCIDRP-BIT- FLAGS(12)	X(4)	4	1	
2096	2107	10 FSSCIDRP-DIAG- CODE-DATA(13)	GROUP	12	1	
2096	2103	15 FSSCIDRP- DIAGNOSIS- CODES(13)	GROUP	8	1	
2096	2101	20 FSSCIDRP-DIAG- CD-2(13)	X(6)	6	1	
2102	2102	20 FSSCIDRP-DIAG- POA-FUTURE(13)	X	1	1	
2103	2103	20 FSSCIDRP-DIAG- POA-IND(13)	X	1	1	
2104	2107	15 FSSCIDRP-BIT- FLAGS(13)	X(4)	4	1	
2108	2119	10 FSSCIDRP-DIAG- CODE-DATA(14)	GROUP	12	1	
2108	2115	15 FSSCIDRP- DIAGNOSIS- CODES(14)	GROUP	8	1	
2108	2113	20 FSSCIDRP-DIAG- CD-2(14)	X(6)	6	1	
2114	2114	20 FSSCIDRP-DIAG- POA-FUTURE(14)	X	1	1	
2115	2115	20 FSSCIDRP-DIAG- POA-IND(14)	X	1	1	
2116	2119	15 FSSCIDRP-BIT- FLAGS(14)	X(4)	4	1	
2120	2131	10 FSSCIDRP-DIAG- CODE-DATA(15)	GROUP	12	1	
2120	2127	15 FSSCIDRP-	GROUP	8	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		DIAGNOSIS-CODES(15)				
2120	2125	20 FSSCIDRP-DIAG-CD-2(15)	X(6)	6	1	
2126	2126	20 FSSCIDRP-DIAG-POA-FUTURE(15)	X	1	1	
2127	2127	20 FSSCIDRP-DIAG-POA-IND(15)	X	1	1	
2128	2131	15 FSSCIDRP-BIT-FLAGS(15)	X(4)	4	1	
2132	2143	10 FSSCIDRP-DIAG-CODE-DATA(16)	GROUP	12	1	
2132	2139	15 FSSCIDRP-DIAGNOSIS-CODES(16)	GROUP	8	1	
2132	2137	20 FSSCIDRP-DIAG-CD-2(16)	X(6)	6	1	
2138	2138	20 FSSCIDRP-DIAG-POA-FUTURE(16)	X	1	1	
2139	2139	20 FSSCIDRP-DIAG-POA-IND(16)	X	1	1	
2140	2143	15 FSSCIDRP-BIT-FLAGS(16)	X(4)	4	1	
2144	2155	10 FSSCIDRP-DIAG-CODE-DATA(17)	GROUP	12	1	
2144	2151	15 FSSCIDRP-DIAGNOSIS-CODES(17)	GROUP	8	1	
2144	2149	20 FSSCIDRP-DIAG-CD-2(17)	X(6)	6	1	
2150	2150	20 FSSCIDRP-DIAG-POA-FUTURE(17)	X	1	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2151	2151	20 FSSCIDRP-DIAG-POA-IND(17)	X	1	1	
2152	2155	15 FSSCIDRP-BIT-FLAGS(17)	X(4)	4	1	
2156	2167	10 FSSCIDRP-DIAG-CODE-DATA(18)	GROUP	12	1	
2156	2163	15 FSSCIDRP-DIAGNOSIS-CODES(18)	GROUP	8	1	
2156	2161	20 FSSCIDRP-DIAG-CD-2(18)	X(6)	6	1	
2162	2162	20 FSSCIDRP-DIAG-POA-FUTURE(18)	X	1	1	
2163	2163	20 FSSCIDRP-DIAG-POA-IND(18)	X	1	1	
2164	2167	15 FSSCIDRP-BIT-FLAGS(18)	X(4)	4	1	
2168	2179	10 FSSCIDRP-DIAG-CODE-DATA(19)	GROUP	12	1	
2168	2175	15 FSSCIDRP-DIAGNOSIS-CODES(19)	GROUP	8	1	
2168	2173	20 FSSCIDRP-DIAG-CD-2(19)	X(6)	6	1	
2174	2174	20 FSSCIDRP-DIAG-POA-FUTURE(19)	X	1	1	
2175	2175	20 FSSCIDRP-DIAG-POA-IND(19)	X	1	1	
2176	2179	15 FSSCIDRP-BIT-FLAGS(19)	X(4)	4	1	
2180	2191	10 FSSCIDRP-DIAG-CODE-DATA(20)	GROUP	12	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2180	2187	15 FSSCIDRP-DIAGNOSIS-CODES(20)	GROUP	8	1	
2180	2185	20 FSSCIDRP-DIAG-CD-2(20)	X(6)	6	1	
2186	2186	20 FSSCIDRP-DIAG-POA-FUTURE(20)	X	1	1	
2187	2187	20 FSSCIDRP-DIAG-POA-IND(20)	X	1	1	
2188	2191	15 FSSCIDRP-BIT-FLAGS(20)	X(4)	4	1	
2192	2203	10 FSSCIDRP-DIAG-CODE-DATA(21)	GROUP	12	1	
2192	2199	15 FSSCIDRP-DIAGNOSIS-CODES(21)	GROUP	8	1	
2192	2197	20 FSSCIDRP-DIAG-CD-2(21)	X(6)	6	1	
2198	2198	20 FSSCIDRP-DIAG-POA-FUTURE(21)	X	1	1	
2199	2199	20 FSSCIDRP-DIAG-POA-IND(21)	X	1	1	
2200	2203	15 FSSCIDRP-BIT-FLAGS(21)	X(4)	4	1	
2204	2215	10 FSSCIDRP-DIAG-CODE-DATA(22)	GROUP	12	1	
2204	2211	15 FSSCIDRP-DIAGNOSIS-CODES(22)	GROUP	8	1	
2204	2209	20 FSSCIDRP-DIAG-CD-2(22)	X(6)	6	1	
2210	2210	20 FSSCIDRP-DIAG-	X	1	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		POA-FUTURE(22)				
2211	2211	20 FSSCIDRP-DIAG-POA-IND(22)	X	1	1	
2212	2215	15 FSSCIDRP-BIT-FLAGS(22)	X(4)	4	1	
2216	2227	10 FSSCIDRP-DIAG-CODE-DATA(23)	GROUP	12	1	
2216	2223	15 FSSCIDRP-DIAGNOSIS-CODES(23)	GROUP	8	1	
2216	2221	20 FSSCIDRP-DIAG-CD-2(23)	X(6)	6	1	
2222	2222	20 FSSCIDRP-DIAG-POA-FUTURE(23)	X	1	1	
2223	2223	20 FSSCIDRP-DIAG-POA-IND(23)	X	1	1	
2224	2227	15 FSSCIDRP-BIT-FLAGS(23)	X(4)	4	1	
2228	2239	10 FSSCIDRP-DIAG-CODE-DATA(24)	GROUP	12	1	
2228	2235	15 FSSCIDRP-DIAGNOSIS-CODES(24)	GROUP	8	1	
2228	2233	20 FSSCIDRP-DIAG-CD-2(24)	X(6)	6	1	
2234	2234	20 FSSCIDRP-DIAG-POA-FUTURE(24)	X	1	1	
2235	2235	20 FSSCIDRP-DIAG-POA-IND(24)	X	1	1	
2236	2239	15 FSSCIDRP-BIT-FLAGS(24)	X(4)	4	1	
2240	2251	10 FSSCIDRP-DIAG-	GROUP	12	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CODE-DATA(25)				
2240	2247	15 FSSCIDRP-DIAGNOSIS-CODES(25)	GROUP	8	1	
2240	2245	20 FSSCIDRP-DIAG-CD-2(25)	X(6)	6	1	
2246	2246	20 FSSCIDRP-DIAG-POA-FUTURE(25)	X	1	1	
2247	2247	20 FSSCIDRP-DIAG-POA-IND(25)	X	1	1	
2248	2251	15 FSSCIDRP-BIT-FLAGS(25)	X(4)	4	1	
2252	2253	10 FSSCIDRP-DIAG-END-OF-POA	GROUP	2	1	
2252	2252	15 FSSCIDRP-END-OF-POA-FUTURE	X	1	1	Filler for future use
2253	2253	15 FSSCIDRP-END-OF-POA-IND	X	1	1	present on admission end flag
2254	2259	10 FSSCIDRP-HOLD-STATUS-LOC	GROUP	6	2	Internal use - the previous status, and is used to access the DCNS file when the status changes.
2254	2254	15 FSSCIDRP-HOLD-STATUS	X	1	2	Internal use - the previous status, and is used to access the DCNS file when the status changes.
2255	2259	15 FSSCIDRP-HOLD-LOCATION	X(5)	5	2	Internal use - the previous location, and is used to access the DCNS file when the status/location changes.
2260	2260	10 FSSCIDRP-PSR-PPS-BLEND-YR	X	1	2	
2261	2280	10 FSSCIDRP-PAT-MED-REC-NO	X(20)	20	1	the number assigned to the patient's medical/health record by the provider
2281	2284	10 FSSCIDRP-UB04-FILLER-F16	X(4)	4	N/A	Filler for future use
2285	2297	10 FSSCIDRP-OPER-	GROUP	13	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		ID-DATA				
2285	2293	15 FSSCIDRP-OPER-ID	GROUP	9	1	identifies either the employee who manually entered or altered data on this screen or an indicator reflecting the system altered the screen
2285	2290	20 FSSCIDRP-DDE-PROV	X(6)	6	1	The DDE-PROV is the first 6 positions of the OPER ID
2291	2293	20 FSSCIDRP-OPER-ID-DEPT	XXX	3	1	The department number of the operator.
2294	2297	15 FSSCIDRP-OPER-ID-FILL	X(4)	4	1	Filler for future use
2298	2298	10 FSSCIDRP-PPS-IND	X	1	2	Prospective Payment System Indicator Values - Y=yes, N=no
2299	2348	10 FSSCIDRP-CURR-REAS-TABLE	GROUP	50	2,3	Each reason code listed identifies a specific condition detected during processing a record.
2299	2303	15 FSSCIDRP-CURRENT-REASON(1)	GROUP	5	2,3	Each reason code listed identifies a specific condition detected during processing a record.
2299	2303	20 FSSCIDRP-CURR-REAS-CD(1)	X(5)	5	2,3	Each reason code listed identifies a specific condition detected during processing a record.
		OCCURS 10 TIMES				
2304	2308	15 FSSCIDRP-CURRENT-REASON(2)	GROUP	5	2,3	
2304	2308	20 FSSCIDRP-CURR-REAS-CD(2)	X(5)	5	2,3	
2309	2313	15 FSSCIDRP-CURRENT-REASON(3)	GROUP	5	2,3	
2309	2313	20 FSSCIDRP-CURR-REAS-CD(3)	X(5)	5	2,3	
2314	2318	15 FSSCIDRP-CURRENT-REASON(4)	GROUP	5	2,3	
2314	2318	20 FSSCIDRP-CURR-REAS-CD(4)	X(5)	5	2,3	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2319	2323	15 FSSCIDRP-CURRENT-REASON(5)	GROUP	5	2,3	
2319	2323	20 FSSCIDRP-CURR-REAS-CD(5)	X(5)	5	2,3	
2324	2328	15 FSSCIDRP-CURRENT-REASON(6)	GROUP	5	2,3	
2324	2328	20 FSSCIDRP-CURR-REAS-CD(6)	X(5)	5	2,3	
2329	2333	15 FSSCIDRP-CURRENT-REASON(7)	GROUP	5	2,3	
2329	2333	20 FSSCIDRP-CURR-REAS-CD(7)	X(5)	5	2,3	
2334	2338	15 FSSCIDRP-CURRENT-REASON(8)	GROUP	5	2,3	
2334	2338	20 FSSCIDRP-CURR-REAS-CD(8)	X(5)	5	2,3	
2339	2343	15 FSSCIDRP-CURRENT-REASON(9)	GROUP	5	2,3	
2339	2343	20 FSSCIDRP-CURR-REAS-CD(9)	X(5)	5	2,3	
2344	2348	15 FSSCIDRP-CURRENT-REASON(10)	GROUP	5	2,3	
2344	2348	20 FSSCIDRP-CURR-REAS-CD(10)	X(5)	5	2,3	
2349	2353	10 FSSCIDRP-PRO-ID	X(5)	5	1	Peer Review Organization Identification Number
2354	2354	10 FSSCIDRP-REIMB-DIST	GROUP	1	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2354	2354	15 FSSCIDRP-REIMB-METH-CD	X	1	2	Provider Reimbursement Method - This field identifies the reimbursement type used to calculate payment for the claim Value Description D Periodic interim payment. G Prospective payment (PPS). R Per Diem.
2355	2358	10 FSSCIDRP-CWF-RECORD-ID	X(4)	4	2	Common Working File Record Identification - This field identifies the type of claim transaction transmitted to the CWF Host. Value Description HUHH Home health. HUIP Inpatient/SNF (Skilled Nursing Facility). HUOP Outpatient.
2359	2359	10 FSSCIDRP-CWF-ACTION-CD	X	1	2	The code that indicates the type of claim transaction being transmitted to the CWF Host. Value Description 1 Original debit. 2 Cancel by credit adjustment. 3 Secondary debit adjustment. 4 Cancel only adjustment. 7 Outpatient history only. 8 Benefits refused. 9 Payment requested.

Start	End	Field Level/Name	Picture	Length	Phase	Description
2360	2360	10 FSSCIDRP-ADM-SOURCE	X	1	1	<p>Source of Admission Value Description</p> <p>1 Physician referral: Inpatient - The patient was admitted upon the recommendation of a personal physician. / Outpatient - The patient was referred to this facility for outpatient or referenced diagnostic services by his or her personal physician, or the patient independently requested outpatient services (self referral.)</p> <p>2 Clinical referral: Inpatient - The patient was admitted upon the recommendation of this facility's clinic physician. / Outpatient - The patient was referred to this facility for outpatient or referenced diagnostic services by this facility's clinic or other outpatient department physician.</p> <p>3 HMO (Health Maintenance Organization) referral: Inpatient - The patient was admitted upon the recommendation of an HMO physician. / Outpatient - The patient was referred to this facility for outpatient or referenced diagnostic services by HMO physician.</p> <p>4 Transfer from a hospital: Inpatient - The patient was admitted as a transfer from an acute care facility where he or she was an inpatient. / Outpatient - The patient was referred to this facility for outpatient or reference diagnostic services by a physician of another acute care facility.</p> <p>5 Transfer from a SNF (Skilled Nursing Facility): Inpatient - The patient was admitted as a transfer from SNF where he or she was an inpatient. / Outpatient - The patient was referred to this facility for outpatient or referenced diagnostic services by a</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>physician of the SNF where he or she is an inpatient.</p> <p>6 Transfer from another health care facility: Inpatient - The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or an SNF. This includes transfers from nursing homes, long-term care facilities, and SNF patients that are at a non-skilled level of care. / Outpatient - The patient was referred to this facility for outpatient or referenced diagnostic services by a physician of another health care facility where he or she is an inpatient.</p> <p>7 Emergency room: Inpatient - The patient was admitted upon the recommendation of this facility's emergency room physician. / Outpatient - The patient received services in this facility's emergency department.</p> <p>8 Court/law enforcement: Inpatient - The patient was admitted upon the direction of a court of law, or upon the request of a law enforcement agency's representative. / Outpatient - The patient was referred to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.</p> <p>9 Information not available: Inpatient - The means by which the patient was admitted is not known. / Outpatient - For Medicare outpatient bills, this is not a valid code.</p> <p>A Transfer from a Critical Access Hospital (CAH): Inpatient - The patient was admitted to this facility as a transfer from a Critical Access Hospital where</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>he or she was an inpatient. / Outpatient - The patient was referred to this facility for outpatient or reference diagnostic services by (a physician of) the Critical Access Hospital where he or she was an inpatient.</p> <p>B Transfer from another Home Health Agency: The patient was admitted to this Home Health agency as a transfer from another Home Health agency.</p> <p>C Readmission to the same Home Health Agency: The patient was readmitted to this Home Health agency within the same Home Health episode.</p> <p>D Transfers from hospital inpatient in the same facility: Transfers from hospital inpatient in the same facility resulting in a separate claim to the payer.</p>
2361	2362	10 FSSCIDRP-UB04-FILLER-F17	XX	2	N/A	Filler for future use

Start	End	Field Level/Name	Picture	Length	Phase	Description
2363	2364	10 FSSCIDRP-CWF-DISP-CODE	XX	2	2	identifies disposition of the record by the CWF Host processing the record Value Description 01 Debit accepted, no automated adjustment 02 Debit accepted, automated adjustment 03 Cancel accepted 04 Outpatient history only accepted 50 Not in file (NIF) 51 True NIF on CMS Batch System 52 Master record at another CWF site 53 Record in CMS alpha match 55 Name/personal character mismatch 57 Beneficiary record archived, only skeleton exists 58 Beneficiary record blocked for cross-reference 59 Beneficiary record frozen for clerical correction 60 Input/output error on data 61 Cross-reference/data base problem AA Debit accepted, automatic adjustment AB Transaction caused CICS abnormal end of job BT History claim not present to support spell of illness CI CICS processing error CR Crossover reject ER Consistency edit reject RD Transaction Error RT Retrieve pending Trailer UR Utilization reject
2365	2372	10 FSSCIDRP-PPS-EFFECT-DATE-CYMD	GROUP	8	2	PPS effective date
2365	2366	15 FSSCIDRP-PPS-EFFECT-DATE-CC	XX	2	2	PPS effective date
2367	2372	15 FSSCIDRP-PPS-	GROUP	6	2	PPS effective date

Start	End	Field Level/Name	Picture	Length	Phase	Description
		EFFECT-DATE				
2367	2368	20 FSSCIDRP-PPS-EFFECT-DATE-YY	XX	2	2	PPS effective date
2369	2370	20 FSSCIDRP-PPS-EFFECT-DATE-MM	XX	2	2	PPS effective date
2371	2372	20 FSSCIDRP-PPS-EFFECT-DATE-DD	XX	2	2	PPS effective date
2373	2462	10 FSSCIDRP-COND-CODE-TABLE	GROUP	90	1	The codes used to identify conditions relating to the claim that may affect payer processing.
2373	2375	15 FSSCIDRP-CONDITION-CODES(1)	GROUP	3	1	The codes used to identify conditions relating to the claim that may affect payer processing.
2373	2374	20 FSSCIDRP-COND-CD(1)	XX	2	1	The codes used to identify conditions relating to the claim that may affect payer processing.
		OCCURS 30 TIMES				
2375	2375	20 FSSCIDRP-UB04-FILLER-F18(1)	X	1	N/A	Filler for future use
2376	2378	15 FSSCIDRP-CONDITION-CODES(2)	GROUP	3	1	
2376	2377	20 FSSCIDRP-COND-CD(2)	XX	2	1	
2378	2378	20 FSSCIDRP-UB04-FILLER-F18(2)	X	1	N/A	
2379	2381	15 FSSCIDRP-CONDITION-CODES(3)	GROUP	3	1	
2379	2380	20 FSSCIDRP-COND-CD(3)	XX	2	1	
2381	2381	20 FSSCIDRP-UB04-FILLER-F18(3)	X	1	N/A	
2382	2384	15 FSSCIDRP-CONDITION-CODES(4)	GROUP	3	1	
2382	2383	20 FSSCIDRP-COND-	XX	2	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CD(4)				
2384	2384	20 FSSCIDRP-UB04-FILLER-F18(4)	X	1	N/A	
2385	2387	15 FSSCIDRP-CONDITION-CODES(5)	GROUP	3	1	
2385	2386	20 FSSCIDRP-COND-CD(5)	XX	2	1	
2387	2387	20 FSSCIDRP-UB04-FILLER-F18(5)	X	1	N/A	
2388	2390	15 FSSCIDRP-CONDITION-CODES(6)	GROUP	3	1	
2388	2389	20 FSSCIDRP-COND-CD(6)	XX	2	1	
2390	2390	20 FSSCIDRP-UB04-FILLER-F18(6)	X	1	N/A	
2391	2393	15 FSSCIDRP-CONDITION-CODES(7)	GROUP	3	1	
2391	2392	20 FSSCIDRP-COND-CD(7)	XX	2	1	
2393	2393	20 FSSCIDRP-UB04-FILLER-F18(7)	X	1	N/A	
2394	2396	15 FSSCIDRP-CONDITION-CODES(8)	GROUP	3	1	
2394	2395	20 FSSCIDRP-COND-CD(8)	XX	2	1	
2396	2396	20 FSSCIDRP-UB04-FILLER-F18(8)	X	1	N/A	
2397	2399	15 FSSCIDRP-CONDITION-CODES(9)	GROUP	3	1	
2397	2398	20 FSSCIDRP-COND-CD(9)	XX	2	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2399	2399	20 FSSCIDRP-UB04-FILLER-F18(9)	X	1	N/A	
2400	2402	15 FSSCIDRP-CONDITION-CODES(10)	GROUP	3	1	
2400	2401	20 FSSCIDRP-COND-CD(10)	XX	2	1	
2402	2402	20 FSSCIDRP-UB04-FILLER-F18(10)	X	1	N/A	
2403	2405	15 FSSCIDRP-CONDITION-CODES(11)	GROUP	3	1	
2403	2404	20 FSSCIDRP-COND-CD(11)	XX	2	1	
2405	2405	20 FSSCIDRP-UB04-FILLER-F18(11)	X	1	N/A	
2406	2408	15 FSSCIDRP-CONDITION-CODES(12)	GROUP	3	1	
2406	2407	20 FSSCIDRP-COND-CD(12)	XX	2	1	
2408	2408	20 FSSCIDRP-UB04-FILLER-F18(12)	X	1	N/A	
2409	2411	15 FSSCIDRP-CONDITION-CODES(13)	GROUP	3	1	
2409	2410	20 FSSCIDRP-COND-CD(13)	XX	2	1	
2411	2411	20 FSSCIDRP-UB04-FILLER-F18(13)	X	1	N/A	
2412	2414	15 FSSCIDRP-CONDITION-	GROUP	3	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CODES(14)				
2412	2413	20 FSSCIDRP-COND-CD(14)	XX	2	1	
2414	2414	20 FSSCIDRP-UB04-FILLER-F18(14)	X	1	N/A	
2415	2417	15 FSSCIDRP-CONDITION-CODES(15)	GROUP	3	1	
2415	2416	20 FSSCIDRP-COND-CD(15)	XX	2	1	
2417	2417	20 FSSCIDRP-UB04-FILLER-F18(15)	X	1	N/A	
2418	2420	15 FSSCIDRP-CONDITION-CODES(16)	GROUP	3	1	
2418	2419	20 FSSCIDRP-COND-CD(16)	XX	2	1	
2420	2420	20 FSSCIDRP-UB04-FILLER-F18(16)	X	1	N/A	
2421	2423	15 FSSCIDRP-CONDITION-CODES(17)	GROUP	3	1	
2421	2422	20 FSSCIDRP-COND-CD(17)	XX	2	1	
2423	2423	20 FSSCIDRP-UB04-FILLER-F18(17)	X	1	N/A	
2424	2426	15 FSSCIDRP-CONDITION-CODES(18)	GROUP	3	1	
2424	2425	20 FSSCIDRP-COND-CD(18)	XX	2	1	
2426	2426	20 FSSCIDRP-UB04-	X	1	N/A	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FILLER-F18(18)				
2427	2429	15 FSSCIDRP- CONDITION- CODES(19)	GROUP	3	1	
2427	2428	20 FSSCIDRP-COND- CD(19)	XX	2	1	
2429	2429	20 FSSCIDRP-UB04- FILLER-F18(19)	X	1	N/A	
2430	2432	15 FSSCIDRP- CONDITION- CODES(20)	GROUP	3	1	
2430	2431	20 FSSCIDRP-COND- CD(20)	XX	2	1	
2432	2432	20 FSSCIDRP-UB04- FILLER-F18(20)	X	1	N/A	
2433	2435	15 FSSCIDRP- CONDITION- CODES(21)	GROUP	3	1	
2433	2434	20 FSSCIDRP-COND- CD(21)	XX	2	1	
2435	2435	20 FSSCIDRP-UB04- FILLER-F18(21)	X	1	N/A	
2436	2438	15 FSSCIDRP- CONDITION- CODES(22)	GROUP	3	1	
2436	2437	20 FSSCIDRP-COND- CD(22)	XX	2	1	
2438	2438	20 FSSCIDRP-UB04- FILLER-F18(22)	X	1	N/A	
2439	2441	15 FSSCIDRP- CONDITION- CODES(23)	GROUP	3	1	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2439	2440	20 FSSCIDRP-COND-CD(23)	XX	2	1	
2441	2441	20 FSSCIDRP-UB04-FILLER-F18(23)	X	1	N/A	
2442	2444	15 FSSCIDRP-CONDITION-CODES(24)	GROUP	3	1	
2442	2443	20 FSSCIDRP-COND-CD(24)	XX	2	1	
2444	2444	20 FSSCIDRP-UB04-FILLER-F18(24)	X	1	N/A	
2445	2447	15 FSSCIDRP-CONDITION-CODES(25)	GROUP	3	1	
2445	2446	20 FSSCIDRP-COND-CD(25)	XX	2	1	
2447	2447	20 FSSCIDRP-UB04-FILLER-F18(25)	X	1	N/A	
2448	2450	15 FSSCIDRP-CONDITION-CODES(26)	GROUP	3	1	
2448	2449	20 FSSCIDRP-COND-CD(26)	XX	2	1	
2450	2450	20 FSSCIDRP-UB04-FILLER-F18(26)	X	1	N/A	
2451	2453	15 FSSCIDRP-CONDITION-CODES(27)	GROUP	3	1	
2451	2452	20 FSSCIDRP-COND-CD(27)	XX	2	1	
2453	2453	20 FSSCIDRP-UB04-FILLER-F18(27)	X	1	N/A	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2454	2456	15 FSSCIDRP-CONDITION-CODES(28)	GROUP	3	1	
2454	2455	20 FSSCIDRP-COND-CD(28)	XX	2	1	
2456	2456	20 FSSCIDRP-UB04-FILLER-F18(28)	X	1	N/A	
2457	2459	15 FSSCIDRP-CONDITION-CODES(29)	GROUP	3	1	
2457	2458	20 FSSCIDRP-COND-CD(29)	XX	2	1	
2459	2459	20 FSSCIDRP-UB04-FILLER-F18(29)	X	1	N/A	
2460	2462	15 FSSCIDRP-CONDITION-CODES(30)	GROUP	3	1	
2460	2461	20 FSSCIDRP-COND-CD(30)	XX	2	1	
2462	2462	20 FSSCIDRP-UB04-FILLER-F18(30)	X	1	N/A	Filler for future use
2463	2463	10 FSSCIDRP-ADM-TYP-CD	X	1	1	code indicating the priority of admission Value Description 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center
2464	2465	10 FSSCIDRP-UB04-FILLER-F19	XX	2	N/A	Filler for future use
2466	2515	10 FSSCIDRP-MED-POLICY-TABLE	GROUP	50	2	Table of Medical Policy reason codes

Start	End	Field Level/Name	Picture	Length	Phase	Description
2466	2470	15 FSSCIDRP-MED-POLICY-REASONS(1)	GROUP	5	2	Table of Medical Policy reason codes
2466	2470	20 FSSCIDRP-MED-POL-REASON(1)	X(5)	5	2	This field identifies a Medical Policy parameter. This number should be within the Medical Review reason code range (50001-59999) unless the parameter is for additional therapy edits. In this case the parameter number must be within the range for specific therapies. If the Medical Policy Parameter file is being used for edits other than Medical Review, i.e., Claims Department, MSP Department, assign a reason code within the site-specific range of 7XXXX
		OCCURS 10 TIMES				
2471	2475	15 FSSCIDRP-MED-POLICY-REASONS(2)	GROUP	5	2	
2471	2475	20 FSSCIDRP-MED-POL-REASON(2)	X(5)	5	2	
2476	2480	15 FSSCIDRP-MED-POLICY-REASONS(3)	GROUP	5	2	
2476	2480	20 FSSCIDRP-MED-POL-REASON(3)	X(5)	5	2	
2481	2485	15 FSSCIDRP-MED-POLICY-REASONS(4)	GROUP	5	2	
2481	2485	20 FSSCIDRP-MED-POL-REASON(4)	X(5)	5	2	
2486	2490	15 FSSCIDRP-MED-POLICY-REASONS(5)	GROUP	5	2	
2486	2490	20 FSSCIDRP-MED-POL-REASON(5)	X(5)	5	2	
2491	2495	15 FSSCIDRP-MED-POLICY-REASONS(6)	GROUP	5	2	
2491	2495	20 FSSCIDRP-MED-	X(5)	5	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		POL-REASON(6)				
2496	2500	15 FSSCIDRP-MED-POLICY-REASONS(7)	GROUP	5	2	
2496	2500	20 FSSCIDRP-MED-POL-REASON(7)	X(5)	5	2	
2501	2505	20 FSSCIDRP-MED-POL-REASON(8)	GROUP	5	2	
2501	2505	15 FSSCIDRP-MED-POLICY-REASONS(9)	X(5)	5	2	
2506	2510	20 FSSCIDRP-MED-POL-REASON(9)	GROUP	5	2	
2506	2510	15 FSSCIDRP-MED-POLICY-REASONS(10)	X(5)	5	2	
2511	2515	20 FSSCIDRP-MED-POL-REASON(10)	GROUP	5	2	
2511	2515	20 FSSCIDRP-MED-POL-REASON(10)	X(5)P	5	2	
2516	2516	10 FSSCIDRP-UB04-FILLER-F20	X(5)	1	N/A	Filler for future use
2517	2519	10 FSSCIDRP-ORIGINAL-TOB	GROUP	3	1	original type of bill submitted on the claim
2517	2518	15 FSSCIDRP-ORIGINAL-CAT	XX	2	1	original bill category of the claim
2519	2519	15 FSSCIDRP-ORIGINAL-FREQ	X	1	1	original bill frequency of the claim
2520	2520	10 FSSCIDRP-UB04-FILLER-F21	X	1	N/A	Filler for future use
2521	2521	10 FSSCIDRP-MSP-OVR-A	X	1	2	Medicare Secondary Payer Override Code bypass field for Working Aged claims
2522	2522	10 FSSCIDRP-MSP-OVR-B	X	1	2	Medicare Secondary Payer Override Code bypass field for End Stage Renal Disease claims

Start	End	Field Level/Name	Picture	Length	Phase	Description
2523	2523	10 FSSCIDRP-MSP-OVR-C	X	1	2	Medicare Secondary Payer Override Code bypass field for Conditional Pay claims
2524	2524	10 FSSCIDRP-MSP-OVR-D	X	1	2	Medicare Secondary Payer Override Code bypass field for Auto - No Fault claims
2525	2525	10 FSSCIDRP-MSP-OVR-E	X	1	2	Medicare Secondary Payer Override Code bypass field for Workers Compensation claims
2526	2526	10 FSSCIDRP-MSP-OVR-F	X	1	2	Medicare Secondary Payer Override Code bypass field for Public Health Service or Public Agency claims
2527	2527	10 FSSCIDRP-MSP-OVR-G	X	1	2	Medicare Secondary Payer Override Code bypass field for Disability claims
2528	2528	10 FSSCIDRP-MSP-OVR-H	X	1	2	Medicare Secondary Payer Override Code bypass field for Black Lung claims
2529	2529	10 FSSCIDRP-MSP-OVR-I	X	1	2	Medicare Secondary Payer Override Code bypass field for Veterans Administration claims.

Start	End	Field Level/Name	Picture	Length	Phase	Description
2530	2530	10 FSSCIDRP-MSP-OVR-J	X	1	2	<p>MSP 'J' Override Code - This field identifies the Medicare Secondary Payer Override Code bypass field for MSP Report Indicator claims.</p> <p>Value Description</p> <p>0 Liability Insurer VDSA (Contractor 11116)</p> <p>1 No-Fault Insurer VDSA (Contractor 11117)</p> <p>2 Pharmacy Benefit Manager Data Sharing Agreement (Contractor 11118)</p> <p>A Voluntary Agreement (88888)</p> <p>B First Claim Development (Contractor 11107)</p> <p>C Trauma Code Development (Contractor 11108)</p> <p>D Secondary Claims Investigation (Contractor 11109)</p> <p>E IRS/SSA HCFA Data Match (Contractor 11102)</p> <p>F MSP HMO Cell Rate Adjustment (Contractor 11103)</p> <p>G MSP Litigation Settlement (Contractor 11104)</p> <p>H HMO Cell Rate (55555)</p> <p>I IRS/SSA/HCFA Data Match Project (77777)</p> <p>K MSP Initial Enrollment Questionnaire (Contractor 11101)</p> <p>L Litigation (33333)</p> <p>M Self Reports (Contractor 11110)</p> <p>N 411.25 (Contractor 11111)</p> <p>O MSP Voluntary Agreements - Employer (Contractor 11105)</p> <p>P MSP Voluntary Agreements - Insurer (Contractor 11106)</p> <p>Q Initial Enrollment Questionnaire [(IEQ)99999]</p> <p>V Recovery Audit Contractor MSP (California) (Contractor 11125)</p> <p>W Recovery Audit Contractor MSP (Florida)</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						(Contractor 11126) Z Workers Compensation Insurer Voluntary Data Sharing Agreements (WC VDSA) (Contractor 11115)
2531	2531	10 FSSCIDRP-MSP- OVR-L	X	1	2	Medicare Secondary Payer Override Code bypass field for Liability claims
2532	2534	10 FSSCIDRP-MSP- OVR-FUTURE	XXX	3	2	Medicare Secondary Payer Override Code bypass - future use only.
2535	2584	10 FSSCIDRP-BDL- LETTER-TABLE	GROUP	50	2	Table of letter codes
2535	2539	15 FSSCIDRP-BDL- LETTER-CODES(1)	GROUP	5	2	Table of letter codes

Start	End	Field Level/Name	Picture	Length	Phase	Description
2535	2539	20 FSSCIDRP-BDL-LETTER-CD(1)	X(5)	5	2	This is a multi-purpose field that may hold a Return to Provider code, a Benefit Denial Letter code, or an Additional Development Request code.
		OCCURS 10 TIMES				
2540	2544	15 FSSCIDRP-BDL-LETTER-CODES(2)	GROUP	5		
2540	2544	20 FSSCIDRP-BDL-LETTER-CD(2)	X(5)	5		
2545	2549	15 FSSCIDRP-BDL-LETTER-CODES(3)	GROUP	5		
2545	2549	20 FSSCIDRP-BDL-LETTER-CD(3)	X(5)	5		
2550	2554	15 FSSCIDRP-BDL-LETTER-CODES(4)	GROUP	5		
2550	2554	20 FSSCIDRP-BDL-LETTER-CD(4)	X(5)	5		
2555	2559	15 FSSCIDRP-BDL-LETTER-CODES(5)	GROUP	5		
2555	2559	20 FSSCIDRP-BDL-LETTER-CD(5)	X(5)	5		
2560	2564	15 FSSCIDRP-BDL-LETTER-CODES(6)	GROUP	5		
2560	2564	20 FSSCIDRP-BDL-LETTER-CD(6)	X(5)	5		
2565	2569	15 FSSCIDRP-BDL-LETTER-CODES(7)	GROUP	5		
2565	2569	20 FSSCIDRP-BDL-LETTER-CD(7)	X(5)	5		
2570	2574	15 FSSCIDRP-BDL-LETTER-CODES(8)	GROUP	5		
2570	2574	20 FSSCIDRP-BDL-LETTER-CD(8)	X(5)	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
2575	2579	15 FSSCIDRP-BDL-LETTER-CODES(9)	GROUP	5		
2575	2579	20 FSSCIDRP-BDL-LETTER-CD(9)	X(5)	5		
2580	2584	15 FSSCIDRP-BDL-LETTER-CODES(10)	GROUP	5		
2580	2584	20 FSSCIDRP-BDL-LETTER-CD(10)	X(5)	5		
2585	2585	10 FSSCIDRP-CAP2-PAY-CODE	X	1	2	The type of capital payment methodology. Value Description A Hold harmless - cost payment for old capital. B Hold harmless - 100% federal rate. Blank If hospital is in first two years of operation. C Fully prospective blended rate.
2586	2586	10 FSSCIDRP-REJ-ADJ-SW	X	1	2	Adjustment Reject Code - This field identifies the system-generated field for adjustments Value Description ' ' Benefits do not need to be recalculated. P Utilization module needs to recalculate benefits.
2587	2609	10 FSSCIDRP-XREF-DCN-NBR	X(23)	23	1	Identifies the document control number of the claim to be adjusted. This is used only on cancel and adjustment transactions

Start	End	Field Level/Name	Picture	Length	Phase	Description
2610	2610	10 FSSCIDRP-SEC-PAYOR-RPT-TYPE	X	1	2	<p>Medicare Secondary Payer (MSP) Codes (Reports Only) - This field identifies the code indicating the category in which savings are reported to CMS on the workload report</p> <p>Value Description</p> <p>Full or Partial</p> <p>Refer to the following for the valid values:</p> <p>1 Worker's Compensation / Black Lung / Federal / VA</p> <p>2 Working Aged</p> <p>3 ESRD</p> <p>4 Auto No-Fault</p> <p>5 Disabled</p> <p>6 Liability</p> <p>Cost Avoidance</p> <p>Refer to the following for the valid values:</p> <p>1 Working Aged</p> <p>2 ESRD</p> <p>3 Automobile No-Fault</p> <p>4 Worker's Compensation</p> <p>5 Federal/Public Health Service</p> <p>6 Disabled</p> <p>7 Black Lung</p> <p>8 VA</p> <p>9 Liability</p>
2611	2611	10 FSSCIDRP-ADJ-REQ-CD	X	1	2	<p>The adjustment requestor indicator identifies the entity responsible for the origin of the adjustment.</p> <p>Value Description</p> <p>F Fiscal Intermediary.</p> <p>H Hospital/Provider.</p> <p>P PRO.</p> <p>S System.</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
2612	2634	10 FSSCIDRP-CANCEL-XREF-DCN	X(23)	23	1	Cross Reference Document Control Number - This field identifies the document control number of the claim to be adjusted. This is used only on cancel and adjustment transactions
2635	2638	10 FSSCIDRP-ADM-DIAG-FLAG	X(4)	4	1	This is a field populated by the system based upon values returned from the Medicare Code Editor program.

Start	End	Field Level/Name	Picture	Length	Phase	Description
2639	2640	10 FSSCIDRP-ADJ-REAS-CD	XX	2	1	<p>The adjustment reason code is a two-position alphanumeric identifier for the type of adjustment being performed. For automated claims, the system sets this field; however, for manual adjustments, the employee enters this code. The valid values are AA - ZZ. Only those codes that are associated with PRO's are hard coded and may not be altered by the user. All other codes are user defined.</p> <p>Value Description</p> <p>AA Automated Adjustment</p> <p>AD Admission Denial - Technical Denial (PRO Review Code - A)</p> <p>AM Admission Denial - No Payment (Medical Denial) - (PRO Review Code - A)</p> <p>AR Admission Reversal - Hard Copy Adjustment</p> <p>AU Automobile</p> <p>AW Admission Denial-Payable Per Waiver</p> <p>BL Black Lung</p> <p>CA Cost Outlier Approved</p> <p>CB This Reason Code will be to Identify Credit Balance Accounts</p> <p>CD Covered Days Changes (PRO Review Code - B)</p> <p>CO Cost Outlier - No Payment (PRO Review Code - E)</p> <p>CP Cost Outlier Partial Approved</p> <p>CR Claim Reconsideration</p> <p>CW Cost Outlier Denial-Payable Per Waiver</p> <p>DA Day Outlier Approved</p> <p>DB Disability</p> <p>DC Diagnosis Changes (PRO Review Code - C)</p> <p>DD Discharge Destination Code Changes (PRO</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						Review Code - C) DG DRG Change and Day Outlier Denial (PRO Review Code - G) DH DRG Change and Cost Outlier Denial (PRO Review Code - H) DI DRG and Beneficiary Liability Change (PRO Review Code - I) DO Day Outlier Denial - No Payment (PRO Review Code - D) DP Diagnosis and Procedure Changes (PRO Review Code - C) DS Discharge Status Change DV DRG Validation (PRO Review Code - C) DW Day Outlier Denial-Payable Per Waiver EF ESRD Adjustment Fix to Correct Original Claims ES ESRD FB Beneficiary Liability Change (PRO Review Code - F) FC HPPPS Final claim FD Full Denial (PRO Review Code - A) FR Full Reversal (PRO Review Code - N) FT Full Denial - Technical Denial (PRO Review Code - A) HA Home Health 485/486 Post payment Audits HC Home Health Covered Compliance Reviews HD HMO Disenrollment HP HMO Pay IB PPS Interim Bill IC Non-Billable Revenue Codes Invalid Revenue Codes ID Inpatient or Blood Deductible

Start	End	Field Level/Name	Picture	Length	Phase	Description
						JP Deemed Admission Change in Days (PRO Review Code - J) KB Deemed Admission Change in Days (PRO Review Code - J) KD Deemed Admission/Diagnosis Code Change (PRO Review Code - K) KP Deemed Admission/Procedure Code Change (PRO Review Code - K) LD Deemed Admission/Day Outlier Denial (PRO Review Code - L) LI Liability LS Length of Stay Denial-No Payment LW Length of Stay Denial-Payable Per Waiver MC Deemed Admission/Cost Outlier Denial (PRO Review Code - M) NF HHPPS No Final Claim OC Procedure Codes Changed, Denied, or Added (PRO Review Code - R) OP Day Outlier Approved OT Other Change PC Procedure Changes (PRO Review Code - C) PD Procedural Denial - No Payment PH Public Health Service (PHS) MSP Value Code 16 PI Program Integrity PN Provider Number Change PP Discharge Status Change (PRO Review Code - P) PR Previous Adjustment Modified (Modifies the PROs Last Action) (PRO Review Code - O) PT Admission Denial and DRG Change (PRO Review Code - T)

Start	End	Field Level/Name	Picture	Length	Phase	Description
						PW Procedural Denial - Payable Per Waiver QC Procedure Codes (HCPCS) Changed/Deleted/Added (PRO Review Code - R) QD Ancillary Services Denied or Approved (PRO Review Code - Q) QR HCPC Added/Deleted/Changed with Ancillary Change (PRO Review Code-S) RI Recovery Audit Contractor (RAC) Identified Overpayment RC Complete Reversal of Previous Adjustment (PRO Review Code - N) RP Partial Reversal of Previous Adjustment (PRO Review Code - O) SB Same Benefit Period SD Seven Day Readmission Denial SW Seven Day Re-admission Denial - Payable Per Waiver TD Transfer Denial - No Payment TW Transfer Denial - Payable Per Waiver VA Veteran's Administration WC Worker's Compensation WE Working Elderly YA Pacemaker Denial - No Data YB Pacemaker Denial - With Errors YC Pacemaker Reversal to Denial YD Pacemaker Reversal to Denial and not going to pay ZW Debit Adjustment being processed for Provider and Intermediary and an initial bill is being processed to CWF

Start	End	Field Level/Name	Picture	Length	Phase	Description
2641	2641	10 FSSCIDRP-HCPC-MULTI-LAB	X	1	2	<p>identifies how a multi-channel laboratory claim was processed</p> <p>Value Description</p> <p>M Lab services were manually rolled up, therefore the system roll-up process should not be performed.</p> <p>S The system roll-up process was applied to this claim.</p> <p>Y A manual decision has been made to bypass the system roll-up process.</p> <p>Effective with Statement Covers From Date of 01/01/98 and later:</p> <p>Refer to the following for valid values</p> <p>M Lab services were manually reviewed and paid as billed.</p> <p>S The claim contains at least one multichannel lab HCPC.</p> <p>Y Lab services were manually reviewed and paid as billed.</p>
2642	2642	10 FSSCIDRP-CANC-ADJ-CD	X	1	2	the reason for a cancel without a corresponding repayment
2643	2643	10 FSSCIDRP-LUGAR-RECLAS-CD	X	1	2	identifies hospitals that are physically located in counties or parishes deemed urban
2644	2655	10 FSSCIDRP-XREF-HIC-NBR	X(12)	12	2	an internal field used to hold the original HIC number when a cross-reference HIC is utilized
2656	2656	10 FSSCIDRP-TYP-OF-SAVINGS-CD	X	1	2	<p>identifies the type of savings incurred on this claim</p> <p>Value Description</p> <p>1 MSP</p>
2657	2679	10 FSSCIDRP-ORIGINAL-XREF-DCN	X(23)	23	2	internal field which contains the original XREF-DCN
2680	2702	10 FSSCIDRP-DCN-DUPED-AGAINST	X(23)	23	2	the DCN of the history claim that the current claim is duping against

Start	End	Field Level/Name	Picture	Length	Phase	Description
2703	2704	10 FSSCIDRP-SEC-PAYOR-TYP-SVG	XX	2	2	identifies the secondary payer savings type
2705	2709	10 FSSCIDRP-CONDITION-ID	X(5)	5	N/A	The CONDITION-ID field is found on the first line of the remarks field on claim page 7 and is a 5 byte field currently not being used in claims processing.
2710	2711	10 FSSCIDRP-HOLD-SEC-PAY-TYP-SVG	XX	2	2	internal field for MSP processing
2712	2712	10 FSSCIDRP-BYPASS-72X-OVERLAP	X	1	2	This field allows the user to bypass the edit that checks for claims that have a type of bill 13X, 73X, 77X, or 14X, contain revenue codes 30X or 31X, have the diagnosis code 585 and service dates that overlap or fall within the service dates of an ESRD claim (TOB 72X).
2713	2714	10 FSSCIDRP-ORIG-MSP-CD	XX	2	2	identifies the MSP value code submitted by the provider
2715	2737	10 FSSCIDRP-CWF-ADJ-DCN	X(23)	23	2	This field may be used to link this claim with an adjustment claim in the CWF file, if the CWF number does not match the FISS number. This is often used to adjust claims paid prior to FISS implementation where the DCN is not in FISS format
2738	2746	10 FSSCIDRP-MED-REVIEW-ANALYST-ID	X(9)	9	2	identifies the employee identification number of the individual performing the medical review of the claim

Start	End	Field Level/Name	Picture	Length	Phase	Description
2747	2747	10 FSSCIDRP-OCC-23-SET	X	1	2	<p>Benefits Exhausted Date Set - This field is automatically updated when the system calculates the benefits exhausted date (occurrence code A3, B3, or C3).</p> <p>Value Description Y When Y appears in this field, the system generated a benefits exhausted date for this claim. To override any system generated or processing of occurrence codes A3, B3, or C3; (found in the Occurrence Codes and Dates field), erase the Y and enter a new date in the Occurrence Code Date field.</p> <p>Blank Allows the system to generate and process occurrence code A3, B3, or C3 as necessary. Y - When Y appears in this field, the system generated a benefits exhausted date for this claim. To override any system generated or processing of occurrence codes A3, B3, or C3; (found in the Occurrence Codes and Dates field), erase the Y and enter a new date in the Occurrence Code Date field.</p>
2748	2754	10 FSSCIDRP-PRO-ERROR-REASON	X(7)	7	2	identifies the CMS-assigned, seven-digit reason code for PRO adjustments containing errors
2755	2768	10 FSSCIDRP-ESRD-DATA	GROUP	14	2	
2755	2755	15 FSSCIDRP-ESRD-DIAL-SITE-CD	X	1	2	identifies the End Stage Renal Disease Site Code
2756	2761	15 FSSCIDRP-ESRD-DIAG-CD	X(6)	6	2	End Stage Renal Disease Diagnosis Code
2762	2768	15 FSSCIDRP-ESRD-PROC-CD	X(7)	7	2	End Stage Renal Disease Procedure Code identifies the HCPC code
2769	2818	10 FSSCIDRP-MED-REVIEW-TABLE	GROUP	50	2	Medical review reason code table

Start	End	Field Level/Name	Picture	Length	Phase	Description
2769	2773	15 FSSCIDRP-MED-REVIEW-REASON(1)	GROUP	5	2	Medical review reason code
2769	2773	20 FSSCIDRP-MED-REVIEW-RSN(1)	X(5)	5	2	Identifies a specific error condition relative to medical review.
		OCCURS 10 TIMES				
2774	2778	15 FSSCIDRP-MED-REVIEW-REASON(2)	GROUP	5		
2774	2778	20 FSSCIDRP-MED-REVIEW-RSN(2)	X(5)	5		
2779	2783	15 FSSCIDRP-MED-REVIEW-REASON(3)	GROUP	5		
2779	2783	20 FSSCIDRP-MED-REVIEW-RSN(3)	X(5)	5		
2784	2788	15 FSSCIDRP-MED-REVIEW-REASON(4)	GROUP	5		
2784	2788	20 FSSCIDRP-MED-REVIEW-RSN(4)	X(5)	5		
2789	2793	15 FSSCIDRP-MED-REVIEW-REASON(5)	GROUP	5		
2789	2793	20 FSSCIDRP-MED-REVIEW-RSN(5)	X(5)	5		
2794	2798	15 FSSCIDRP-MED-REVIEW-REASON(6)	GROUP	5		
2794	2798	20 FSSCIDRP-MED-REVIEW-RSN(6)	X(5)	5		
2799	2803	15 FSSCIDRP-MED-REVIEW-REASON(7)	GROUP	5		
2799	2803	20 FSSCIDRP-MED-REVIEW-RSN(7)	X(5)	5		
2804	2808	15 FSSCIDRP-MED-REVIEW-REASON(8)	GROUP	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
2804	2808	20 FSSCIDRP-MED-REVIEW-RSN(8)	X(5)	5		
2809	2813	15 FSSCIDRP-MED-REVIEW-REASON(9)	GROUP	5		
2809	2813	20 FSSCIDRP-MED-REVIEW-RSN(9)	X(5)	5		
2814	2818	15 FSSCIDRP-MED-REVIEW-REASON(10)	GROUP	5		
2814	2818	20 FSSCIDRP-MED-REVIEW-RSN(10)	X(5)	5		
2819	2819	10 FSSCIDRP-OSC-70-SET	X	1	2	<p>Qualifying Stay Dates Set - This field is updated when the system calculates the qualifying stay dates (occurrence span code 70).</p> <p>Value Description Y Overrides any system generated or processing of occurrence span code 70 (found in the occurrence span codes and date fields).</p> <p>Blank Allows the system to generate and process occurrence span code 70 as it deems necessary. Y - Overrides any system generated or processing of occurrence span code 70 (found in the occurrence span codes and date fields).</p>
2820	2831	10 FSSCIDRP-NEW-HIC	X(12)	12	1	<p>When a Y has been entered in the Process New Health Insurance Claim Field, the correct HIC number is to be entered in the New HIC field. The system processes the claim based on this HIC number and establish a Beneficiary File for this new HIC number.</p>
2832	2832	10 FSSCIDRP-PHY-SAN	X	1	2	<p>This field allows the ability for a claim to be bypassed if it suspends for a physician that has been sanctioned.</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
2833	2849	10 FSSCIDRP-MEDICAL-RECORD-NO	X(17)	17	2	the number assigned to the patient's medical/health record by the provider
2850	2863	10 FSSCIDRP-AUTH-TABLE(1)	GROUP	14	2	group level field that is comprised of the RELEASE-REASON and REL-OPER-ID
2850	2854	15 FSSCIDRP-RELEASE-REASON(1)	X(5)	5	2	Authorized Reason Codes - This field identifies the reason code to be authorized for override
		OCCURS 10 TIMES				
2855	2863	15 FSSCIDRP-REL-OPER-ID(1)	X(9)	9	2	displays the operator ID of the operator who was authorized to override the reason code
2864	2877	10 FSSCIDRP-AUTH-TABLE(2)	GROUP	14	2	
2864	2868	15 FSSCIDRP-RELEASE-REASON(2)	X(5)	5	2	
2869	2877	15 FSSCIDRP-REL-OPER-ID(2)	X(9)	9	2	
2878	2891	10 FSSCIDRP-AUTH-TABLE(3)	GROUP	14	2	
2878	2882	15 FSSCIDRP-RELEASE-REASON(3)	X(5)	5	2	
2883	2891	15 FSSCIDRP-REL-OPER-ID(3)	X(9)	9	2	
2892	2905	10 FSSCIDRP-AUTH-TABLE(4)	GROUP	14	2	
2892	2896	15 FSSCIDRP-RELEASE-REASON(4)	X(5)	5	2	
2897	2905	15 FSSCIDRP-REL-OPER-ID(4)	X(9)	9	2	
2906	2919	10 FSSCIDRP-AUTH-TABLE(5)	GROUP	14	2	
2906	2910	15 FSSCIDRP-RELEASE-REASON(5)	X(5)	5	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2911	2919	15 FSSCIDRP-REL-OPER-ID(5)	X(9)	9	2	
2920	2933	10 FSSCIDRP-AUTH-TABLE(6)	GROUP	14	2	
2920	2924	15 FSSCIDRP-RELEASE-REASON(6)	X(5)	5	2	
2925	2933	15 FSSCIDRP-REL-OPER-ID(6)	X(9)	9	2	
2934	2947	10 FSSCIDRP-AUTH-TABLE(7)	GROUP	14	2	
2934	2938	15 FSSCIDRP-RELEASE-REASON(7)	X(5)	5	2	
2939	2947	15 FSSCIDRP-REL-OPER-ID(7)	X(9)	9	2	
2948	2961	10 FSSCIDRP-AUTH-TABLE(8)	GROUP	14	2	
2948	2952	15 FSSCIDRP-RELEASE-REASON(8)	X(5)	5	2	
2953	2961	15 FSSCIDRP-REL-OPER-ID(8)	X(9)	9	2	
2962	2975	10 FSSCIDRP-AUTH-TABLE(9)	GROUP	14	2	
2962	2966	15 FSSCIDRP-RELEASE-REASON(9)	X(5)	5	2	
2967	2975	15 FSSCIDRP-REL-OPER-ID(9)	X(9)	9	2	
2976	2989	10 FSSCIDRP-AUTH-TABLE(10)	GROUP	14	2	
2976	2980	15 FSSCIDRP-RELEASE-REASON(10)	X(5)	5	2	
2981	2989	15 FSSCIDRP-REL-OPER-ID(10)	X(9)	9	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
2990	2999	10 FSSCIDRP-MP-RC-TABLE	GROUP	10	2	Medical Policy Return Code Table
2990	2990	15 FSSCIDRP-MP-RC-STATUS(1)	X	1	2	Medical Policy Return Code Status
2991	2991	15 FSSCIDRP-MP-RC-STATUS(2)	X	1		
		OCCURS 10 TIMES				
2992	2992	15 FSSCIDRP-MP-RC-STATUS(3)	X	1		
2993	2993	15 FSSCIDRP-MP-RC-STATUS(4)	X	1		
2994	2994	15 FSSCIDRP-MP-RC-STATUS(5)	X	1		
2995	2995	15 FSSCIDRP-MP-RC-STATUS(6)	X	1		
2996	2996	15 FSSCIDRP-MP-RC-STATUS(7)	X	1		
2997	2997	15 FSSCIDRP-MP-RC-STATUS(8)	X	1		
2998	2998	15 FSSCIDRP-MP-RC-STATUS(9)	X	1		
2999	2999	15 FSSCIDRP-MP-RC-STATUS(10)	X	1		
3000	3000	10 FSSCIDRP-LTR-RATE-BYPASS	X	1	2	identifies if it is allowable for the lifetime reserve days to exceed the average daily charge
3001	3001	10 FSSCIDRP-ZERO-REIMB-RATE-USED	X	1	2	
3002	3002	10 FSSCIDRP-BDL-CHK-OVR	X	1	2	When the system recognizes occurrence codes A3, B3, or C3; the system requires the user to make a manual decision on whether a BDL is to be generated. If the user decides a BDL is not required, the edit can be bypassed by entering a Y

Start	End	Field Level/Name	Picture	Length	Phase	Description
						in this field.
3003	3003	10 FSSCIDRP-NOE-ACTION-CD	X	1	2	Notice of Election Action Code - The code in this field supplies claim processing instructions to the CWF Host Value Description 2 Notifies the CWF Host that the original NOE Date is being changed by the Intermediary. Blank No special processing needed.
3004	3008	10 FSSCIDRP-HOLD-PRO-ID	X(5)	5	2	Peer Review Organization Identification
3009	3023	10 FSSCIDRP-CODES-SWITCHES	GROUP	15	2	
3009	3009	15 FSSCIDRP-CASH-DED-OVRD-CD	X	1	2	Cash Deductible Override Code - This field identifies the code that indicates the cash deductible should not be applied to this claim. This is a one position alphanumeric field. Value Description A Deductible met. B Deductible not met, but overridden. Blank No override.
3010	3010	15 FSSCIDRP-HMO-OPTION-CD	X	1	2	Health Maintenance Organization Option - This field identifies the code for the beneficiary's relationship with the HMO. Value Description (Restricted) blank (Unrestricted) blank 1 Intermediary to process all claims. 2 HMO to process claims for directly provided services. A Intermediary to process all claims.

Start	End	Field Level/Name	Picture	Length	Phase	Description
						B HMO to process claims for directly provided services. C HMO to process all claims.
3011	3011	15 FSSCIDRP-EMER-CARE-CD	X	1	2	Emergency Care Code - This field identifies whether or not services were emergency or non-emergency when rendered in an emergency provider setting. Value Description ' ' Indicates Non-emergency services. N Indicates Non-emergency services. Y Indicates Emergency services.
3012	3012	15 FSSCIDRP-ESRD-REDUCT-SW	X	1	2	This field identifies the method used to calculate the ESRD network reduction amount. Value Description P Indicates ESRD attachment procedure code used. R Indicates Revenue line item was used.
3013	3013	15 FSSCIDRP-KRON-OVRD	X	1	2	Kron Override - This field identifies whether there was an extension of the benefit period from the previous stay. Value Description 0 No extension. 1 Benefit.
3014	3016	15 FSSCIDRP-PRIOR-DRG-CD	XXX	3	2	This field identifies the prior DRG of the original claim. This is a three position alphanumeric field. NOTE: Refer to the Diagnosis Related Groups 3M Definitions manual for valid values.

Start	End	Field Level/Name	Picture	Length	Phase	Description
3017	3019	15 FSSCIDRP-PRO-DRG-CD	XXX	3	2	Peer Review Organization Diagnostic Related Group Code - This field identifies the new DRG determined by the PRO and submitted to the intermediary on the PRO adjustment.
3020	3021	15 FSSCIDRP-PRO-REVIEW-CD	XX	2	2	Peer Review Organization Review Code - This field identifies why the PRO is requesting an adjustment to be completed.
3022	3022	15 FSSCIDRP-READMIT-7-DY	X	1	2	
3023	3023	15 FSSCIDRP-SNF-TRANSFER-CD	X	1	2	Skilled Nursing Facility Transfer - This field identifies the reason a beneficiary did not transfer from a hospital to an SNF during a specified length of time. T Value Description 1 Bed shortage. 2 Medical necessity. 3 Readmitted less than 30 days after discharge from prior SNF stay. Blank Transfer requirement was met.
3024	3060	10 FSSCIDRP-INDICATORS	GROUP	37	1,2	
3024	3024	15 FSSCIDRP-AIR-THERAPY-IND	X	1	1	Identifies whether an Air/Ambulance attachment record has been submitted by the provider and attached to the claim.
3025	3025	15 FSSCIDRP-CLAIM-REMARK-IND	X	1	2	This field is populated if the claim remarks field has data

Start	End	Field Level/Name	Picture	Length	Phase	Description
3026	3026	15 FSSCIDRP-CLM-TYP-IND	X	1	2	Claim Type - This field identifies the type of claim. Value Description 1 Inpatient. 2 SNF (Skilled Nursing Facility). 3 Outpatient. 4 Home health. 5 Hospice. 6 Part B. A For Type of Bills 120 - 128, 220 - 228, 420 - 428, and 520 - 528. B For Type of Bills 130 - 138.
3027	3027	15 FSSCIDRP-GENER-HARDCOPY-IND	X	1	2	This field instructs the system to generate a specific type of hard copy document. Value Description 2 Medical ADR. 3 Non-Medical ADR. 4 MSP ADR. 5 MSP Cost Avoidance ADR. 7 ADR to Beneficiary. 8 MSN (Line Item) or Partial Benefit Denial Letter. 9 MSN (Claim Level) or Benefit Denial Letter.
3028	3028	15 FSSCIDRP-HMO-RLSE-CD	X	1	2	This field is a mechanism to release an HMO claim for processing after a claim has suspended
3029	3029	15 FSSCIDRP-DME-ESRD-IND	X	1	2	Durable Medical Equipment/End Stage Renal Disease Indicator - This system-set field identifies claims for durable medical equipment, ESRD, or PPV. Value Description D DME (Durable Medical Equipment). H ESRD (End Stage Renal Disease). P Pneumococcal Pneumonia Vaccine.

Start	End	Field Level/Name	Picture	Length	Phase	Description
3030	3030	15 FSSCIDRP-BENE-SAV-ATTCH-IND	X	1	2	Benefit Savings Indicator Value Description ' ' Benefit Savings data is not present. N Benefit Savings data is not present. Y Benefit Savings data is present.
3031	3031	15 FSSCIDRP-ESRD-ATTCH-IND	X	1	2	ESRD Attachment records are additional required documents that are submitted by the provider and attached to a claim.
3032	3032	15 FSSCIDRP-ERD-PAY-TYP-IND	X	1	2	End Stage Renal Disease Pricing Indicator - If the revenue code table requires a HCPC, then the system prices the HCPC based on the value that is entered in this field.
3033	3033	15 FSSCIDRP-HME-HTLH-ATTCH-IND	X	1	1	Home Health Attachments - Attachment records are additional required documents that are submitted by the provider and attached to a claim.
3034	3034	15 FSSCIDRP-MCE-BYP-IND	X	1	2	The MCE/OCE modules are bypassed when a Y is inserted in this field
3035	3035	15 FSSCIDRP-MED-REC-ATTACH-IND	X	1	2	This field denotes the presence of medical records attached to the claim.
3036	3036	15 FSSCIDRP-OP-REHAB-ATTCH-IND	X	1	2	This field is identifying the existence of corresponding attachment. Value Description blank No attachment exists. N No attachment exists. Y Attachment exists.
3037	3037	15 FSSCIDRP-PACEMAKER-ATTCH-IND	X	1	1	Attachment records are additional required documents that are submitted by the provider and attached to a claim.

Start	End	Field Level/Name	Picture	Length	Phase	Description
3038	3038	15 FSSCIDRP-TIMELINESS-IND	X	1	1	The timeliness indicator instructs the system to process a claim that has exceeded CMS timeliness requirements. Value Description blank Does not allow the claim to pay. N Allows the claim to pay. R Timeliness issue has been overridden with a claim remark. Y Instructs the system to pay.
3039	3039	15 FSSCIDRP-SOLE-COMM-HOSP-IND	X	1	2	Sole Community Hospital Indicator - This field identifies if the provider is considered a sole community hospital. Value Description N NO. Y YES.
3040	3040	15 FSSCIDRP-THERAPY-ATTACH-IND	X	1	2	Identify that some type of therapy attachment has been submitted with the claim.
3041	3041	15 FSSCIDRP-OUTLIER-RLSE-IND	X	1	2	identifies whether a provider is accepting outlier payment for this claim
3042	3042	15 FSSCIDRP-BTCH-AUD-UPDT-IND	X	1	2	This field is not used by FISS.
3043	3043	15 FSSCIDRP-PIP-IND	X	1	2	Periodic Interim Payment Indicator - This field identifies whether or not a provider is reimbursed by the PIP reimbursement method.
3044	3044	15 FSSCIDRP-UNIBIL-RIC	X	1	2	identifies whether the services being rendered are for Part A or Part B

Start	End	Field Level/Name	Picture	Length	Phase	Description
3045	3045	15 FSSCIDRP-PROC-NEW-HIC-IND	X	1	2	Process New Health Insurance Claim Number - Entry is required in this field when the HIC number is incorrect on the claim that is being entered. Value Description E The new HIC entered is cross-referenced on the Beneficiary file and this cross-referenced HIC is also cross-referenced. The chain continues for 25 HICS. OR The NEW HIC number is in a cross-reference loop Y Incorrect Health Insurance Claim N. S The cross-referenced HIC number on the beneficiary file is the same as the original HIC number on the claim.
3046	3046	15 FSSCIDRP-COMM-IND	X	1	2	Common Working File Action Code - This field identifies the code that indicates the type of claim transaction being transmitted to the CWF Host. Value Description 1 Original debit. 2 Cancel by credit adjustment. 3 Secondary debit adjustment. 4 Cancel only adjustment. 7 Outpatient history only. 8 Benefits refused. 9 Payment requested.
3047	3052	15 FSSCIDRP-THPY-INDICATORS	GROUP	6	2	
3047	3047	20 FSSCIDRP-THPY-PT-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim
3048	3048	20 FSSCIDRP-THPY-OT-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim.

Start	End	Field Level/Name	Picture	Length	Phase	Description
3049	3049	20 FSSCIDRP-THPY-ST-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim.
3050	3050	20 FSSCIDRP-THPY-RT-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim.
3051	3051	20 FSSCIDRP-THPY-CR-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim.
3052	3052	20 FSSCIDRP-THPY-PR-IND	X	1	2	This field was previously utilized for Pulmonary Rehabilitation attachments
3053	3053	15 FSSCIDRP-UTIL-OVERRIDE-IND	X	1	2	Utilization Override Indicator - This field identifies the indicator allowing the system to bypass the beneficiary/patient's utilization that is reflected in the Beneficiary file
3054	3054	15 FSSCIDRP-TERM-ILL-IND	X	1	2	This field identifies whether or not a hospice patient has a terminal illness
3055	3059	15 FSSCIDRP-MED-POLICY-INDICATORS	GROUP	5	2	
3055	3055	20 FSSCIDRP-MR-HOSPICE-REDUCED	X	1	2	This field identifies for Hospice bills, that Medical Review has reduced the line item(s) to a lesser charge.
3056	3056	20 FSSCIDRP-MR-HOSPICE-RO-REFRD	X	1	2	identifies (for RO Hospice bills) if the claim has been referred to the Regional Office for questionable revocation
3057	3057	20 FSSCIDRP-MR-INCLD-IN-COMPOSIT	X	1	2	This field identifies for ESRD bills, if the claim has been denied because the service should have been included in the composite rate, the Medical Review operator enters a 'Y'.

Start	End	Field Level/Name	Picture	Length	Phase	Description
3058	3058	20 FSSCIDRP-MR-URC-REVERSAL	X	1	2	Medical Review Utilization Review Committee Reversal - This field identifies whether an SNF URC claim has been reversed. This indicator can be used for a partial or a full reversal. Value Description P Partial reversal. F Full reversal, the system reverses all charges and days. The system also removes occurrence code '21', if present on the claim.
3059	3059	20 FSSCIDRP-MR-DEMAND-REVERSAL	X	1	2	Medical Review Demand Reversal - This field identifies if a SNF demand claim has been reversed. Value Description F Full reversal, the system reverses all charges and days. The system also removes condition code 20 - if present on the claim. P Partial reversal, it is the operators responsibility to reverse the charges and days to reflect the reversal.
3060	3060	15 FSSCIDRP-REJ-RSN-OVERRIDE	X	1	2	This field identifies the override flag for rejected claims entered with TOB 320, 330, 810, 820. Value Description N No override Y Override
3061	3816	10 FSSCIDRP-VALUE-CODE-TABLE	GROUP	756	1,2	
3061	3081	15 FSSCIDRP-VALUE-CODE-AMT(1)	GROUP	21	1,2	
3061	3062	20 FSSCIDRP-VAL-CD(1)	XX	2	1,2	Value code
		OCCURS 36 TIMES				
3063	3063	20 FSSCIDRP-UB04-	X	1	N/A	Filler for future use

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FILLER-F22(1)				
3064	3065	20 FSSCIDRP-UB04-FILLER-F23(1)	XX	2	N/A	Filler for future use
3066	3076	20 FSSCIDRP-VAL-AMT(1)	9(7).99-	11	1,2	This field displays the code that identifies data of a monetary nature that is necessary for processing the claim as qualified by payer organizations.
3077	3081	20 FSSCIDRP-VAL-ANSI-GROUPS(1)	GROUP	5	2	
3077	3078	25 FSSCIDRP-VAL-ANSI-GRP(1)	XX	2	2	This field identifies the ANSI codes associated with the value code amount.
3079	3081	25 FSSCIDRP-VAL-ANSI-RSN(1)	XXX	3	2	This field identifies the ANSI codes associated with the value code amount.
3082	3102	15 FSSCIDRP-VALUE-CODE-AMT(2)	GROUP	21		
3082	3083	20 FSSCIDRP-VAL-CD(2)	XX	2		
3084	3084	20 FSSCIDRP-UB04-FILLER-F22(2)	X	1		
3085	3086	20 FSSCIDRP-UB04-FILLER-F23(2)	XX	2		
3087	3097	20 FSSCIDRP-VAL-AMT(2)	9(7).99-	11		
3098	3102	20 FSSCIDRP-VAL-ANSI-GROUPS(2)	GROUP	5		
3098	3099	25 FSSCIDRP-VAL-ANSI-GRP(2)	XX	2		
3100	3102	25 FSSCIDRP-VAL-ANSI-RSN(2)	XXX	3		
3103	3123	15 FSSCIDRP-VALUE-CODE-AMT(3)	GROUP	21		
3103	3104	20 FSSCIDRP-VAL-CD(3)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3105	3105	20 FSSCIDRP-UB04-FILLER-F22(3)	X	1		
3106	3107	20 FSSCIDRP-UB04-FILLER-F23(3)	XX	2		
3108	3118	20 FSSCIDRP-VAL-AMT(3)	9(7).99-	11		
3119	3123	20 FSSCIDRP-VAL-ANSI-GROUPS(3)	GROUP	5		
3119	3120	25 FSSCIDRP-VAL-ANSI-GRP(3)	XX	2		
3121	3123	25 FSSCIDRP-VAL-ANSI-RSN(3)	XXX	3		
3124	3144	15 FSSCIDRP-VALUE-CODE-AMT(4)	GROUP	21		
3124	3125	20 FSSCIDRP-VAL-CD(4)	XX	2		
3126	3126	20 FSSCIDRP-UB04-FILLER-F22(4)	X	1		
3127	3128	20 FSSCIDRP-UB04-FILLER-F23(4)	XX	2		
3129	3139	20 FSSCIDRP-VAL-AMT(4)	9(7).99-	11		
3140	3144	20 FSSCIDRP-VAL-ANSI-GROUPS(4)	GROUP	5		
3140	3141	25 FSSCIDRP-VAL-ANSI-GRP(4)	XX	2		
3142	3144	25 FSSCIDRP-VAL-ANSI-RSN(4)	XXX	3		
3145	3165	15 FSSCIDRP-VALUE-CODE-AMT(5)	GROUP	21		
3145	3146	20 FSSCIDRP-VAL-CD(5)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3147	3147	20 FSSCIDRP-UB04-FILLER-F22(5)	X	1		
3148	3149	20 FSSCIDRP-UB04-FILLER-F23(5)	XX	2		
3150	3160	20 FSSCIDRP-VAL-AMT(5)	9(7).99-	11		
3161	3165	20 FSSCIDRP-VAL-ANSI-GROUPS(5)	GROUP	5		
3161	3162	25 FSSCIDRP-VAL-ANSI-GRP(5)	XX	2		
3163	3165	25 FSSCIDRP-VAL-ANSI-RSN(5)	XXX	3		
3166	3186	15 FSSCIDRP-VALUE-CODE-AMT(6)	GROUP	21		
3166	3167	20 FSSCIDRP-VAL-CD(6)	XX	2		
3168	3168	20 FSSCIDRP-UB04-FILLER-F22(6)	X	1		
3169	3170	20 FSSCIDRP-UB04-FILLER-F23(6)	XX	2		
3171	3181	20 FSSCIDRP-VAL-AMT(6)	9(7).99-	11		
3182	3186	20 FSSCIDRP-VAL-ANSI-GROUPS(6)	GROUP	5		
3182	3183	25 FSSCIDRP-VAL-ANSI-GRP(6)	XX	2		
3184	3186	25 FSSCIDRP-VAL-ANSI-RSN(6)	XXX	3		
3187	3207	15 FSSCIDRP-VALUE-CODE-AMT(7)	GROUP	21		
3187	3188	20 FSSCIDRP-VAL-CD(7)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3189	3189	20 FSSCIDRP-UB04-FILLER-F22(7)	X	1		
3190	3191	20 FSSCIDRP-UB04-FILLER-F23(7)	XX	2		
3192	3202	20 FSSCIDRP-VAL-AMT(7)	9(7).99-	11		
3203	3207	20 FSSCIDRP-VAL-ANSI-GROUPS(7)	GROUP	5		
3203	3204	25 FSSCIDRP-VAL-ANSI-GRP(7)	XX	2		
3205	3207	25 FSSCIDRP-VAL-ANSI-RSN(7)	XXX	3		
3208	3228	15 FSSCIDRP-VALUE-CODE-AMT(8)	GROUP	21		
3208	3209	20 FSSCIDRP-VAL-CD(8)	XX	2		
3210	3210	20 FSSCIDRP-UB04-FILLER-F22(8)	X	1		
3211	3212	20 FSSCIDRP-UB04-FILLER-F23(8)	XX	2		
3213	3223	20 FSSCIDRP-VAL-AMT(8)	9(7).99-	11		
3224	3228	20 FSSCIDRP-VAL-ANSI-GROUPS(8)	GROUP	5		
3224	3225	25 FSSCIDRP-VAL-ANSI-GRP(8)	XX	2		
3226	3228	25 FSSCIDRP-VAL-ANSI-RSN(8)	XXX	3		
3229	3249	15 FSSCIDRP-VALUE-CODE-AMT(9)	GROUP	21		
3229	3230	20 FSSCIDRP-VAL-CD(9)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3231	3231	20 FSSCIDRP-UB04-FILLER-F22(9)	X	1		
3232	3233	20 FSSCIDRP-UB04-FILLER-F23(9)	XX	2		
3234	3244	20 FSSCIDRP-VAL-AMT(9)	9(7).99-	11		
3245	3249	20 FSSCIDRP-VAL-ANSI-GROUPS(9)	GROUP	5		
3245	3246	25 FSSCIDRP-VAL-ANSI-GRP(9)	XX	2		
3247	3249	25 FSSCIDRP-VAL-ANSI-RSN(9)	XXX	3		
3250	3270	15 FSSCIDRP-VALUE-CODE-AMT(10)	GROUP	21		
3250	3251	20 FSSCIDRP-VAL-CD(10)	XX	2		
3252	3252	20 FSSCIDRP-UB04-FILLER-F22(10)	X	1		
3253	3254	20 FSSCIDRP-UB04-FILLER-F23(10)	XX	2		
3255	3265	20 FSSCIDRP-VAL-AMT(10)	9(7).99-	11		
3266	3270	20 FSSCIDRP-VAL-ANSI-GROUPS(10)	GROUP	5		
3266	3267	25 FSSCIDRP-VAL-ANSI-GRP(10)	XX	2		
3268	3270	25 FSSCIDRP-VAL-ANSI-RSN(10)	XXX	3		
3271	3291	15 FSSCIDRP-VALUE-CODE-AMT(11)	GROUP	21		
3271	3272	20 FSSCIDRP-VAL-CD(11)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3273	3273	20 FSSCIDRP-UB04-FILLER-F22(11)	X	1		
3274	3275	20 FSSCIDRP-UB04-FILLER-F23(11)	XX	2		
3276	3286	20 FSSCIDRP-VAL-AMT(11)	9(7).99-	11		
3287	3291	20 FSSCIDRP-VAL-ANSI-GROUPS(11)	GROUP	5		
3287	3288	25 FSSCIDRP-VAL-ANSI-GRP(11)	XX	2		
3289	3291	25 FSSCIDRP-VAL-ANSI-RSN(11)	XXX	3		
3292	3312	15 FSSCIDRP-VALUE-CODE-AMT(12)	GROUP	21		
3292	3293	20 FSSCIDRP-VAL-CD(12)	XX	2		
3294	3294	20 FSSCIDRP-UB04-FILLER-F22(12)	X	1		
3295	3296	20 FSSCIDRP-UB04-FILLER-F23(12)	XX	2		
3297	3307	20 FSSCIDRP-VAL-AMT(12)	9(7).99-	11		
3308	3312	20 FSSCIDRP-VAL-ANSI-GROUPS(12)	GROUP	5		
3308	3309	25 FSSCIDRP-VAL-ANSI-GRP(12)	XX	2		
3310	3312	25 FSSCIDRP-VAL-ANSI-RSN(12)	XXX	3		
3313	3333	15 FSSCIDRP-VALUE-CODE-AMT(13)	GROUP	21		
3313	3314	20 FSSCIDRP-VAL-CD(13)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3315	3315	20 FSSCIDRP-UB04-FILLER-F22(13)	X	1		
3316	3317	20 FSSCIDRP-UB04-FILLER-F23(13)	XX	2		
3318	3328	20 FSSCIDRP-VAL-AMT(13)	9(7).99-	11		
3329	3333	20 FSSCIDRP-VAL-ANSI-GROUPS(13)	GROUP	5		
3329	3330	25 FSSCIDRP-VAL-ANSI-GRP(13)	XX	2		
3331	3333	25 FSSCIDRP-VAL-ANSI-RSN(13)	XXX	3		
3334	3354	15 FSSCIDRP-VALUE-CODE-AMT(14)	GROUP	21		
3334	3335	20 FSSCIDRP-VAL-CD(14)	XX	2		
3336	3336	20 FSSCIDRP-UB04-FILLER-F22(14)	X	1		
3337	3338	20 FSSCIDRP-UB04-FILLER-F23(14)	XX	2		
3339	3349	20 FSSCIDRP-VAL-AMT(14)	9(7).99-	11		
3350	3354	20 FSSCIDRP-VAL-ANSI-GROUPS(14)	GROUP	5		
3350	3351	25 FSSCIDRP-VAL-ANSI-GRP(14)	XX	2		
3352	3354	25 FSSCIDRP-VAL-ANSI-RSN(14)	XXX	3		
3355	3375	15 FSSCIDRP-VALUE-CODE-AMT(15)	GROUP	21		
3355	3356	20 FSSCIDRP-VAL-CD(15)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3357	3357	20 FSSCIDRP-UB04-FILLER-F22(15)	X	1		
3358	3359	20 FSSCIDRP-UB04-FILLER-F23(15)	XX	2		
3360	3370	20 FSSCIDRP-VAL-AMT(15)	9(7).99-	11		
3371	3375	20 FSSCIDRP-VAL-ANSI-GROUPS(15)	GROUP	5		
3371	3372	25 FSSCIDRP-VAL-ANSI-GRP(15)	XX	2		
3373	3375	25 FSSCIDRP-VAL-ANSI-RSN(15)	XXX	3		
3376	3396	15 FSSCIDRP-VALUE-CODE-AMT(16)	GROUP	21		
3376	3377	20 FSSCIDRP-VAL-CD(16)	XX	2		
3378	3378	20 FSSCIDRP-UB04-FILLER-F22(16)	X	1		
3379	3380	20 FSSCIDRP-UB04-FILLER-F23(16)	XX	2		
3381	3391	20 FSSCIDRP-VAL-AMT(16)	9(7).99-	11		
3392	3396	20 FSSCIDRP-VAL-ANSI-GROUPS(16)	GROUP	5		
3392	3393	25 FSSCIDRP-VAL-ANSI-GRP(16)	XX	2		
3394	3396	25 FSSCIDRP-VAL-ANSI-RSN(16)	XXX	3		
3397	3417	15 FSSCIDRP-VALUE-CODE-AMT(17)	GROUP	21		
3397	3398	20 FSSCIDRP-VAL-CD(17)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3399	3399	20 FSSCIDRP-UB04-FILLER-F22(17)	X	1		
3400	3401	20 FSSCIDRP-UB04-FILLER-F23(17)	XX	2		
3402	3412	20 FSSCIDRP-VAL-AMT(17)	9(7).99-	11		
3413	3417	20 FSSCIDRP-VAL-ANSI-GROUPS(17)	GROUP	5		
3413	3414	25 FSSCIDRP-VAL-ANSI-GRP(17)	XX	2		
3415	3417	25 FSSCIDRP-VAL-ANSI-RSN(17)	XXX	3		
3418	3438	15 FSSCIDRP-VALUE-CODE-AMT(18)	GROUP	21		
3418	3419	20 FSSCIDRP-VAL-CD(18)	XX	2		
3420	3420	20 FSSCIDRP-UB04-FILLER-F22(18)	X	1		
3421	3422	20 FSSCIDRP-UB04-FILLER-F23(18)	XX	2		
3423	3433	20 FSSCIDRP-VAL-AMT(18)	9(7).99-	11		
3434	3438	20 FSSCIDRP-VAL-ANSI-GROUPS(18)	GROUP	5		
3434	3435	25 FSSCIDRP-VAL-ANSI-GRP(18)	XX	2		
3436	3438	25 FSSCIDRP-VAL-ANSI-RSN(18)	XXX	3		
3439	3459	15 FSSCIDRP-VALUE-CODE-AMT(19)	GROUP	21		
3439	3440	20 FSSCIDRP-VAL-CD(19)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3441	3441	20 FSSCIDRP-UB04-FILLER-F22(19)	X	1		
3442	3443	20 FSSCIDRP-UB04-FILLER-F23(19)	XX	2		
3444	3454	20 FSSCIDRP-VAL-AMT(19)	9(7).99-	11		
3455	3459	20 FSSCIDRP-VAL-ANSI-GROUPS(19)	GROUP	5		
3455	3456	25 FSSCIDRP-VAL-ANSI-GRP(19)	XX	2		
3457	3459	25 FSSCIDRP-VAL-ANSI-RSN(19)	XXX	3		
3460	3480	15 FSSCIDRP-VALUE-CODE-AMT(20)	GROUP	21		
3460	3461	20 FSSCIDRP-VAL-CD(20)	XX	2		
3462	3462	20 FSSCIDRP-UB04-FILLER-F22(20)	X	1		
3463	3464	20 FSSCIDRP-UB04-FILLER-F23(20)	XX	2		
3465	3475	20 FSSCIDRP-VAL-AMT(20)	9(7).99-	11		
3476	3480	20 FSSCIDRP-VAL-ANSI-GROUPS(20)	GROUP	5		
3476	3477	25 FSSCIDRP-VAL-ANSI-GRP(20)	XX	2		
3478	3480	25 FSSCIDRP-VAL-ANSI-RSN(20)	XXX	3		
3481	3501	15 FSSCIDRP-VALUE-CODE-AMT(21)	GROUP	21		
3481	3482	20 FSSCIDRP-VAL-CD(21)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3483	3483	20 FSSCIDRP-UB04-FILLER-F22(21)	X	1		
3484	3485	20 FSSCIDRP-UB04-FILLER-F23(21)	XX	2		
3486	3496	20 FSSCIDRP-VAL-AMT(21)	9(7).99-	11		
3497	3501	20 FSSCIDRP-VAL-ANSI-GROUPS(21)	GROUP	5		
3497	3498	25 FSSCIDRP-VAL-ANSI-GRP(21)	XX	2		
3499	3501	25 FSSCIDRP-VAL-ANSI-RSN(21)	XXX	3		
3502	3522	15 FSSCIDRP-VALUE-CODE-AMT(22)	GROUP	21		
3502	3503	20 FSSCIDRP-VAL-CD(22)	XX	2		
3504	3504	20 FSSCIDRP-UB04-FILLER-F22(22)	X	1		
3505	3506	20 FSSCIDRP-UB04-FILLER-F23(22)	XX	2		
3507	3517	20 FSSCIDRP-VAL-AMT(22)	9(7).99-	11		
3518	3522	20 FSSCIDRP-VAL-ANSI-GROUPS(22)	GROUP	5		
3518	3519	25 FSSCIDRP-VAL-ANSI-GRP(22)	XX	2		
3520	3522	25 FSSCIDRP-VAL-ANSI-RSN(22)	XXX	3		
3523	3543	15 FSSCIDRP-VALUE-CODE-AMT(23)	GROUP	21		
3523	3524	20 FSSCIDRP-VAL-CD(23)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3525	3525	20 FSSCIDRP-UB04-FILLER-F22(23)	X	1		
3526	3527	20 FSSCIDRP-UB04-FILLER-F23(23)	XX	2		
3528	3538	20 FSSCIDRP-VAL-AMT(23)	9(7).99-	11		
3539	3543	20 FSSCIDRP-VAL-ANSI-GROUPS(23)	GROUP	5		
3539	3540	25 FSSCIDRP-VAL-ANSI-GRP(23)	XX	2		
3541	3543	25 FSSCIDRP-VAL-ANSI-RSN(23)	XXX	3		
3544	3564	15 FSSCIDRP-VALUE-CODE-AMT(24)	GROUP	21		
3544	3545	20 FSSCIDRP-VAL-CD(24)	XX	2		
3546	3546	20 FSSCIDRP-UB04-FILLER-F22(24)	X	1		
3547	3548	20 FSSCIDRP-UB04-FILLER-F23(24)	XX	2		
3549	3559	20 FSSCIDRP-VAL-AMT(24)	9(7).99-	11		
3560	3564	20 FSSCIDRP-VAL-ANSI-GROUPS(24)	GROUP	5		
3560	3561	25 FSSCIDRP-VAL-ANSI-GRP(24)	XX	2		
3562	3564	25 FSSCIDRP-VAL-ANSI-RSN(24)	XXX	3		
3565	3585	15 FSSCIDRP-VALUE-CODE-AMT(25)	GROUP	21		
3565	3566	20 FSSCIDRP-VAL-CD(25)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3567	3567	20 FSSCIDRP-UB04-FILLER-F22(25)	X	1		
3568	3569	20 FSSCIDRP-UB04-FILLER-F23(25)	XX	2		
3570	3580	20 FSSCIDRP-VAL-AMT(25)	9(7).99-	11		
3581	3585	20 FSSCIDRP-VAL-ANSI-GROUPS(25)	GROUP	5		
3581	3582	25 FSSCIDRP-VAL-ANSI-GRP(25)	XX	2		
3583	3585	25 FSSCIDRP-VAL-ANSI-RSN(25)	XXX	3		
3586	3606	15 FSSCIDRP-VALUE-CODE-AMT(26)	GROUP	21		
3586	3587	20 FSSCIDRP-VAL-CD(26)	XX	2		
3588	3588	20 FSSCIDRP-UB04-FILLER-F22(26)	X	1		
3589	3590	20 FSSCIDRP-UB04-FILLER-F23(26)	XX	2		
3591	3601	20 FSSCIDRP-VAL-AMT(26)	9(7).99-	11		
3602	3606	20 FSSCIDRP-VAL-ANSI-GROUPS(26)	GROUP	5		
3602	3603	25 FSSCIDRP-VAL-ANSI-GRP(26)	XX	2		
3604	3606	25 FSSCIDRP-VAL-ANSI-RSN(26)	XXX	3		
3607	3627	15 FSSCIDRP-VALUE-CODE-AMT(27)	GROUP	21		
3607	3608	20 FSSCIDRP-VAL-CD(27)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3609	3609	20 FSSCIDRP-UB04-FILLER-F22(27)	X	1		
3610	3611	20 FSSCIDRP-UB04-FILLER-F23(27)	XX	2		
3612	3622	20 FSSCIDRP-VAL-AMT(27)	9(7).99-	11		
3623	3627	20 FSSCIDRP-VAL-ANSI-GROUPS(27)	GROUP	5		
3623	3624	25 FSSCIDRP-VAL-ANSI-GRP(27)	XX	2		
3625	3627	25 FSSCIDRP-VAL-ANSI-RSN(27)	XXX	3		
3628	3648	15 FSSCIDRP-VALUE-CODE-AMT(28)	GROUP	21		
3628	3629	20 FSSCIDRP-VAL-CD(28)	XX	2		
3630	3630	20 FSSCIDRP-UB04-FILLER-F22(28)	X	1		
3631	3632	20 FSSCIDRP-UB04-FILLER-F23(28)	XX	2		
3633	3643	20 FSSCIDRP-VAL-AMT(28)	9(7).99-	11		
3644	3648	20 FSSCIDRP-VAL-ANSI-GROUPS(28)	GROUP	5		
3644	3645	25 FSSCIDRP-VAL-ANSI-GRP(28)	XX	2		
3646	3648	25 FSSCIDRP-VAL-ANSI-RSN(28)	XXX	3		
3649	3669	15 FSSCIDRP-VALUE-CODE-AMT(29)	GROUP	21		
3649	3650	20 FSSCIDRP-VAL-CD(29)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3651	3651	20 FSSCIDRP-UB04-FILLER-F22(29)	X	1		
3652	3653	20 FSSCIDRP-UB04-FILLER-F23(29)	XX	2		
3654	3664	20 FSSCIDRP-VAL-AMT(29)	9(7).99-	11		
3665	3669	20 FSSCIDRP-VAL-ANSI-GROUPS(29)	GROUP	5		
3665	3666	25 FSSCIDRP-VAL-ANSI-GRP(29)	XX	2		
3667	3669	25 FSSCIDRP-VAL-ANSI-RSN(29)	XXX	3		
3670	3690	15 FSSCIDRP-VALUE-CODE-AMT(30)	GROUP	21		
3670	3671	20 FSSCIDRP-VAL-CD(30)	XX	2		
3672	3672	20 FSSCIDRP-UB04-FILLER-F22(30)	X	1		
3673	3674	20 FSSCIDRP-UB04-FILLER-F23(30)	XX	2		
3675	3685	20 FSSCIDRP-VAL-AMT(30)	9(7).99-	11		
3686	3690	20 FSSCIDRP-VAL-ANSI-GROUPS(30)	GROUP	5		
3686	3687	25 FSSCIDRP-VAL-ANSI-GRP(30)	XX	2		
3688	3690	25 FSSCIDRP-VAL-ANSI-RSN(30)	XXX	3		
3691	3711	15 FSSCIDRP-VALUE-CODE-AMT(31)	GROUP	21		
3691	3692	20 FSSCIDRP-VAL-CD(31)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3693	3693	20 FSSCIDRP-UB04-FILLER-F22(31)	X	1		
3694	3695	20 FSSCIDRP-UB04-FILLER-F23(31)	XX	2		
3696	3706	20 FSSCIDRP-VAL-AMT(31)	9(7).99-	11		
3707	3711	20 FSSCIDRP-VAL-ANSI-GROUPS(31)	GROUP	5		
3707	3708	25 FSSCIDRP-VAL-ANSI-GRP(31)	XX	2		
3709	3711	25 FSSCIDRP-VAL-ANSI-RSN(31)	XXX	3		
3712	3732	15 FSSCIDRP-VALUE-CODE-AMT(32)	GROUP	21		
3712	3713	20 FSSCIDRP-VAL-CD(32)	XX	2		
3714	3714	20 FSSCIDRP-UB04-FILLER-F22(32)	X	1		
3715	3716	20 FSSCIDRP-UB04-FILLER-F23(32)	XX	2		
3717	3727	20 FSSCIDRP-VAL-AMT(32)	9(7).99-	11		
3728	3732	20 FSSCIDRP-VAL-ANSI-GROUPS(32)	GROUP	5		
3728	3729	25 FSSCIDRP-VAL-ANSI-GRP(32)	XX	2		
3730	3732	25 FSSCIDRP-VAL-ANSI-RSN(32)	XXX	3		
3733	3753	15 FSSCIDRP-VALUE-CODE-AMT(33)	GROUP	21		
3733	3734	20 FSSCIDRP-VAL-CD(33)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3735	3735	20 FSSCIDRP-UB04-FILLER-F22(33)	X	1		
3736	3737	20 FSSCIDRP-UB04-FILLER-F23(33)	XX	2		
3738	3748	20 FSSCIDRP-VAL-AMT(33)	9(7).99-	11		
3749	3753	20 FSSCIDRP-VAL-ANSI-GROUPS(33)	GROUP	5		
3749	3750	25 FSSCIDRP-VAL-ANSI-GRP(33)	XX	2		
3751	3753	25 FSSCIDRP-VAL-ANSI-RSN(33)	XXX	3		
3754	3774	15 FSSCIDRP-VALUE-CODE-AMT(34)	GROUP	21		
3754	3755	20 FSSCIDRP-VAL-CD(34)	XX	2		
3756	3756	20 FSSCIDRP-UB04-FILLER-F22(34)	X	1		
3757	3758	20 FSSCIDRP-UB04-FILLER-F23(34)	XX	2		
3759	3769	20 FSSCIDRP-VAL-AMT(34)	9(7).99-	11		
3770	3774	20 FSSCIDRP-VAL-ANSI-GROUPS(34)	GROUP	5		
3770	3771	25 FSSCIDRP-VAL-ANSI-GRP(34)	XX	2		
3772	3774	25 FSSCIDRP-VAL-ANSI-RSN(34)	XXX	3		
3775	3795	15 FSSCIDRP-VALUE-CODE-AMT(35)	GROUP	21		
3775	3776	20 FSSCIDRP-VAL-CD(35)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3777	3777	20 FSSCIDRP-UB04-FILLER-F22(35)	X	1		
3778	3779	20 FSSCIDRP-UB04-FILLER-F23(35)	XX	2		
3780	3790	20 FSSCIDRP-VAL-AMT(35)	9(7).99-	11		
3791	3795	20 FSSCIDRP-VAL-ANSI-GROUPS(35)	GROUP	5		
3791	3792	25 FSSCIDRP-VAL-ANSI-GRP(35)	XX	2		
3793	3795	25 FSSCIDRP-VAL-ANSI-RSN(35)	XXX	3		
3796	3816	15 FSSCIDRP-VALUE-CODE-AMT(36)	GROUP	21		
3796	3797	20 FSSCIDRP-VAL-CD(36)	XX	2		
3798	3798	20 FSSCIDRP-UB04-FILLER-F22(36)	X	1		
3799	3800	20 FSSCIDRP-UB04-FILLER-F23(36)	XX	2		
3801	3811	20 FSSCIDRP-VAL-AMT(36)	9(7).99-	11		
3812	3816	20 FSSCIDRP-VAL-ANSI-GROUPS(36)	GROUP	5		
3812	3813	25 FSSCIDRP-VAL-ANSI-GRP(36)	XX	2		
3814	3816	25 FSSCIDRP-VAL-ANSI-RSN(36)	XXX	3		
3817	4146	10 FSSCIDRP-OCCUR-CD-TABLE	GROUP	330	1,2	Occurrence code and date table
3817	3827	15 FSSCIDRP-OCCUR-CD-DT(1)	GROUP	11	1,2	Occurrence code and date table

Start	End	Field Level/Name	Picture	Length	Phase	Description
		OCCURS 30 TIMES				
3817	3818	20 FSSCIDRP-OCCUR-CD(1)	XX	2	1,2	These fields identify a significant event relating to payment of this claim
3819	3819	20 FSSCIDRP-UB04-FILLER-F24(1)	X	1	N/A	Filler for future use
3820	3827	20 FSSCIDRP-OCCUR-DT-CYMD(1)	GROUP	8	1,2	Occurrence code date
3820	3821	25 FSSCIDRP-OCCUR-DT-CC(1)	99	2	1,2	Occurrence code date
3822	3827	25 FSSCIDRP-OCCUR-DT(1)	GROUP	6	1,2	Occurrence code date
3822	3823	30 FSSCIDRP-OCCUR-YR(1)	99	2	1,2	Occurrence code date
3824	3825	30 FSSCIDRP-OCCUR-MO(1)	99	2	1,2	Occurrence code date
3826	3827	30 FSSCIDRP-OCCUR-DY(1)	99	2	1,2	Occurrence code date
3828	3838	15 FSSCIDRP-OCCUR-CD-DT(2)	GROUP	11		
3828	3829	20 FSSCIDRP-OCCUR-CD(2)	XX	2		
3830	3830	20 FSSCIDRP-UB04-FILLER-F24(2)	X	1		
3831	3838	20 FSSCIDRP-OCCUR-DT-CYMD(2)	GROUP	8		
3831	3832	25 FSSCIDRP-OCCUR-DT-CC(2)	99	2		
3833	3838	25 FSSCIDRP-OCCUR-DT(2)	GROUP	6		
3833	3834	30 FSSCIDRP-OCCUR-YR(2)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3835	3836	30 FSSCIDRP-OCCUR-MO(2)	99	2		
3837	3838	30 FSSCIDRP-OCCUR-DY(2)	99	2		
3839	3849	15 FSSCIDRP-OCCUR-CD-DT(3)	GROUP	11		
3839	3840	20 FSSCIDRP-OCCUR-CD(3)	XX	2		
3841	3841	20 FSSCIDRP-UB04-FILLER-F24(3)	X	1		
3842	3849	20 FSSCIDRP-OCCUR-DT-CYMD(3)	GROUP	8		
3842	3843	25 FSSCIDRP-OCCUR-DT-CC(3)	99	2		
3844	3849	25 FSSCIDRP-OCCUR-DT(3)	GROUP	6		
3844	3845	30 FSSCIDRP-OCCUR-YR(3)	99	2		
3846	3847	30 FSSCIDRP-OCCUR-MO(3)	99	2		
3848	3849	30 FSSCIDRP-OCCUR-DY(3)	99	2		
3850	3860	15 FSSCIDRP-OCCUR-CD-DT(4)	GROUP	11		
3850	3851	20 FSSCIDRP-OCCUR-CD(4)	XX	2		
3852	3852	20 FSSCIDRP-UB04-FILLER-F24(4)	X	1		
3853	3860	20 FSSCIDRP-OCCUR-DT-CYMD(4)	GROUP	8		
3853	3854	25 FSSCIDRP-OCCUR-DT-CC(4)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3855	3860	25 FSSCIDRP-OCCUR-DT(4)	GROUP	6		
3855	3856	30 FSSCIDRP-OCCUR-YR(4)	99	2		
3857	3858	30 FSSCIDRP-OCCUR-MO(4)	99	2		
3859	3860	30 FSSCIDRP-OCCUR-DY(4)	99	2		
3861	3871	15 FSSCIDRP-OCCUR-CD-DT(5)	GROUP	11		
3861	3862	20 FSSCIDRP-OCCUR-CD(5)	XX	2		
3863	3863	20 FSSCIDRP-UB04-FILLER-F24(5)	X	1		
3864	3871	20 FSSCIDRP-OCCUR-DT-CYMD(5)	GROUP	8		
3864	3865	25 FSSCIDRP-OCCUR-DT-CC(5)	99	2		
3866	3871	25 FSSCIDRP-OCCUR-DT(5)	GROUP	6		
3866	3867	30 FSSCIDRP-OCCUR-YR(5)	99	2		
3868	3869	30 FSSCIDRP-OCCUR-MO(5)	99	2		
3870	3871	30 FSSCIDRP-OCCUR-DY(5)	99	2		
3872	3882	15 FSSCIDRP-OCCUR-CD-DT(6)	GROUP	11		
3872	3873	20 FSSCIDRP-OCCUR-CD(6)	XX	2		
3874	3874	20 FSSCIDRP-UB04-FILLER-F24(6)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3875	3882	20 FSSCIDRP-OCCUR-DT-CYMD(6)	GROUP	8		
3875	3876	25 FSSCIDRP-OCCUR-DT-CC(6)	99	2		
3877	3882	25 FSSCIDRP-OCCUR-DT(6)	GROUP	6		
3877	3878	30 FSSCIDRP-OCCUR-YR(6)	99	2		
3879	3880	30 FSSCIDRP-OCCUR-MO(6)	99	2		
3881	3882	30 FSSCIDRP-OCCUR-DY(6)	99	2		
3883	3893	15 FSSCIDRP-OCCUR-CD-DT(7)	GROUP	11		
3883	3884	20 FSSCIDRP-OCCUR-CD(7)	XX	2		
3885	3885	20 FSSCIDRP-UB04-FILLER-F24(7)	X	1		
3886	3893	20 FSSCIDRP-OCCUR-DT-CYMD(7)	GROUP	8		
3886	3887	25 FSSCIDRP-OCCUR-DT-CC(7)	99	2		
3888	3893	25 FSSCIDRP-OCCUR-DT(7)	GROUP	6		
3888	3889	30 FSSCIDRP-OCCUR-YR(7)	99	2		
3890	3891	30 FSSCIDRP-OCCUR-MO(7)	99	2		
3892	3893	30 FSSCIDRP-OCCUR-DY(7)	99	2		
3894	3904	15 FSSCIDRP-OCCUR-CD-DT(8)	GROUP	11		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3894	3895	20 FSSCIDRP-OCCUR-CD(8)	XX	2		
3896	3896	20 FSSCIDRP-UB04-FILLER-F24(8)	X	1		
3897	3904	20 FSSCIDRP-OCCUR-DT-CYMD(8)	GROUP	8		
3897	3898	25 FSSCIDRP-OCCUR-DT-CC(8)	99	2		
3899	3904	25 FSSCIDRP-OCCUR-DT(8)	GROUP	6		
3899	3900	30 FSSCIDRP-OCCUR-YR(8)	99	2		
3901	3902	30 FSSCIDRP-OCCUR-MO(8)	99	2		
3903	3904	30 FSSCIDRP-OCCUR-DY(8)	99	2		
3905	3915	15 FSSCIDRP-OCCUR-CD-DT(9)	GROUP	11		
3905	3906	20 FSSCIDRP-OCCUR-CD(9)	XX	2		
3907	3907	20 FSSCIDRP-UB04-FILLER-F24(9)	X	1		
3908	3915	20 FSSCIDRP-OCCUR-DT-CYMD(9)	GROUP	8		
3908	3909	25 FSSCIDRP-OCCUR-DT-CC(9)	99	2		
3910	3915	25 FSSCIDRP-OCCUR-DT(9)	GROUP	6		
3910	3911	30 FSSCIDRP-OCCUR-YR(9)	99	2		
3912	3913	30 FSSCIDRP-OCCUR-MO(9)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3914	3915	30 FSSCIDRP-OCCUR-DY(9)	99	2		
3916	3926	15 FSSCIDRP-OCCUR-CD-DT(10)	GROUP	11		
3916	3917	20 FSSCIDRP-OCCUR-CD(10)	XX	2		
3918	3918	20 FSSCIDRP-UB04-FILLER-F24(10)	X	1		
3919	3926	20 FSSCIDRP-OCCUR-DT-CYMD(10)	GROUP	8		
3919	3920	25 FSSCIDRP-OCCUR-DT-CC(10)	99	2		
3921	3926	25 FSSCIDRP-OCCUR-DT(10)	GROUP	6		
3921	3922	30 FSSCIDRP-OCCUR-YR(10)	99	2		
3923	3924	30 FSSCIDRP-OCCUR-MO(10)	99	2		
3925	3926	30 FSSCIDRP-OCCUR-DY(10)	99	2		
3927	3937	15 FSSCIDRP-OCCUR-CD-DT(11)	GROUP	11		
3927	3928	20 FSSCIDRP-OCCUR-CD(11)	XX	2		
3929	3929	20 FSSCIDRP-UB04-FILLER-F24(11)	X	1		
3930	3937	20 FSSCIDRP-OCCUR-DT-CYMD(11)	GROUP	8		
3930	3931	25 FSSCIDRP-OCCUR-DT-CC(11)	99	2		
3932	3937	25 FSSCIDRP-OCCUR-DT(11)	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3932	3933	30 FSSCIDRP-OCCUR-YR(11)	99	2		
3934	3935	30 FSSCIDRP-OCCUR-MO(11)	99	2		
3936	3937	30 FSSCIDRP-OCCUR-DY(11)	99	2		
3938	3948	15 FSSCIDRP-OCCUR-CD-DT(12)	GROUP	11		
3938	3939	20 FSSCIDRP-OCCUR-CD(12)	XX	2		
3940	3940	20 FSSCIDRP-UB04-FILLER-F24(12)	X	1		
3941	3948	20 FSSCIDRP-OCCUR-DT-CYMD(12)	GROUP	8		
3941	3942	25 FSSCIDRP-OCCUR-DT-CC(12)	99	2		
3943	3948	25 FSSCIDRP-OCCUR-DT(12)	GROUP	6		
3943	3944	30 FSSCIDRP-OCCUR-YR(12)	99	2		
3945	3946	30 FSSCIDRP-OCCUR-MO(12)	99	2		
3947	3948	30 FSSCIDRP-OCCUR-DY(12)	99	2		
3949	3959	15 FSSCIDRP-OCCUR-CD-DT(13)	GROUP	11		
3949	3950	20 FSSCIDRP-OCCUR-CD(13)	XX	2		
3951	3951	20 FSSCIDRP-UB04-FILLER-F24(13)	X	1		
3952	3959	20 FSSCIDRP-OCCUR-DT-CYMD(13)	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3952	3953	25 FSSCIDRP-OCCUR-DT-CC(13)	99	2		
3954	3959	25 FSSCIDRP-OCCUR-DT(13)	GROUP	6		
3954	3955	30 FSSCIDRP-OCCUR-YR(13)	99	2		
3956	3957	30 FSSCIDRP-OCCUR-MO(13)	99	2		
3958	3959	30 FSSCIDRP-OCCUR-DY(13)	99	2		
3960	3970	15 FSSCIDRP-OCCUR-CD-DT(14)	GROUP	11		
3960	3961	20 FSSCIDRP-OCCUR-CD(14)	XX	2		
3962	3962	20 FSSCIDRP-UB04-FILLER-F24(14)	X	1		
3963	3970	20 FSSCIDRP-OCCUR-DT-CYMD(14)	GROUP	8		
3963	3964	25 FSSCIDRP-OCCUR-DT-CC(14)	99	2		
3965	3970	25 FSSCIDRP-OCCUR-DT(14)	GROUP	6		
3965	3966	30 FSSCIDRP-OCCUR-YR(14)	99	2		
3967	3968	30 FSSCIDRP-OCCUR-MO(14)	99	2		
3969	3970	30 FSSCIDRP-OCCUR-DY(14)	99	2		
3971	3981	15 FSSCIDRP-OCCUR-CD-DT(15)	GROUP	11		
3971	3972	20 FSSCIDRP-OCCUR-CD(15)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3973	3973	20 FSSCIDRP-UB04-FILLER-F24(15)	X	1		
3974	3981	20 FSSCIDRP-OCCUR-DT-CYMD(15)	GROUP	8		
3974	3975	25 FSSCIDRP-OCCUR-DT-CC(15)	99	2		
3976	3981	25 FSSCIDRP-OCCUR-DT(15)	GROUP	6		
3976	3977	30 FSSCIDRP-OCCUR-YR(15)	99	2		
3978	3979	30 FSSCIDRP-OCCUR-MO(15)	99	2		
3980	3981	30 FSSCIDRP-OCCUR-DY(15)	99	2		
3982	3992	15 FSSCIDRP-OCCUR-CD-DT(16)	GROUP	11		
3982	3983	20 FSSCIDRP-OCCUR-CD(16)	XX	2		
3984	3984	20 FSSCIDRP-UB04-FILLER-F24(16)	X	1		
3985	3992	20 FSSCIDRP-OCCUR-DT-CYMD(16)	GROUP	8		
3985	3986	25 FSSCIDRP-OCCUR-DT-CC(16)	99	2		
3987	3992	25 FSSCIDRP-OCCUR-DT(16)	GROUP	6		
3987	3988	30 FSSCIDRP-OCCUR-YR(16)	99	2		
3989	3990	30 FSSCIDRP-OCCUR-MO(16)	99	2		
3991	3992	30 FSSCIDRP-OCCUR-DY(16)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
3993	4003	15 FSSCIDRP-OCCUR-CD-DT(17)	GROUP	11		
3993	3994	20 FSSCIDRP-OCCUR-CD(17)	XX	2		
3995	3995	20 FSSCIDRP-UB04-FILLER-F24(17)	X	1		
3996	4003	20 FSSCIDRP-OCCUR-DT-CYMD(17)	GROUP	8		
3996	3997	25 FSSCIDRP-OCCUR-DT-CC(17)	99	2		
3998	4003	25 FSSCIDRP-OCCUR-DT(17)	GROUP	6		
3998	3999	30 FSSCIDRP-OCCUR-YR(17)	99	2		
4000	4001	30 FSSCIDRP-OCCUR-MO(17)	99	2		
4002	4003	30 FSSCIDRP-OCCUR-DY(17)	99	2		
4004	4014	15 FSSCIDRP-OCCUR-CD-DT(18)	GROUP	11		
4004	4005	20 FSSCIDRP-OCCUR-CD(18)	XX	2		
4006	4006	20 FSSCIDRP-UB04-FILLER-F24(18)	X	1		
4007	4014	20 FSSCIDRP-OCCUR-DT-CYMD(18)	GROUP	8		
4007	4008	25 FSSCIDRP-OCCUR-DT-CC(18)	99	2		
4009	4014	25 FSSCIDRP-OCCUR-DT(18)	GROUP	6		
4009	4010	30 FSSCIDRP-OCCUR-YR(18)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4011	4012	30 FSSCIDRP-OCCUR-MO(18)	99	2		
4013	4014	30 FSSCIDRP-OCCUR-DY(18)	99	2		
4015	4025	15 FSSCIDRP-OCCUR-CD-DT(19)	GROUP	11		
4015	4016	20 FSSCIDRP-OCCUR-CD(19)	XX	2		
4017	4017	20 FSSCIDRP-UB04-FILLER-F24(19)	X	1		
4018	4025	20 FSSCIDRP-OCCUR-DT-CYMD(19)	GROUP	8		
4018	4019	25 FSSCIDRP-OCCUR-DT-CC(19)	99	2		
4020	4025	25 FSSCIDRP-OCCUR-DT(19)	GROUP	6		
4020	4021	30 FSSCIDRP-OCCUR-YR(19)	99	2		
4022	4023	30 FSSCIDRP-OCCUR-MO(19)	99	2		
4024	4025	30 FSSCIDRP-OCCUR-DY(19)	99	2		
4026	4036	15 FSSCIDRP-OCCUR-CD-DT(20)	GROUP	11		
4026	4027	20 FSSCIDRP-OCCUR-CD(20)	XX	2		
4028	4028	20 FSSCIDRP-UB04-FILLER-F24(20)	X	1		
4029	4036	20 FSSCIDRP-OCCUR-DT-CYMD(20)	GROUP	8		
4029	4030	25 FSSCIDRP-OCCUR-DT-CC(20)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4031	4036	25 FSSCIDRP-OCCUR-DT(20)	GROUP	6		
4031	4032	30 FSSCIDRP-OCCUR-YR(20)	99	2		
4033	4034	30 FSSCIDRP-OCCUR-MO(20)	99	2		
4035	4036	30 FSSCIDRP-OCCUR-DY(20)	99	2		
4037	4047	15 FSSCIDRP-OCCUR-CD-DT(21)	GROUP	11		
4037	4038	20 FSSCIDRP-OCCUR-CD(21)	XX	2		
4039	4039	20 FSSCIDRP-UB04-FILLER-F24(21)	X	1		
4040	4047	20 FSSCIDRP-OCCUR-DT-CYMD(21)	GROUP	8		
4040	4041	25 FSSCIDRP-OCCUR-DT-CC(21)	99	2		
4042	4047	25 FSSCIDRP-OCCUR-DT(21)	GROUP	6		
4042	4043	30 FSSCIDRP-OCCUR-YR(21)	99	2		
4044	4045	30 FSSCIDRP-OCCUR-MO(21)	99	2		
4046	4047	30 FSSCIDRP-OCCUR-DY(21)	99	2		
4048	4058	15 FSSCIDRP-OCCUR-CD-DT(22)	GROUP	11		
4048	4049	20 FSSCIDRP-OCCUR-CD(22)	XX	2		
4050	4050	20 FSSCIDRP-UB04-FILLER-F24(22)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4051	4058	20 FSSCIDRP-OCCUR-DT-CYMD(22)	GROUP	8		
4051	4052	25 FSSCIDRP-OCCUR-DT-CC(22)	99	2		
4053	4058	25 FSSCIDRP-OCCUR-DT(22)	GROUP	6		
4053	4054	30 FSSCIDRP-OCCUR-YR(22)	99	2		
4055	4056	30 FSSCIDRP-OCCUR-MO(22)	99	2		
4057	4058	30 FSSCIDRP-OCCUR-DY(22)	99	2		
4059	4069	15 FSSCIDRP-OCCUR-CD-DT(23)	GROUP	11		
4059	4060	20 FSSCIDRP-OCCUR-CD(23)	XX	2		
4061	4061	20 FSSCIDRP-UB04-FILLER-F24(23)	X	1		
4062	4069	20 FSSCIDRP-OCCUR-DT-CYMD(23)	GROUP	8		
4062	4063	25 FSSCIDRP-OCCUR-DT-CC(23)	99	2		
4064	4069	25 FSSCIDRP-OCCUR-DT(23)	GROUP	6		
4064	4065	30 FSSCIDRP-OCCUR-YR(23)	99	2		
4066	4067	30 FSSCIDRP-OCCUR-MO(23)	99	2		
4068	4069	30 FSSCIDRP-OCCUR-DY(23)	99	2		
4070	4080	15 FSSCIDRP-OCCUR-CD-DT(24)	GROUP	11		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4070	4071	20 FSSCIDRP-OCCUR-CD(24)	XX	2		
4072	4072	20 FSSCIDRP-UB04-FILLER-F24(24)	X	1		
4073	4080	20 FSSCIDRP-OCCUR-DT-CYMD(24)	GROUP	8		
4073	4074	25 FSSCIDRP-OCCUR-DT-CC(24)	99	2		
4075	4080	25 FSSCIDRP-OCCUR-DT(24)	GROUP	6		
4075	4076	30 FSSCIDRP-OCCUR-YR(24)	99	2		
4077	4078	30 FSSCIDRP-OCCUR-MO(24)	99	2		
4079	4080	30 FSSCIDRP-OCCUR-DY(24)	99	2		
4081	4091	15 FSSCIDRP-OCCUR-CD-DT(25)	GROUP	11		
4081	4082	20 FSSCIDRP-OCCUR-CD(25)	XX	2		
4083	4083	20 FSSCIDRP-UB04-FILLER-F24(25)	X	1		
4084	4091	20 FSSCIDRP-OCCUR-DT-CYMD(25)	GROUP	8		
4084	4085	25 FSSCIDRP-OCCUR-DT-CC(25)	99	2		
4086	4091	25 FSSCIDRP-OCCUR-DT(25)	GROUP	6		
4086	4087	30 FSSCIDRP-OCCUR-YR(25)	99	2		
4088	4089	30 FSSCIDRP-OCCUR-MO(25)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4090	4091	30 FSSCIDRP-OCCUR-DY(25)	99	2		
4092	4102	15 FSSCIDRP-OCCUR-CD-DT(26)	GROUP	11		
4092	4093	20 FSSCIDRP-OCCUR-CD(26)	XX	2		
4094	4094	20 FSSCIDRP-UB04-FILLER-F24(26)	X	1		
4095	4102	20 FSSCIDRP-OCCUR-DT-CYMD(26)	GROUP	8		
4095	4096	25 FSSCIDRP-OCCUR-DT-CC(26)	99	2		
4097	4102	25 FSSCIDRP-OCCUR-DT(26)	GROUP	6		
4097	4098	30 FSSCIDRP-OCCUR-YR(26)	99	2		
4099	4100	30 FSSCIDRP-OCCUR-MO(26)	99	2		
4101	4102	30 FSSCIDRP-OCCUR-DY(26)	99	2		
4103	4113	15 FSSCIDRP-OCCUR-CD-DT(27)	GROUP	11		
4103	4104	20 FSSCIDRP-OCCUR-CD(27)	XX	2		
4105	4105	20 FSSCIDRP-UB04-FILLER-F24(27)	X	1		
4106	4113	20 FSSCIDRP-OCCUR-DT-CYMD(27)	GROUP	8		
4106	4107	25 FSSCIDRP-OCCUR-DT-CC(27)	99	2		
4108	4113	25 FSSCIDRP-OCCUR-DT(27)	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4108	4109	30 FSSCIDRP-OCCUR-YR(27)	99	2		
4110	4111	30 FSSCIDRP-OCCUR-MO(27)	99	2		
4112	4113	30 FSSCIDRP-OCCUR-DY(27)	99	2		
4114	4124	15 FSSCIDRP-OCCUR-CD-DT(28)	GROUP	11		
4114	4115	20 FSSCIDRP-OCCUR-CD(28)	XX	2		
4116	4116	20 FSSCIDRP-UB04-FILLER-F24(28)	X	1		
4117	4124	20 FSSCIDRP-OCCUR-DT-CYMD(28)	GROUP	8		
4117	4118	25 FSSCIDRP-OCCUR-DT-CC(28)	99	2		
4119	4124	25 FSSCIDRP-OCCUR-DT(28)	GROUP	6		
4119	4120	30 FSSCIDRP-OCCUR-YR(28)	99	2		
4121	4122	30 FSSCIDRP-OCCUR-MO(28)	99	2		
4123	4124	30 FSSCIDRP-OCCUR-DY(28)	99	2		
4125	4135	15 FSSCIDRP-OCCUR-CD-DT(29)	GROUP	11		
4125	4126	20 FSSCIDRP-OCCUR-CD(29)	XX	2		
4127	4127	20 FSSCIDRP-UB04-FILLER-F24(29)	X	1		
4128	4135	20 FSSCIDRP-OCCUR-DT-CYMD(29)	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4128	4129	25 FSSCIDRP-OCCUR-DT-CC(29)	99	2		
4130	4135	25 FSSCIDRP-OCCUR-DT(29)	GROUP	6		
4130	4131	30 FSSCIDRP-OCCUR-YR(29)	99	2		
4132	4133	30 FSSCIDRP-OCCUR-MO(29)	99	2		
4134	4135	30 FSSCIDRP-OCCUR-DY(29)	99	2		
4136	4146	15 FSSCIDRP-OCCUR-CD-DT(30)	GROUP	11		
4136	4137	20 FSSCIDRP-OCCUR-CD(30)	XX	2		
4138	4138	20 FSSCIDRP-UB04-FILLER-F24(30)	X	1		
4139	4146	20 FSSCIDRP-OCCUR-DT-CYMD(30)	GROUP	8		
4139	4140	25 FSSCIDRP-OCCUR-DT-CC(30)	99	2		
4141	4146	25 FSSCIDRP-OCCUR-DT(30)	GROUP	6		
4141	4142	30 FSSCIDRP-OCCUR-YR(30)	99	2		
4143	4144	30 FSSCIDRP-OCCUR-MO(30)	99	2		
4145	4146	30 FSSCIDRP-OCCUR-DY(30)	99	2		
4147	4646	10 FSSCIDRP-PROC-CODE-TABLE	GROUP	500	1	ICD9 Procedure code table
4147	4166	15 FSSCIDRP-PROC-CODES-DATES(1)	GROUP	20	1	ICD9 Procedure code table

Start	End	Field Level/Name	Picture	Length	Phase	Description
		OCCURS 25 TIMES				
4147	4154	20 FSSCIDRP-PROC-CD-DATA(1)	GROUP	8	1	ICD9 Procedure code table
4147	4153	25 FSSCIDRP-PROC-CD(1)	X(7)	7	1	This field identifies the principal procedure (first code) and other procedures (codes two through 25) performed during the billing period covered by this claim including the date on which each procedure was performed.
4154	4154	25 FSSCIDRP-UB04-FILLER-F25(1)	X	1	N/A	Filler for future use
4155	4158	20 FSSCIDRP-PROC-FLAG(1)	X(4)	4	1	Bit flags returned from MCE editor. This is a 4 positions alphanumeric field that occurs 10 times
4159	4166	20 FSSCIDRP-PROC-DT-CYMD(1)	GROUP	8	1	The procedure date is the date on which the procedure identified in the corresponding Procedure Code was initiated.
4159	4160	25 FSSCIDRP-PROC-DT-CC(1)	99	2	1	The procedure date is the date on which the procedure identified in the corresponding Procedure Code was initiated.
4161	4166	25 FSSCIDRP-PROC-DT(1)	GROUP	6	1	The procedure date is the date on which the procedure identified in the corresponding Procedure Code was initiated.
4161	4162	30 FSSCIDRP-PROC-YR(1)	99	2	1	The procedure date is the date on which the procedure identified in the corresponding Procedure Code was initiated.
4163	4164	30 FSSCIDRP-PROC-MO(1)	99	2	1	The procedure date is the date on which the procedure identified in the corresponding Procedure Code was initiated.
4165	4166	30 FSSCIDRP-PROC-DY(1)	99	2	1	The procedure date is the date on which the procedure identified in the corresponding Procedure Code was initiated.
4167	4186	15 FSSCIDRP-PROC-CODES-DATES(2)	GROUP	20		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4167	4174	20 FSSCIDRP-PROC-CD-DATA(2)	GROUP	8		
4167	4173	25 FSSCIDRP-PROC-CD(2)	X(7)	7		
4174	4174	25 FSSCIDRP-UB04-FILLER-F25(2)	X	1		
4175	4178	20 FSSCIDRP-PROC-FLAG(2)	X(4)	4		
4179	4186	20 FSSCIDRP-PROC-DT-CYMD(2)	GROUP	8		
4179	4180	25 FSSCIDRP-PROC-DT-CC(2)	99	2		
4181	4186	25 FSSCIDRP-PROC-DT(2)	GROUP	6		
4181	4182	30 FSSCIDRP-PROC-YR(2)	99	2		
4183	4184	30 FSSCIDRP-PROC-MO(2)	99	2		
4185	4186	30 FSSCIDRP-PROC-DY(2)	99	2		
4187	4206	15 FSSCIDRP-PROC-CODES-DATES(3)	GROUP	20		
4187	4194	20 FSSCIDRP-PROC-CD-DATA(3)	GROUP	8		
4187	4193	25 FSSCIDRP-PROC-CD(3)	X(7)	7		
4194	4194	25 FSSCIDRP-UB04-FILLER-F25(3)	X	1		
4195	4198	20 FSSCIDRP-PROC-FLAG(3)	X(4)	4		
4199	4206	20 FSSCIDRP-PROC-DT-CYMD(3)	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4199	4200	25 FSSCIDRP-PROC-DT-CC(3)	99	2		
4201	4206	25 FSSCIDRP-PROC-DT(3)	GROUP	6		
4201	4202	30 FSSCIDRP-PROC-YR(3)	99	2		
4203	4204	30 FSSCIDRP-PROC-MO(3)	99	2		
4205	4206	30 FSSCIDRP-PROC-DY(3)	99	2		
4207	4226	15 FSSCIDRP-PROC-CODES-DATES(4)	GROUP	20		
4207	4214	20 FSSCIDRP-PROC-CD-DATA(4)	GROUP	8		
4207	4213	25 FSSCIDRP-PROC-CD(4)	X(7)	7		
4214	4214	25 FSSCIDRP-UB04-FILLER-F25(4)	X	1		
4215	4218	20 FSSCIDRP-PROC-FLAG(4)	X(4)	4		
4219	4226	20 FSSCIDRP-PROC-DT-CYMD(4)	GROUP	8		
4219	4220	25 FSSCIDRP-PROC-DT-CC(4)	99	2		
4221	4226	25 FSSCIDRP-PROC-DT(4)	GROUP	6		
4221	4222	30 FSSCIDRP-PROC-YR(4)	99	2		
4223	4224	30 FSSCIDRP-PROC-MO(4)	99	2		
4225	4226	30 FSSCIDRP-PROC-DY(4)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4227	4246	15 FSSCIDRP-PROC-CODES-DATES(5)	GROUP	20		
4227	4234	20 FSSCIDRP-PROC-CD-DATA(5)	GROUP	8		
4227	4233	25 FSSCIDRP-PROC-CD(5)	X(7)	7		
4234	4234	25 FSSCIDRP-UB04-FILLER-F25(5)	X	1		
4235	4238	20 FSSCIDRP-PROC-FLAG(5)	X(4)	4		
4239	4246	20 FSSCIDRP-PROC-DT-CYMD(5)	GROUP	8		
4239	4240	25 FSSCIDRP-PROC-DT-CC(5)	99	2		
4241	4246	25 FSSCIDRP-PROC-DT(5)	GROUP	6		
4241	4242	30 FSSCIDRP-PROC-YR(5)	99	2		
4243	4244	30 FSSCIDRP-PROC-MO(5)	99	2		
4245	4246	30 FSSCIDRP-PROC-DY(5)	99	2		
4247	4266	15 FSSCIDRP-PROC-CODES-DATES(6)	GROUP	20		
4247	4254	20 FSSCIDRP-PROC-CD-DATA(6)	GROUP	8		
4247	4253	25 FSSCIDRP-PROC-CD(6)	X(7)	7		
4254	4254	25 FSSCIDRP-UB04-FILLER-F25(6)	X	1		
4255	4258	20 FSSCIDRP-PROC-FLAG(6)	X(4)	4		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4259	4266	20 FSSCIDRP-PROC-DT-CYMD(6)	GROUP	8		
4259	4260	25 FSSCIDRP-PROC-DT-CC(6)	99	2		
4261	4266	25 FSSCIDRP-PROC-DT(6)	GROUP	6		
4261	4262	30 FSSCIDRP-PROC-YR(6)	99	2		
4263	4264	30 FSSCIDRP-PROC-MO(6)	99	2		
4265	4266	30 FSSCIDRP-PROC-DY(6)	99	2		
4267	4286	15 FSSCIDRP-PROC-CODES-DATES(7)	GROUP	20		
4267	4274	20 FSSCIDRP-PROC-CD-DATA(7)	GROUP	8		
4267	4273	25 FSSCIDRP-PROC-CD(7)	X(7)	7		
4274	4274	25 FSSCIDRP-UB04-FILLER-F25(7)	X	1		
4275	4278	20 FSSCIDRP-PROC-FLAG(7)	X(4)	4		
4279	4286	20 FSSCIDRP-PROC-DT-CYMD(7)	GROUP	8		
4279	4280	25 FSSCIDRP-PROC-DT-CC(7)	99	2		
4281	4286	25 FSSCIDRP-PROC-DT(7)	GROUP	6		
4281	4282	30 FSSCIDRP-PROC-YR(7)	99	2		
4283	4284	30 FSSCIDRP-PROC-MO(7)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4285	4286	30 FSSCIDRP-PROC-DY(7)	99	2		
4287	4306	15 FSSCIDRP-PROC-CODES-DATES(8)	GROUP	20		
4287	4294	20 FSSCIDRP-PROC-CD-DATA(8)	GROUP	8		
4287	4293	25 FSSCIDRP-PROC-CD(8)	X(7)	7		
4294	4294	25 FSSCIDRP-UB04-FILLER-F25(8)	X	1		
4295	4298	20 FSSCIDRP-PROC-FLAG(8)	X(4)	4		
4299	4306	20 FSSCIDRP-PROC-DT-CYMD(8)	GROUP	8		
4299	4300	25 FSSCIDRP-PROC-DT-CC(8)	99	2		
4301	4306	25 FSSCIDRP-PROC-DT(8)	GROUP	6		
4301	4302	30 FSSCIDRP-PROC-YR(8)	99	2		
4303	4304	30 FSSCIDRP-PROC-MO(8)	99	2		
4305	4306	30 FSSCIDRP-PROC-DY(8)	99	2		
4307	4326	15 FSSCIDRP-PROC-CODES-DATES(9)	GROUP	20		
4307	4314	20 FSSCIDRP-PROC-CD-DATA(9)	GROUP	8		
4307	4313	25 FSSCIDRP-PROC-CD(9)	X(7)	7		
4314	4314	25 FSSCIDRP-UB04-FILLER-F25(9)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4315	4318	20 FSSCIDRP-PROC-FLAG(9)	X(4)	4		
4319	4326	20 FSSCIDRP-PROC-DT-CYMD(9)	GROUP	8		
4319	4320	25 FSSCIDRP-PROC-DT-CC(9)	99	2		
4321	4326	25 FSSCIDRP-PROC-DT(9)	GROUP	6		
4321	4322	30 FSSCIDRP-PROC-YR(9)	99	2		
4323	4324	30 FSSCIDRP-PROC-MO(9)	99	2		
4325	4326	30 FSSCIDRP-PROC-DY(9)	99	2		
4327	4346	15 FSSCIDRP-PROC-CODES-DATES(10)	GROUP	20		
4327	4334	20 FSSCIDRP-PROC-CD-DATA(10)	GROUP	8		
4327	4333	25 FSSCIDRP-PROC-CD(10)	X(7)	7		
4334	4334	25 FSSCIDRP-UB04-FILLER-F25(10)	X	1		
4335	4338	20 FSSCIDRP-PROC-FLAG(10)	X(4)	4		
4339	4346	20 FSSCIDRP-PROC-DT-CYMD(10)	GROUP	8		
4339	4340	25 FSSCIDRP-PROC-DT-CC(10)	99	2		
4341	4346	25 FSSCIDRP-PROC-DT(10)	GROUP	6		
4341	4342	30 FSSCIDRP-PROC-YR(10)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4343	4344	30 FSSCIDRP-PROC-MO(10)	99	2		
4345	4346	30 FSSCIDRP-PROC-DY(10)	99	2		
4347	4366	15 FSSCIDRP-PROC-CODES-DATES(11)	GROUP	20		
4347	4354	20 FSSCIDRP-PROC-CD-DATA(11)	GROUP	8		
4347	4353	25 FSSCIDRP-PROC-CD(11)	X(7)	7		
4354	4354	25 FSSCIDRP-UB04-FILLER-F25(11)	X	1		
4355	4358	20 FSSCIDRP-PROC-FLAG(11)	X(4)	4		
4359	4366	20 FSSCIDRP-PROC-DT-CYMD(11)	GROUP	8		
4359	4360	25 FSSCIDRP-PROC-DT-CC(11)	99	2		
4361	4366	25 FSSCIDRP-PROC-DT(11)	GROUP	6		
4361	4362	30 FSSCIDRP-PROC-YR(11)	99	2		
4363	4364	30 FSSCIDRP-PROC-MO(11)	99	2		
4365	4366	30 FSSCIDRP-PROC-DY(11)	99	2		
4367	4386	15 FSSCIDRP-PROC-CODES-DATES(12)	GROUP	20		
4367	4374	20 FSSCIDRP-PROC-CD-DATA(12)	GROUP	8		
4367	4373	25 FSSCIDRP-PROC-CD(12)	X(7)	7		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4374	4374	25 FSSCIDRP-UB04-FILLER-F25(12)	X	1		
4375	4378	20 FSSCIDRP-PROC-FLAG(12)	X(4)	4		
4379	4386	20 FSSCIDRP-PROC-DT-CYMD(12)	GROUP	8		
4379	4380	25 FSSCIDRP-PROC-DT-CC(12)	99	2		
4381	4386	25 FSSCIDRP-PROC-DT(12)	GROUP	6		
4381	4382	30 FSSCIDRP-PROC-YR(12)	99	2		
4383	4384	30 FSSCIDRP-PROC-MO(12)	99	2		
4385	4386	30 FSSCIDRP-PROC-DY(12)	99	2		
4387	4406	15 FSSCIDRP-PROC-CODES-DATES(13)	GROUP	20		
4387	4394	20 FSSCIDRP-PROC-CD-DATA(13)	GROUP	8		
4387	4393	25 FSSCIDRP-PROC-CD(13)	X(7)	7		
4394	4394	25 FSSCIDRP-UB04-FILLER-F25(13)	X	1		
4395	4398	20 FSSCIDRP-PROC-FLAG(13)	X(4)	4		
4399	4406	20 FSSCIDRP-PROC-DT-CYMD(13)	GROUP	8		
4399	4400	25 FSSCIDRP-PROC-DT-CC(13)	99	2		
4401	4406	25 FSSCIDRP-PROC-DT(13)	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4401	4402	30 FSSCIDRP-PROC-YR(13)	99	2		
4403	4404	30 FSSCIDRP-PROC-MO(13)	99	2		
4405	4406	30 FSSCIDRP-PROC-DY(13)	99	2		
4407	4426	15 FSSCIDRP-PROC-CODES-DATES(14)	GROUP	20		
4407	4414	20 FSSCIDRP-PROC-CD-DATA(14)	GROUP	8		
4407	4413	25 FSSCIDRP-PROC-CD(14)	X(7)	7		
4414	4414	25 FSSCIDRP-UB04-FILLER-F25(14)	X	1		
4415	4418	20 FSSCIDRP-PROC-FLAG(14)	X(4)	4		
4419	4426	20 FSSCIDRP-PROC-DT-CYMD(14)	GROUP	8		
4419	4420	25 FSSCIDRP-PROC-DT-CC(14)	99	2		
4421	4426	25 FSSCIDRP-PROC-DT(14)	GROUP	6		
4421	4422	30 FSSCIDRP-PROC-YR(14)	99	2		
4423	4424	30 FSSCIDRP-PROC-MO(14)	99	2		
4425	4426	30 FSSCIDRP-PROC-DY(14)	99	2		
4427	4446	15 FSSCIDRP-PROC-CODES-DATES(15)	GROUP	20		
4427	4434	20 FSSCIDRP-PROC-CD-DATA(15)	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4427	4433	25 FSSCIDRP-PROC-CD(15)	X(7)	7		
4434	4434	25 FSSCIDRP-UB04-FILLER-F25(15)	X	1		
4435	4438	20 FSSCIDRP-PROC-FLAG(15)	X(4)	4		
4439	4446	20 FSSCIDRP-PROC-DT-CYMD(15)	GROUP	8		
4439	4440	25 FSSCIDRP-PROC-DT-CC(15)	99	2		
4441	4446	25 FSSCIDRP-PROC-DT(15)	GROUP	6		
4441	4442	30 FSSCIDRP-PROC-YR(15)	99	2		
4443	4444	30 FSSCIDRP-PROC-MO(15)	99	2		
4445	4446	30 FSSCIDRP-PROC-DY(15)	99	2		
4447	4466	15 FSSCIDRP-PROC-CODES-DATES(16)	GROUP	20		
4447	4454	20 FSSCIDRP-PROC-CD-DATA(16)	GROUP	8		
4447	4453	25 FSSCIDRP-PROC-CD(16)	X(7)	7		
4454	4454	25 FSSCIDRP-UB04-FILLER-F25(16)	X	1		
4455	4458	20 FSSCIDRP-PROC-FLAG(16)	X(4)	4		
4459	4466	20 FSSCIDRP-PROC-DT-CYMD(16)	GROUP	8		
4459	4460	25 FSSCIDRP-PROC-DT-CC(16)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4461	4466	25 FSSCIDRP-PROC-DT(16)	GROUP	6		
4461	4462	30 FSSCIDRP-PROC-YR(16)	99	2		
4463	4464	30 FSSCIDRP-PROC-MO(16)	99	2		
4465	4466	30 FSSCIDRP-PROC-DY(16)	99	2		
4467	4486	15 FSSCIDRP-PROC-CODES-DATES(17)	GROUP	20		
4467	4474	20 FSSCIDRP-PROC-CD-DATA(17)	GROUP	8		
4467	4473	25 FSSCIDRP-PROC-CD(17)	X(7)	7		
4474	4474	25 FSSCIDRP-UB04-FILLER-F25(17)	X	1		
4475	4478	20 FSSCIDRP-PROC-FLAG(17)	X(4)	4		
4479	4486	20 FSSCIDRP-PROC-DT-CYMD(17)	GROUP	8		
4479	4480	25 FSSCIDRP-PROC-DT-CC(17)	99	2		
4481	4486	25 FSSCIDRP-PROC-DT(17)	GROUP	6		
4481	4482	30 FSSCIDRP-PROC-YR(17)	99	2		
4483	4484	30 FSSCIDRP-PROC-MO(17)	99	2		
4485	4486	30 FSSCIDRP-PROC-DY(17)	99	2		
4487	4506	15 FSSCIDRP-PROC-CODES-DATES(18)	GROUP	20		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4487	4494	20 FSSCIDRP-PROC-CD-DATA(18)	GROUP	8		
4487	4493	25 FSSCIDRP-PROC-CD(18)	X(7)	7		
4494	4494	25 FSSCIDRP-UB04-FILLER-F25(18)	X	1		
4495	4498	20 FSSCIDRP-PROC-FLAG(18)	X(4)	4		
4499	4506	20 FSSCIDRP-PROC-DT-CYMD(18)	GROUP	8		
4499	4500	25 FSSCIDRP-PROC-DT-CC(18)	99	2		
4501	4506	25 FSSCIDRP-PROC-DT(18)	GROUP	6		
4501	4502	30 FSSCIDRP-PROC-YR(18)	99	2		
4503	4504	30 FSSCIDRP-PROC-MO(18)	99	2		
4505	4506	30 FSSCIDRP-PROC-DY(18)	99	2		
4507	4526	15 FSSCIDRP-PROC-CODES-DATES(19)	GROUP	20		
4507	4514	20 FSSCIDRP-PROC-CD-DATA(19)	GROUP	8		
4507	4513	25 FSSCIDRP-PROC-CD(19)	X(7)	7		
4514	4514	25 FSSCIDRP-UB04-FILLER-F25(19)	X	1		
4515	4518	20 FSSCIDRP-PROC-FLAG(19)	X(4)	4		
4519	4526	20 FSSCIDRP-PROC-DT-CYMD(19)	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4519	4520	25 FSSCIDRP-PROC-DT-CC(19)	99	2		
4521	4526	25 FSSCIDRP-PROC-DT(19)	GROUP	6		
4521	4522	30 FSSCIDRP-PROC-YR(19)	99	2		
4523	4524	30 FSSCIDRP-PROC-MO(19)	99	2		
4525	4526	30 FSSCIDRP-PROC-DY(19)	99	2		
4527	4546	15 FSSCIDRP-PROC-CODES-DATES(20)	GROUP	20		
4527	4534	20 FSSCIDRP-PROC-CD-DATA(20)	GROUP	8		
4527	4533	25 FSSCIDRP-PROC-CD(20)	X(7)	7		
4534	4534	25 FSSCIDRP-UB04-FILLER-F25(20)	X	1		
4535	4538	20 FSSCIDRP-PROC-FLAG(20)	X(4)	4		
4539	4546	20 FSSCIDRP-PROC-DT-CYMD(20)	GROUP	8		
4539	4540	25 FSSCIDRP-PROC-DT-CC(20)	99	2		
4541	4546	25 FSSCIDRP-PROC-DT(20)	GROUP	6		
4541	4542	30 FSSCIDRP-PROC-YR(20)	99	2		
4543	4544	30 FSSCIDRP-PROC-MO(20)	99	2		
4545	4546	30 FSSCIDRP-PROC-DY(20)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4547	4566	15 FSSCIDRP-PROC-CODES-DATES(21)	GROUP	20		
4547	4554	20 FSSCIDRP-PROC-CD-DATA(21)	GROUP	8		
4547	4553	25 FSSCIDRP-PROC-CD(21)	X(7)	7		
4554	4554	25 FSSCIDRP-UB04-FILLER-F25(21)	X	1		
4555	4558	20 FSSCIDRP-PROC-FLAG(21)	X(4)	4		
4559	4566	20 FSSCIDRP-PROC-DT-CYMD(21)	GROUP	8		
4559	4560	25 FSSCIDRP-PROC-DT-CC(21)	99	2		
4561	4566	25 FSSCIDRP-PROC-DT(21)	GROUP	6		
4561	4562	30 FSSCIDRP-PROC-YR(21)	99	2		
4563	4564	30 FSSCIDRP-PROC-MO(21)	99	2		
4565	4566	30 FSSCIDRP-PROC-DY(21)	99	2		
4567	4586	15 FSSCIDRP-PROC-CODES-DATES(22)	GROUP	20		
4567	4574	20 FSSCIDRP-PROC-CD-DATA(22)	GROUP	8		
4567	4573	25 FSSCIDRP-PROC-CD(22)	X(7)	7		
4574	4574	25 FSSCIDRP-UB04-FILLER-F25(22)	X	1		
4575	4578	20 FSSCIDRP-PROC-FLAG(22)	X(4)	4		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4579	4586	20 FSSCIDRP-PROC-DT-CYMD(22)	GROUP	8		
4579	4580	25 FSSCIDRP-PROC-DT-CC(22)	99	2		
4581	4586	25 FSSCIDRP-PROC-DT(22)	GROUP	6		
4581	4582	30 FSSCIDRP-PROC-YR(22)	99	2		
4583	4584	30 FSSCIDRP-PROC-MO(22)	99	2		
4585	4586	30 FSSCIDRP-PROC-DY(22)	99	2		
4587	4606	15 FSSCIDRP-PROC-CODES-DATES(23)	GROUP	20		
4587	4594	20 FSSCIDRP-PROC-CD-DATA(23)	GROUP	8		
4587	4593	25 FSSCIDRP-PROC-CD(23)	X(7)	7		
4594	4594	25 FSSCIDRP-UB04-FILLER-F25(23)	X	1		
4595	4598	20 FSSCIDRP-PROC-FLAG(23)	X(4)	4		
4599	4606	20 FSSCIDRP-PROC-DT-CYMD(23)	GROUP	8		
4599	4600	25 FSSCIDRP-PROC-DT-CC(23)	99	2		
4601	4606	25 FSSCIDRP-PROC-DT(23)	GROUP	6		
4601	4602	30 FSSCIDRP-PROC-YR(23)	99	2		
4603	4604	30 FSSCIDRP-PROC-MO(23)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4605	4606	30 FSSCIDRP-PROC-DY(23)	99	2		
4607	4626	15 FSSCIDRP-PROC-CODES-DATES(24)	GROUP	20		
4607	4614	20 FSSCIDRP-PROC-CD-DATA(24)	GROUP	8		
4607	4613	25 FSSCIDRP-PROC-CD(24)	X(7)	7		
4614	4614	25 FSSCIDRP-UB04-FILLER-F25(24)	X	1		
4615	4618	20 FSSCIDRP-PROC-FLAG(24)	X(4)	4		
4619	4626	20 FSSCIDRP-PROC-DT-CYMD(24)	GROUP	8		
4619	4620	25 FSSCIDRP-PROC-DT-CC(24)	99	2		
4621	4626	25 FSSCIDRP-PROC-DT(24)	GROUP	6		
4621	4622	30 FSSCIDRP-PROC-YR(24)	99	2		
4623	4624	30 FSSCIDRP-PROC-MO(24)	99	2		
4625	4626	30 FSSCIDRP-PROC-DY(24)	99	2		
4627	4646	15 FSSCIDRP-PROC-CODES-DATES(25)	GROUP	20		
4627	4634	20 FSSCIDRP-PROC-CD-DATA(25)	GROUP	8		
4627	4633	25 FSSCIDRP-PROC-CD(25)	X(7)	7		
4634	4634	25 FSSCIDRP-UB04-FILLER-F25(25)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4635	4638	20 FSSCIDRP-PROC-FLAG(25)	X(4)	4		
4639	4646	20 FSSCIDRP-PROC-DT-CYMD(25)	GROUP	8		
4639	4640	25 FSSCIDRP-PROC-DT-CC(25)	99	2		
4641	4646	25 FSSCIDRP-PROC-DT(25)	GROUP	6		
4641	4642	30 FSSCIDRP-PROC-YR(25)	99	2		
4643	4644	30 FSSCIDRP-PROC-MO(25)	99	2		
4645	4646	30 FSSCIDRP-PROC-DY(25)	99	2		
4647	4836	10 FSSCIDRP-OCCUR-SPAN-CD-TABLE	GROUP	190	1,2	Occurrence Span table
4647	4665	15 FSSCIDRP-OCCUR-SPAN-CD-DT(1)	GROUP	19	1,2	Occurrence Span table
		OCCURS 10 TIMES				
4647	4648	20 FSSCIDRP-OCCUR-SPAN-CD(1)	XX	2	1,2	Occurrence Span Codes identify events that relate to the payment of the claim.
4649	4649	20 FSSCIDRP-UB04-FILLER-F26(1)	X	1	N/A	Filler for future use
4650	4657	20 FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD(1)	GROUP	8	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4650	4651	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment

Start	End	Field Level/Name	Picture	Length	Phase	Description
						of the claim.
4652	4657	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(1)	GROUP	6	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4652	4653	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4654	4655	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4656	4657	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4658	4665	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(1)	GROUP	8	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4658	4659	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment

Start	End	Field Level/Name	Picture	Length	Phase	Description
						of the claim.
4660	4665	25 FSSCIDRP-OCCUR-SPAN-TO-DT(1)	GROUP	6	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4660	4661	30 FSSCIDRP-OCCUR-SPAN-TO-YR(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4662	4663	30 FSSCIDRP-OCCUR-SPAN-TO-MO(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4664	4665	30 FSSCIDRP-OCCUR-SPAN-TO-DY(1)	99	2	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4666	4684	15 FSSCIDRP-OCCUR-SPAN-CD-DT(2)	GROUP	19	1,2	Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim.
4666	4667	20 FSSCIDRP-OCCUR-SPAN-CD(2)	XX	2		
4668	4668	20 FSSCIDRP-UB04-FILLER-F26(2)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4669	4676	20 FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD(2)	GROUP	8		
4669	4670	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(2)	99	2		
4671	4676	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(2)	GROUP	6		
4671	4672	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(2)	99	2		
4673	4674	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(2)	99	2		
4675	4676	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(2)	99	2		
4677	4684	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(2)	GROUP	8		
4677	4678	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(2)	99	2		
4679	4684	25 FSSCIDRP-OCCUR-SPAN-TO-DT(2)	GROUP	6		
4679	4680	30 FSSCIDRP-OCCUR-SPAN-TO-YR(2)	99	2		
4681	4682	30 FSSCIDRP-OCCUR-SPAN-TO-MO(2)	99	2		
4683	4684	30 FSSCIDRP-OCCUR-SPAN-TO-DY(2)	99	2		
4685	4703	15 FSSCIDRP-OCCUR-SPAN-CD-DT(3)	GROUP	19		
4685	4686	20 FSSCIDRP-OCCUR-SPAN-CD(3)	XX	2		
4687	4687	20 FSSCIDRP-UB04-FILLER-F26(3)	X	1		
4688	4695	20 FSSCIDRP-OCUR-	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		SPAN-FRM-DT-CYMD(3)				
4688	4689	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(3)	99	2		
4690	4695	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(3)	GROUP	6		
4690	4691	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(3)	99	2		
4692	4693	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(3)	99	2		
4694	4695	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(3)	99	2		
4696	4703	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(3)	GROUP	8		
4696	4697	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(3)	99	2		
4698	4703	25 FSSCIDRP-OCCUR-SPAN-TO-DT(3)	GROUP	6		
4698	4699	30 FSSCIDRP-OCCUR-SPAN-TO-YR(3)	99	2		
4700	4701	30 FSSCIDRP-OCCUR-SPAN-TO-MO(3)	99	2		
4702	4703	30 FSSCIDRP-OCCUR-SPAN-TO-DY(3)	99	2		
4704	4722	15 FSSCIDRP-OCCUR-SPAN-CD-DT(4)	GROUP	19		
4704	4705	20 FSSCIDRP-OCCUR-SPAN-CD(4)	XX	2		
4706	4706	20 FSSCIDRP-UB04-FILLER-F26(4)	X	1		
4707	4714	20 FSSCIDRP-OCUR-SPAN-FRM-DT-	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CYMD(4)				
4707	4708	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(4)	99	2		
4709	4714	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(4)	GROUP	6		
4709	4710	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(4)	99	2		
4711	4712	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(4)	99	2		
4713	4714	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(4)	99	2		
4715	4722	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(4)	GROUP	8		
4715	4716	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(4)	99	2		
4717	4722	25 FSSCIDRP-OCCUR-SPAN-TO-DT(4)	GROUP	6		
4717	4718	30 FSSCIDRP-OCCUR-SPAN-TO-YR(4)	99	2		
4719	4720	30 FSSCIDRP-OCCUR-SPAN-TO-MO(4)	99	2		
4721	4722	30 FSSCIDRP-OCCUR-SPAN-TO-DY(4)	99	2		
4723	4741	15 FSSCIDRP-OCCUR-SPAN-CD-DT(5)	GROUP	19		
4723	4724	20 FSSCIDRP-OCCUR-SPAN-CD(5)	XX	2		
4725	4725	20 FSSCIDRP-UB04-FILLER-F26(5)	X	1		
4726	4733	20 FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD(5)	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4726	4727	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(5)	99	2		
4728	4733	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(5)	GROUP	6		
4728	4729	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(5)	99	2		
4730	4731	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(5)	99	2		
4732	4733	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(5)	99	2		
4734	4741	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(5)	GROUP	8		
4734	4735	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(5)	99	2		
4736	4741	25 FSSCIDRP-OCCUR-SPAN-TO-DT(5)	GROUP	6		
4736	4737	30 FSSCIDRP-OCCUR-SPAN-TO-YR(5)	99	2		
4738	4739	30 FSSCIDRP-OCCUR-SPAN-TO-MO(5)	99	2		
4740	4741	30 FSSCIDRP-OCCUR-SPAN-TO-DY(5)	99	2		
4742	4760	15 FSSCIDRP-OCCUR-SPAN-CD-DT(6)	GROUP	19		
4742	4743	20 FSSCIDRP-OCCUR-SPAN-CD(6)	XX	2		
4744	4744	20 FSSCIDRP-UB04-FILLER-F26(6)	X	1		
4745	4752	20 FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD(6)	GROUP	8		
4745	4746	25 FSSCIDRP-OCCUR-	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		SPAN-FROM-DT-CC(6)				
4747	4752	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(6)	GROUP	6		
4747	4748	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(6)	99	2		
4749	4750	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(6)	99	2		
4751	4752	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(6)	99	2		
4753	4760	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(6)	GROUP	8		
4753	4754	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(6)	99	2		
4755	4760	25 FSSCIDRP-OCCUR-SPAN-TO-DT(6)	GROUP	6		
4755	4756	30 FSSCIDRP-OCCUR-SPAN-TO-YR(6)	99	2		
4757	4758	30 FSSCIDRP-OCCUR-SPAN-TO-MO(6)	99	2		
4759	4760	30 FSSCIDRP-OCCUR-SPAN-TO-DY(6)	99	2		
4761	4779	15 FSSCIDRP-OCCUR-SPAN-CD-DT(7)	GROUP	19		
4761	4762	20 FSSCIDRP-OCCUR-SPAN-CD(7)	XX	2		
4763	4763	20 FSSCIDRP-UB04-FILLER-F26(7)	X	1		
4764	4771	20 FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD(7)	GROUP	8		
4764	4765	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(7)	99	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
4766	4771	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(7)	GROUP	6		
4766	4767	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(7)	99	2		
4768	4769	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(7)	99	2		
4770	4771	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(7)	99	2		
4772	4779	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(7)	GROUP	8		
4772	4773	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(7)	99	2		
4774	4779	25 FSSCIDRP-OCCUR-SPAN-TO-DT(7)	GROUP	6		
4774	4775	30 FSSCIDRP-OCCUR-SPAN-TO-YR(7)	99	2		
4776	4777	30 FSSCIDRP-OCCUR-SPAN-TO-MO(7)	99	2		
4778	4779	30 FSSCIDRP-OCCUR-SPAN-TO-DY(7)	99	2		
4780	4798	15 FSSCIDRP-OCCUR-SPAN-CD-DT(8)	GROUP	19		
4780	4781	20 FSSCIDRP-OCCUR-SPAN-CD(8)	XX	2		
4782	4782	20 FSSCIDRP-UB04-FILLER-F26(8)	X	1		
4783	4790	20 FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD(8)	GROUP	8		
4783	4784	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(8)	99	2		
4785	4790	25 FSSCIDRP-OCCUR-	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		SPAN-FROM-DT(8)				
4785	4786	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(8)	99	2		
4787	4788	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(8)	99	2		
4789	4790	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(8)	99	2		
4791	4798	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(8)	GROUP	8		
4791	4792	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(8)	99	2		
4793	4798	25 FSSCIDRP-OCCUR-SPAN-TO-DT(8)	GROUP	6		
4793	4794	30 FSSCIDRP-OCCUR-SPAN-TO-YR(8)	99	2		
4795	4796	30 FSSCIDRP-OCCUR-SPAN-TO-MO(8)	99	2		
4797	4798	30 FSSCIDRP-OCCUR-SPAN-TO-DY(8)	99	2		
4799	4817	15 FSSCIDRP-OCCUR-SPAN-CD-DT(9)	GROUP	19		
4799	4800	20 FSSCIDRP-OCCUR-SPAN-CD(9)	XX	2		
4801	4801	20 FSSCIDRP-UB04-FILLER-F26(9)	X	1		
4802	4809	20 FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD(9)	GROUP	8		
4802	4803	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(9)	99	2		
4804	4809	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(9)	GROUP	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		30 FSSCIDRP-OCCUR-SPAN-FROM-YR(9)			
4804	4805	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(9)	99	2		
		30 FSSCIDRP-OCCUR-SPAN-FROM-MO(9)			
4806	4807	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(9)	99	2		
		30 FSSCIDRP-OCCUR-SPAN-FROM-DY(9)			
4808	4809	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(9)	99	2		
4810	4817	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(9)	GROUP	8		
4810	4811	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(9)	99	2		
4812	4817	25 FSSCIDRP-OCCUR-SPAN-TO-DT(9)	GROUP	6		
4812	4813	30 FSSCIDRP-OCCUR-SPAN-TO-YR(9)	99	2		
4814	4815	30 FSSCIDRP-OCCUR-SPAN-TO-MO(9)	99	2		
4816	4817	30 FSSCIDRP-OCCUR-SPAN-TO-DY(9)	99	2		
4818	4836	15 FSSCIDRP-OCCUR-SPAN-CD-DT(10)	GROUP	19		
4818	4819	20 FSSCIDRP-OCCUR-SPAN-CD(10)	XX	2		
4820	4820	20 FSSCIDRP-UB04-FILLER-F26(10)	X	1		
4821	4828	20 FSSCIDRP-OCUR-SPAN-FRM-DT-	GROUP	8		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CYMD(10)				
4821	4822	25 FSSCIDRP-OCCUR-SPAN-FROM-DT-CC(10)	99	2		
4823	4828	25 FSSCIDRP-OCCUR-SPAN-FROM-DT(10)	GROUP	6		
4823	4824	30 FSSCIDRP-OCCUR-SPAN-FROM-YR(10)	99	2		
4825	4826	30 FSSCIDRP-OCCUR-SPAN-FROM-MO(10)	99	2		
4827	4828	30 FSSCIDRP-OCCUR-SPAN-FROM-DY(10)	99	2		
4829	4836	20 FSSCIDRP-OCCUR-SPAN-TO-DT-CYMD(10)	GROUP	8		
4829	4830	25 FSSCIDRP-OCCUR-SPAN-TO-DT-CC(10)	99	2		
4831	4836	25 FSSCIDRP-OCCUR-SPAN-TO-DT(10)	GROUP	6		
4831	4832	30 FSSCIDRP-OCCUR-SPAN-TO-YR(10)	99	2		
4833	4834	30 FSSCIDRP-OCCUR-SPAN-TO-MO(10)	99	2		
4835	4836	30 FSSCIDRP-OCCUR-SPAN-TO-DY(10)	99	2		
4837	4866	10 FSSCIDRP-ANSI-DATA	GROUP	30	2	
4837	4839	15 FSSCIDRP-ADJ-CODE	XXX	3	2	Adjustment Reason Codes - This field identifies the FISS reason code related ANSI reason code.
4840	4841	15 FSSCIDRP-GROUP-CODE	XX	2	2	identifies the ANSI group codes
4842	4846	15 FSSCIDRP-ANSI-	GROUP	5	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		APPEAL-CODES(1)				
		OCCURS 5 TIMES				
4842	4846	20 FSSCIDRP-APPEAL-CODE(1)	X(5)	5	2	identifies the claim level ANSI appeal codes
4847	4851	15 FSSCIDRP-ANSI-APPEAL-CODES(2)	GROUP	5		
4847	4851	20 FSSCIDRP-APPEAL-CODE(2)	X(5)	5		
4852	4856	15 FSSCIDRP-ANSI-APPEAL-CODES(3)	GROUP	5		
4852	4856	20 FSSCIDRP-APPEAL-CODE(3)	X(5)	5		
4857	4861	15 FSSCIDRP-ANSI-APPEAL-CODES(4)	GROUP	5		
4857	4861	20 FSSCIDRP-APPEAL-CODE(4)	X(5)	5		
4862	4866	15 FSSCIDRP-ANSI-APPEAL-CODES(5)	GROUP	5		
4862	4866	20 FSSCIDRP-APPEAL-CODE(5)	X(5)	5		
4867	4867	10 FSSCIDRP-INFLUENZA-HCPC-IND	X	1	2	Indicator used to determine types of HCPCs appearing on the claim. This indicator will be used in producing MSNs. Value Description H Hepatitis B HCPC on claim (only one). P At least 1 Hepatitis HCPC and 1 other HCPC. Y influenza HCPC on claim.
4868	4870	10 FSSCIDRP-OTHER-THERAPIES	GROUP	3	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim.
4868	4868	15 FSSCIDRP-THPY-PS-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and

Start	End	Field Level/Name	Picture	Length	Phase	Description
						attached to a claim.
4869	4869	15 FSSCIDRP-THPY-SN-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim.
4870	4870	15 FSSCIDRP-THPY-MS-IND	X	1	2	Attachment records are additional required documents that are submitted by the provider and attached to a claim.
4871	4872	10 FSSCIDRP-CWF-MSP-CD	XX	2	2	This field identifies the applicable MSP value code for the CWF MSP error returned on the claim. This value code is only present if an MSP error (U6803) is received from CWF.
4873	4874	10 FSSCIDRP-RUG-PROV-DATA	GROUP	2	2	RUG Indicator/Phase - This field identifies whether the provider on this claim is taking part in the SNF RUG demonstration. It also identifies the phase of the SNF RUG demonstration in which the provider is involved. Value Description blank Provider is not taking part in the SNF RUG demonstration. Y1 Provider is a RUG provider in Phase 1. Y2 Provider is a RUG provider in Phase 2. Y3 Provider is a RUG provider in Phase 3.
4873	4873	15 FSSCIDRP-RUG-PROV-IND	X	1	2	The first character of the SNF RUG Demo field,
4874	4874	15 FSSCIDRP-RUG-PROV-PHASE	X	1	2	The second character of the SNF RUG Demo field
4875	4875	10 FSSCIDRP-LCC-MSP-IND	X	1	2	Denotes if claim is subject to PSR review Value Description blank Not subject to PSR review. M MSP claim subject to PSR review

Start	End	Field Level/Name	Picture	Length	Phase	Description
4876	4876	10 FSSCIDRP-PPS- DEMO-IND	X	1	2	Identifies if the provider is participating in the Prospective Payment System Demonstration. Value Description D Adult daycare. E Treatment group provider (lump sum payment). K Controlled group (proportionate payment). L Low vision P Lab T Frequent Hemo dialysis Not participating in demonstration.
4877	4877	10 FSSCIDRP-LEWIN- IND	X	1	2	This field is not currently used in the system
4878	4881	10 FSSCIDRP-ASC-RTC	X(4)	4	2	identifies the claim level ASC return code from ASC Pricer
4882	4890	10 FSSCIDRP-EMC- RT30-PAYER-ID(1)	GROUP	9	2	Payer ID table
		OCCURS 3 TIMES				
4882	4890	15 FSSCIDRP-RT30- PAYER-ID(1)	X(9)	9	2	identifies record type 30 payer id on a EMC file
4891	4899	10 FSSCIDRP-EMC- RT30-PAYER-ID(2)	GROUP	9	2	
4891	4899	15 FSSCIDRP-RT30- PAYER-ID(2)	X(9)	9	2	
4900	4908	10 FSSCIDRP-EMC- RT30-PAYER-ID(3)	GROUP	9	2	
4900	4908	15 FSSCIDRP-RT30- PAYER-ID(3)	X(9)	9	2	
4909	4911	10 FSSCIDRP-DEMO- CD	GROUP	3	1	Identifies the demonstration in which the beneficiary is participating.

Start	End	Field Level/Name	Picture	Length	Phase	Description
4909	4910	15 FSSCIDRP-DEMO- NUM	XX	2	1	Identifies the demonstration in which the beneficiary is participating. Value Description 01 RUGS. 02 HHA. 03 Telemedicine. 04 UMWA. 06 CABG. 07 Centers of Excellence. 08 Per-case payment. 09 Choices. 15 ESRD Managed Care. 30 Lung. 31 Veterans Administration. 37 Medicare Coordinated Care Demo Claim (MCCD).
4911	4911	15 FSSCIDRP-DEMO- FLAG	X	1	1	Identifies the demonstration in which the beneficiary is participating. Value Description D Home Health Daycare E ESRD H Home Health Homebound L Low Vision Rehabilitation P Plan Submitted Encounter Data T Trial 49 V Veterans Administration (VA) Y Choices
4912	4912	10 FSSCIDRP-MAF- DEMO-IND	X	1	1	This field is currently not used
4913	4914	10 FSSCIDRP-BENE- SAVINGS-DATA	GROUP	2	2	
4913	4913	15 FSSCIDRP-BSVS-	X	1	2	Benefit Savings force code

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FORCE-CODE				
4914	4914	15 FSSCIDRP-BSVS-PROV-WAIVER-IND	X	1	2	Identifies whether the provider has their presumptive waiver status. Value Description N The provider does not have their waiver status. Y The provider does have their waiver status.
4915	4915	10 FSSCIDRP-ERROR-CLAIM-IND	X	1	2	This field is no longer used by FISS.
4916	4916	10 FSSCIDRP-REV-WAIVER-IND	X	1	2	identifies if the provider uses the Maryland Waiver of Reimbursement
4917	4919	10 FSSCIDRP-CROSSOVER-PLANCODE	XXX	3	2	This field is not used in FISS.
4920	4920	10 FSSCIDRP-CROSSOVER-IND	X	1	2	Identifies the Medicare Payer on the claim for payment evaluation of claims crossed over to another insurer to coordinate benefits. Value Description 1 Primary. 2 Secondary. 3 Tertiary.
4921	4921	10 FSSCIDRP-ALT-PAY-SCHED-IND	X	1	2	Identifies whether providers are paid on the alternate pay schedule. Value Description blank Use the primary pay schedule. N Use the primary pay schedule. Y Use the Alternate pay schedule.
4922	4937	10 FSSCIDRP-ATTEND-PHYS-ID	X(16)	16	1	identifies the physician identification number or the UPIN number and the name of the licensed physician
4922	4937	10 FSSCIDRP-ATTEND-PHYS-UPIN	GROUP	16	1	
		REDEFINES				

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FSSCIDRP-ATTEND-PHYS-ID				
4922	4927	15 FSSCIDRP-ATTEND-PHYS-UPIN- NUM	X(6)	6	1	Identifies the physician identification number or the UPIN number.
4928	4937	15 FSSCIDRP-ATTEND-PHYS-NPI- NUM	9(10)	10	1	identifies the National Provider Identifier number
4938	4939	10 FSSCIDRP-UB04- FILLER-F27	XX	2	N/A	Filler for future use
4940	4948	10 FSSCIDRP-UB04- FILLER-F28	X(9)	9	N/A	Filler for future use
4949	4978	10 FSSCIDRP-ATTEND-PHYS-NAME	GROUP	30	1	Name of the attending physician
4949	4965	15 FSSCIDRP-ATTEND-PHYS- LNAME	X(17)	17	1	Last name of the attending physician
4966	4973	15 FSSCIDRP-ATTEND-PHYS- FNAME	X(8)	8	1	First name of the attending physician
4974	4977	15 FSSCIDRP-UB04- FILLER-F29	X(4)	4	N/A	Filler for future use
4978	4978	15 FSSCIDRP-ATTEND-PHYS-MINT	X	1	1	Middle Initial of the attending physician
4979	4979	10 FSSCIDRP-ATTEND-PHYS-FLAG	X	1	2	will be populated with a N if there is no physician ID present
4980	4995	10 FSSCIDRP-OPERATING-PHYS-ID	X(16)	16	1	identifies the name and/or number of the operating licensed physician
4980	4995	10 FSSCIDRP-OPERATING-PHYS- UPIN	GROUP	16	1	identifies the physician identification number or the UPIN number of the operating licensed physician
		REDEFINES				

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FSSCIDRP-OPERATING-PHYS-ID				
4980	4985	15 FSSCIDRP-OPER-PHYS-UPIN-NUM	X(6)	6	1	identifies the physician identification number or the UPIN number of the operating licensed physician
4986	4995	15 FSSCIDRP-OPER-PHYS-NPI-NUM	9(10)	10	1	identifies the National Provider Identifier number
4996	4997	10 FSSCIDRP-UB04-FILLER-F30	XX	2	N/A	Filler for future use
4998	5006	10 FSSCIDRP-UB04-FILLER-F31	X(9)	9	N/A	Filler for future use
5007	5036	10 FSSCIDRP-OPER-PHYS-NAME	GROUP	30	1	Name of the operating physician
5007	5023	15 FSSCIDRP-OPER-PHYS-LNAME	X(17)	17	1	Last name of the operating physician
5024	5031	15 FSSCIDRP-OPER-PHYS-FNAME	X(8)	8	1	First name of the operating physician
5032	5035	15 FSSCIDRP-UB04-FILLER-F32	X(4)	4	N/A	Filler for future use
5036	5036	15 FSSCIDRP-OPER-PHYS-MINT	X	1	1	Middle Initial of the operating physician
5037	5037	10 FSSCIDRP-OPER-PHYS-FLAG	X	1	2	will be populated with a N if there is no physician ID present
5038	5053	10 FSSCIDRP-OTH-PHYS-ID	X(16)	16	1	identifies the name and/or number of the Assisting Licensed Physician
5038	5053	10 FSSCIDRP-OTH-PHYS-UPIN	GROUP	16	1	identifies the physician identification number or the UPIN number of the assisting licensed physician
		REDEFINES FSSCIDRP-OTH-PHYS-ID				
5038	5043	15 FSSCIDRP-OTH-PHYS-UPIN-NUM	X(6)	6	1	identifies the physician identification number or the UPIN number of the assisting licensed physician
5044	5053	15 FSSCIDRP-OTH-	9(10)	10	1	identifies the National Provider Identifier number

Start	End	Field Level/Name	Picture	Length	Phase	Description
		PHYS-NPI-NUM				
5054	5055	10 FSSCIDRP-UB04-FILLER-F33	XX	2	N/A	Filler for future use
5056	5064	10 FSSCIDRP-UB04-FILLER-F34	X(9)	9	N/A	Filler for future use
5065	5094	10 FSSCIDRP-OTH-PHYS-NAME	GROUP	30	1	Name of the assisting physician
5065	5081	15 FSSCIDRP-OTH-PHYS-LNAME	X(17)	17	1	Last name of the assisting physician
5082	5089	15 FSSCIDRP-OTH-PHYS-FNAME	X(8)	8	1	First name of the assisting physician
5090	5093	15 FSSCIDRP-UB04-FILLER-F35	X(4)	4	N/A	Filler for future use
5094	5094	15 FSSCIDRP-OTH-PHYS-MINT	X	1	1	Middle Initial of the assisting physician
5095	5095	10 FSSCIDRP-OTH-PHYS-FLAG	X	1	2	will be populated with a N if there is no physician ID present
5096	5111	10 FSSCIDRP-OT2-PHYS-ID	X(16)	16	N/A	Reserved for future use
5096	5111	10 FSSCIDRP-OT2-PHYS-UPIN	GROUP	16	N/A	Reserved for future use
		REDEFINES FSSCIDRP-OT2-PHYS-ID			N/A	Reserved for future use
5096	5101	15 FSSCIDRP-OT2-PHYS-NO	X(6)	6	N/A	Reserved for future use
5102	5111	15 FSSCIDRP-OT2-NPI-NUM	9(10)	10	N/A	Reserved for future use
5112	5113	10 FSSCIDRP-UB04-FILLER-F36	XX	2	N/A	Reserved for future use
5114	5122	10 FSSCIDRP-UB04-FILLER-F37	X(9)	9	N/A	Reserved for future use

Start	End	Field Level/Name	Picture	Length	Phase	Description
5123	5152	10 FSSCIDRP-OT2-PHYS-NAME	GROUP	30	N/A	Reserved for future use
5123	5139	15 FSSCIDRP-OT2-PHYS-LNAME	X(17)	17	N/A	Reserved for future use
5140	5147	15 FSSCIDRP-OT2-PHYS-FNAME	X(8)	8	N/A	Reserved for future use
5148	5151	15 FSSCIDRP-UB04-FILLER-F38	X(4)	4	N/A	Reserved for future use
5152	5152	15 FSSCIDRP-OT2-PHYS-MINIT	X	1	N/A	Reserved for future use
5153	5153	10 FSSCIDRP-OT2-PHYS-FLAG	X	1	N/A	Reserved for future use
5154	5154	10 FSSCIDRP-PAT-FILED-BILL-CODE	X	1	2	identifies the patient filed bill code and is used for emergency claims Value Description E Patient filled
5155	5158	10 FSSCIDRP-EXT-INJURY-FLAG	X(4)	4	2	internal system flag which is used for determining an external injury
5159	5166	10 FSSCIDRP-EXT-INJURY-DIAGNOSIS	GROUP	8	1	the ICD-9-CM code for the external cause of an injury, poisoning, or adverse effect
5159	5164	15 FSSCIDRP-EXT-INJURY-DIAG-CODE	X(6)	6	1	the ICD-9-CM code for the external cause of an injury, poisoning, or adverse effect
5165	5165	15 FSSCIDRP-ICD10-FILLER-F3	X	1	N/A	Filler for future use
5166	5166	15 FSSCIDRP-ICD10-FILLER-F4	X	1	N/A	Filler for future use
5167	5254	10 FSSCIDRP-UB04-FILLER-F39	X(88)	88	N/A	Filler for future use
5255	5255	10 FSSCIDRP-OLD-BSVS-IND	X	1	2	identifies the Pre-CELIP BSVS-IND
5256	5265	10 FSSCIDRP-CONTR-CLAIM-FIELDS	GROUP	10	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
5256	5260	15 FSSCIDRP-CONTR-CLM-REASON	X(5)	5	N/A	not currently being used for claims processing
5261	5265	15 FSSCIDRP-CONTR-CLM-ANSI-INFO	GROUP	5	2	identifies the claim level ANSI codes for the contractual amount
5261	5265	20 FSSCIDRP-CONTR-CLM-ANSI-GROUPS	GROUP	5	2	identifies the claim level ANSI codes for the contractual amount
5261	5262	25 FSSCIDRP-CONTR-CLM-ANSI-GRP	XX	2	2	identifies the claim level ANSI codes for the contractual amount
5263	5265	25 FSSCIDRP-CONTR-CLM-ANSI-RSN	XXX	3	2	identifies the claim level ANSI codes for the contractual amount
5266	5270	10 FSSCIDRP-REIMB-PAT-ANSI-INFO	GROUP	5	2	Beneficiary reimbursement ANSI codes
5266	5270	15 FSSCIDRP-REIMB-PAT-ANSI-GROUPS	GROUP	5	2	Beneficiary reimbursement ANSI codes
5266	5267	20 FSSCIDRP-REIMB-PAT-ANSI-GRP	XX	2	2	Beneficiary reimbursement ANSI group code
5268	5270	20 FSSCIDRP-REIMB-PAT-ANSI-RSN	XXX	3	2	Beneficiary reimbursement ANSI reason code
5271	5332	10 FSSCIDRP-FIXED-FUTURE2	X(62)	62	N/A	Filler for future use
5333	5400	10 FSSCIDRP-EMC-REC21-EMPLYR-INFX(1)	GROUP	68	N/A	EMC record 21 (non-insured employment information)
		OCCURS 4 TIMES			N/A	
5333	5356	15 FSSCIDRP-EMC-R21-EMPLYR-NAME(1)	X(24)	24	N/A	Identifies the employer name on EMC file record 21 (Noninsured Employment Information).
5357	5374	15 FSSCIDRP-EMC-R21-EMPLYR-ADDR(1)	X(18)	18	N/A	identifies the employer address
5375	5389	15 FSSCIDRP-EMC-R21-EMPLYR-CITY(1)	X(15)	15	N/A	identifies the employer city
5390	5391	15 FSSCIDRP-EMC-	XX	2	N/A	identifies the employer state

Start	End	Field Level/Name	Picture	Length	Phase	Description
		R21-EMPLYR-STATE(1)				
5392	5400	15 FSSCIDRP-EMC-R21-EMPLYR-ZIP(1)	X(9)	9	N/A	identifies the employer zip code
5401	5468	10 FSSCIDRP-EMC-REC21-EMPLYR-INFX(2)	GROUP	68		
5401	5424	15 FSSCIDRP-EMC-R21-EMPLYR-NAME(2)	X(24)	24		
5425	5442	15 FSSCIDRP-EMC-R21-EMPLYR-ADDR(2)	X(18)	18		
5443	5457	15 FSSCIDRP-EMC-R21-EMPLYR-CITY(2)	X(15)	15		
5458	5459	15 FSSCIDRP-EMC-R21-EMPLYR-STATE(2)	XX	2		
5460	5468	15 FSSCIDRP-EMC-R21-EMPLYR-ZIP(2)	X(9)	9		
5469	5536	10 FSSCIDRP-EMC-REC21-EMPLYR-INFX(3)	GROUP	68		
5469	5492	15 FSSCIDRP-EMC-R21-EMPLYR-NAME(3)	X(24)	24		
5493	5510	15 FSSCIDRP-EMC-R21-EMPLYR-ADDR(3)	X(18)	18		
5511	5525	15 FSSCIDRP-EMC-R21-EMPLYR-CITY(3)	X(15)	15		
5526	5527	15 FSSCIDRP-EMC-R21-EMPLYR-STATE(3)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
5528	5536	15 FSSCIDRP-EMC-R21-EMPLYR-ZIP(3)	X(9)	9		
5537	5604	10 FSSCIDRP-EMC-REC21-EMPLYR-INF(4)	GROUP	68		
5537	5560	15 FSSCIDRP-EMC-R21-EMPLYR-NAME(4)	X(24)	24		
5561	5578	15 FSSCIDRP-EMC-R21-EMPLYR-ADDR(4)	X(18)	18		
5579	5593	15 FSSCIDRP-EMC-R21-EMPLYR-CITY(4)	X(15)	15		
5594	5595	15 FSSCIDRP-EMC-R21-EMPLYR-STATE(4)	XX	2		
5596	5604	15 FSSCIDRP-EMC-R21-EMPLYR-ZIP(4)	X(9)	9		
5605	5772	10 FSSCIDRP-EMC-RECEIVED-REC22(1)	GROUP	168	N/A	EMC record 22 data (unassigned state form locators)
		OCCURS 3 TIMES				
5605	5606	15 FSSCIDRP-EMC-R22-STATE-CODE(1)	XX	2	N/A	Identifies the patients state abbreviation on EMC file record 22 (Unassigned State Form Locators).
5607	5635	15 FSSCIDRP-EMC-R22-FORM-LOC2U(1)	X(29)	29	N/A	This field is used to hold form locator 2 - upper line received via EMC on record type 22
5636	5665	15 FSSCIDRP-EMC-R22-FORM-LOC2L(1)	X(30)	30	N/A	This field is used to hold form locator 2 - lower line received via EMC on record type 22.
5666	5677	15 FSSCIDRP-EMC-R22-FORM-LOC11U(1)	X(12)	12	N/A	This field is used to hold form locator 11 - upper line received via EMC on record type 22
5678	5690	15 FSSCIDRP-EMC-R22-FORM-LOC11L(1)	X(13)	13	N/A	This field is used to hold form locator 11 - lower line received via EMC on record type 22
5691	5703	15 FSSCIDRP-EMC-R22-FORM-LOC56U(1)	X(13)	13	N/A	This field is used to hold form locator 56 - upper line received via EMC on record type 22.

Start	End	Field Level/Name	Picture	Length	Phase	Description
5704	5717	15 FSSCIDRP-EMC-R22-FORM-LOC56L2(1)	X(14)	14	N/A	This field is used to hold form locator 56 - 2nd line received via EMC on record type 22
5718	5731	15 FSSCIDRP-EMC-R22-FORM-LOC56L3(1)	X(14)	14	N/A	This field is used to hold form locator 56 - 3rd line received via EMC on record type 22
5732	5745	15 FSSCIDRP-EMC-R22-FORM-LOC56L4(1)	X(14)	14	N/A	This field is used to hold form locator 56 - 4th line received via EMC on record type 22
5746	5759	15 FSSCIDRP-EMC-R22-FORM-LOC56PL(1)	X(14)	14	N/A	This field is used to hold form locator 56 - patient line received via EMC on record type 22
5760	5761	15 FSSCIDRP-EMC-R22-FORM-LOC78U(1)	XX	2	N/A	This field is used to hold form locator 78 - upper line received via EMC on record type 22
5762	5764	15 FSSCIDRP-EMC-R22-FORM-LOC78L(1)	XXX	3	N/A	This field is used to hold form locator 78 - lower line received via EMC on record type 22
5765	5772	15 FSSCIDRP-EMC-R22-LOCAL-USE(1)	X(8)	8	N/A	This field is intended for local use information on EMC file record 22
5773	5940	10 FSSCIDRP-EMC-RECEIVED-REC22(2)	GROUP	168		
5773	5774	15 FSSCIDRP-EMC-R22-STATE-CODE(2)	XX	2		
5775	5803	15 FSSCIDRP-EMC-R22-FORM-LOC2U(2)	X(29)	29		
5804	5833	15 FSSCIDRP-EMC-R22-FORM-LOC2L(2)	X(30)	30		
5834	5845	15 FSSCIDRP-EMC-R22-FORM-LOC11U(2)	X(12)	12		
5846	5858	15 FSSCIDRP-EMC-R22-FORM-LOC11L(2)	X(13)	13		
5859	5871	15 FSSCIDRP-EMC-R22-FORM-LOC56U(2)	X(13)	13		
5872	5885	15 FSSCIDRP-EMC-R22-FORM-LOC56L2(2)	X(14)	14		
5886	5899	15 FSSCIDRP-EMC-	X(14)	14		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		R22-FORM-LOC56L3(2)				
5900	5913	15 FSSCIDRP-EMC- R22-FORM-LOC56L4(2)	X(14)	14		
5914	5927	15 FSSCIDRP-EMC- R22-FORM- LOC56PL(2)	X(14)	14		
5928	5929	15 FSSCIDRP-EMC- R22-FORM-LOC78U(2)	XX	2		
5930	5932	15 FSSCIDRP-EMC- R22-FORM-LOC78L(2)	XXX	3		
5933	5940	15 FSSCIDRP-EMC- R22-LOCAL-USE(2)	X(8)	8		
5941	6108	10 FSSCIDRP-EMC- RECEIVED-REC22(3)	GROUP	168		
5941	5942	15 FSSCIDRP-EMC- R22-STATE-CODE(3)	XX	2		
5943	5971	15 FSSCIDRP-EMC- R22-FORM-LOC2U(3)	X(29)	29		
5972	6001	15 FSSCIDRP-EMC- R22-FORM-LOC2L(3)	X(30)	30		
6002	6013	15 FSSCIDRP-EMC- R22-FORM-LOC11U(3)	X(12)	12		
6014	6026	15 FSSCIDRP-EMC- R22-FORM-LOC11L(3)	X(13)	13		
6027	6039	15 FSSCIDRP-EMC- R22-FORM-LOC56U(3)	X(13)	13		
6040	6053	15 FSSCIDRP-EMC- R22-FORM-LOC56L2(3)	X(14)	14		
6054	6067	15 FSSCIDRP-EMC- R22-FORM-LOC56L3(3)	X(14)	14		
6068	6081	15 FSSCIDRP-EMC- R22-FORM-LOC56L4(3)	X(14)	14		

Start	End	Field Level/Name	Picture	Length	Phase	Description
6082	6095	15 FSSCIDRP-EMC-R22-FORM-LOC56PL(3)	X(14)	14		
6096	6097	15 FSSCIDRP-EMC-R22-FORM-LOC78U(3)	XX	2		
6098	6100	15 FSSCIDRP-EMC-R22-FORM-LOC78L(3)	XXX	3		
6101	6108	15 FSSCIDRP-EMC-R22-LOCAL-USE(3)	X(8)	8		
6109	6170	10 FSSCIDRP-EMC-REC31-INSURED(1)	GROUP	62	1	EMC file record 31 (third party payer data)
		OCCURS 3 TIMES				
6109	6126	15 FSSCIDRP-EMC-R31-INSURED-ADDR1(1)	X(18)	18	1	This field is line 1 of the insured's address on EMC file record 31 (Third Party Payer Data).
6127	6144	15 FSSCIDRP-EMC-R31-INSURED-ADDR2(1)	X(18)	18	1	This field is line 2 of the insured's address on EMC file record 31 (Third Party Payer Data).
6145	6159	15 FSSCIDRP-EMC-R31-INSURED-CITY(1)	X(15)	15	1	the insured's city on EMC file record 31
6160	6161	15 FSSCIDRP-EMC-R31-INSURED-STATE(1)	XX	2	1	the insured's state on EMC file record 31
6162	6170	15 FSSCIDRP-EMC-R31-INSURED-ZIP(1)	X(9)	9	1	the insured's zip on EMC file record 31
6171	6232	10 FSSCIDRP-EMC-REC31-INSURED(2)	GROUP	62		
6171	6188	15 FSSCIDRP-EMC-R31-INSURED-ADDR1(2)	X(18)	18		
6189	6206	15 FSSCIDRP-EMC-R31-INSURED-	X(18)	18		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		ADDR2(2)				
6207	6221	15 FSSCIDRP-EMC-R31-INSURED-CITY(2)	X(15)	15		
6222	6223	15 FSSCIDRP-EMC-R31-INSURED-STATE(2)	XX	2		
6224	6232	15 FSSCIDRP-EMC-R31-INSURED-ZIP(2)	X(9)	9		
6233	6294	10 FSSCIDRP-EMC-REC31-INSURED(3)	GROUP	62		
6233	6250	15 FSSCIDRP-EMC-R31-INSURED-ADDR1(3)	X(18)	18		
6251	6268	15 FSSCIDRP-EMC-R31-INSURED-ADDR2(3)	X(18)	18		
6269	6283	15 FSSCIDRP-EMC-R31-INSURED-CITY(3)	X(15)	15		
6284	6285	15 FSSCIDRP-EMC-R31-INSURED-STATE(3)	XX	2		
6286	6294	15 FSSCIDRP-EMC-R31-INSURED-ZIP(3)	X(9)	9		
6295	6384	10 FSSCIDRP-MSP-ADDITIONAL-INFO(1)	GROUP	90	1,2	
		OCCURS 2 TIMES				
6295	6326	15 FSSCIDRP-INSURERS-ADDR1(1)	X(32)	32	1,2	this field identifies the street address of the beneficiary's insurer
6327	6358	15 FSSCIDRP-INSURERS-ADDR2(1)	X(32)	32	1,2	this field identifies the second street address line of the beneficiary's insurer and is used to indicate the post office box, apartment number, etc.

Start	End	Field Level/Name	Picture	Length	Phase	Description
6359	6373	15 FSSCIDRP-INSURERS-CITY(1)	X(15)	15	1,2	field identifies insurers city address
6374	6375	15 FSSCIDRP-INSURERS-ST(1)	XX	2	1,2	this field identifies insurers state address abbreviation
6376	6384	15 FSSCIDRP-INSURERS-ZIP(1)	GROUP	9	1,2	the insurers zip code
6376	6380	20 FSSCIDRP-INSURERS-ZIP-5(1)	9(5)	5	1,2	the insurers zip code
6381	6384	20 FSSCIDRP-INSURERS-ZIP-4(1)	9(4)	4	1,2	the insurers zip code
6385	6474	10 FSSCIDRP-MSP-ADDITIONAL-INFO(2)	GROUP	90		
6385	6416	15 FSSCIDRP-INSURERS-ADDR1(2)	X(32)	32		
6417	6448	15 FSSCIDRP-INSURERS-ADDR2(2)	X(32)	32		
6449	6463	15 FSSCIDRP-INSURERS-CITY(2)	X(15)	15		
6464	6465	15 FSSCIDRP-INSURERS-ST(2)	XX	2		
6466	6474	15 FSSCIDRP-INSURERS-ZIP(2)	GROUP	9		
6466	6470	20 FSSCIDRP-INSURERS-ZIP-5(2)	9(5)	5		
6471	6474	20 FSSCIDRP-INSURERS-ZIP-4(2)	9(4)	4		
6475	6561	10 FSSCIDRP-EMC-REC32-PAYER-INFO(1)	GROUP	87	1	EMC file record 32 (third party payer data)
		OCCURS 3 TIMES				
6475	6499	15 FSSCIDRP-EMC-R32-PAYER-NAME(1)	X(25)	25	N/A	The name of the payer on EMC file record 32 (Third Party Payer Data).

Start	End	Field Level/Name	Picture	Length	Phase	Description
6500	6517	15 FSSCIDRP-EMC-R32-PAYER-ADDR1(1)	X(18)	18	1	the 1st line address of the payer on EMC file record 32
6518	6535	15 FSSCIDRP-EMC-R32-PAYER-ADDR2(1)	X(18)	18	1	the 2nd line address of the payer on the EMC file record 32
6536	6550	15 FSSCIDRP-EMC-R32-PAYER-CITY(1)	X(15)	15	1	the city of the payer on the EMC file record 32
6551	6552	15 FSSCIDRP-EMC-R32-PAYER-STATE(1)	XX	2	1	the state of the payer on the EMC file record 32
6553	6561	15 FSSCIDRP-EMC-R32-PAYER-ZIP(1)	X(9)	9	1	The zip of the payer on the EMC file record 32
6562	6648	10 FSSCIDRP-EMC-REC32-PAYER-INFO(2)	GROUP	87		
6562	6586	15 FSSCIDRP-EMC-R32-PAYER-NAME(2)	X(25)	25		
6587	6604	15 FSSCIDRP-EMC-R32-PAYER-ADDR1(2)	X(18)	18		
6605	6622	15 FSSCIDRP-EMC-R32-PAYER-ADDR2(2)	X(18)	18		
6623	6637	15 FSSCIDRP-EMC-R32-PAYER-CITY(2)	X(15)	15		
6638	6639	15 FSSCIDRP-EMC-R32-PAYER-STATE(2)	XX	2		
6640	6648	15 FSSCIDRP-EMC-R32-PAYER-ZIP(2)	X(9)	9		
6649	6735	10 FSSCIDRP-EMC-REC32-PAYER-INFO(3)	GROUP	87		
6649	6673	15 FSSCIDRP-EMC-R32-PAYER-NAME(3)	X(25)	25		
6674	6691	15 FSSCIDRP-EMC-R32-PAYER-ADDR1(3)	X(18)	18		
6692	6709	15 FSSCIDRP-EMC-R32-PAYER-ADDR2(3)	X(18)	18		

Start	End	Field Level/Name	Picture	Length	Phase	Description
6710	6724	15 FSSCIDRP-EMC-R32-PAYER-CITY(3)	X(15)	15		
6725	6726	15 FSSCIDRP-EMC-R32-PAYER-STATE(3)	XX	2		
6727	6735	15 FSSCIDRP-EMC-R32-PAYER-ZIP(3)	X(9)	9		
6736	6746	10 FSSCIDRP-REC41-DATA(1)	GROUP	11	N/A	Not used by FISS.
		OCCURS 3 TIMES				
6736	6740	15 FSSCIDRP-EMC-REC41-FORM-LOC31U(1)	X(5)	5	N/A	Not used by FISS.
6741	6746	15 FSSCIDRP-EMC-REC41-FORM-LOC31L(1)	X(6)	6	N/A	Not used by FISS.
6747	6757	10 FSSCIDRP-REC41-DATA(2)	GROUP	11		
6747	6751	15 FSSCIDRP-EMC-REC41-FORM-LOC31U(2)	X(5)	5		
6752	6757	15 FSSCIDRP-EMC-REC41-FORM-LOC31L(2)	X(6)	6		
6758	6768	10 FSSCIDRP-REC41-DATA(3)	GROUP	11		
6758	6762	15 FSSCIDRP-EMC-REC41-FORM-LOC31U(3)	X(5)	5		
6763	6768	15 FSSCIDRP-EMC-REC41-FORM-LOC31L(3)	X(6)	6		
6769	6795	10 FSSCIDRP-EMC-	X(27)	27	N/A	Not used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		REC70-FORM-LOC57				
6796	6987	10 FSSCIDRP-EMC-REC90-REMARKS	GROUP	192	N/A	Claim Remarks field for EMC file record 90 (claim control screen).
6796	6905	15 FSSCIDRP-EMC-R90-REMARKS	X(110)	110	N/A	Claim Remarks field for EMC file record 90 (claim control screen).
6906	6987	15 FSSCIDRP-EMC-R91-REMARKS	X(82)	82	N/A	The remarks on EMC file record 91(Remarks).
6796	6987	10 FSSCIDRP-REM-60	GROUP	192	N/A	The remarks on EMC file record 91(Remarks).
		REDEFINES FSSCIDRP-EMC-REC90-REMARKS				
6796	6900	15 FSSCIDRP-EMC-R90-60-REMARKS	X(105)	105	N/A	The remarks on EMC file record 91(Remarks).
6901	6987	15 FSSCIDRP-EMC-R91-60-REMARKS	X(87)	87	1	The remarks on EMC file record 91(Remarks).
6988	6997	10 FSSCIDRP-FED-TAX-NB	X(10)	10	1	Identifies the number assigned to the provider by the Federal Government for tax reporting purposes. It is also known as a tax identification number (TIN) or an employer identification number (EIN).
6998	7002	10 FSSCIDRP-HMO-ID-CD	X(5)	5	2	identifies the code assigned by HCFA to identify a specific HMO
6998	7002	10 FSSCIDRP-CHOICES-CONTRCTR	X(5)	5	2	
		REDEFINES FSSCIDRP-HMO-ID-CD				
7003	7007	10 FSSCIDRP-CONTRCTR-DATA(1)	GROUP	5	2	Contractor number of the Health Maintenance Organization (HMO) that the beneficiary belongs to as identified on the claim record.
		OCCURS 3 TIMES				
7003	7007	15 FSSCIDRP-CONTRCTR-ID(1)	X(5)	5	2	Contractor number of the Health Maintenance Organization (HMO) that the beneficiary belongs to

Start	End	Field Level/Name	Picture	Length	Phase	Description
						as identified on the claim record.
7008	7012	10 FSSCIDRP-CONTRCTR-DATA(2)	GROUP	5		
7008	7012	15 FSSCIDRP-CONTRCTR-ID(2)	X(5)	5		
7013	7017	10 FSSCIDRP-CONTRCTR-DATA(3)	GROUP	5		
7013	7017	15 FSSCIDRP-CONTRCTR-ID(3)	X(5)	5		
7018	7027	10 FSSCIDRP-HMO-ID-FUTURE	X(10)	10	N/A	Filler for future use
7028	7043	10 FSSCIDRP-HMO-AUTH-NBR	X(16)	16	2	identifies the ID number of the HMO Authorizing Treatment
7044	7055	10 FSSCIDRP-PRO-CTL-NBR	X(12)	12	2	Peer review organization control number - this field identifies the number assigned by the pro to a specific adjustment transaction.
7056	7059	10 FSSCIDRP-FED-TAX-NB-SUB	X(4)	4	2	identifies affiliated subsidiaries associated to the provider of services
7060	7062	10 FSSCIDRP-EMC-VERSION-CODE	XXX	3	1	Identifies the EMC version.
7063	7075	10 FSSCIDRP-MEDICAID-NB	X(13)	13	2	Medicaid identification number
7076	7077	10 FSSCIDRP-PAYER-ID-IND-FIELD(1)	GROUP	2	1	This is the Payer id entry types
		OCCURS 3 TIMES				
7076	7077	15 FSSCIDRP-PAYER-ID-IND(1)	XX	2	1	This is the Payer id entry type
7078	7079	10 FSSCIDRP-PAYER-ID-IND-FIELD(2)	GROUP	2		
7078	7079	15 FSSCIDRP-PAYER-ID-IND(2)	XX	2		

Start	End	Field Level/Name	Picture	Length	Phase	Description
7080	7081	10 FSSCIDRP-PAYER-ID-IND-FIELD(3)	GROUP	2		
7080	7081	15 FSSCIDRP-PAYER-ID-IND(3)	XX	2		
7082	7082	10 FSSCIDRP-RTP-IND	X	1	2	Return To Provider/History/Adjustment Indicator - This field identifies claims that need to be retrieved for reprocessing. IF claims are not being processed in this batch, this field should be left blank
7083	7105	10 FSSCIDRP-ADJ-SHELL-DCN	X(23)	23	2	This field is a 23 position field used to hold the DCN value
7106	7118	10 FSSCIDRP-TRANS-HOSPICE-PROV	X(13)	13	2	Transferring Hospice Provider - This field displays the identification number of the institution which rendered services to the beneficiary /patient. It is system generated for external operators that are directly associated with one provider (as indicated on the operator control file). This number is assigned by CMS.
7119	7119	10 FSSCIDRP-PAYER-CODE-FIELD(1)	GROUP	1	2	identifies the primary payer of the first claim in the batch
		OCCURS 3 TIMES				
7119	7119	15 FSSCIDRP-PAYER-CODE(1)	X	1	2	identifies the primary payer of the first claim in the batch
7120	7120	10 FSSCIDRP-PAYER-CODE-FIELD(2)	GROUP	1		
7120	7120	15 FSSCIDRP-PAYER-CODE(2)	X	1		
7121	7121	10 FSSCIDRP-PAYER-CODE-FIELD(3)	GROUP	1		
7121	7121	15 FSSCIDRP-PAYER-CODE(3)	X	1		
7122	7131	10 FSSCIDRP-SUBMITTER-EIN	X(10)	10	1	employee identification number of claim submitter

Start	End	Field Level/Name	Picture	Length	Phase	Description
7132	7132	10 FSSCIDRP-NEW-CLAIM-IND	X	1	2	Identify new claims being processed by the system. This field is used to capture new receipts, provide claim error statistics to the provider, and to determine if the automated or hard copy status code is used for claim correction.
7133	7133	10 FSSCIDRP-RECON-USER-ACT	X	1	2	The User Action Code is to be used for medical review and reconsideration only.
7134	7134	10 FSSCIDRP-MSP-APPORTION-SW	X	1	2	Identifies whether the system should apportion the primary payer's amount and the OTAF amounts (if present). Value Description ' ' Apportion. A Do not apportion Payer 1 and/or Payer 2 amounts, but do apportion OTAF amount. N Reserved for future use. O Do not apportion OTAF amount, but do apportion Payer-1 and/or Payer-2 amounts.
7135	7179	10 FSSCIDRP-OCE-MR-REAS-TAB	GROUP	45	2	OCE Medical Review Reason table
7135	7137	15 FSSCIDRP-OCE-MR-REAS(1)	XXX	3	2	OCE Medical Review Reasons - This field identifies the edit returned from the OPSS version of OCE. This is a three-position alphanumeric field that occurs 15 times. Value Description 11 Non-covered service submitted for review (condition code 20). 12 Questionable covered service. 30 Insufficient services on day of partialization. 31 Partial hospitalization on same day as electroconvulsive therapy or type T procedure. 32 Partial hospitalization claim spans 3 or less days with insufficient services, or electroconvulsive

Start	End	Field Level/Name	Picture	Length	Phase	Description
						therapy or significant procedure on at least one of the days. 33 Partial hospitalization claim spans more than 3 days with insufficient number of days having mental health services.
		OCCURS 15 TIMES				
7138	7140	15 FSSCIDRP-OCE-MR-REAS(2)	XXX	3		
7141	7143	15 FSSCIDRP-OCE-MR-REAS(3)	XXX	3		
7144	7146	15 FSSCIDRP-OCE-MR-REAS(4)	XXX	3		
7147	7149	15 FSSCIDRP-OCE-MR-REAS(5)	XXX	3		
7150	7152	15 FSSCIDRP-OCE-MR-REAS(6)	XXX	3		
7153	7155	15 FSSCIDRP-OCE-MR-REAS(7)	XXX	3		
7156	7158	15 FSSCIDRP-OCE-MR-REAS(8)	XXX	3		
7159	7161	15 FSSCIDRP-OCE-MR-REAS(9)	XXX	3		
7162	7164	15 FSSCIDRP-OCE-MR-REAS(10)	XXX	3		
7165	7167	15 FSSCIDRP-OCE-MR-REAS(11)	XXX	3		

Start	End	Field Level/Name	Picture	Length	Phase	Description
7168	7170	15 FSSCIDRP-OCE-MR-REAS(12)	XXX	3		
7171	7173	15 FSSCIDRP-OCE-MR-REAS(13)	XXX	3		
7174	7176	15 FSSCIDRP-OCE-MR-REAS(14)	XXX	3		
7177	7179	15 FSSCIDRP-OCE-MR-REAS(15)	XXX	3		
7180	7180	10 FSSCIDRP-OCE-MED-REV-IND	X	1	2	Identifies the indicator to determine OCE medical review. Value Description N No OCE Med review Y OCE Med review
7181	7185	10 FSSCIDRP-ERROR-TRAP	GROUP	5	2	
7181	7182	15 FSSCIDRP-IO-STATUS	XX	2	2	VSAM status when a problem exists reading the Reason Code File for a Line Level Reason Code
7183	7185	15 FSSCIDRP-LINE-REAS-ERROR-NUM	XXX	3	2	Line number containing the reason code in error when trying to access the reason code file
7186	7186	10 FSSCIDRP-MR-FLAG	X	1	2	Identifies whether or not the Medical Review department has determined to suspend (hook) all submitted claims for the beneficiary, for which a Medical Review Flag has been entered on the beneficiary file (10I). Value Description blank Do not suspend claims. Y Suspend claims.
7187	7198	10 FSSCIDRP-REPOS-HIC	X(12)	12	1	This field is not currently being used by FISS.
7199	7199	10 FSSCIDRP-REPOS-IND	X	1	1	This field is not currently being used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
7200	7200	10 FSSCIDRP-CERT-CL-MR-IND	X	1	2	Complex Manual Medical Review Indicator - This field identifies if the service received complex manual medical review. This is a one-position alphanumeric field. This is a protected field in DDE. Value Description blank The services did not receive manual medical review (default value). N Medical records were not received. This service received routine manual medical review. Y Medical records received. This service received complex manual medical review.
7201	7201	10 FSSCIDRP-INSURED-ALPHA-TABLE(1)	GROUP	1	1	
		OCCURS 3 TIMES				
7201	7201	15 FSSCIDRP-INSURED-SEX(1)	X	1	1	A one-position indicator identifying the sex of the insured. Value Description F FEMALE. M MALE. U UNKNOWN.
7202	7202	10 FSSCIDRP-INSURED-ALPHA-TABLE(2)	GROUP	1		
7202	7202	15 FSSCIDRP-INSURED-SEX(2)	X	1		
7203	7203	10 FSSCIDRP-INSURED-ALPHA-TABLE(3)	GROUP	1		
7203	7203	15 FSSCIDRP-INSURED-SEX(3)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
7204	7204	10 FSSCIDRP-PVDR-BENE-PAID-IND	X	1	2	Identifies whether a payment is for the provider or beneficiary. Value Description B Beneficiary P Provider X Both
7205	7208	10 FILLER	X(4)	4	N/A	Filler for future use
7209	7226	10 FSSCIDRP-SFSCINFO-DATA	GROUP	18	3	Financial information
7209	7218	15 FSSCIDRP-SFSCINFO-CK-REMIT-NBR	X(10)	10	3???	Check number from the Remittance advice - not available from FISS at this time
7219	7226	15 FSSCIDRP-SFSCINFO-CK-REMIT-DTE	X(8)	8	3	Check date from the Remittance advice
7227	7227	10 FSSCIDRP-MSPPAYPS-IND	X	1	N/A	Not used by FISS.
7228	7327	10 FSSCIDRP-COB-TRD-PRTNR-TABLE	GROUP	100	2	Trading Partner table
7228	7237	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(1)	GROUP	10	2	Trading Partner table
		OCCURS 10 TIMES				
7228	7228	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(1)	X	1	2	Identifies the production COBA Trading Partner(s) that did not receive the claim due to claim errors. Value Description ' ' Crossed Over 'N' Not crossed over due to claim data errors 'R' Recovery
7229	7237	20 FSSCIDRP-COB-TRD-PRTNR-TID(1)	X(9)	9	2	identification number of the COB Trading Partner
7238	7247	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(2)	GROUP	10		

Start	End	Field Level/Name	Picture	Length	Phase	Description
7238	7238	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(2)	X	1		
7239	7247	20 FSSCIDRP-COB-TRD-PRTNR-TID(2)	X(9)	9		
7248	7257	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(3)	GROUP	10		
7248	7248	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(3)	X	1		
7249	7257	20 FSSCIDRP-COB-TRD-PRTNR-TID(3)	X(9)	9		
7258	7267	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(4)	GROUP	10		
7258	7258	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(4)	X	1		
7259	7267	20 FSSCIDRP-COB-TRD-PRTNR-TID(4)	X(9)	9		
7268	7277	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(5)	GROUP	10		
7268	7268	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(5)	X	1		
7269	7277	20 FSSCIDRP-COB-TRD-PRTNR-TID(5)	X(9)	9		
7278	7287	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(6)	GROUP	10		
7278	7278	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(6)	X	1		
7279	7287	20 FSSCIDRP-COB-	X(9)	9		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		TRD-PRTNR-TID(6)				
7288	7297	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(7)	GROUP	10		
7288	7288	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(7)	X	1		
7289	7297	20 FSSCIDRP-COB-TRD-PRTNR-TID(7)	X(9)	9		
7298	7307	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(8)	GROUP	10		
7298	7298	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(8)	X	1		
7299	7307	20 FSSCIDRP-COB-TRD-PRTNR-TID(8)	X(9)	9		
7308	7317	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(9)	GROUP	10		
7308	7308	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(9)	X	1		
7309	7317	20 FSSCIDRP-COB-TRD-PRTNR-TID(9)	X(9)	9		
7318	7327	15 FSSCIDRP-COB-TRD-PRTNR-ITEM(10)	GROUP	10		
7318	7318	20 FSSCIDRP-COB-TRD-PRTNR-TID-IND(10)	X	1		
7319	7327	20 FSSCIDRP-COB-TRD-PRTNR-TID(10)	X(9)	9		
7328	7328	10 FSSCIDRP-ALIEN-BENE	X	1	2	identifies whether CWF edit 538A is overridden for a CWF beneficiary
7329	7336	10 FSSCIDRP-PSR-	GROUP	8	N/A	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		INFO				
7329	7329	15 FSSCIDRP-PSR-TQ-PRESENT	X	1	N/A	This field is not used in FISS.
7330	7330	15 FSSCIDRP-PSR-PASS-IND	X	1	N/A	This field is not used in FISS.
7331	7336	15 FSSCIDRP-PSR-FILLER	X(6)	6	N/A	This field is not used in FISS.
7337	7339	10 FSSCIDRP-INSURED-REL-X12-TABLE(1)	GROUP	3	N/A	This field is not used in FISS.
		OCCURS 3 TIMES				
7337	7339	15 FSSCIDRP-INSURED-REL-X12-DATA(1)	GROUP	3	N/A	This field is not used in FISS.
7337	7338	20 FSSCIDRP-INSURED-REL-X12(1)	XX	2	N/A	This field is not used in FISS.
7339	7339	20 FSSCIDRP-UB04-FILLER-F40(1)	X	1	N/A	This field is not used in FISS.
7337	7339	15 FSSCIDRP-BENE-REL-X12-DATA(1)	GROUP	3	N/A	This field is not used in FISS.
		REDEF FSSCIDRP-INSURED-REL-X12-DATA				
7337	7338	20 FSSCIDRP-BENE-REL-X12(1)	XX	2	N/A	This field is not used in FISS.
7339	7339	20 FILLER(1)	X	1	N/A	This field is not used in FISS.
7340	7342	10 FSSCIDRP-INSURED-REL-X12-TABLE(2)	GROUP	3		
7340	7342	15 FSSCIDRP-INSURED-REL-X12-	GROUP	3		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		DATA(2)				
7340	7341	20 FSSCIDRP-INSURED-REL-X12(2)	XX	2		
7342	7342	20 FSSCIDRP-UB04-FILLER-F40(2)	X	1		
7340	7342	15 FSSCIDRP-BENE-REL-X12-DATA(2)	GROUP	3		
7340	7341	20 FSSCIDRP-BENE-REL-X12(2)	XX	2		
7342	7342	20 FILLER(2)	X	1		
7343	7345	10 FSSCIDRP-INSURED-REL-X12-TABLE(3)	GROUP	3		
7343	7345	15 FSSCIDRP-INSURED-REL-X12-DATA(3)	GROUP	3		
7343	7344	20 FSSCIDRP-INSURED-REL-X12(3)	XX	2		
7345	7345	20 FSSCIDRP-UB04-FILLER-F40(3)	X	1		
7343	7345	15 FSSCIDRP-BENE-REL-X12-DATA(3)	GROUP	3		
7343	7344	20 FSSCIDRP-BENE-REL-X12(3)	XX	2		
7345	7345	20 FILLER(3)	X	1		
7346	7385	10 FSSCIDRP-MPP-CONTROL-NUMBERS	GROUP	40	2	Medical Policy reason code table
7346	7349	15 FSSCIDRP-MPP-CONTROL-NO(1)	X(4)	4	2	identifies Medical Policy reason codes
		OCCURS 10 TIMES				
7350	7353	15 FSSCIDRP-MPP-	X(4)	4		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CONTROL-NO(2)				
7354	7357	15 FSSCIDRP-MPP-CONTROL-NO(3)	X(4)	4		
7358	7361	15 FSSCIDRP-MPP-CONTROL-NO(4)	X(4)	4		
7362	7365	15 FSSCIDRP-MPP-CONTROL-NO(5)	X(4)	4		
7366	7369	15 FSSCIDRP-MPP-CONTROL-NO(6)	X(4)	4		
7370	7373	15 FSSCIDRP-MPP-CONTROL-NO(7)	X(4)	4		
7374	7377	15 FSSCIDRP-MPP-CONTROL-NO(8)	X(4)	4		
7378	7381	15 FSSCIDRP-MPP-CONTROL-NO(9)	X(4)	4		
7382	7385	15 FSSCIDRP-MPP-CONTROL-NO(10)	X(4)	4		
7386	7389	10 FSSCIDRP-BUSINESS-SEGMENT	X(4)	4	1	The providers Business Segment Identification number
7390	7394	10 FSSCIDRP-CBSA-LOC	X(5)	5	2	Actual Geographic Location Core Based Statistical Area - This field identifies the code for the CBSA '00001' - '89999' or the rural area (blank, blank, blank, 2 digit numeric state code) such as __36 for Ohio, where the facility is physically located.
7395	7444	10 FSSCIDRP-MPP-REASON-CODES	GROUP	50	2	Medical Policy reason code table
7395	7399	15 FSSCIDRP-MPP-REASON-CODE(1)	X(5)	5	2	identifies Medical Policy reason codes
		OCCURS 10 TIMES				
7400	7404	15 FSSCIDRP-MPP-REASON-CODE(2)	X(5)	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
7405	7409	15 FSSCIDRP-MPP-REASON-CODE(3)	X(5)	5		
7410	7414	15 FSSCIDRP-MPP-REASON-CODE(4)	X(5)	5		
7415	7419	15 FSSCIDRP-MPP-REASON-CODE(5)	X(5)	5		
7420	7424	15 FSSCIDRP-MPP-REASON-CODE(6)	X(5)	5		
7425	7429	15 FSSCIDRP-MPP-REASON-CODE(7)	X(5)	5		
7430	7434	15 FSSCIDRP-MPP-REASON-CODE(8)	X(5)	5		
7435	7439	15 FSSCIDRP-MPP-REASON-CODE(9)	X(5)	5		
7440	7444	15 FSSCIDRP-MPP-REASON-CODE(10)	X(5)	5		
7445	7469	10 FSSCIDRP-CWF-CLAIM-OVERRIDES	GROUP	25	2	
7445	7449	15 FSSCIDRP-CWF-CLMOVRIDE(1)	X(5)	5	2	identifies five CWF override code fields for the claim
		OCCURS 5 TIMES				
7450	7454	15 FSSCIDRP-CWF-CLMOVRIDE(2)	X(5)	5	2	
7455	7459	15 FSSCIDRP-CWF-CLMOVRIDE(3)	X(5)	5	2	
7460	7464	15 FSSCIDRP-CWF-CLMOVRIDE(4)	X(5)	5	2	
7465	7469	15 FSSCIDRP-CWF-CLMOVRIDE(5)	X(5)	5	2	
7470	7474	10 FSSCIDRP-OS-CLINIC-ZIP-CD	X(5)	5	1	offsite Clinic/Outpatient department zip codes

Start	End	Field Level/Name	Picture	Length	Phase	Description
7475	7484	10 FSSCIDRP-NPI-NUMBER-SUBMIT	9(10)	10	1	National Provider Identification number submitted on the claim
7485	7485	10 FSSCIDRP-OSCAR-IDENTIFIER	X	1	1	
7486	7495	10 FSSCIDRP-TAXO-CODE	X(10)	10	1	Health Care Provider Taxonomy Code - This field identifies a collection of unique alphanumeric codes. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.
7496	7504	10 FSSCIDRP-FACILITY-ZIP	GROUP	9	1	identifies the provider or subpart zip code
7496	7500	15 FSSCIDRP-FAC-ZIP-5	9(5)	5	1	identifies the provider or subpart zip code
7501	7504	15 FSSCIDRP-FAC-ZIP-4	9(4)	4	1	identifies the provider or subpart zip code
7505	7505	10 FSSCIDRP-MASS-ADJ-IND	X	1	2	Identifies the Mass Adjustment Indicator. It differentiates between a mass adjustment tied to the Medicare Physician Fee Schedule (MPFS) updates, and all other mass adjustments. This is a one-position alphanumeric field. Value Description M Mass Adjustments tied to the Medicare Physician Fee Schedule Updates O Other Mass Adjustments ' ' Not a Mass Adjustment
7506	7506	10 FSSCIDRP-ADJ-CLMS-IND	X	1	2	Identifies the Adjustment Claims Indicator. It is valued when an adjustment claim is being sent to CWF as an original (the CWF Action Code is '1' and the Adjustment Reason Code is 'ZW'). Value Description A Adjustment Claim with a CWF Action Code of '1'

Start	End	Field Level/Name	Picture	Length	Phase	Description
						' ' Not an Adjustment Claim with a CWF Action Code of '1' ' ' Neither
7507	7507	10 FSSCIDRP-BENE-LIAB-IND	X	1	2	Identifies whether the beneficiary has payment liability for services or service lines. Value Description L Fully denied claims with ANSI Group Code of 'PR' N Fully denied claims with no ANSI Group code of 'PR' ' ' No fully denied claims
7508	7514	10 FSSCIDRP-ESRD-WADJ-RATE	X(7)	7	2	identifies the adjusted wage index that is returned by the ESRD Pricer
7515	7523	10 FSSCIDRP-INTEREST-DAYS-BENE	9(9)	9	2	Beneficiary Interest Days
7524	7530	10 FSSCIDRP-CBSA-SPCL-WAGE-INDEX	X(7)	7	2	This is the special wage index which certain providers may be assigned. Zeros are applicable unless the special payment indicator is '1' or '2'. The valid values are equal to or greater than 0.0 to less than 2.5.
7531	7538	10 FSSCIDRP-PREV-XACT-DT-CYMD	GROUP	8	N/A	Not used by FISS.
7531	7532	15 FSSCIDRP-PREV-XACT-DT-CC	99	2	N/A	Not used by FISS.
7533	7538	15 FSSCIDRP-PREV-XACT-DT	GROUP	6	N/A	Not used by FISS.
7533	7534	20 FSSCIDRP-PREV-XACT-DT-YR	99	2	N/A	Not used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
7535	7536	20 FSSCIDRP-PREV-XACT-DT-MO	99	2	N/A	Not used by FISS.
7537	7538	20 FSSCIDRP-PREV-XACT-DT-DY	99	2	N/A	Not used by FISS.
7539	7551	10 FSSCIDRP-INTEREST-AMT	9(9).99-	13	2,3	
7552	7560	10 FSSCIDRP-INTEREST-DAYS	9(9)	9	2,3	
7561	7571	10 FSSCIDRP-INTEREST-RATE	9(5).9(4)-	11	2,3	identifies the rate to be used for calculating insurer interest
7572	7573	10 FSSCIDRP-DISC-MIN	99	2	1	
7574	7581	10 FSSCIDRP-INSURED-NUMERIC-TABLE(1)	GROUP	8	1	
		OCCURS 3 TIMES				
7574	7581	15 FSSCIDRP-INSURED-DOB(1)	9(8)	8	1	Birth date of insured
7582	7589	10 FSSCIDRP-INSURED-NUMERIC-TABLE(2)	GROUP	8		
7582	7589	15 FSSCIDRP-INSURED-DOB(2)	9(8)	8		
7590	7597	10 FSSCIDRP-INSURED-NUMERIC-TABLE(3)	GROUP	8		
7590	7597	15 FSSCIDRP-INSURED-DOB(3)	9(8)	8		
7598	7599	10 FSSCIDRP-CWF-TRLR3-OCC-SELECT	99	2	2	identifies the number of CWF Trailer 03 attachments selected for MSP full and partial recovery claims
7600	7601	10 FILLER	XX	2	N/A	Filler for future use

Start	End	Field Level/Name	Picture	Length	Phase	Description
7602	7606	10 FSSCIDRP-HHREV-SUM-1-3-QTY-THR	9(5)	5	2	Identifies the total therapy visits used by the Home Health PPS Pricer to determine if therapy threshold was met for the claim.
7607	7611	10 FSSCIDRP-HHREV-SUM-1-6-QTY-ALL	9(5)	5	2	Episode Total Visits - This field identifies the total number of visits used by the Home Health PPS Pricer to determine if the claim must be paid as a Low Utilization Payment Adjustment (LUPA).
7612	7622	10 FSSCIDRP-REDUCED-COIN-TOT	9(7).99-	11	2	Not used by FISS.
7623	7635	10 FSSCIDRP-CONTR-CLM-NCOV-CHRG	9(9).99-	13	2	identifies the claim level Contractual ANSI amount
7636	7643	10 FSSCIDRP-NOE-ORIG-DT-CYMD	GROUP	8	2	identifies original date of hospice election for claims with a type of bill 8XA or the original revocation date for claims with a type of bill 8XB
7636	7637	15 FSSCIDRP-NOE-ORIG-DT-CC	99	2	2	identifies original date of hospice election for claims with a type of bill 8XA or the original revocation date for claims with a type of bill 8XB
7638	7643	15 FSSCIDRP-NOE-ORIG-DT	GROUP	6	2	identifies original date of hospice election for claims with a type of bill 8XA or the original revocation date for claims with a type of bill 8XB
7638	7639	20 FSSCIDRP-NOE-ORIG-YY	99	2	2	identifies original date of hospice election for claims with a type of bill 8XA or the original revocation date for claims with a type of bill 8XB
7640	7641	20 FSSCIDRP-NOE-ORIG-MO	99	2	2	identifies original date of hospice election for claims with a type of bill 8XA or the original revocation date for claims with a type of bill 8XB
7642	7643	20 FSSCIDRP-NOE-ORIG-DY	99	2	2	identifies original date of hospice election for claims with a type of bill 8XA or the original revocation date for claims with a type of bill 8XB
7644	7651	10 FSSCIDRP-CWF-PRT-A-EFF-DT-CYMD	GROUP	8	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part A.

Start	End	Field Level/Name	Picture	Length	Phase	Description
7644	7645	15 FSSCIDRP-CWF-PRT-A-EFF-DT-CC	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part A.
7646	7651	15 FSSCIDRP-CWF-PRT-A-EFF-DT	GROUP	6	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part A.
7646	7647	20 FSSCIDRP-CWF-PRT-A-EFF-YR	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part A.
7648	7649	20 FSSCIDRP-CWF-PRT-A-EFF-MO	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part A.
7650	7651	20 FSSCIDRP-CWF-PRT-A-EFF-DY	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part A.
7652	7659	10 FSSCIDRP-BTCH-AUD-REC-DT-CYMD	GROUP	8	N/A	Not used by FISS.
7652	7653	15 FSSCIDRP-BTCH-AUD-REC-DT-CC	99	2	N/A	Not used by FISS.
7654	7659	15 FSSCIDRP-BTCH-AUD-REC-DT	GROUP	6	N/A	Not used by FISS.
7654	7655	20 FSSCIDRP-BTCH-AUD-REC-YY	99	2	N/A	Not used by FISS.
7656	7657	20 FSSCIDRP-BTCH-AUD-REC-MM	99	2	N/A	Not used by FISS.
7658	7659	20 FSSCIDRP-BTCH-AUD-REC-DD	99	2	N/A	Not used by FISS.
7660	7667	10 FSSCIDRP-PART-B-EFF-DATE-CYMD	GROUP	8	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part B.
7660	7661	15 FSSCIDRP-PART-B-EFF-DATE-CC	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled

Start	End	Field Level/Name	Picture	Length	Phase	Description
						to Medicare Part B.
7662	7667	15 FSSCIDRP-PART-B-EFF-DATE	GROUP	6	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part B.
7662	7663	20 FSSCIDRP-PART-B-EFF-YY	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part B.
7664	7665	20 FSSCIDRP-PART-B-EFF-MM	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part B.
7666	7667	20 FSSCIDRP-PART-B-EFF-DD	99	2	2	identifies the date received in the CWF reply identifying the date the beneficiary became entitled to Medicare Part B.
7668	7675	10 FSSCIDRP-HMO-EFF-DT-CYMD	GROUP	8	2	identifies the date the beneficiary became entitled to HMO benefits
7668	7669	15 FSSCIDRP-HMO-EFF-DT-CC	99	2	2	identifies the date the beneficiary became entitled to HMO benefits
7670	7675	15 FSSCIDRP-HMO-EFF-DT	GROUP	6	2	identifies the date the beneficiary became entitled to HMO benefits
7670	7671	20 FSSCIDRP-HMO-EFF-YR	99	2	2	identifies the date the beneficiary became entitled to HMO benefits
7672	7673	20 FSSCIDRP-HMO-EFF-MO	99	2	2	identifies the date the beneficiary became entitled to HMO benefits
7674	7675	20 FSSCIDRP-HMO-EFF-DY	99	2	2	identifies the date the beneficiary became entitled to HMO benefits
7676	7683	10 FSSCIDRP-HMO-CANC-DT-CYMD	GROUP	8	2	identifies the date the beneficiary is no longer entitled to HMO benefits
7676	7677	15 FSSCIDRP-HMO-CANC-DT-CC	99	2	2	identifies the date the beneficiary is no longer entitled to HMO benefits
7678	7683	15 FSSCIDRP-HMO-CANC-DT	GROUP	6	2	identifies the date the beneficiary is no longer entitled to HMO benefits

Start	End	Field Level/Name	Picture	Length	Phase	Description
7678	7679	20 FSSCIDRP-HMO-CANC-YR	99	2	2	identifies the date the beneficiary is no longer entitled to HMO benefits
7680	7681	20 FSSCIDRP-HMO-CANC-MO	99	2	2	identifies the date the beneficiary is no longer entitled to HMO benefits
7682	7683	20 FSSCIDRP-HMO-CANC-DY	99	2	2	identifies the date the beneficiary is no longer entitled to HMO benefits
7684	7691	10 FSSCIDRP-CWF-TRANSMIT-DT-CYMD	GROUP	8	2	identifies the last date the record was transmitted to the CWF Host
7684	7685	15 FSSCIDRP-CWF-TRANSMIT-DT-CC	99	2	2	identifies the last date the record was transmitted to the CWF Host
7686	7691	15 FSSCIDRP-CWF-TRANSMIT-DT	GROUP	6	2	identifies the last date the record was transmitted to the CWF Host
7686	7687	20 FSSCIDRP-CWF-YR	99	2	2	identifies the last date the record was transmitted to the CWF Host
7688	7689	20 FSSCIDRP-CWF-MO	99	2	2	identifies the last date the record was transmitted to the CWF Host
7690	7691	20 FSSCIDRP-CWF-DY	99	2	2	identifies the last date the record was transmitted to the CWF Host
7692	7699	10 FSSCIDRP-CWF-RESPONSE-DT-CYMD	GROUP	8	2	identifies the most recent date this record received a response from the CWF host
7692	7693	15 FSSCIDRP-CWF-RESPONSE-DT-CC	99	2	2	identifies the most recent date this record received a response from the CWF host
7694	7699	15 FSSCIDRP-CWF-RESPONSE-DT	GROUP	6	2	identifies the most recent date this record received a response from the CWF host
7694	7695	20 FSSCIDRP-CWF-RESPONSE-YR	99	2	2	identifies the most recent date this record received a response from the CWF host
7696	7697	20 FSSCIDRP-CWF-RESPONSE-MO	99	2	2	identifies the most recent date this record received a response from the CWF host
7698	7699	20 FSSCIDRP-CWF-RESPONSE-DY	99	2	2	identifies the most recent date this record received a response from the CWF host
7692	7699	10 FSSCIDRP-CWF-ORIG-TRNS-DT-CYMD		8	2	original CWF transaction date

Start	End	Field Level/Name	Picture	Length	Phase	Description
		REDEFINES FSSCIDRP-CWF- RESPONSE-DT-CYMD				
7692	7699	20 FSSCIDRP-CWF- RESPONSE-DY	GROUP	8	2	original CWF transaction date
7692	7693	15 FSSCIDRP-CWF- ORIG-TRANS-DT-CC	99	2	2	original CWF transaction date
7694	7699	15 FSSCIDRP-CWF- ORIG-TRANS-DT	GROUP	6	2	original CWF transaction date
7694	7695	20 FSSCIDRP-CWF- ORIG-TRANS-YR	99	2	2	original CWF transaction date
7696	7697	20 FSSCIDRP-CWF- ORIG-TRANS-MO	99	2	2	original CWF transaction date
7698	7699	20 FSSCIDRP-CWF- ORIG-TRANS-DY	99	2	2	original CWF transaction date
7700	7707	10 FSSCIDRP-VER- NCOV-FROM-DT- CYMD	GROUP	8	N/A	Not used by FISS.
7700	7701	15 FSSCIDRP-VERIF- NCOV-FROM-DT-CC	99	2	N/A	Not used by FISS.
7702	7707	15 FSSCIDRP-VERIF- NCOV-FROM-DT	GROUP	6	N/A	Not used by FISS.
7702	7703	20 FSSCIDRP-VERIF- NCOV-FROM-YR	99	2	N/A	Not used by FISS.
7704	7705	20 FSSCIDRP-VERIF- NCOV-FROM-MO	99	2	N/A	Not used by FISS.
7706	7707	20 FSSCIDRP-VERIF- NCOV-FROM-DY	99	2	N/A	Not used by FISS.
7708	7715	10 FSSCIDRP-VERIF- NCOV-TO-DT-CYMD	GROUP	8	N/A	Not used by FISS.
7708	7709	15 FSSCIDRP-VERIF- NCOV-TO-DT-CC	99	2	N/A	Not used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
7710	7715	15 FSSCIDRP-VERIF-NCOV-TO-DT	GROUP	6	N/A	Not used by FISS.
7710	7711	20 FSSCIDRP-VERIF-NCOV-TO-YR	99	2	N/A	Not used by FISS.
7712	7713	20 FSSCIDRP-VERIF-NCOV-TO-MO	99	2	N/A	Not used by FISS.
7714	7715	20 FSSCIDRP-VERIF-NCOV-TO-DY	99	2	N/A	Not used by FISS.
7716	7720	10 FSSCIDRP-CARRIER-CD-ID	9(5)	5	2	This field displays the identification number of the carrier for the Medicare provider on the claim
7721	7722	10 FSSCIDRP-LOCALITY-CD-ID	99	2	2	This field identifies the code indicating the geographic location of the provider (assigned by CMS) for use in pricing/reimbursing the claim.
7723	7725	10 FSSCIDRP-PATIENT-AGE	999	3	1	identifies the beneficiary's/patients age at the time of claim processing
7726	7727	10 FSSCIDRP-AUDIT-TRAIL-ENTRIES	99	2	1,2,3	An internal counter used to keep track of the number of audit trail entries found on claim page 15.
7728	7729	10 FSSCIDRP-CWF-NB-OF-TIMES-SENT	99	2	2,3	This field identifies the number of times the record has been transmitted to the CWF Host.

Start	End	Field Level/Name	Picture	Length	Phase	Description
7730	7731	10 FSSCIDRP-PATIENT-STATUS	99	2	1	<p>Identifies the code indicating the patient's status at the ending service date in the period.</p> <p>Value Description</p> <p>01 Discharged to home or self care (routine discharge)</p> <p>02 Discharged/transferred to another short-term general hospital for inpatient care</p> <p>03 Discharged/transferred to SNF (For hospitals with an approved swing bed arrangement, use code 61-swing bed. For reporting discharges/transfers to a non-certified SNF, the hospital must use code 04-ICF)</p> <p>04 Discharged/transferred to an Intermediate Care Facility (ICF)</p> <p>05 Discharged/transferred to another type of institution (including distinct parts)</p> <p>06 Discharged/transferred to home under care of organized home health service organization</p> <p>07 Left against medical advice or discontinued care</p> <p>09 Admitted as an inpatient to this hospital. In situations where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient. Therefore, code 09 would apply only to services that began longer than 3 days earlier, such as observation following outpatient surgery, which results in admission.</p> <p>20 Expired (or did not cover - Christian Science Patient)</p> <p>30 Still patient</p> <p>40 Expired at home (hospice claims only)</p> <p>41 Expired in a medical facility, such as a hospital,</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						SNF, ICF, or freestanding hospice (Hospice claims only) 42 Expired - place unknown (hospice claims only) 43 Discharged/transferred to a federal hospital 50 Hospice - home 51 Hospice - medical facility 61 Discharged/transferred within this institution to a hospital-based Medicare approved swing bed 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including distinct part units of a hospital 63 Discharged/transferred to a long term care hospital 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare 65 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital 66 Discharged/Transferred to a Critical Access Hospital 71 Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care 72 Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care
7732	7732	10 FSSCIDRP-UB04-FILLER-F41	X	1	N/A	Filler for future use
7733	7735	10 FSSCIDRP-DRG-PATIENT-AGE	999	3	1	the actual patients age at the time of the Medicare services

Start	End	Field Level/Name	Picture	Length	Phase	Description
7736	7748	10 FSSCIDRP-EXPENSES-TO-DED	9(9).99-	13	2	identifies the Part B expenses to be applied to cash deductible
7749	7750	10 FSSCIDRP-DISC-HR	99	2	1	Identifies the hour that the patient was discharged from inpatient care.
7751	7751	10 FSSCIDRP-UB04-FILLER-F42	X	1	N/A	Filler for future use
7752	7754	10 FSSCIDRP-COV-DY-CNT	999	3	2	Identifies the number of days covered by Medicare. The valid values are: '000' - '999'. NOTE: This field does not display when the UB-FORM field is equal to an 'A'.
7755	7757	10 FSSCIDRP-CST-REP-DYS	999	3	2	Identifies the number of days claimable as Medicare patient days for inpatient and SNF types of bills (11X, 41X, 18X, 21X, 28X, and 51X) on the cost report.
7758	7764	10 FSSCIDRP-WAGE-INDEX	X(7)	7	2	Core-Based Statistical Area Wage Index - This field identifies the CBSA wage index, which is the rate used for pricing claims for Acute Care Providers (via the Inpatient PPS Pricer).
7765	7777	10 FSSCIDRP-DRG-REIMB-AMT	9(9).99-	13	2	Identifies the prospective payment reimbursement amount calculated by the CMS Pricer Program minus any outlier payment. However, when applicable, the amount includes the Hemophilia add-on payment amount.
7778	7790	10 FSSCIDRP-FED-PORTION	9(9).99-	13	2	This represents the federal portion of the PPS blended amount used in reimbursing PPS claims
7791	7794	10 FSSCIDRP-NAT-PCT	X(4)	4	2	This represents the percent of the total PPS Blended Payment that is the national amount. For Inpatient Rehabilitation Facility (IRF) PPS claims, this represents the facility specific payment percent.
7795	7798	10 FSSCIDRP-FSP-PCT	X(4)	4	2	This represents the percent of the total PPS blended payment that is the federal portion

Start	End	Field Level/Name	Picture	Length	Phase	Description
7799	7802	10 FSSCIDRP-DAYS-CUTOFF	X(4)	4	2	This field identifies the number of days of utilization permissible for a given DRG code before claim is considered as a day outlier.
7803	7806	10 FSSCIDRP-AVG-LOS	X(4)	4	2	Prospective Payment System Average Length Of Stay
7807	7816	10 FSSCIDRP-PPS-PAYMENT	9(6).99-	10	2	This represents the PPS blended payment amount consisting of the federal, hospital, outlier, and indirect teaching portions. For a SNF RUG demonstration claim, this represents the NHC MQ prospective payment that includes the NHC demonstration rate times the days billed. For Inpatient Rehabilitation Facility (IRF) PPS providers, with a federal PPS blend indicator of 3, this payment amount represents the PPS blended payment amount consisting of federal, hospital and outlier amounts. For IRF PPS providers with federal PPS blend indicator of 4, this payment amount represents the PPS payment amount consisting of federal and outlier amounts.
7817	7820	10 FSSCIDRP-B-LOS	9(4)	4	2	Prospective Payment System B Length Of Stay - This field identifies the number of days of PPS B coverage used for the claim.
7821	7823	10 FSSCIDRP-REG-DAY-USED	999	3	2	Prospective Payment System Regular Days Used - This field identifies the number of covered days this beneficiary has used as regular days on this claim.
7824	7830	10 FSSCIDRP-DRG-WEIGHT	X(7)	7	2	This field identifies the weight of the DRG
7831	7836	10 FSSCIDRP-DSCHG-FRCTN	X(6)	6	2	Discharge Fraction - This field identifies the transfer cases (Pricer Review Code 03, 05, and 06). The billed days are divided by the average length of stay.

Start	End	Field Level/Name	Picture	Length	Phase	Description
7837	7843	10 FSSCIDRP-DRG-WT-FRCTN	X(7)	7	2	Diagnosis Related Group Weight Fraction - This field identifies the DRG weight times the discharge fraction
7844	7856	10 FSSCIDRP-PASS-THRU-PDIEM-RATE	9(9).99-	13	2	This field identifies the rate that consists of the established reimbursable costs for the current year divided by the estimated Medicare days for the current year.
7857	7869	10 FSSCIDRP-CAP-TOT-PAY	9(9).99-	13	2	This field identifies the total amount payable for capital for this bill
7870	7882	10 FSSCIDRP-CAP-FSP	9(9).99-	13	2	This field identifies the Federal portion of the PPS payment for capital
7883	7895	10 FSSCIDRP-CAP-DSH-ADJ	9(9).99-	13	2	This field identifies the disproportionate share portion of the PPS payment for capital
7896	7908	10 FSSCIDRP-CAP2-B-FSP	9(9).99-	13	2	Capital Pay Code 2 Federal Specific Portion - This field identifies the federal amount paid if the pay code is B (hold harmless - 100% federal rate).
7909	7911	10 FSSCIDRP-UTIL-FULL-DAYS	999	3	2	This field contains the SNF full days for a SNF claim, otherwise it contains Inpatient full days
7912	7924	10 FSSCIDRP-CAP-HSP	9(9).99-	13	2	This field identifies the hospital specific portion of the PPS payment for capital.
7925	7927	10 FSSCIDRP-ORIG-COV-DY-CNT	999	3	2	This field identifies the original covered days by Medicare
7928	7930	10 FSSCIDRP-ORIG-CST-REP-DYS	999	3	2	This is the amount of utilization days originally used on a clean, processed claim.
7931	7934	10 FSSCIDRP-NCOV-DY-CNT	9(4)	4	2	Non-Covered Days - This field identifies the days of care not covered by Medicare. This is a four-digit field. The valid values are: '000' - '999'. NOTE: This field does not display when the UB-FORM field is equal to an 'A'.
7935	7945	10 FSSCIDRP-INTEREST-REIMB-PROV	9(7).99-	11	2	This field identifies the amount of interest paid to the provider for late payment on clean claims

Start	End	Field Level/Name	Picture	Length	Phase	Description
7946	7958	10 FSSCIDRP-CAP-OLD-HARM	9(9).99-	13	2	This field identifies the hold harmless amount payable for old capital as computed by Pricer for providers with a payment code of A.
7959	7971	10 FSSCIDRP-CAP-IME-ADJ	9(9).99-	13	2	This field identifies the ratio of residents/interns to the hospitals average daily census.
7972	7982	10 FSSCIDRP-BLD-PINT-UNIT-VAL	9(7).99-	11	2	This field identifies the calculated amount for a pint of blood.
7983	8015	10 FSSCIDRP-VER-PAT-LIABILITY	GROUP	33	2	Not used by FISS.
7983	7993	15 FSSCIDRP-VER-PAT-DED-BLD	9(7).99-	11	2	This field identifies the blood deductible amount for which the beneficiary/patient is liable
7994	8004	15 FSSCIDRP-VER-PAT-CASH-DED	9(7).99-	11	2	This field identifies the amount of deductible for which the beneficiary/patient is liable
8005	8015	15 FSSCIDRP-VER-PAT-COIN	9(7).99-	11	2	This field identifies the amount of coinsurance for which the beneficiary/patient is responsible
8016	8028	10 FSSCIDRP-BENE-SAVINGS	9(9).99-	13		This field holds the Benefit Savings amount
8029	8031	10 FSSCIDRP-COINS-DY-CNT	999	3	2	Coinsurance Days - This field identifies the inpatient Medicare days occurring after the 60th day and before the 91st Coinsurance Day in a single spell of illness.
8032	8033	10 FSSCIDRP-PPS-RTC	99	2	2	Pricer Return Code - This field identifies the return code from Outpatient Prospective Payment System (OPPS). This is two-position alphanumeric field.
8034	8036	10 FSSCIDRP-COIN-DAYS-1ST-YR	999	3	2	This field identifies the number of coinsurance days associated with the first service year on a claim spanning two calendar years.

Start	End	Field Level/Name	Picture	Length	Phase	Description
8037	8038	10 FSSCIDRP-B-REVIEW-CD	99	2	2	Prospective Payment System B Review Code - This field identifies the code used by the PPS Pricer program to indicate options for calculating reimbursement. Value Description 00 Pay with outlier 01 Pay day outlier 02 Pay cost outlier 03 Pay per diem days 04 Pay average stay only 05 Pay transfer with cost 06 Pay transfer no cost 07 Pay without cost 08 PPS payment is based on DRG code 480 09 Pay transfer special DRG - Post Acute Transfers
8039	8039	10 FSSCIDRP-HMO-PAY-CD	9	1	2	Health Maintenance Organization Pay Code - This field identifies whether the HMO or Intermediary is to pay the claim.
8040	8052	10 FSSCIDRP-CAP-OUTLIER	9(9).99-	13	2	This is the Capital Outlier Payment field. It identifies the outlier portion of the PPS payment for Capital expenditures
8053	8065	10 FSSCIDRP-CAP2-B-OUTLIER	9(9).99-	13	2	This field identifies the outlier amount paid if the pay code is B (hold harmless - 100% federal rate).
8066	8068	10 FSSCIDRP-OUTLIER-DYS	999	3	2	This field identifies the number of days beyond the cutoff point for the applicable Diagnosis Related Group (DRG). If claim of service is equal to 10/01/97 or greater, the outlier days no longer apply, and therefore, are not present
8069	8081	10 FSSCIDRP-HOSP-PORION	9(9).99-	13	2	This represents the hospital portion of the PPS blended amount used in reimbursing PPS claims
8082	8094	10 FSSCIDRP-PAT-PAID-EXC-BLD	9(9).99-	13	2	This field identifies the amount of claim charges paid by the beneficiary/patient, excluding any

Start	End	Field Level/Name	Picture	Length	Phase	Description
						payment for blood. It applies to Part B claims only.
8095	8115	10 FSSCIDRP-REIMB-DIST-9	GROUP	21	2	Provider Reimbursement Rate - This field identifies the per diem amount to be paid for an individual claim for those providers reimbursed on per diem reimbursement or the percentage of reimbursement if the providers type of reimbursement is based on a percentage.
8095	8102	15 FSSCIDRP-REIMB-RATE	9(4).99-	8	2	Provider Reimbursement Rate - This field identifies the per diem amount to be paid for an individual claim for those providers reimbursed on per diem reimbursement or the percentage of reimbursement if the providers type of reimbursement is based on a percentage.
8095	8101	15 FSSCIDRP-REIMB-RATE-R	9(6)-	7	2	Provider Reimbursement Rate - This field identifies the per diem amount to be paid for an individual claim for those providers reimbursed on per diem reimbursement or the percentage of reimbursement if the providers type of reimbursement is based on a percentage.
		REDEFINES FSSCIDRP-REIMB-RATE				
8103	8115	15 FSSCIDRP-REIMB-PAT-AMT	9(9).99-	13	2	This field identifies the system generated patient reimbursement amount
8116	8118	10 FSSCIDRP-LIFE-DY-CNT	999	3	1,2	Lifetime Reserve Days - Under the Medicare program, each beneficiary has a lifetime reserve of 60 LRD additional days of inpatient hospital services after using 90 days of inpatient hospital services during a spell of illness.
8119	8121	10 FSSCIDRP-LTR-DAYS-USED	999	3	2	identifies the number of lifetime reserve days used for this beneficiary

Start	End	Field Level/Name	Picture	Length	Phase	Description
8122	8129	10 FSSCIDRP-LST-PAP-SMEAR-DT-CYMD	GROUP	8	2	identifies the date on which the most recent pap smear procedure was performed for the beneficiary
8122	8123	15 FSSCIDRP-LAST-PAP-SMEAR-DT-CC	99	2	2	identifies the date on which the most recent pap smear procedure was performed for the beneficiary
8124	8129	15 FSSCIDRP-LAST-PAP-SMEAR-DT	GROUP	6	2	identifies the date on which the most recent pap smear procedure was performed for the beneficiary
8124	8125	20 FSSCIDRP-LAST-PAP-SMEAR-YY	99	2	2	identifies the date on which the most recent pap smear procedure was performed for the beneficiary
8126	8127	20 FSSCIDRP-LAST-PAP-SMEAR-MM	99	2	2	identifies the date on which the most recent pap smear procedure was performed for the beneficiary
8128	8129	20 FSSCIDRP-LAST-PAP-SMEAR-DD	99	2	2	identifies the date on which the most recent pap smear procedure was performed for the beneficiary
8130	8140	10 FSSCIDRP-MSP-TOTAL-COIN	9(7).99-	11	2	MSP total coinsurance - this field identifies the total coinsurance amount calculated within the MSP pay module
8141	8143	10 FSSCIDRP-COIN-DAYS-2ND-YR	999	3	2	Identifies the number of coinsurance days associated with the second service year on a claim spanning two calendar years.
8144	8146	10 FSSCIDRP-LTR-DAYS-2ND-YR	999	3	2	Identifies the number of life time reserve days associated with the second service year on a claim spanning two calendar years.
8147	8157	10 FSSCIDRP-MSP-BLOOD-DED	9(7).99-	11	2	Blood deductible for MSP claim
8158	8170	10 FSSCIDRP-TECH-PROV-CHRG	9(9).99-	13	2	This field identifies the charges present on the benefit savings record
8171	8183	10 FSSCIDRP-CAPI-EXCEPTIONS	9(9).99-	13	2	Capital Exception Payment Rate - This field identifies the per discharge exception payment to which a hospital is entitled. This field is not used for Indian Health Service Providers with IHC/ASC indicator set to Y.

Start	End	Field Level/Name	Picture	Length	Phase	Description
8184	8194	10 FSSCIDRP-INTEREST-AMT-BENE	9(7).99-	11	2	Identifies the amount of Medicare A reimbursement paid to the beneficiary/patient as interest on delayed payment.
8195	8205	10 FSSCIDRP-PAT-PAID-BLD-DED	9(7).99-	11	2	Identifies the amount of money paid on behalf of the beneficiary/patient for any blood deductible (up to three pints). It applies to Part B claims only.
8206	8208	10 FSSCIDRP-TECH-PROV-DAYS	999	3	2	Identifies the days present on the benefit savings record or the days reflected in the occurrence span 77 if the benefit savings record is not present.
8209	8212	10 FSSCIDRP-NON-BEN-PROV-FLT	9(4)	4	2	Provider Fault Days - This field identifies the maximum number of days on the claim which can be charged as provider liable.
8213	8216	10 FSSCIDRP-ESRD-DATA-9	GROUP	4	2	ESRD data
8213	8214	15 FSSCIDRP-ESRD-HR-CNT	99	2	2	identifies the number of hours of certain dialysis treatments
8215	8216	15 FSSCIDRP-ESRD-SESS-CNT	99	2	2	Represents the Number of Units Billed when provider reimbursement is greater than N/A and Type Of Bill 72X (dialysis).
8217	8217	10 FSSCIDRP-INDICATORS-9	GROUP	1	2	
8217	8217	15 FSSCIDRP-REASON-FOR-ENT-IND	9	1	2	Reason for Entitlement - This field identifies the code that identifies why the beneficiary is entitled to Medicare. Value Description 0 Normal entitlement. 1 Disability (DIB). 2 ESRD. 3 Disability (DIB) now, previously ESRD (End Stage Renal D).
8218	8220	10 FSSCIDRP-PRE-ENTI-PSYCH-DY-CNT	999	3	2	Pre-entitlement psychiatric day count - this field identifies the number of psychiatric days used prior

Start	End	Field Level/Name	Picture	Length	Phase	Description
						to entitlement under the Medicare program.
8221	8233	10 FSSCIDRP- ACTUAL-MEDA- REIMB	9(9).99-	13	2	This field identifies the total Medicare reimbursement
8234	8246	10 FSSCIDRP-REIMB- PROV-AMT	9(9).99-	13	2	PROVIDER REIMBURSEMENT - This field identifies the system calculated line item amount to be paid to the provider.
8247	8259	10 FSSCIDRP- PATIENT-RESP	9(9).99-	13	2	This field identifies the amount for which the individual receiving services is responsible for. The amount is calculated as follows: - if payer 1 indicator is c or z, then the amount equals: cash deductible + coins
8260	8272	10 FSSCIDRP-ESRD- FINAL-REIMB	9(9).99-	13	2	Represents the new provider reimbursement amount on ESRD claims.
8273	8285	10 FSSCIDRP-ESRD- HOLD-REIMB	9(9).99-	13	2	This represents the provider reimbursement amount on ESRD claims prior to being reduced by the ESRD network reduction amount.
8286	8298	10 FSSCIDRP-ORIG- CALC-MEDA-REIMB	9(9).99-	13	2	Original Medicare A Reimbursement - The amount of Medicare reimbursement originally paid on the clean, processed claim
8299	8311	10 FSSCIDRP-PAY- REDUCT-AMT	9(9).99-	13	2	This field identifies the amount reduced from the providers reimbursement as mandated by Gramm/Rudman/Hollings legislation. NOTE: For Inpatient Rehabilitation Facility (IRF) PPS c
8312	8324	10 FSSCIDRP-ORIG- PROV-REIMB	9(9).99-	13	2	Original Provider Reimbursement - This field identifies the amount originally paid to the provider for a clean final adjudicated claim. This field is only used or reflected on non-batch audit RTIs
8325	8363	10 FSSCIDRP-DUE- FROM-PAT	GROUP	39	2	Amounts due from patient

Start	End	Field Level/Name	Picture	Length	Phase	Description
8325	8337	15 FSSCIDRP-DUE-EST-RESP	9(9).99-	13	2	Entry is required only in Prior Payments portion of this field. This field identifies the amount the provider has received from the beneficiary toward payment of this claim prior to the billing date.
8338	8350	15 FSSCIDRP-DUE-PRIOR-PMT	9(9).99-	13	1	This field identifies the amount the provider has received toward payment of the claim prior to the billing date by the indicated payer, and is required on outpatient claims if applicable.
8351	8363	15 FSSCIDRP-DUE-EST-AMT-DUE	9(9).99-	13	1	This field identifies the amount estimated by the provider to be still due from the indicated payer (estimated responsibility less prior payments).
8364	8374	10 FSSCIDRP-MSP-CASH-DED	9(7).99-	11	2	This field identifies the cash deduction amount calculated within the MSP pay module.
8375	8387	10 FSSCIDRP-ORIG-EXPENSES-TO-DED	9(9).99-	13	2	The Medicare Part B expenses which were originally applied to the case deductible (excluding charges with an override code of 1, 3, or 4) on a clean, processed claim.
8388	8400	10 FSSCIDRP-ORIG-PPS-PAYMENT	9(9).99-	13	2	The PPS blended payment amount (consisting of the Federal, hospital, outlier, and indirect teaching portions) that applied to the original clean, processed claim.
8401	8433	10 FSSCIDRP-ORIG-PAT-LIABILITY	GROUP	33	2	group level field made up of sub-group fields that comprises the key fields of the original patient liability
8401	8411	15 FSSCIDRP-ORIG-PAT-DED-BLD	9(7).99-	11	2	Original Patient Paid Blood Deductible - The amount of money originally paid on behalf of the beneficiary/patient for his or her blood deductible (up to 3 pints) on the clean, process Part B claim.
8412	8422	15 FSSCIDRP-ORIG-PAT-CASH-DED	9(7).99-	11	2	Original Patient Cash Deductible - The cash deductible amount for which a beneficiary/patient was responsible on the original, clean, processed claim.

Start	End	Field Level/Name	Picture	Length	Phase	Description
8423	8433	15 FSSCIDRP-ORIG-PAT-COIN	9(7).99-	11	2	Original Patient Coinsurance - The portion of cost (for Medicare services) for which a beneficiary/patient was responsible on the original, clean, processed claim.
8434	8446	10 FSSCIDRP-ORIG-PASS-THRU-PDIEM	9(9).99-	13	2	The rate that consisted of the established reimbursable costs for the current year divided by the estimated Medicare Days for the current year on the original clean, processed claim.
8447	8454	10 FSSCIDRP-ADR-ORIG-REQ-DT-CYMD	GROUP	8	2	Additional Development System Requested Date - This field identifies the date that additional information was requested from the provider via the Additional Development Request (ADR) process.
8447	8448	15 FSSCIDRP-ADR-ORIG-REQ-DT-CC	99	2	2	Additional Development System Requested Date - This field identifies the date that additional information was requested from the provider via the Additional Development Request (ADR) process.
8449	8454	15 FSSCIDRP-ADR-ORIG-REQ-DT	GROUP	6	2	Additional Development System Requested Date - This field identifies the date that additional information was requested from the provider via the Additional Development Request (ADR) process.
8449	8450	20 FSSCIDRP-ADR-ORIG-REQ-YR	99	2	2	Additional Development System Requested Date - This field identifies the date that additional information was requested from the provider via the Additional Development Request (ADR) process.
8451	8452	20 FSSCIDRP-ADR-ORIG-REQ-MO	99	2	2	Additional Development System Requested Date - This field identifies the date that additional information was requested from the provider via the Additional Development Request (ADR) process.

Start	End	Field Level/Name	Picture	Length	Phase	Description
						process.
8453	8454	20 FSSCIDRP-ADR-ORIG-REQ-DY	99	2	2	Additional Development System Requested Date - This field identifies the date that additional information was requested from the provider via the Additional Development Request (ADR) process.
8455	8456	10 FSSCIDRP-EMC-RT21-EMPL-QUAL(1)	GROUP	2	N/A	Employer qualification codes.
		OCCURS 4 TIMES				
8455	8456	15 FSSCIDRP-RT21-QUAL-CODE(1)	99	2	N/A	Employer qualification codes.
8457	8458	10 FSSCIDRP-EMC-RT21-EMPL-QUAL(2)	GROUP	2		
8457	8458	15 FSSCIDRP-RT21-QUAL-CODE(2)	99	2		
8459	8460	10 FSSCIDRP-EMC-RT21-EMPL-QUAL(3)	GROUP	2		
8459	8460	15 FSSCIDRP-RT21-QUAL-CODE(3)	99	2		
8461	8462	10 FSSCIDRP-EMC-RT21-EMPL-QUAL(4)	GROUP	2		
8461	8462	15 FSSCIDRP-RT21-QUAL-CODE(4)	99	2		
8463	8480	10 FSSCIDRP-PPS-DOLLAR-THRES	9(7).9(9)-	18	2	This field identifies the dollar threshold for a claim identified by PPS Pricer as a cost outlier
8481	8483	10 FSSCIDRP-EMC-REC21-EMPLYR-INF9(1)	GROUP	3	N/A	This field identifies the Employment Status Code on EMC file record 21 (Noninsured Employment Information).
		OCCURS 4 TIMES				
8481	8481	15 FSSCIDRP-EMC-R21-EMPL-STATUS(1)	9	1	N/A	This field identifies the Employment Status Code on EMC file record 21 (Noninsured Employment

Start	End	Field Level/Name	Picture	Length	Phase	Description
						Information).
8482	8483	15 FSSCIDRP-EMC-R21-EMPLYR-QUAL(1)	99	2	N/A	This field identifies the Employment Status Code on EMC file record 21 (Noninsured Employment Information).
8484	8486	10 FSSCIDRP-EMC-REC21-EMPLYR-INF9(2)	GROUP	3		
8484	8484	15 FSSCIDRP-EMC-R21-EMPL-STATUS(2)	9	1		
8485	8486	15 FSSCIDRP-EMC-R21-EMPLYR-QUAL(2)	99	2		
8487	8489	10 FSSCIDRP-EMC-REC21-EMPLYR-INF9(3)	GROUP	3		
8487	8487	15 FSSCIDRP-EMC-R21-EMPL-STATUS(3)	9	1		
8488	8489	15 FSSCIDRP-EMC-R21-EMPLYR-QUAL(3)	99	2		
8490	8492	10 FSSCIDRP-EMC-REC21-EMPLYR-INF9(4)	GROUP	3		
8490	8490	15 FSSCIDRP-EMC-R21-EMPL-STATUS(4)	9	1		
8491	8492	15 FSSCIDRP-EMC-R21-EMPLYR-QUAL(4)	99	2		
8493	8509	10 FSSCIDRP-EMC-REC90-COUNTS	GROUP	17	N/A	This field is currently not being used by FISS.
8493	8495	15 FSSCIDRP-EMC-R90-COUNT-ALL	999	3	N/A	This field is currently not being used by FISS.
8496	8497	15 FSSCIDRP-EMC-R90-COUNT-2N	99	2	N/A	This field is currently not being used by FISS.
8498	8499	15 FSSCIDRP-EMC-	99	2	N/A	This field is currently not being used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		R90-COUNT-3N				
8500	8501	15 FSSCIDRP-EMC-R90-COUNT-4N	99	2	N/A	This field is currently not being used by FISS.
8502	8503	15 FSSCIDRP-EMC-R90-COUNT-5N	99	2	N/A	This field is currently not being used by FISS.
8504	8505	15 FSSCIDRP-EMC-R90-COUNT-6N	99	2	N/A	This field is currently not being used by FISS.
8506	8507	15 FSSCIDRP-EMC-R90-COUNT-7N	99	2	N/A	This field is currently not being used by FISS.
8508	8509	15 FSSCIDRP-EMC-R90-COUNT-8N	99	2	N/A	This field is currently not being used by FISS.
8510	8510	10 FSSCIDRP-EMC-REC90-R91-QUAL	9	1	N/A	This field is currently not being used by FISS.
8511	8523	10 FSSCIDRP-EMC-REC90-ACCOM-TOT	9(9).99-	13	N/A	This field is the total accommodation charges for revenue centers for EMC file record 90 (claim control screen).
8524	8536	10 FSSCIDRP-EMC-REC90-ACCOM-NCOV	9(9).99-	13	N/A	This field is the non-covered accommodation charges for EMC file record 90 (claim control screen).
8537	8549	10 FSSCIDRP-EMC-REC90-ANCIL-TOT	9(9).99-	13	N/A	This field is the total Ancillary Charges for Revenue Centers on EMC file record 90. (Claim control screen).
8550	8562	10 FSSCIDRP-EMC-REC90-ANCIL-NCOV	9(9).99-	13	N/A	This field is the Non-Covered Ancillary Charges for EMC file record 90 (claim control screen).
8563	8570	10 FSSCIDRP-PRO-PROCESS-DT-CYMD	GROUP	8	2	Peer Review Organization Process Date - This field identifies the date the PRO processed the adjustment transaction
8563	8564	15 FSSCIDRP-PRO-PROCESS-DT-CC	99	2	2	Peer Review Organization Process Date - This field identifies the date the PRO processed the adjustment transaction
8565	8570	15 FSSCIDRP-PRO-PROCESS-DT	GROUP	6	2	Peer Review Organization Process Date - This field identifies the date the PRO processed the

Start	End	Field Level/Name	Picture	Length	Phase	Description
						adjustment transaction
8565	8566	20 FSSCIDRP-PRO-PROC-DT-YY	99	2	2	Peer Review Organization Process Date - This field identifies the date the PRO processed the adjustment transaction
8567	8568	20 FSSCIDRP-PRO-PROC-DT-MO	99	2	2	Peer Review Organization Process Date - This field identifies the date the PRO processed the adjustment transaction
8569	8570	20 FSSCIDRP-PRO-PROC-DT-DY	99	2	2	Peer Review Organization Process Date - This field identifies the date the PRO processed the adjustment transaction
8571	8578	10 FSSCIDRP-DATE-TOB-CHANGED-CYMD	GROUP	8	2	This field is the transaction date of the original bill type entered.
8571	8572	15 FSSCIDRP-DATE-TOB-CHANGED-CC	99	2	2	This field is the transaction date of the original bill type entered.
8573	8578	15 FSSCIDRP-DATE-TOB-CHANGED	GROUP	6	2	This field is the transaction date of the original bill type entered.
8573	8574	20 FSSCIDRP-TOB-CHANGED-YY	99	2	2	This field is the transaction date of the original bill type entered.
8575	8576	20 FSSCIDRP-TOB-CHANGED-MM	99	2	2	This field is the transaction date of the original bill type entered.
8577	8578	20 FSSCIDRP-TOB-CHANGED-DD	99	2	2	This field is the transaction date of the original bill type entered.
8579	8579	10 FSSCIDRP-PROC-CODING-METHOD	9	1	2	Procedure Coding Method - This field identifies the coding method used for procedure coding on the claim Value Description 1 - 3 Reserved for State. 4 CPT-4. 5 HCPCS (HCFA (Health Care Financing Administration) Common Procedure Coding

Start	End	Field Level/Name	Picture	Length	Phase	Description
						System) 6 - 8 Reserved for national assignment. 9 ICD-9-CM.
8580	8580	10 FSSCIDRP-ADR-COUNT	9	1	2	This field identifies the number of ADRs present per claim
8581	8588	10 FSSCIDRP-ADS-REQ-DT-CYMD	GROUP	8	2	This field identifies the original system date for ADDITIONAL-DEVELOPMENT- REQUEST
8581	8582	15 FSSCIDRP-ADS-REQ-DT-CC	99	2	2	This field identifies the original system date for ADDITIONAL-DEVELOPMENT- REQUEST
8583	8588	15 FSSCIDRP-ADS-REQ-DT	GROUP	6	2	This field identifies the original system date for ADDITIONAL-DEVELOPMENT- REQUEST
8583	8584	20 FSSCIDRP-ADS-REQ-YR	99	2	2	This field identifies the original system date for ADDITIONAL-DEVELOPMENT- REQUEST
8585	8586	20 FSSCIDRP-ADS-REQ-MM	99	2	2	This field identifies the original system date for ADDITIONAL-DEVELOPMENT- REQUEST
8587	8588	20 FSSCIDRP-ADS-REQ-DY	99	2	2	This field identifies the original system date for ADDITIONAL-DEVELOPMENT- REQUEST
8589	8590	10 FSSCIDRP-ADM-HR	99	2	1	This field identifies the hour during which the patient was admitted for inpatient or outpatient care
8591	8591	10 FSSCIDRP-UB04-FILLER-F43	X	1	N/A	Filler for future use
8592	8592	10 FSSCIDRP-NUM-53-DISPS	9	1	2	This field represents the disposition received on a CWF return trailer 8.
8593	8593	10 FSSCIDRP-REPRICE-PIMR-SW	X	1	2	indicates if claim was repriced thru PIMR
8594	8594	10 FSSCIDRP-935-ADJ	X	1	2	indicates FI initiated adjustments
8595	8618	10 FSSCIDRP-COB-NDC	X(24)	24	2	National drug code

Start	End	Field Level/Name	Picture	Length	Phase	Description
8619	8802	10 FSSCIDRP-5010-EXPANSIONS	GROUP	184	1	
8619	8626	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(1)	GROUP	8	1	
		OCCURS 11 TIMES				
8619	8624	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(1)	X(6)	6	1	External Injury diagnosis code
8625	8625	20 FSSCIDRP-ICD10-FILLER-F3-T(1)	X	1	N/A	Filler for future use
8626	8626	20 FSSCIDRP-ICD10-FILLER-F4-T(1)	X	1	N/A	Filler for future use
8627	8634	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(2)	GROUP	8		
8627	8632	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(2)	X(6)	6		
8633	8633	20 FSSCIDRP-ICD10-FILLER-F3-T(2)	X	1		
8634	8634	20 FSSCIDRP-ICD10-FILLER-F4-T(2)	X	1		
8635	8642	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(3)	GROUP	8		
8635	8640	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(3)	X(6)	6		
8641	8641	20 FSSCIDRP-ICD10-FILLER-F3-T(3)	X	1		
8642	8642	20 FSSCIDRP-ICD10-FILLER-F4-T(3)	X	1		
8643	8650	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(4)	GROUP	8		
8643	8648	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(4)	X(6)	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
8649	8649	20 FSSCIDRP-ICD10-FILLER-F3-T(4)	X	1		
8650	8650	20 FSSCIDRP-ICD10-FILLER-F4-T(4)	X	1		
8651	8658	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(5)	GROUP	8		
8651	8656	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(5)	X(6)	6		
8657	8657	20 FSSCIDRP-ICD10-FILLER-F3-T(5)	X	1		
8658	8658	20 FSSCIDRP-ICD10-FILLER-F4-T(5)	X	1		
8659	8666	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(6)	GROUP	8		
8659	8664	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(6)	X(6)	6		
8665	8665	20 FSSCIDRP-ICD10-FILLER-F3-T(6)	X	1		
8666	8666	20 FSSCIDRP-ICD10-FILLER-F4-T(6)	X	1		
8667	8674	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(7)	GROUP	8		
8667	8672	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(7)	X(6)	6		
8673	8673	20 FSSCIDRP-ICD10-FILLER-F3-T(7)	X	1		
8674	8674	20 FSSCIDRP-ICD10-FILLER-F4-T(7)	X	1		
8675	8682	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(8)	GROUP	8		
8675	8680	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(8)	X(6)	6		

Start	End	Field Level/Name	Picture	Length	Phase	Description
8681	8681	20 FSSCIDRP-ICD10-FILLER-F3-T(8)	X	1		
8682	8682	20 FSSCIDRP-ICD10-FILLER-F4-T(8)	X	1		
8683	8690	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(9)	GROUP	8		
8683	8688	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(9)	X(6)	6		
8689	8689	20 FSSCIDRP-ICD10-FILLER-F3-T(9)	X	1		
8690	8690	20 FSSCIDRP-ICD10-FILLER-F4-T(9)	X	1		
8691	8698	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(10)	GROUP	8		
8691	8696	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(10)	X(6)	6		
8697	8697	20 FSSCIDRP-ICD10-FILLER-F3-T(10)	X	1		
8698	8698	20 FSSCIDRP-ICD10-FILLER-F4-T(10)	X	1		
8699	8706	15 FSSCIDRP-EXT-INJURY-DIAG-TAB(11)	GROUP	8		
8699	8704	20 FSSCIDRP-EXT-INJURY-DIAG-CD-T(11)	X(6)	6		
8705	8705	20 FSSCIDRP-ICD10-FILLER-F3-T(11)	X	1		
8706	8706	20 FSSCIDRP-ICD10-FILLER-F4-T(11)	X	1		
8707	8713	15 FSSCIDRP-PAT-VISIT-REASON-TAB(1)	GROUP	7	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description
		OCCURS 3 TIMES				
8707	8713	20 FSSCIDRP-PAT-VISIT-REASON-T(1)	X(7)	7	2	Patient's reason for visit
8714	8720	15 FSSCIDRP-PAT-VISIT-REASON-TAB(2)	GROUP	7		
8714	8720	20 FSSCIDRP-PAT-VISIT-REASON-T(2)	X(7)	7		
8721	8727	15 FSSCIDRP-PAT-VISIT-REASON-TAB(3)	GROUP	7		
8721	8727	20 FSSCIDRP-PAT-VISIT-REASON-T(3)	X(7)	7		
8728	8742	15 FSSCIDRP-IDE-NUMBER-TAB(1)	GROUP	15	1	
		OCCURS 5 TIMES				
8728	8742	20 FSSCIDRP-IDE-NUMBER-T(1)	X(15)	15	1	INVESTIGATIONAL DEVICE EXEMPTION NUMBERS (IDE)
8743	8757	15 FSSCIDRP-IDE-NUMBER-TAB(2)	GROUP	15		
8743	8757	20 FSSCIDRP-IDE-NUMBER-T(2)	X(15)	15		
8758	8772	15 FSSCIDRP-IDE-NUMBER-TAB(3)	GROUP	15		
8758	8772	20 FSSCIDRP-IDE-NUMBER-T(3)	X(15)	15		
8773	8787	15 FSSCIDRP-IDE-NUMBER-TAB(4)	GROUP	15		
8773	8787	20 FSSCIDRP-IDE-NUMBER-T(4)	X(15)	15		
8788	8802	15 FSSCIDRP-IDE-NUMBER-TAB(5)	GROUP	15		
8788	8802	20 FSSCIDRP-IDE-	X(15)	15		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		NUMBER-T(5)				
8803	8803	10 FSSCIDRP-HH-RECODE-IND	X	1	2	Home Health recode indicator
8804	8808	10 FSSCIDRP-VALCD-CARRIER	X(5)	5	2	THE CARRIER THAT IS ASSOCIATED WITH THE NINE DIGIT SERVICE FACILITY ZIP CODE ON THE CLAIM RECORD
8809	8810	10 FSSCIDRP-VALCD-LOCALITY	XX	2	2	THE LOCALILTY THAT IS ASSOCIATED WITH THE NINE DIGIT SERVICE FACILITY ZIP CODE ON THE CLAIM RECORD
8811	8811	10 FSSCIDRP-ICD9-10-IND	X	1	2	1 BYTE DIAGNOSIS CODE VERSION INDICATOR (ICD-9 OR ICD-10)
8812	8812	10 FSSCIDRP-PRIM-CARC-IND	X	1	1	Indicator for primary claim adjustment reason code
8813	8813	10 FSSCIDRP-REJ-CARC-IND	X	1	1	Indicator for claim reject reason code
8814	8814	10 FSSCIDRP-CWF-WORK-CARC-IND	X	1	2	Indicator for CWF WORK claim adjustment reason code
8815	8815	10 FSSCIDRP-PRIM-OVER-CARC-IND	X	1	1	Indicator for primary override claim adjustment reason code
8816	8816	10 FSSCIDRP-SUS-CARC-IND	X	1	1	Indicator for suspended claim adjustment reason code
8817	8817	10 FSSCIDRP-225-CARC-IND	X	1	1	Indicator for when claim adjustment reason code 225 is present
8818	8830	10 FSSCIDRP-CO-AMT	9(9).99-	13	1	This field represents the lowest CARC amount found on the claim level CAS Segments with a "CO" group code.
8831	8843	10 FSSCIDRP-TOT-CARC-AMT	9(9).99-	13	1	This field represents the total amount for all primary CARC amounts.
8844	8856	10 FSSCIDRP-CALC-OTAF-AMT	9(9).99-	13	2	This field represents the "Obligated To Accept Full Payment" amount that is sent to MSPPAY. This is computed by subtracting the "FSSCIDRP-CO-AMT" (from above) from the total charge amount.

Start	End	Field Level/Name	Picture	Length	Phase	Description
8857	8869	10 FSSCIDRP-MSP-VALCD-ADJ(1)	GROUP	13	2	
		OCCURS 2 TIMES				
8857	8858	15 FSSCIDRP-MSP-VALCD(1)	XX	2	2	This field represents the MSP value codes for the claim.
8859	8869	15 FSSCIDRP-MSP-VALCD-ADJ-AMT(1)	9(7).99-	11	2	This field represents the corresponding MSP value code amount for the claim.
8870	8882	10 FSSCIDRP-MSP-VALCD-ADJ(2)	GROUP	13		
8870	8871	15 FSSCIDRP-MSP-VALCD(2)	XX	2		
8872	8882	15 FSSCIDRP-MSP-VALCD-ADJ-AMT(2)	9(7).99-	11		
8883	8883	10 FSSCIDRP-228-CARC-IND	X	1	1	Indicator for when claim adjustment reason code 228 is present
8884	8884	10 FSSCIDRP-230-CARC-IND	X	1	1	Indicator for when claim adjustment reason code 230 is present
8885	8885	10 FSSCIDRP-MCE-EDIT-SW	X	1	1	Indicates one of these MCE edits was received: W0342, W0343, W0344, W1460, W1461 OR W1462
8886	10537	10 FSSCIDRP-FIXED-FUTURE	X(1652)	1652	N/A	Filler for future use

Table 2: FISS Claim Detail Line Layout

Remove the claim line array and have one line record per claim line, making the line record 1012 bytes in length.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-HIC-NO	X(12)	12	1	Health Insurance Claim Number
		20 FSSCIDRP-DCN	GROUP	23	1	Document Control Number

Start	End	Field Level/Name	Picture	Length	Phase	Description
		25 FSSCIDRP-DCN-PLAN-CD	X	1	1	Code used to indicate the century the DCN was established. 1 is used for 1900-1999 dates, 2 is use for 2000 and after dates. This field may also be user defined as needed.
		25 FSSCIDRP-DCN-JULIAN	GROUP	5	1	The Julian date the claim was established
		30 FSSCIDRP-DCN-YR	99	2	1	The year for the batch that this claim was established in. This is a two-digit field.
		30 FSSCIDRP-DCN-JUL-DT	999	3	1	Julian date on which the DCN (Document Control Number) was assigned through Batch Entry. This is a three-digit field.
		25 FSSCIDRP-DCN-BTCH-NBR-X	GROUP	4	1	
		30 FSSCIDRP-DCN-BTCH-NBR	9(4)	4	1	The batch sequence number as assigned by the system through Batch Entry ranges '0000' - '9999'. This is a four-digit field.
		25 FSSCIDRP-DCN-CLM-SEQ-NBR	99	2	1	The claim sequence number as assigned by the system through Batch Entry ranges '00' - '99'. This is a two-digit field.
		25 FSSCIDRP-DCN-SPLIT-CD	X	1	1	the site-specific field used on split bills

Start	End	Field Level/Name	Picture	Length	Phase	Description
		25 FSSCIDRP-DCN-ORIG-CD	X	1	1	The code designating the method by which the claim entered the system Value Description 0 Unknown. 1 EMC/UB92/HCFA Format. 2 EMC Tape/UB92/Other. 3 EMC Tape/Other (Other is defined as PRO Automated adjustment for FISS). 4 EMC Telecom/UB92 (DDE Claim). 5 EMC Telecom/Not UB92. 6 Other EMC/UB92. 7 Other EMC/Not UB92. 8 UB92 hard copy. 9 Other hard copy.
		25 FSSCIDRC-DCN-BSI	XXX	3	1	Provider's business segment
		25 FSSCIDRP-DCN-FUTURE	X	1	1	Filler for future use
		25 FSSCIDRP-DCN-FUTURE2	XXX	3	1	Filler for future use
		25 FSSCIDRP-DCN-SITE-ID	XX	2	1	the field populated when field - Use Site Processing on the Site Control record is set to Y

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-NON-BILL-REV-CODE(1)	X	1	1	<p>Non-Billable Code - This field identifies whether the revenue and Health Insurance Claim Number codes are valid.</p> <p>Value Description</p> <p>E End Stage Renal Disease (ESRD) attachment line items with N/A charges.</p> <p>H Invalid HCPC code (system generated on EMC [Electronic Media Claims] claims).</p> <p>I Invalid HCPC code (system generated on hard copy claims).</p> <p>N Invalid revenue code.</p> <p>R Generated under the following conditions: (The claim must contain a 2 DCN origin code (EMC) - The claim TOB equals 34X - The revenue code equals 636 - The claim is submitted with covered charges on the revenue code line - If a HCPC is present, it is not a chemo, anti-emetic, influenza, or J0630 code).</p> <p>S EMC (Electronic Media Claims) claim with oxygen revenue code occurs more often than the allowable number of occurrences (system generated).</p> <p>T Hard copy claim with oxygen revenue code occurs more often than the allowable number of occurrences (manual entry).</p> <p>Y Valid Revenue Code.</p>
		15 FSSCIDRP-HCPC-DATA(1)	GROUP	16	1	<p>Common Procedure Coding System - This field is a code assigned by CMS to identify certain medical procedures or equipment for special pricing</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-HCPC-CD(1)	X(5)	5	1	Common Procedure Coding System - This field is a code assigned by CMS to identify certain medical procedures or equipment for special pricing
		20 FSSCIDRP-HCPC-IND(1)	X	1	1	Indicates if HCPC record is for RHHI (R) or not (spaces)
		20 FSSCIDRP-HCPC-MODIFIERS(1)	GROUP	10	1	This field identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC.
		25 FSSCIDRP-HCPC-MODIFIER(1)	XX	2	1	This field identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC.
		25 FSSCIDRP-HCPC-MODIFIER2(1)	XX	2	1	This field identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC.
		25 FSSCIDRP-HCPC-MODIFIER3(1)	XX	2	1	This field identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC.
		25 FSSCIDRP-HCPC-MODIFIER4(1)	XX	2	1	This field identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC.
		25 FSSCIDRP-HCPC-MODIFIER5(1)	XX	2	1	This field identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC.
		20 FILLER(1)	GROUP	10	N/A	
		REDEFINES				

Start	End	Field Level/Name	Picture	Length	Phase	Description
		FSSCIDRP-HCPC-MODIFIERS				
		25 FSSCIDRP-HCPC-MOD(1,1)	XX	2	1	
		OCCURS 5 TIMES				
		25 FSSCIDRP-HCPC-MOD(1,2)	XX	2	1	
		25 FSSCIDRP-HCPC-MOD(1,3)	XX	2	1	
		25 FSSCIDRP-HCPC-MOD(1,4)	XX	2	1	
		25 FSSCIDRP-HCPC-MOD(1,5)	XX	2	1	
		15 FSSCIDRP-SPEC-PROCESS-IND(1)	X	1	2	This field is not displayed on the on-line screen. It is derived from other data
		15 FSSCIDRP-ACT-MEDA-REIMB-LINE(1)	9(9).99-	13	2	This field identifies the total Medicare reimbursement for the line item, which is the sum of the patient reimbursement and the provider reimbursement.
		15 FSSCIDRP-CWF-OVR(1)	GROUP	1	2	This field bypasses edit 5390 and does not generate the alert code 7703
		20 FSSCIDRP-CWF-OVR-FLAG(1)	X	1	2	This field bypasses edit 5390 and does not generate the alert code 7703
		15 FSSCIDRP-PC-TC-IND(1)	X	1	2	Professional Component - Technical Component - This field identifies the PC - TC indicator that is added to the Comprehensive Outpatient Rehabilitation Facility (CORF) services Supplemental Fee Schedule. This field is a one-position alphanumeric field.
		15 FSSCIDRP-ORIG-RTC-CODE(1)	XX	2	2	Not used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-ORIG-OCE-FLAG(1)	XX	2	2	<p>Outpatient Code Editor System (OCE) Flags - This field identifies eight flags (1-8). The OCE module returns these flags via the APC return buffer.</p> <p>Value Description</p> <p>FLAG 1</p> <p>Flag 1 - Status Indicator (refer to the following values below)</p> <p>A Service not paid under OPPTS</p> <p>B Non-allowed item or service for OPPTS</p> <p>C Inpatient procedure</p> <p>E Non allowed item or service</p> <p>F Corneal tissue acquisition; certain CRNA services; and Hepatitis B vaccines</p> <p>G Drug/Biological Pass-through</p> <p>H Device pass-through</p> <p>J New drug or new biological pass-through*</p> <p>K Non pass-through drug / biological, radiopharmaceutical agent, certain brachytherapy</p> <p>L Flu/PPV vaccines</p> <p>N Packaged incidental service</p> <p>P Partial hospitalization service</p> <p>S Significant procedure not subject to multiple procedure discounting</p> <p>T Significant procedure subject to multiple procedure discounting</p> <p>V Medical visit to clinic or emergency department</p> <p>W Invalid HCPCS or Invalid revenue code with blank HCPCS</p> <p>X Ancillary service</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>Y DME</p> <p>Z Valid revenue with blank HCPCS and no other SI assigned</p> <p>Home Health</p> <p>Refer to the following two values:</p> <p>M Medical Review changes a HIPPS code</p> <p>P Claim contains less than 10 therapy revenue codes and no Medical Review intervention</p> <p>Inpatient Rehabilitation Facility (IRF) PPS</p> <p>Refer to the following value below:</p> <p>I Submitted and priced HIPPS/CMG codes are different, changed by IRF PPS Pricer. Note: The priced HIPPS/CMG code is displayed on the revenue code 0024 line in the PAY/HCPC/APC CD field when different from the submitted HIPPS/CMG code displayed in the HCPC field.</p> <p>FLAG 2</p> <p>Flag 2 - Payment Indicator (refer to the following values below)</p> <p>1 Paid standard hospital OPPS amount (status indicators 'K', 'S', 'T', 'V', 'or X')</p> <p>2 Services not paid under OPPS (status indicator 'A', or no HCPCS code and certain revenue codes)</p> <p>3 Not paid, or not paid under OPPS (status indicators 'B', 'C', or 'E')</p> <p>4 Paid at reasonable cost (status indicator 'F' or 'L')</p> <p>5 Additional payment for drug or biological (status indicator 'G')</p> <p>6 Additional payment for device (status</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>indicator 'H')</p> <p>7 Additional payment for new drug or new biological (status indicator 'J') Note: Status indicator J was replaced by status indicator G beginning in April 2002 (V3.0)</p> <p>8 Paid partial hospitalization per diem (status indicator 'P')</p> <p>9 No additional payment, payment included in line items with APCs (status indicator 'N', or HCPCS code and certain revenue codes, or HCPCS codes G0176 (activity therapy), G0129 (occupational therapy) or G0177 (partial hospitalization program services)</p> <p>FLAG 3</p> <p>Flag 3 - Discounting Formula Number (refer to the following values below). Note: Flag 3 explanations - 'D' Discounting Fraction (currently 0.5) 'U' Number of Units 'T' Terminated Procedure Discount (currently 0.5)</p> <p>1 1.0</p> <p>2 $(1.0+D(U-1))/U$</p> <p>3 T/U</p> <p>4 $(1+D)/U$</p> <p>5 D</p> <p>6 TD/U</p> <p>7 $D(1+D)/U$</p> <p>8 2.0</p> <p>FLAG 4</p> <p>Flag 4 - Line Item Denial or Rejection (refer to the following values below)</p> <p>0 Line item not denied or rejected</p> <p>1 Line item denied or rejected (procedure edit</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>return buffer for line item contains a '9', '13', '18', '19', '20', '21', '28', '39', '40', '45', '47', '49', '50', '53', '64')</p> <p>2 The line item has no errors, but occurs on a day that has been denied or rejected (not used as of 4/1/02 - v3.0)</p> <p>FLAG 5 Flag 5 - Line Item Denial or Rejection (refer to the following values below)</p> <p>0 Not packaged 1 Packaged service (status indicator 'N' or no HCPCS code and certain revenue codes) 2 Packaged as part of partial hospitalization PER DIEM or daily mental health service PER DIEM</p> <p>FLAG 6 Flag 6 - Payment Adjustment (refer to the following values below)</p> <p>0 No payment adjustment 1 Additional payment for drug or biological applies to APC (status indicator 'G') 2 Additional payment for device applies to APC (status indicator 'H') 3 Additional payment for new drug or new biological applies to APC (status indicator 'J')* 4 Deductible not applicable (specific list of HCPCS codes)</p> <p>FLAG 7 Flag 7 - Payment Method (refer to the following values below)</p> <p>0 OPPS Pricer determines payment for service 1 Based on OPPS coverage, or billing rules, the</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>service is not paid</p> <p>2 Service is not subject to OPPS</p> <p>3 Service is not subject to OPPS, and has an OCE line item denial or rejection</p> <p>4 Line item is denied or rejected by you; OCE not applied to line item</p> <p>FLAG 8</p> <p>Flag 8 - Line Item Action (refer to the following values below). Transferred from input, for Pricer, and can impact selection of discounting formula.</p> <p>0 OCE line item denial or rejection is not ignored</p> <p>1 OCE line item denial or rejection is ignored</p> <p>2 External line item denial. Line item is denied even if no OCE edits</p> <p>3 External line item rejection. Line item is rejected even if no OCE edits.</p> <p>4 External line item adjustment. Technical charge rules apply.</p>
		15 FSSCIDRP-ASC-DATA(1)	GROUP	30	2	
		20 FSSCIDRP-ASC-PERCENT(1)	X	1	2	This field identifies the percentage used by the ASC Pricer in its calculation for the indicated revenue code.
		20 FSSCIDRP-ASC-GRP(1)	XXX	3	2	This field identifies the ASC Group code for the indicated revenue code
		20 FSSCIDRP-ASC-ADJ-LABOR(1)	9(9).99-	13	2	This field identifies the labor amount of the payment as calculated by the Pricer
		20 FSSCIDRP-ASC-UNADJ-NONLABOR(1)	9(9).99-	13	2	This field identifies the non-labor amount of the payment as calculated by the Pricer

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-DME-GENERIC-CODE(1)	XX	2	2	The generic code identifies all equipment that fall into a similar category as designated by CMS. It is the responsibility of each user to assign a specific generic code that is stored on the HCPCS file for the range of HCPCS that are similar. The valid values are 'A' through 'Z'.
		15 FSSCIDRP-DME-CATEGORY-CODE(1)	X	1	2	This field identifies the CMS category of the Durable Medical Equipment. This is a one-position alphanumeric field
		15 FSSCIDRP-PRICER-IND(1)	X	1	2	This field identifies which type of HCPC code this is, and if the code is to be priced by a fee schedule or not
		15 FSSCIDRP-PRICER-IND2(1)	X	1	2	This field identifies which type of HCPC code this is, and if the code is to be priced by a fee schedule or not.
		15 FSSCIDRP-LINE-ITEM-OVR-FLAG(1)	X	1	2	Internal field, not displayed on the claim screen
		15 FSSCIDRP-OPPS-PRICR-LINE-RTC(1)	XX	2	2	This field identifies the Return Code from Outpatient Prospective Payment System (OPPS).

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-NCD-OVR-FLAG(1)	X	1	2	National Coverage Determinations Override Indicator - This field identifies whether the line has been reviewed for medical necessity and should bypass the NCD edits, the line has no covered charges and should bypass the NCD edits, or the line should not bypass the NCD edits. This is a one-position alphanumeric field. The valid values are: ' ' The NCD edits are not bypassed, (default value). Note: a blank in this field is set on all lines for resubmitted RTP'D claims. 'Y' The line has been reviewed for medical necessity and bypass's the NCD edits. 'D' The line has no covered charges and bypass's the NCD edits.
		15 FSSCIDRP-NCD-DOC-FLAG(1)	X	1	2	National Coverage Determination Documentation Indicator – This field identifies whether the documentation was received for the medically necessary service. This is a one-position alphanumeric field. Note: This indicator will not be reset on resubmitted RTP'D claims. The valid values are: 'Y' The documentation supporting the medical necessity was received. 'N' The documentation supporting the medical necessity was not received, (default value.)
		15 FSSCIDRP-NCD-RESP-CODE(1)	X	1	2	National Clinical Laboratory response code
		15 FSSCIDRP-PAY-METH-IND-LINE(1)	XX	2	2	Not used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-HCPC-DRUG-CD(1)	X	1	2	This field identifies whether the HCPC is a drug. Value Description E The HCPC is a drug The HCPC is not a drug
		15 FSSCIDRP-EOMB-IND(1)	X	1	2	Identifies on which line of the EOMB each revenue code line item resides.
		15 FSSCIDRP-REV-FLAG(1)	X(4)	4	2	Exception revenue code
		15 FSSCIDRP-LINE-ERROR(1)	X	1	2	This field is used to identify errors at line that are received from CWF
		15 FSSCIDRP-HCPC-REGION(1)	XX	2	2	For certain HCPCS, the locality code is moved to this field
		15 FSSCIDRP-OXYGEN-DATA(1)	GROUP	2	2	
		20 FSSCIDRP-OXYGEN-SYSTEM(1)	X	1	2	Oxygen System - This field identifies oxygen claims. Value Description A Stationary oxygen system. B Stationary oxygen system contents. C Portable oxygen system add-on. D Portable oxygen system contents E Accessories.
		20 FSSCIDRP-OXYGEN-TYPE(1)	X	1	2	Oxygen Type - not currently used
		15 FSSCIDRP-MESSAGE-CODE(1)	X	1	2	This field identifies an EOMB letter code for home health claims only. Value Description A This is the maximum approved amount for this item. B This item has reached the maximum amount of the Medicare payment limit. No further

Start	End	Field Level/Name	Picture	Length	Phase	Description
						rental payments will be paid.
		15 FSSCIDRP-IDE-TYPE-CD(1)	XX	2	2	Not used by FISS.
		15 FSSCIDRP-IDE-NUMBER(1)	X(15)	15	2	IDE/NDC/UPC - This field will contain IDE, NDC, or UPC. IDE Investigational Device Exemption authorization number assigned by the FDA. It is only used for revenue code 0624.
		15 FSSCIDRP-NCD-NUM(1)	X(8)	8	2	National Coverage Determination Number, This field identifies the NCD number associated with the beneficiaries claim denial.
		15 FSSCIDRP-REV-CD-DATA(1)	GROUP	4	1	Revenue Code for the claim line
		20 FSSCIDRP-REV-CD(1)	9(4)	4	1	Revenue Code for the claim line
		20 FSSCIDRP-REV-CD-X(1)	GROUP	4	1	Revenue Code for the claim line
		REDEFINES FSSCIDRP-REV-CD				
		25 FSSCIDRP-REV-CENTER(1)	999	3	1	
		25 FSSCIDRP-REV-UNIT(1)	9	1	1	
		15 FSSCIDRP-REV-UNITS-BILLED(1)	9(9)	9	1	This field identifies the total units billed by revenue category
		15 FSSCIDRP-REV-SERV-UNIT-CNT(1)	9(9)	9	1	Number of units.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-SERV-DT-CYMD(1)	GROUP	8	1	the date of service for the line item
		20 FSSCIDRP-SERV-DT-CC(1)	99	2	1	the date of service for the line item
		20 FSSCIDRP-SERV-DT(1)	GROUP	6	1	the date of service for the line item
		25 FSSCIDRP-SERV-FROM-YR(1)	99	2	1	the date of service for the line item
		25 FSSCIDRP-SERV-FROM-MO(1)	99	2	1	the date of service for the line item
		25 FSSCIDRP-SERV-FROM-DY(1)	99	2	1	the date of service for the line item
		15 FSSCIDRP-OVERRIDE-CD-R(1)	GROUP	1	2	This field instructs the system in applying the services to the beneficiary's deductible and to coinsurance.
		20 FSSCIDRP-OVERRIDE-CD(1)	9	1	2	This field instructs the system in applying the services to the beneficiary's deductible and to coinsurance. Valid Values: 0 Deductible and coinsurance apply 1 deductible does not apply 2 coinsurance does not apply 3 neither deductible nor coinsurance apply 4 no need for total charges 5 RHC or CORF psychiatric A voluntary agreement (88888) H JMO cell rate (55555) I IRS/SSA/CMS Data Match project (77777) L litigation (33333) M EGHP N Non-EGHP Q initial enrollment questionnaire (IEQ 99999)

Start	End	Field Level/Name	Picture	Length	Phase	Description
						Y MSP cost avoided
		15 FSSCIDRP-MULTI-CHAN-TEST-QTY-X(1)	GROUP	2	2	This field identifies the number of medical tests associated with this multi-channel HCPC code.
		20 FSSCIDRP-MULTI-CHAN-TEST-QTY(1)	99	2	2	This field identifies the number of medical tests associated with this multi-channel HCPC code.
		15 FSSCIDRP-UB04-FILLER-44(1)	999	3	N/A	Filler for future use
		15 FSSCIDRP-REV-SERV-RATE-X(1)	GROUP	14	1,2	This field identifies the per unit cost for a particular revenue line item.
		20 FSSCIDRP-REV-SERV-RATE(1)	9(9).999-	14	1,2	This field identifies the per unit cost for a particular revenue line item.
		15 FSSCIDRP-RAD-PRICER-AMT-X(1)	GROUP	13	2	This field contains data returned from the radiology pricer
		20 FSSCIDRP-RAD-PRICER-AMT(1)	9(9).99-	13	2	This field contains data returned from the radiology pricer
		15 FSSCIDRP-REV-TOT-CHRG-AMT(1)	9(9).99-	13	1	Total charges submitted by the provider

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-REV-COV-CHRG-AMT(1)	9(9).99-	13	1	covered charge amount
		15 FSSCIDRP-REV-NCOV-CHRG-AMT(1)	9(9).99-	13	1	non-covered charge amount
		15 FSSCIDRP-TOT-FEE-SCHEDULE-AMT(1)	9(9).99-	13	2	Rate amount from the HCPC fee file
		15 FSSCIDRP-WAGE-ADJ-COIN-LINE(1)	9(8).99-	12	2	Coinsurance amount applied to the line
		15 FSSCIDRP-REDUCED-COIN-LINE(1)	9(8).99-	12	2	Coinsurance amount applied to the line if less than WAGE-ADJ-COIN-LINE
		15 FSSCIDRP-PROV-REIMB-LINE(1)	9(9).99-	13	2	The amount of total provider reimbursement applied to this line
		15 FSSCIDRP-PAT-CASH-DED-LINE(1)	9(8).99-	12	2	Patient's cash deductible amount applied to the line
		15 FSSCIDRP-PAT-REIMB-LINE(1)	9(9).99-	13	2	The amount of total patient reimbursement applied to this line
		15 FSSCIDRP-TOT-CONTR-ADJ(1)	9(9).99-	13	2	The contractual adjustment amount applied to this line
		15 FSSCIDRP-PSY-ESRD-BLD-HEMO(1)	9(9).99-	13	2	ESRD reduction amount
		15 FSSCIDRP-OTHER1-AMT(1)	9(9).99-	13	2	Value code 05 amount (professional component)
		15 FSSCIDRP-ANSI-LINE-INFO(1)	GROUP	25	N/A	Not used by FISS.
		20 FSSCIDRP-REDUC-COIN-ANSI(1)	GROUP	5	N/A	Not used by FISS.
		25 FSSCIDRP-REDUC-COIN-ANSI-GRP(1)	XX	2	N/A	Not used by FISS.
		25 FSSCIDRP-REDUC-COIN-ANSI-RSN(1)	XXX	3	N/A	Not used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-CONTR-ANSI-INFO(1)	GROUP	5	2	
		25 FSSCIDRP-CONTR-ANSI-GROUPS(1)	GROUP	5	2	ANSI Group code assigned to the line when a reason code is assigned to the line
		30 FSSCIDRP-CONTR-ANSI-GRP(1)	XX	2	2	ANSI Group code assigned to the line when a reason code is assigned to the line
		30 FSSCIDRP-CONTR-ANSI-RSN(1)	XXX	3	2	ANSI reason code assigned to the line when a reason code is assigned to the line
		20 FSSCIDRP-PSY-ESRD-BLD-HEMO-CDS(1)	GROUP	5	2	ANSI codes assigned to ESRD lines
		25 FSSCIDRP-PSY-ESRD-BLD-HEMO-GRP(1)	XX	2	2	ANSI group code assigned to ESRD line
		25 FSSCIDRP-PSY-ESRD-BLD-HEMO-RSN(1)	XXX	3	2	ANSI reason code assigned to ESRD line
		20 FSSCIDRP-OTHER1-ANSI(1)	GROUP	5	N/A	Not used by FISS.
		25 FSSCIDRP-OTHER1-GRP(1)	XX	2	N/A	Not used by FISS.
		25 FSSCIDRP-OTHER1-RSN(1)	XXX	3	N/A	Not used by FISS.
		20 FSSCIDRP-BENE-REIMB-ANSI(1)	GROUP	5	N/A	Not used by FISS.
		25 FSSCIDRP-BENE-REIMB-GRP(1)	XX	2	N/A	Not used by FISS.
		25 FSSCIDRP-BENE-REIMB-RSN(1)	XXX	3	N/A	Not used by FISS.
		15 FSSCIDRP-MSP-FIELDS(1)	GROUP	101	2	
		20 FSSCIDRP-MSP-	9(7).99-	11	2	MSP deductible applied to the line

Start	End	Field Level/Name	Picture	Length	Phase	Description
		CASH-DED-LINE(1)				
		20 FSSCIDRP-MSP-CASH-DED-ANSI(1)	GROUP	5	2	MSP ANSI codes
		25 FSSCIDRP-MSP-CASH-DED-GRP(1)	XX	2	2	MSP ANSI group code
		25 FSSCIDRP-MSP-CASH-DED-RSN(1)	XXX	3	2	MSP ANSI reason code
		20 FSSCIDRP-MSP-COINS-LINE(1)	9(7).99-	11	2	MSP coinsurance applied to the line
		20 FSSCIDRP-MSP-COIN-ANSI(1)	GROUP	5	2	MSP coinsurance ANSI codes
		25 FSSCIDRP-MSP-COIN-GRP(1)	XX	2	2	MSP coinsurance ANSI group code
		25 FSSCIDRP-MSP-COIN-RSN(1)	XXX	3	2	MSP coinsurance ANSI reason code
		20 FSSCIDRP-MSP-BLD-DED-LINE(1)	9(7).99-	11	2	MSP blood deductible for the line
		20 FSSCIDRP-MSP-BLD-DED-ANSI(1)	GROUP	5	2	MSP blood deductible ANSI codes
		25 FSSCIDRP-MSP-BLD-DED-GRP(1)	XX	2	2	MSP blood deductible ANSI group code
		25 FSSCIDRP-MSP-BLD-DED-RSN(1)	XXX	3	2	MSP blood deductible ANSI reason code
		20 FSSCIDRP-MSP-AMT1-LINE(1)	9(9).99-	13	2	MSP 1st other insurance amount for the line
		20 FSSCIDRP-MSP-AMT2-LINE(1)	9(9).99-	13	2	MSP 2nd other insurance amount for the line
		20 FSSCIDRP-MSP-OTAF-AMT(1)	9(9).99-	13	2	MSP 1st other insurance amount obligated to accept
		20 FSSCIDRP-MSP-DENIAL-IND(1)	X	1	2	MSP 2nd other insurance amount obligated to accept
		20 FSSCIDRP-	9(9).99-	13	N/A	Not used by FISS.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		OUTLIER-AMT(1)				
		15 FSSCIDRP-MSP-FUTURE(1)	X(11)	11	N/A	Filler for future use
		15 FSSCIDRP-FMR-REASON-CODES(1,1)	GROUP	5	2	Line level medical review reason code table
		OCCURS 4 TIMES				
		20 FSSCIDRP-FMR-REASON(1,1)	X(5)	5	2	Line level medical review reason code
		15 FSSCIDRP-FMR-REASON-CODES(1,2)	GROUP	5		
		20 FSSCIDRP-FMR-REASON(1,2)	X(5)	5		
		15 FSSCIDRP-FMR-REASON-CODES(1,3)	GROUP	5		
		20 FSSCIDRP-FMR-REASON(1,3)	X(5)	5		
		15 FSSCIDRP-FMR-REASON-CODES(1,4)	GROUP	5		
		20 FSSCIDRP-FMR-REASON(1,4)	X(5)	5		
		15 FSSCIDRP-ADR-REASONS(1,1)	GROUP	5	2	Line level Additional Development Request reason code table
		OCCURS 4 TIMES				
		20 FSSCIDRP-ADR-REASON(1,1)	X(5)	5	2	Line level Additional Development Request reason code
		15 FSSCIDRP-ADR-REASONS(1,2)	GROUP	5		
		20 FSSCIDRP-ADR-REASON(1,2)	X(5)	5		
		15 FSSCIDRP-ADR-REASONS(1,3)	GROUP	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-ADR-REASON(1,3)	X(5)	5		
		15 FSSCIDRP-ADR-REASONS(1,4)	GROUP	5		
		20 FSSCIDRP-ADR-REASON(1,4)	X(5)	5		
		15 FSSCIDRP-LINE-REASON-CODES(1,1)	GROUP	5	2	Line level reason code table
		OCCURS 4 TIMES				
		20 FSSCIDRP-LINE-REASON(1,1)	X(5)	5	2	Line level reason code
		15 FSSCIDRP-LINE-REASON-CODES(1,2)	GROUP	5		
		20 FSSCIDRP-LINE-REASON(1,2)	X(5)	5		
		15 FSSCIDRP-LINE-REASON-CODES(1,3)	GROUP	5		
		20 FSSCIDRP-LINE-REASON(1,3)	X(5)	5		
		15 FSSCIDRP-LINE-REASON-CODES(1,4)	GROUP	5		
		20 FSSCIDRP-LINE-REASON(1,4)	X(5)	5		
		15 FSSCIDRP-HCPC-ROLLUP-PANEL-CD(1)	X(5)	5	2	The HCPC code used for multi-channel HCPC lab codes
		15 FSSCIDRP-HCPC-ROLLUP-PMT-IND(1)	X	1	2	The payment indicator that goes with the rollup panel code
		15 FSSCIDRP-FORM-LOC49(1)	X(4)	4	N/A	Not used by FISS.
		15 FSSCIDRP-HCPC-DUPE-IND(1)	X	1	2	an indicator pulled from the revenue code file to determine if HCPC is required on line
		15 FSSCIDRP-OCE-	GROUP	53	2	

Start	End	Field Level/Name	Picture	Length	Phase	Description	
		APC-BUFFER(1)					
		20 FSSCIDRP-APC-HCPCS-PROC(1)	X(5)	5	2	Payment Ambulatory Patient Classification Code or HCPC Ambulatory Patient Classification Code - This field displays the number that identifies the APC group.	
		20 FSSCIDRP-APC-PAYMENT-APC(1)	9(5)	5	2		
		20 FSSCIDRP-APC-HCPCS-APC(1)	9(5)	5	2	ambulatory patient HCPC code	
		20 FSSCIDRP-HIPPS-APC-LINE(1)	X(5)	5	2		
		REDEFINES FSSCIDRP-APC-HCPCS-APC					
		20 FSSCIDRP-APC-SERV-IND(1)	XX	2	2	OCE service indicator flag	
		20 FSSCIDRP-SITE-OF-SERV-INC-FLAG(1)	XX	2	2		
		REDEFINES FSSCIDRP-APC-SERV-IND					

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-APC-PAYMENT-IND(1)	XX	2	2	This field identifies the payment method returned from OCE. This is two-position alphanumeric field. The valid values are: '1' Paid standard OPSS amount (status indicators 'K', 'S', 'T', 'V', 'X', or 'P') '2' Services not paid under OPSS (status indicator 'A') '3' Not paid (status indicators 'W', 'Y', or 'E') or not paid under OPSS (status indicators 'B', 'C', 'Z') '4' Acquisition cost paid (status indicator 'F' or 'L') '5' Additional payment for drug or biological (status indicator 'G') '6' Additional payment for device (status indicator 'H') '7' Additional payment for new drug or new biological (status indicator 'J') '8' Paid partial hospitalization per diem (status indicator 'P') '9' No additional payment, payment included in line items with APCs (status indicator 'N', or no HCPCS code and certain revenue codes, or HCPCS codes G0176 (activity therapy), G0129 (occupational therapy), or G0177 (partial hospitalization program services)
		20 FSSCIDRP-OCE-APC-FILLER-F1(1)	X	1	2	Filler for future use
		20 FSSCIDRP-APC-DISC-FCTR(1)	X	1	2	OCE Discounting Formula Number
		20 FSSCIDRP-DISCOUNT-FLAG-	X	1	2	OCE Discounting Formula Number

Start	End	Field Level/Name	Picture	Length	Phase	Description	
		LINE(1)					
		REDEFINES FSSCIDRP-APC-DISC-FCTR					
		20 FSSCIDRP-OCE-APC-FILLER-F2(1)	X	1	N/A	Filler for future use	
		20 FSSCIDRP-APC-DEN-REJ(1)	X	1	2	OCE Line Item Denial or Rejection	
		20 FSSCIDRP-OCE-APC-FILLER-F3(1)	X	1	N/A	Filler for future use	
		20 FSSCIDRP-APC-PKG-FLAG(1)	X	1	2	OCE packaging	
		20 FSSCIDRP-PACKAGE-FLAG-LINE(1)	X	1	2	OCE packaging	
		REDEFINES FSSCIDRP-APC-PKG-FLAG					
		20 FSSCIDRP-APC-PAY-ADJ-FLAG(1)	XX	2	2	OCE payment adjustment flag	
		20 FSSCIDRP-OCE-APC-FILLER-F4(1)	X	1	N/A	Filler for future use	
		20 FSSCIDRP-APC-TOB-INCL(1)	X	1	2		
		20 FSSCIDRP-APC-SERV-UNIT(1)	X(7)	7	2	Total units for the line	
		20 FSSCIDRP-APC-CHARGES(1)	9(9).99-	13	2	Total charges submitted by the provider for the line	
		20 FSSCIDRP-OCE-APC-FILLER-F5(1)	X	1	2	Filler for future use	
		20 FSSCIDRP-APC-ACTION-FLAG(1)	X	1	2	OE line item action flag	
		20 FSSCIDRP-COMPOSITE-ADJ-FLAG(1)	XX	2	2	OCE composite adjustment flag	

Start	End	Field Level/Name	Picture	Length	Phase	Description	
		15 FSSCIDRP-OCE-APC-FILLER-F6(1)	X(16)	16	N/A	Filler for future use	
		15 FSSCIDRP-ORIG-HCPC-DATA(1)	GROUP	16	2		
		20 FSSCIDRP-ORIG-HCPC-CD(1)	X(5)	5	2	Retains the original HCPC code when the system changes the code	
		20 FSSCIDRP-ORIG-HCPC-IND(1)	X	1	2	Retains the original HCPC indicator when the system changes the HCPC code	
		20 FSSCIDRP-ORIG-HCPC-MODS(1)	GROUP	10	2	Retains the original HCPC modifier when the system changes the HCPC code	
		25 FSSCIDRP-ORIG-HCPC-MOD1(1)	XX	2	2	Retains the original HCPC modifier when the system changes the HCPC code	
		25 FSSCIDRP-ORIG-HCPC-MOD2(1)	XX	2	2	Retains the original HCPC modifier when the system changes the HCPC code	
		25 FSSCIDRP-ORIG-HCPC-MOD3(1)	XX	2	2	Retains the original HCPC modifier when the system changes the HCPC code	
		25 FSSCIDRP-ORIG-HCPC-MOD4(1)	XX	2	2	Retains the original HCPC modifier when the system changes the HCPC code	
		25 FSSCIDRP-ORIG-HCPC-MOD5(1)	XX	2	2	Retains the original HCPC modifier when the system changes the HCPC code	
		20 FILLER(1)	GROUP	10	N/A		
		REDEFINES FSSCIDRP-ORIG-HCPC-MODS					Retains the original HCPC modifier when the system changes the HCPC code
		25 FSSCIDRP-ORIG-HCPC-MOD(1,1)	XX	2	2		
		OCCURS 54 TIMES					
		25 FSSCIDRP-ORIG-HCPC-MOD(1,2)	XX	2			
		25 FSSCIDRP-ORIG-HCPC-MOD(1,3)	XX	2			
		25 FSSCIDRP-ORIG-HCPC-MOD(1,4)	XX	2			

Start	End	Field Level/Name	Picture	Length	Phase	Description
		25 FSSCIDRP-ORIG-HCPC-MOD(1,5)	XX	2		
		15 FSSCIDRP-HCPC-MOD-IND(1)	X	1	2	This field identifies whether the HCPC Code, Modifier, or the REV Code were changed. This is a one-position alphanumeric field. The valid values are: 'U' Upcoding 'D' Downcoding ' ' Blank
		15 FSSCIDRP-ORIG-REV-CD(1)	9(4)	4	2	Retains the original revenue code when the system changes it
		15 FSSCIDRP-REASON-CD-BYPASS(1)	X	1	2	Internal indicator set when bypassing the setting of a reason code
		15 FSSCIDRP-ANES-CONV-FACTOR(1)	X(5)	5	2	Anesthesia conversion factor
		15 FSSCIDRP-ANES-BASE-UNITS(1)	999	3	2	Anesthesia base units
		15 FSSCIDRP-ORIGINAL-LUAC(1,1)	GROUP	1	2	Original Line User Action Code table
		OCCURS 4 TIMES				
		20 FSSCIDRP-ORIG-LUAC(1,1)	X	1	2	Original Line User Action Code – This field identifies the original line user action code. It is only populated when there is a line user action code and a corresponding medical review denial reason code in the Benefits Savings portion of claim page 32.
		15 FSSCIDRP-ORIGINAL-LUAC(1,2)	GROUP	1		
		20 FSSCIDRP-ORIG-LUAC(1,2)	X	1		
		15 FSSCIDRP-	GROUP	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		ORIGINAL-LUAC(1,3)				
		20 FSSCIDRP-ORIG-LUAC(1,3)	X	1		
		15 FSSCIDRP-ORIGINAL-LUAC(1,4)	GROUP	1		
		20 FSSCIDRP-ORIG-LUAC(1,4)	X	1		
		15 FSSCIDRP-BSVS-LINES(1,1)	GROUP	57	2	
		OCCURS 4 TIMES				
		20 FSSCIDRP-BSVS-DEN-OVERRIDE(1,1)	X	1	2	identifies the override code that allows the operator to manually override the system generated ANSI codes taken from the Denial Reason Code file
		20 FSSCIDRP-BSVS-NCOV-CHRG(1,1)	9(9).99-	13	2	This field identifies the total number of denied/rejected/non-covered charges for each line item being denied.
		20 FSSCIDRP-BSVS-NCOV-DYS-VSTS(1,1)	9(9)	9	2	Identifies the number of days/visits that are being denied. Denied days/visits are required for those revenue codes that require units on Revenue Code file

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-BSVS- USER-ACT(1,1)	X	1	2	<p>Identifies the Medical Review User Action Codes.</p> <p>Value Description</p> <p>1 Religious Non-Medical Health Care Institutions (RNHCI) Indicator; 'Excepted' medical treatment.</p> <p>2 Religious Non Medical Health Care Institutions (RNHCI) Indicator; 'Non-Excepted' medical treatment.</p> <p>A Pay per waiver - full technical.</p> <p>B Pay per waiver - full medical.</p> <p>C Provider liability - full medical - subject to waiver provisions.</p> <p>D Beneficiary liability - full - subject to waiver provisions.</p> <p>E Pay claim - line full.</p> <p>F Pay claim - partial - claim must be updated to reflect liability.</p> <p>G Provider liability - full technical - subject to waiver provisions.</p> <p>H Full or partial denial with multiple liabilities. Claim must be updated to reflect liability.</p> <p>I Full provider liability - medical - not subject to waiver provisions.</p> <p>J Full provider liability - technical - not subject to waiver provisions.</p> <p>K Full beneficiary liability - not subject to waiver provisions.</p> <p>L Full provider liability - code changed to reflect actual service.</p> <p>M Pay per waiver - line or partial line.</p> <p>N Provider liability - line or partial line.</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
						<p>O Beneficiary liability - line or partial line. P Open biopsy changed to closed biopsy. Q Release with no medical review performed. R CWF (Common Working File) denied but medical review was performed. Z Force claim to be re-edited by Medical Policy.</p> <p>Special Screening Refer To Below Values</p> <p>5 Generates systematically from the reason code file to identify claims for which special processing is required.</p> <p>7 Force claim to be re-edited by Medical Policy edits in the 5XXXXX range but not the 7XXXXX range.</p> <p>8 A claim was suspended via an OCE MED review reason.</p> <p>9 Claim has been identified as 'First Claim Review'.</p>

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-BSVS-MED-TECH-IND(1,1)	X	1	2	Identifies the appropriate Medical Technical Denial indicator used when performing the medical review denial of a line item. Value Description A Home Health only - not intermittent care - technical and waiver was applied B Home Health only - not homebound - technical and waiver was applied C Home Health only - lack of physicians orders - technical deletion and waiver was not applied D Home Health only - Records not submitted after the request - technical deletion and waiver was not applied M Medical denial and waiver was applied S Medical denial and waiver was not applied T Technical denial and waiver was applied U Technical denial and waiver was not applied
		20 FSSCIDRP-BSVS-RECON(1,1)	X	1	2	identifies the cause of denial for the revenue line and a reconsideration code
		20 FSSCIDRP-BSVS-ANSI-INFO(1,1)	GROUP	25	2	identifies the ANSI information for the denied lines
		25 FSSCIDRP-BSVS-ANSI-GROUPS(1,1)	GROUP	5	2	identifies the ANSI information for the denied lines
		30 FSSCIDRP-BSVS-ANSI-GRP(1,1)	XX	2	2	Identifies the ANSI Group code.
		30 FSSCIDRP-BSVS-ANSI-RSN(1,1)	XXX	3	2	Identifies the ANSI reason code.
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,1,1)	GROUP	5	2	ANSI remarks code table for denied lines
		OCCURS 4 TIMES				
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,1,1)	X(5)	5	2	ANSI remarks code

Start	End	Field Level/Name	Picture	Length	Phase	Description
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,1,2)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,1,2)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,1,3)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,1,3)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,1,4)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,1,4)	X(5)	5		
		20 FSSCIDRP-BSVS-REASON(1,1)	X(5)	5		Denied reason code
		20 FSSCIDRP-BSVS-CHRGs-OVR-CD(1,1)	X	1		This field identifies the override code that allows the operator to manually override the system generated ANSI codes taken from the Denial Reason Code file.
		15 FSSCIDRP-BSVS-LINES(1,2)	GROUP	57		
		20 FSSCIDRP-BSVS-DEN-OVERRIDE(1,2)	X	1		
		20 FSSCIDRP-BSVS-NCOV-CHRGs(1,2)	9(9).99-	13		
		20 FSSCIDRP-BSVS-NCOV-DYS-VSTS(1,2)	9(9)	9		
		20 FSSCIDRP-BSVS-USER-ACT(1,2)	X	1		
		20 FSSCIDRP-BSVS-MED-TECH-IND(1,2)	X	1		
		20 FSSCIDRP-BSVS-RECON(1,2)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-BSVS-ANSI-INFO(1,2)	GROUP	25		
		25 FSSCIDRP-BSVS-ANSI-GROUPS(1,2)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-GRP(1,2)	XX	2		
		30 FSSCIDRP-BSVS-ANSI-RSN(1,2)	XXX	3		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,2,1)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,2,1)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,2,2)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,2,2)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,2,3)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,2,3)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,2,4)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,2,4)	X(5)	5		
		20 FSSCIDRP-BSVS-REASON(1,2)	X(5)	5		
		20 FSSCIDRP-BSVS-CHRGs-OVR-CD(1,2)	X	1		
		15 FSSCIDRP-BSVS-LINES(1,3)	GROUP	57		
		20 FSSCIDRP-BSVS-DEN-OVERRIDE(1,3)	X	1		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		20 FSSCIDRP-BSVS-NCOV-CHRG(1,3)	9(9).99-	13		
		20 FSSCIDRP-BSVS-NCOV-DYS-VSTS(1,3)	9(9)	9		
		20 FSSCIDRP-BSVS-USER-ACT(1,3)	X	1		
		20 FSSCIDRP-BSVS-MED-TECH-IND(1,3)	X	1		
		20 FSSCIDRP-BSVS-RECON(1,3)	X	1		
		20 FSSCIDRP-BSVS-ANSI-INFO(1,3)	GROUP	25		
		25 FSSCIDRP-BSVS-ANSI-GROUPS(1,3)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-GRP(1,3)	XX	2		
		30 FSSCIDRP-BSVS-ANSI-RSN(1,3)	XXX	3		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,3,1)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,3,1)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,3,2)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,3,2)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,3,3)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,3,3)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,3,4)	GROUP	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,3,4)	X(5)	5		
		20 FSSCIDRP-BSVS-REASON(1,3)	X(5)	5		
		20 FSSCIDRP-BSVS-CHRGs-OVR-CD(1,3)	X	1		
		15 FSSCIDRP-BSVS-LINES(1,4)	GROUP	57		
		20 FSSCIDRP-BSVS-DEN-OVERRIDE(1,4)	X	1		
		20 FSSCIDRP-BSVS-NCOV-CHRGs(1,4)	9(9).99-	13		
		20 FSSCIDRP-BSVS-NCOV-DYS-VSTS(1,4)	9(9)	9		
		20 FSSCIDRP-BSVS-USER-ACT(1,4)	X	1		
		20 FSSCIDRP-BSVS-MED-TECH-IND(1,4)	X	1		
		20 FSSCIDRP-BSVS-RECON(1,4)	X	1		
		20 FSSCIDRP-BSVS-ANSI-INFO(1,4)	GROUP	25		
		25 FSSCIDRP-BSVS-ANSI-GROUPS(1,4)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-GRP(1,4)	XX	2		
		30 FSSCIDRP-BSVS-ANSI-RSN(1,4)	XXX	3		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,4,1)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,4,1)	X(5)	5		

Start	End	Field Level/Name	Picture	Length	Phase	Description
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,4,2)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,4,2)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,4,3)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,4,3)	X(5)	5		
		25 FSSCIDRP-BSVS-ANSI-REMARKS(1,4,4)	GROUP	5		
		30 FSSCIDRP-BSVS-ANSI-RMKS(1,4,4)	X(5)	5		
		20 FSSCIDRP-BSVS-REASON(1,4)	X(5)	5		
		20 FSSCIDRP-BSVS-CHRG-OVR-CD(1,4)	X	1		
		15 FSSCIDRP-HH-HRG-WGTS(1)	9(2).9(4)-	8	N/A	Not used by FISS.
		15 FSSCIDRP-CERT-MR-IND(1)	X	1	2	Complex Manual Medical Review Indicator - This field identifies if the service received complex manual medical review. Value Description blank The services did not receive manual medical review (default value). N Medical records were not received. This service received routine manual medical review. Y Medical records received. This service received complex manual medical review.
		15 FSSCIDRP-ORIGINAL-DENIAL-CODE(1,1)	GROUP	5	2	Original denial reason code table

Start	End	Field Level/Name	Picture	Length	Phase	Description
		OCCURS 4 TIMES				
		20 FSSCIDRP-ORIG-DENIAL(1,1)	X(5)	5	2	Original denial reason code
		15 FSSCIDRP-ORIGINAL-DENIAL-CODE(1,2)	GROUP	5		
		20 FSSCIDRP-ORIG-DENIAL(1,2)	X(5)	5		
		15 FSSCIDRP-ORIGINAL-DENIAL-CODE(1,3)	GROUP	5		
		20 FSSCIDRP-ORIG-DENIAL(1,3)	X(5)	5		
		15 FSSCIDRP-ORIGINAL-DENIAL-CODE(1,4)	GROUP	5		
		20 FSSCIDRP-ORIG-DENIAL(1,4)	X(5)	5		
		15 FSSCIDRP-C7274-FLAG(1)	X	1	2	This field identifies the CWF error Flag. Value Description Y Yes N No
		15 FSSCIDRP-SUSP-DUP-REV-IND(1)	X	1	2	Suspended Duplicate Review Indicator - This field identifies whether a suspended duplicate review was performed. Value Description ' ' No Suspended Duplicate Review was performed. '1' Approved and paid for an item that was reviewed as a Suspended Duplicate and determined not to be a duplicate on claims with a receipt date on or after 7/01/05.

Start	End	Field Level/Name	Picture	Length	Phase	Description
		15 FSSCIDRP-LINE-TABLE(1,1)	GROUP	5	2	CWF override table
		OCCURS 5 TIMES				
		20 FSSCIDRP-CWF-LNEOVR-ERROR(1,1)	X(5)	5	2	CWF edit code to be overridden
		15 FSSCIDRP-LINE-TABLE(1,2)	GROUP	5	2	
		20 FSSCIDRP-CWF-LNEOVR-ERROR(1,2)	X(5)	5	2	
		15 FSSCIDRP-LINE-TABLE(1,3)	GROUP	5	2	
		20 FSSCIDRP-CWF-LNEOVR-ERROR(1,3)	X(5)	5	2	
		15 FSSCIDRP-LINE-TABLE(1,4)	GROUP	5	2	
		20 FSSCIDRP-CWF-LNEOVR-ERROR(1,4)	X(5)	5	2	
		15 FSSCIDRP-LINE-TABLE(1,5)	GROUP	5	2	
		20 FSSCIDRP-CWF-LNEOVR-ERROR(1,5)	X(5)	5	2	
		15 FSSCIDRP-ORIG-HCPC-RATE(1)	9(9).999-	14	2	Original HCPC rate on the line
		15 FSSCIDRP-HCPC-TYPE(1)	X	1	2	Identifies if HCPC is from MPFSDB fee files values: M MPFSDB fee file code ' ' other hcpc code
		15 FSSCIDRP-HIPA-5010-SL-NBR(1)	XXX	3	1	THE INBOUND 837 LX01 SEG LINE ITEM CONTROL NUMBER
		15 FSSCIDRP-HIPA-5010-SLD-IND(1)	X	1	1	Indicates SV202-7-DESCRIPTION is greater than spaces
		15 FSSCIDRP-NDC-	GROUP	19	1	National Drug code data

Start	End	Field Level/Name	Picture	Length	Phase	Description
		DATA(1)				
		20 FSSCIDRP-NDC(1)	X(11)	11	1	National Drug code
		20 FSSCIDRP-NDC-QTY(1)	9(7).999	11	1	National Drug code quantity
		20 FSSCIDRP-NDC-QTY-QUAL(1)	XX	2	1	National Drug code quantity qualifier
		15 FSSCIDRP-VAR-FUTURE(1)	X(56)	56	N/A	Filler for future use

ATTACHMENT B

Table 1: MCS Claim Header Layout

Remove the 260 byte trailing filler column reducing the header record by 256 bytes; four bytes are added for the length of a variable length record.

COLOR HAS NO INFORMATIONAL MEANING

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1	HEADER CONTROL TYPE	:P:IDR-CLM-HD-CONTR-TYPE	Indication that this is a Part B claim.	1 C	VALUE = B		X	X	X	X
2-3	HEADER RECORD TYPE	:P:IDR-CLM-HD-REC-TYPE	Indicates header record.	2 C	VALUE = 00		X	X	X	X
4-5 6-18	CLAIM HEADER ICN	:P:IDR-CLM-HD-PLAN :P:IDR-CLM-HD-ICN-NBR	Claim Number assigned.	2 N 13 N	PLAN CODE ICN Adjustment ICNs begin with these values: 83, 96, 97, 46, 47, 48, 56, 57, 58, 66, 67, 68 If ICN ends with something other than a zero, then claim was split	ZEROS	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	CLAIM HEADER RECORD									
19-23	CONTRACTOR ID	:P:IDR-CONTR-ID	Contractor number	5 c		SPACES	X	X	X	X
24-25	DETAIL COUNT	:P:IDR-DTL-CNT	Number of claim details	2 c		ZEROS	X	X	X	X
26-37	CLAIM HIC	:P:IDR-HIC	Health Insurance identification number	12 c		SPACES	X	X	X	X
38	CLAIM TYPE	:P:IDR-CLAIM-TYPE	Claim type code	1 C	2 – Adjustment 3 – Claim	SPACES	X	X	X	X
39	CLAIM ASSIGNMENT	:P:IDR-ASSIGNMENT	Assignment code	1 C	A – Assigned B – Clinical Lab Split G – Group H – HBP Claim N – Non Assigned	SPACES	X	X	X	X
40-45	BENE LAST NAME (FIRST SIX BYTES)	:P:IDR-BENE-LAST-1-6	Beneficiary last name-first 6 Characters	6 C		SPACES	X	X	X	X
46	BENE FIRST NAME (FIRST INITIAL)	:P:IDR-BENE-FIRST-INIT	Beneficiary first name-first initial	1 C		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
47	BENE MIDDLE INITIAL	:P:IDR-BENE-MID-INIT	Beneficiary middle name-first initial	1 C	If present on Beneficiary Eligibility file.	SPACES	X	X	X	X
48	BENE GENDER	:P:IDR-BENE-SEX	Beneficiary sex	1 C	M-male	SPACES	X	X	X	X
		-			F-female					
49	CLAIM STATUS CODE	:P:IDR-STATUS-CODE	Claim status code	1 C	See spec S0209000 Values are A-Z or 1-9 Phase I files will contain a space. Value A (current active claim) is not passed to history. Value B (suspended) is not passed to history. Values 1 and 3 are also for pending and are not passed Values are A-Z or 1-9 Phase I files will contain a	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					space. Value A (current active claim) is not passed to history. Value B (suspended) is not passed to history. Values 1 and 3 are also for pending and are not passed to history. **NOTE: claim status R indicates a deleted claim. If status is equal to R then claim location will equal 090.					
50-57	CLAIM STATUS DATE	:P:IDR- <u>STATUS-DATE</u>	Claim status/paid date-last date on which activity against this claim occurred	8 N	MMDDYY Y NOTE: The status date will always report even	ZEROS	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					though pending claims will contain a space in the Status Code field.					
58-66	BENE INTERNAL CHECK NUMBER	<u>:P:IDR-BENE-INCHK-NUM</u>	Beneficiary internal check number	9 N	Unique Number to identify beneficiary check Internally to the MCS system	ZEROS			X	X
67-75	BENE EXTERNAL CHECK NUMBER	<u>:P:IDR-BENE-EXCHK-NUM</u>	Beneficiary external check number	9 N	Number printed on the physical check to the beneficiary	ZEROS			X	X
76-77	CLAIM CAC CODE	<u>:P:IDR-CAC-CODE</u>	Carrier appeals code	2 C	No longer used, it has been replaced with :P:IDR-U-CARRIER-APPL-CODE	SPACES				
78-87	BILLING PROV NPI	<u>:P:IDR-BILL-PROV-NPI</u>	Billing provider NPI	10 C	Number identifying billing provider NPI	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
88-97	BILLING PROVIDER NUMBER	:P:IDR-BILL-PROV-NUM	Billing provider number	10 c	Number identifying the billing provider for this claim	SPACES	X	X	X	X
98-107	BILLING PROV EIN	:P:IDR-BILL-PROV-EIN	Billing provider EIN #	10 C	9-digit employee identification number (EIN) or social security number (SSN) with the 10th character set to 'E' if EIN or 'S' if SSN.	SPACES	X	X	X	X
108-109	BILLING PROV TYPE	:P:IDR-BILL-PROV-TYPE	Billing provider - type	2 C	<u>See Basic values document S0105010</u>	SPACES	X	X	X	X
110-111	BILLING PROV SPEC	:P:IDR-BILL-PROV-SPEC	Billing provider - specialty code	2 C	<u>See Basic values document S0106010</u>	SPACES	X	X	X	X
112	BILLING PROV GROUP IND	:P:IDR-BILL-PROV-GROUP-IND	Billing provider - group indicator	1 C	G - if Group Provider, otherwise blank Not passed to	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					Phase I					
113-114	BILLING PROV PRICING SPECIALT Y	:P:IDR-BILL- PROV-PRICE- SPEC	Billing provider - pricing specialty	2 C	See Basic values document S0106010	SPACES	X	X	X	X
115-116	BILLING PROVIDER COUNTY	:P:IDR-BILL- PROV- COUNTY	Billing provider - county	2 C		SPACES	X	X	X	X
117-118	BILLING PROVIDER LOC	:P:IDR-BILL- PROV-LOC	Billing provider locality	2 C		SPACES	X	X	X	X
119-126	CLAIM DIAGNOSI S (1)	:P:IDR-DIAG- TBL :P:IDR-DIAG- ICD-TYPE (1) :P:IDR-DIAG- CODE (7)	Claim diagnosis code	8 C		SPACES	X	X	X	X
127-134	CLAIM DIAGNOSI S (2)	:P:IDR-DIAG- TBL :P:IDR-DIAG- ICD-TYPE (1) :P:IDR-DIAG- CODE (7)	Claim diagnosis code	8 C		SPACES	X	X	X	X
135-137	HEADER EOMB MESSAGE	:P:IDR-HDR- EOMB-MSG	Claim EOMB message 1	3 C	See Basic values document S0118010	SPACES		X	X	X
138-140	HEADER PRIMARY	:P:IDR-HDR- AUDIT	Primary header audit number	3 n		ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	AUDIT									
141	HEADER PRIMARY AUDIT INDICATOR	<u>:P:IDR-HDR-AUDIT-IND</u>	Primary header audit indicator	1 C		SPACES		X	X	X
142-148	BENE PAID AMOUNT	<u>:P:IDR-BENE-PAID</u>	Beneficiary paid amount	7 n (99999V99)	Amount pre-paid by the beneficiary	ZEROS			X	X
149-155	BENE CHECK AMOUNT	<u>:P:IDR-BENE-CHECK-AMT</u>	Beneficiary check amount	7 n (99999V99)	Amount paid to beneficiary	ZEROS			X	X
156-162	BENE OFFSET AMOUNT	<u>:P:IDR-BENE-OFFSET</u>	Beneficiary offset amount	7 n (99999V99)	Amount applied to accounts receivable	ZEROS			X	X
163-171	PROVIDER INTERNAL CHECK NUMBER	<u>:P:IDR-PROV-INCHK-NUM</u>	Provider Internal check number	9 c	Unique number to identify check to provider Internally to the MCS system	SPACES			X	X
172-178	PROVIDER CHECK AMOUNT	<u>:P:IDR-PROV-CHECK-AMT</u>	Provider check amount	7 n (99999V99)	Amount paid to provider	ZEROS			X	X
179-185	PROVIDER OFFSET AMOUNT	<u>:P:IDR-PROV-OFFSET</u>	Provider offset amount	7 n (99999V99)	Amount applied to accounts	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					receivable					
186-194	PROVIDER EXTERNAL CHECK NUMBER	:P:IDR-PROV-EXCHK-NUM	Provider external check number	9 c	Number printed on physical check to the provider	SPACES			X	X
195-198	INTERNAL CLERK NUMBER	:P:IDR-CLERK	Claim examiner number	4 C	Clerk number of clerk who most recently updated claim	SPACES			X	X
199-205	TOTAL CLAIM ALLOWED AMOUNT	:P:IDR-TOT-ALLOWED	Total claim allowed amount	7 N (99999V99)		ZEROS			X	X
206-212	TOTAL CLAIM COINSURANCE AMOUNT	:P:IDR-COINSURANCE	Total claim coinsurance amount	7 n (99999V99)		ZEROS			X	X
213-219	TOTAL CLAIM DEDUCTIBLE AMOUNT	:P:IDR-DEDUCTIBLE	Total claim deductible amount	7 n (99999V99)		ZEROS			X	X
220	BILLING PROVIDER STATUS CODE	:P:IDR-BILL-PROV-STATUS-CD	Billing provider status code	1 C	P - Par Provider N - Non-Par Provider Will not be	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					passed on Phase I extract.					
221	DME LIMIT INDICATOR	:P:IDR-DME-LIMIT-IND	Durable medical equipment/Limit indicator	1 c	Y – yes N – no Not carried on Phase I	SPACES		X	X	X
222	DOCUMENTATION INDICATOR	:P:IDR-DOC-IND	Documentation indicator	1 C	Y=YES; N=NO	SPACES	X	X	X	X
223	GROUP INDICATOR	:P:IDR-GROUP-IND	Group Indicator - indicates if the Insurer's Group Policy was submitted on the claim. This field relates to Field 11 on the HCFA 1500 claim form	1 c	Y – group number present N – bene has no group number B – group number blank Not carried on Phase I	SPACES		X	X	X
224	EGHP STATUS	:P:IDR-EGHP-STATUS	Employer group health plan status	1 C	Y - EGHP claim, else space			X	X	X
225-233	CROSSEVER INS #1	:P:IDR-PAYER-ID	Crossover insurer #1	9 C	Unique payer ID assigned for insurer (not implemented yet)	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
234-242	CROSSOVER INS #2	:P:IDR-PAYER-ID2	Crossover insurer #2	9 C	Unique payer ID assigned for insurer (not implemented yet)	SPACES			X	X
243-251	CROSSOVER INS #3	:P:IDR-PAYER-ID3	Crossover insurer #3	9 C	Unique payer ID assigned for insurer (not implemented yet)	SPACES			X	X
252-260	CROSSOVER INS #4	:P:IDR-PAYER-ID4	Crossover insurer #4	9 C	Unique payer ID assigned for insurer (not implemented yet)	SPACES			X	X
261-269	CROSSOVER INS #5	:P:IDR-PAYER-ID5	Crossover insurer #5	9 C	Unique payer ID assigned for insurer (not implemented yet)	SPACES			X	X
270-276	TOTAL BILLED AMOUNT	:P:IDR-TOT-BILLED-AMT	Claim billed amount	7 n (99999v99)	Total billed amount	ZEROS	X	X	X	X
277-284	CLAIM FROM DOS	:P:IDR-HHDR-FROM-DOS	Claim from date of service	8 n	MMDDYY Y	ZEROS	X	X	X	X
285-292	CLAIM TO DOS	:P:IDR-HDR-TO-DOS	Claim to date of service	8 n	MMDDYY Y	ZEROS	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
293	MSP REPROCESS	:P:IDR-MSP- <u>REPROCESS</u>	MSP Reprocessed Indicator	1 C	R – reprocess blank - reprocess doesn't apply	SPACES		X	X	X
294-343		FILLER		50 c		SPACES				
344			INFORMATION FROM A TRAILER							
344	LETTER ADDRESSE D TO INDICATO R (1)	:P:IDR- <u>ADDRESSEE-CODE</u>	Letter Addressee code	1 c	B – Beneficiary F – Facility provider P – Performing provider G – Ordering physician V – Billing provider	SPACES			X	X
345-352	LETTER DATE (1)	:P:IDR- <u>INITIAL-LTR-DATE</u>	Date of initial letter	8 n	MMDDYY Y - date first letter sent	ZEROS			X	X
353-354	DETAIL NUMBER FOR LETTER (1,1)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
355-357	DETAIL MESSAGE NUMBER (1,1)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
358-359	DETAIL NUMBER FOR LETTER (1,2)	:P:IDR-ADS-DTL-NUM	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
360-362	DETAIL MESSAGE NUMBER (1,2)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					describe the ADS message numbers and the messages that go with the numbers.					
363-364	DETAIL NUMBER FOR LETTER (1,3)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
365-367	DETAIL MESSAGE NUMBER (1,3)	:P:IDR-ADS- <u>MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
368-369	DETAIL NUMBER FOR LETTER (1,4)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
370-372	DETAIL MESSAGE NUMBER (1,4)	:P:IDR-ADS- <u>MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
373-374	DETAIL NUMBER FOR LETTER (1,5)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
375-377	DETAIL MESSAGE NUMBER (1,5)	<u>:P:IDR-ADS-MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
378-379	DETAIL NUMBER FOR LETTER (1,6)	<u>:P:IDR-ADS-DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
380-382	DETAIL MESSAGE NUMBER (1,6)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
383	LETTER ADDRESSE D TO INDICATO R (2)	:P:IDR-ADDRESSEE-CODE	Letter Addressee code	1 c	B – Beneficiary F – Facility provider P – Performing provider G – Ordering physician V – Billing provider	SPACES			X	X
384-391	LETTER DATE (2)	:P:IDR-INITIAL-LTR-DATE	Date of initial letter	8 n	MMDDYY Y - date first letter sent	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
392-393	DETAIL NUMBER FOR LETTER (2,1)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
394-396	DETAIL MESSAGE NUMBER (2,1)	:P:IDR-ADS- <u>MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
397-398	DETAIL NUMBER FOR LETTER (2,2)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
399-401	DETAIL MESSAGE NUMBER (2,2)	<u>:P:IDR-ADS-MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
402-403	DETAIL NUMBER FOR LETTER (2,3)	<u>:P:IDR-ADS-DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
404-406	DETAIL MESSAGE NUMBER (2,3)	<u>:P:IDR-ADS-MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
407-408	DETAIL NUMBER FOR LETTER (2,4)	<u>:P:IDR-ADS-DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
409-411	DETAIL MESSAGE NUMBER (2,4)	<u>:P:IDR-ADS-MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
412-413	DETAIL NUMBER FOR LETTER (2,5)	<u>:P:IDR-ADS-DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
414-416	DETAIL MESSAGE NUMBER (2,5)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
417-418	DETAIL NUMBER FOR LETTER (2,6)	:P:IDR-ADS-DTL-NUM	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
419-421	DETAIL MESSAGE NUMBER (2,6)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
422	LETTER ADDRESSE D TO INDICATOR (3,1)	:P:IDR-ADDRESSEE-CODE	Letter Addressee code	1 c	B – Beneficiary F – Facility provider P – Performing provider G – Ordering physician V – Billing provider	SPACES			X	X
423-430	LETTER DATE (3,1)	:P:IDR-INITIAL-LTR-DATE	Date of initial letter	8 n	MMDDYY Y - date first letter sent	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
431-432	DETAIL NUMBER FOR LETTER (3,1)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
433-435	DETAIL MESSAGE NUMBER (3,1)	:P:IDR-ADS- <u>MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
436-437	DETAIL NUMBER FOR LETTER (3,2)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
438-440	DETAIL MESSAGE NUMBER (3,2)	<u>:P:IDR-ADS-MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
441-442	DETAIL NUMBER FOR LETTER (3,3)	<u>:P:IDR-ADS-DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
443-445	DETAIL MESSAGE NUMBER (3,3)	<u>:P:IDR-ADS-MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
446-447	DETAIL NUMBER FOR LETTER (3,4)	<u>:P:IDR-ADS-DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
448-450	DETAIL MESSAGE NUMBER (3,4)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
451-452	DETAIL NUMBER FOR LETTER (3,5)	:P:IDR-ADS-DTL-NUM	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
453-455	DETAIL MESSAGE NUMBER (3,5)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
456-457	DETAIL NUMBER FOR LETTER (3,6)	:P:IDR-ADS-DTL-NUM	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
458-460	DETAIL MESSAGE NUMBER (3,6)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					describe the ADS message numbers and the messages that go with the numbers.					
461	LETTER ADDRESSE D TO INDICATO R (4)	:P:IDR- <u>ADDRESSEE-CODE</u>	Letter Addressee code	1 c	B – Beneficiary F – Facility provider P – Performing provider G – Ordering physician V – Billing provider	SPACES			X	X
462-469	LETTER DATE (4,1)	:P:IDR- <u>INITIAL-LTR-DATE</u>	Date of initial letter	8 n	MMDDYYYY Y - date first letter sent	ZEROS			X	X
470-471	DETAIL NUMBER FOR LETTER (4,1)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
472-474	DETAIL MESSAGE NUMBER (4,1)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
475-476	DETAIL NUMBER FOR LETTER (4,2)	:P:IDR-ADS-DTL-NUM	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
477-479	DETAIL MESSAGE NUMBER (4,2)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					describe the ADS message numbers and the messages that go with the numbers.					
480-481	DETAIL NUMBER FOR LETTER (4,3)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
482-484	DETAIL MESSAGE NUMBER (4,3)	:P:IDR-ADS- <u>MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
485-486	DETAIL NUMBER FOR LETTER (4,4)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
487-489	DETAIL MESSAGE NUMBER (4,4)	:P:IDR-ADS- <u>MSG</u>	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
490-491	DETAIL NUMBER FOR LETTER (4,5)	:P:IDR-ADS- <u>DTL-NUM</u>	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
492-494	DETAIL MESSAGE NUMBER (4,5)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents describe the ADS message numbers and the messages that go with the numbers.	ZEROS			X	X
495-496	DETAIL NUMBER FOR LETTER (4,6)	:P:IDR-ADS-DTL-NUM	Letter Detail number	2 C	Detail # on claim for which an ADS was processed; '00' is used for header letters	SPACES			X	X
497-499	DETAIL MESSAGE NUMBER (4,6)	:P:IDR-ADS-MSG	Letter ADS message number	3 N	See Basic value specifications S0110010 and S0126000. These documents	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					describe the ADS message numbers and the messages that go with the numbers.					
500-509	EXTERNAL PROVIDER NUMBER	<u>:P:IDR-EXT-PROV-NUM</u>	External provider number	10 C	UPIN of the Referring provider on non-physician services.	SPACES			X	X
510-520	CONTROL NUMBER FOR ADS RESPONSE (1)	<u>:P:IDR-ACN</u>	ADS return number	11 n	Control number assigned to return mail answering ADS question; 0YYDDDBB BSS where YYDDD is the Julian date, BBB is the batch range, and SS is the sequence number	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
521-531	CONTROL NUMBER FOR ADS RESPONSE (2)	<u>:P:IDR-ACN</u>	ADS return number	11 n	Control number assigned to return mail answering ADS question; 0YYDDDBB BSS where YYDDD is the Julian date, BBB is the batch range, and SS is the sequence number	ZEROS			X	X
532-542	CONTROL NUMBER FOR ADS RESPONSE (3)	<u>:P:IDR-ACN</u>	ADS return number	11 n	Control number assigned to return mail answering ADS question; 0YYDDDBB BSS where YYDDD is the Julian date, BBB is the batch range, and SS	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					is the sequence number					
543-553	CONTROL NUMBER FOR ADS RESPONSE (4)	<u>:P:IDR-ACN</u>	ADS return number	11 N	Control number assigned to return mail answering ADS question; 0YYDDDBB BSS where YYDDD is the Julian date, BBB is the batch range, and SS is the sequence number	ZEROS			X	X
554-564	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER	<u>:P:IDR-SUP-ACN</u>	Supplemental ADS return	11 n	See previous field	ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	(1)									
565-575	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER (2)	:P:IDR-SUP- <u>ACN</u>	Supplemental ADS return	11 n	See previous field	ZEROS			X	X
576-586	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER (3)	:P:IDR-SUP- <u>ACN</u>	Supplemental ADS return	11 n	See previous field	ZEROS			X	X
587-597	SUPPLEMENTAL AD RESPONSE CONTROL NUMBER (4)	:P:IDR-SUP- <u>ACN</u>	Supplemental ADS return	11 n	See previous field	ZEROS			X	X
598			INFORMATION FROM H TRAILER							
598-605	HIC CHANGE DATE	:P:IDR-HIC- <u>CHG-DATE</u>	Date HIC change occurred	8 N	MMDDYY Y	ZEROS				X
606-609	CLERK ID FOR HIC CHANGE	:P:IDR-HIC- <u>CHG-CLERK</u>	Clerk initiating the change	4 c		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
610-621	XREF HIC NUMBER	:P:IDR-HIC- <u>XREF-NUM</u>	XREF HIC	12 c	HIC the claim came from or HIC the claim was changed to	SPACES				X
622	HIC CHANGE INDICATOR	:P:IDR-HIC- <u>CHG-IND</u>	From/To HIC change indicator	1 C	F – From T – To Indicates HIC change direction.	SPACES				X
623	HIC CHANGE BACK OUT INDICATOR	:P:IDR-HIC- <u>CHG-HBACK</u>	HIC Change Back out Indicator	1 C	B = HIC Change being performed on a claim in CWF suspense Blank = HIC Change being performed on a claim not in CWF suspense.	SPACES				X
624			INFORMATION FROM I TRAILER These fields are triggered by CPT Interest on the claim. If CPT Interest is not present the							

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
			data may not report to Phase II.							
624-630	BENE INTEREST AMOUNT	:P:IDR-BENE-INT-AMT	Beneficiary Interest amount	7 N (99999V99)	99999v99	ZEROS		X	X	X
631-637	PROVIDER INTEREST AMOUNT	:P:IDR-PROV-INT-AMT	Provider Interest amount	7 N (99999V99)	99999v99	ZEROS		X	X	X
638-642	INTEREST RATE	:P:IDR-INT-RATE	Interest percentage	5 n (V99999)		ZEROS		X	X	X
643-645	CPT DAYS	:P:IDR-CPT-DAYS	Number of days over 30 claim was paid	3 N		ZEROS		X	X	X
646	CLAIM CLEAN DIRTY INDICATOR	:P:IDR-CLEAN-DIRTY-IND	Clean/dirty indicator	1 c	C – Clean D - Dirty	SPACES		X	X	X
647	PARTICIPATING PROVIDER INDICATOR	:P:IDR-PAR-PROV-IND	Participating provider indicator	1 c	Y – Yes N – No Indicates provider participates in UCR	SPACES		X	X	X
648	CLAIM SUPPRESS CHECK INDICATOR	:P: IDR-CPT-SUPPRESS-CHK	Suppress Check Indicator	1 C	Y – Yes Or Spaces	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
649			INFORMATION FROM J TRAILER							
	5 x 12 =	Occurs 12 Times	Audits Failed							
649-651	AUDIT NUMBER FAILED (1)	:P:IDR-J- <u>AUDIT-NUM</u>	Audit number	3 N		ZEROS		X	X	X
652	AUDIT INDICATOR (1)	:P:IDR-J- <u>AUDIT-IND</u>	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES		X	X	X
653	AUDIT DISPOSITION (1)	:P:IDR-J- <u>AUDIT-DISP</u>	Audit disposition	1 C		SPACES		X	X	X
654-656	AUDIT NUMBER FAILED (2)	:P:IDR-J- <u>AUDIT-NUM</u>	Audit number	3 N		ZEROS		X	X	X
657	AUDIT INDICATOR (2)	:P:IDR-J- <u>AUDIT-IND</u>	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES		X	X	X
658	AUDIT DISPOSITION (2)	:P:IDR-J- <u>AUDIT-DISP</u>	Audit disposition	1 C		SPACES		X	X	X
659-661	AUDIT NUMBER FAILED (3)	:P:IDR-J- <u>AUDIT-NUM</u>	Audit number	3 N		ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
662	AUDIT INDICATOR (3)	:P:IDR-J- <u>AUDIT-IND</u>	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
663	AUDIT DISPOSITION (3)	:P:IDR-J- <u>AUDIT-DISP</u>	Audit disposition	1 C		SPACES			X	X
664-666	AUDIT NUMBER FAILED (4)	:P:IDR-J- <u>AUDIT-NUM</u>	Audit number	3 N		ZEROS			X	X
667	AUDIT INDICATOR (4)	:P:IDR-J- <u>AUDIT-IND</u>	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
668	AUDIT DISPOSITION (4)	:P:IDR-JJ- <u>AUDIT-DISP</u>	Audit disposition	1 C		SPACES			X	X
669-671	AUDIT NUMBER FAILED (5)	:P:IDR-J- <u>AUDIT-NUM</u>	Audit number	3 N		ZEROS			X	X
672	AUDIT INDICATOR (5)	:P:IDR-J- <u>AUDIT-IND</u>	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
673	AUDIT DISPOSITION (5)	:P:IDR-J- <u>AUDIT-DISP</u>	Audit disposition	1 C		SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
674-676	AUDIT NUMBER FAILED (6)	:P:IDR-J-AUDIT-NUM	Audit number	3 N		ZEROS			X	X
677	AUDIT INDICATOR (6)	:P:IDR-J-AUDIT-IND	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
678	AUDIT DISPOSITION (6)	:P:IDR-J-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
679-681	AUDIT NUMBER FAILED (7)	:P:IDR-J-AUDIT-NUM	Audit number	3 N		ZEROS			X	X
682	AUDIT INDICATOR (7)	:P:IDR-J-AUDIT-IND	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
683	AUDIT DISPOSITION (7)	:P:IDR-J-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
684-686	AUDIT NUMBER FAILED (8)	:P:IDR-J-AUDIT-NUM	Audit number	3 N		ZEROS			X	X
687	AUDIT INDICATOR (8)	:P:IDR-J-AUDIT-IND	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
688	AUDIT DISPOSITION (8)	:P:IDR-J-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
689-691	AUDIT NUMBER FAILED (9)	:P:IDR-J-AUDIT-NUM	Audit number	3 N		ZEROS			X	X
692	AUDIT INDICATOR (9)	:P:IDR-J-AUDIT-IND	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
693	AUDIT DISPOSITION (9)	:P:IDR-J-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
694-696	AUDIT NUMBER FAILED (10)	:P:IDR-J-AUDIT-NUM	Audit number	3 N		ZEROS			X	X
697	AUDIT INDICATOR (10)	:P:IDR-J-AUDIT-IND	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
698	AUDIT DISPOSITION (10)	:P:IDR-J-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
699-701	AUDIT NUMBER FAILED (11)	:P:IDR-J-AUDIT-NUM	Audit number	3 N		ZEROS			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
702	AUDIT INDICATOR (11)	:P:IDR-J-AUDIT-IND	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
703	AUDIT DISPOSITION (11)	:P:IDR-J-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
704-706	AUDIT NUMBER FAILED (12)	:P:IDR-J-AUDIT-NUM	Audit number	3 N		ZEROS			X	X
707	AUDIT INDICATOR (12)	:P:IDR-J-AUDIT-IND	Audit Indicator	1 c	A – audit H – header edit D – detail edit	SPACES			X	X
708	AUDIT DISPOSITION (12)	:P:IDR-J-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
709-713	SPLIT PAY SUPPRESSION AMOUNT	:P:IDR-SPLIT-PAY-SUPP	Split pay suppression amount	5 N (999V99)	Amount suppressed to beneficiary under \$1.00.	ZEROS			X	X
714-722	BILLING PROVIDER TAX ID	:P:IDR-J-BPROV-TIN	Billing provider tax ID	9 c	Number for billing provider submitted TIN	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
723	BILLING PROVIDER TAX ID INDICATOR	:P:IDR-J-BPROV-TIN-IND	Billing provider tax ID indicator	1 C	S=Social Security Number (SSN) E=Employer Identification Number (EIN)	SPACES		X	X	X
724-733	CARE PLAN OVERSIGHT PROVIDER NPI	:P:IDR-J-CPO-NPI	Care Plan Oversight provider NPI	10 C	Number for CPO provider NPI	SPACES		X	X	X
734-743	REFERRING PROVIDER NPI	:P:IDR-J-REFERRING-PROV-NPI	Referring provider NPI	10 C	Number for referring provider NPI	SPACES		X	X	X
744-753	FACILITY PROVIDER NPI	:P:IDR-J-FAC-PROV-NPI	Facility provider NPI	10 C	Number for facility provider NPI	SPACES		X	X	X
754-763	FACILITY PROVIDER NUMBER	:P:IDR-J-FAC-PROV-NUM	Facility provider number	10 c	Facility such as a hospital at which the service was performed	SPACES		X	X	X
764-765	FACILITY PROVIDER LOCALITY	:P:IDR-J-FAC-PROV-LOCALITY	Facility provider locality	2 c	Facility provider number	SPACES		X	X	X
766-767	FACILITY PROVIDER	:P:IDR-J-FAC-PROV-TYPE	Facility provider - type	2 C	<u>See Basic values</u>	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	TYPE				<u>specification S0105010</u>					
768-769	FACILITY PROVIDER SPECIALTY CODE	<u>:P:IDR-J-FAC-PROV-SPEC</u>	Facility provider - specialty code	2 C	<u>See Basic values specification S0106010</u>	SPACES		X	X	X
770	FACILITY PROVIDER STATUS	<u>:P:IDR-J-FAC-PROV-STATUS</u>	Facility provider - status	1 C	P - Par Provider N - Non-Par Provider	SPACES			X	X
771-772	FACILITY PROVIDER PRICING SPECIALTY	<u>:P:IDR-J-FAC-PROV-PRSP</u>	Facility provider - pricing specialty	2 C	<u>See Basic values specification S0106010</u>	SPACES		X	X	X
773-774	FACILITY PROVIDER COUNTY	<u>:P:IDR-J-FAC-PROV-CNTY</u>	Facility provider - county	2 C	County in which facility provider is from	SPACES		X	X	X
775-778	MPAP OVERRIDE FLAG	<u>:P:IDR-J-MPA-OVERRIDE-CODES</u>	Header MPAP override flag	4 C	This field is made up of 4 override indicators. Each field can have a value of Y or N.	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		:P:IDR-J- OVER-DENY- TO-SUSP			OVER- DENY-TO- SUSP – set to Y if W Action was used on detail to reverse a denial					
		:P:IDR-J- OVER- LISTED- AUDIT			OVER- LISTED- AUDIT – will set Y if all audits on the claim are overridden or a *9 is used at the header.					
		:P:IDR-J- OVER-DUP- EDITS			OVER-DUP- EDITS – if a dupe edit is overridden					
		:P:IDR-J- OVER- MEDPOL- LIMIT			OVER- MEDPOL- LIMIT – if an audit set up for medical policy limit has been overridden					

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					Y indicates yes to the override N indicates no to the override					
779-781	MPAP OVERRIDE AUDIT	<u>:P:IDR-J-MPA-OVR-AUDIT</u>	Header MPAP override audit	3 N	Audit to be overridden	ZEROS				
782	MPAP OVERRIDE INDICATOR	<u>:P:IDR-J-MPA-OVR-IND</u>	MPAP override indicator	1C		SPACES			X	X
783-789	REMAINING PROVIDER PAYMENT AMOUNT	<u>:P:IDR-J-REM-PROV-PAY</u>	Remaining provider pay	7 N (99999V99)		ZEROS			X	X
790-792	EOMB MESSAGE (2)	<u>:P:IDR-J-EOMB-NUM</u>	Claim EOMB message	3 C	<u>See Basic values document S0118010</u>	SPACES			X	X
793-795	EOMB MESSAGE (3)	<u>:P:IDR-J-EOMB-NUM</u>	Claim EOMB message	3 C	<u>See Basic values document S0118010</u>	SPACES			X	X
796-798	EOMB MESSAGE (4)	<u>:P:IDR-J-EOMB-NUM</u>	Claim EOMB message	3 C	<u>See Basic values document S0118010</u>	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
799-801	EOMB MESSAGE (5)	:P:IDR-J-EOMB-NUM	Claim EOMB message	3 C	See Basic values document S0118010	SPACES			X	X
802-811	REFERRING PROVIDER UPIN	:P:IDR--J-REFERRING-PROV-UPIN	Referring provider UPIN	10 C	Number for referring provider UPIN	SPACES			X	X
812-826	COMPLEMENTARY NUMBER	:P:IDR-JJ-COMP-NUM	Complementary number	15 c		SPACES			X	X
827-840	MEDICAID NUMBER	:P:IDR-J-XIX-NUM	Title XIX number	14 c		SPACES			X	X
841-854	PEER REVIEW NUMBER	:P:IDR-J-PEER-REV-ORG	Peer review number	14 c	Number for procedures that require prior authorization, investigational device exemption (IDE) number, or HHA hospice provider number (CPO number).	SPACES		X	X	X
855-869	MEDIGAP COMPIMENTARY	:P:IDR-J-MED-COMP-NUM	Medigap complimentary number	15 c		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	NUMBER									
870-874	MEDIGAP INSURER NUMBER	:P:IDR-J-MED-INS- <u>NUM</u>	Medigap insurer number	5 c		SPACES	X	X	X	X
875	MEDIGAP SIGNATURE	:P:IDR-J-MED-SIGNATURE	Medigap signature	1 c	Y=yes N=no	SPACES	X	X	X	X
876-883	CLAIM THIRD DX	:P:IDR-J-DIAG-3-12	Claim third diagnosis	8 C	Third diagnosis	SPACES	X	X	X	X
		:P:IDR-J-DIAG-ICD-TYPE (1)			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE (7)			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
884-891	CLAIM	:P:IDR-J-DIAG-	Claim fourth	8 C	Fourth	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	FOURTH DX	3-12	diagnosis		diagnosis					
		:P:IDR-J-DIAG-ICD-TYPE (1)			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE (7)			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
892-899	CLAIM FIFTH DX	:P:IDR-J-DIAG-3-12	Claim fifth diagnosis	8 C	Fifth diagnosis	SPACES	X	X	X	X
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
900-907	CLAIM SIXTH DX	:P:IDR-J-DIAG-3-12	Claim sixth diagnosis	8 C	Sixth diagnosis	SPACES	X	X	X	X
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be					

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					mapped.					
908-915	CLAIM SEVENTH DX	:P:IDR-J-DIAG-3-12	Claim seventh diagnosis	8 C	Seventh diagnosis	SPACES	X	X	X	X
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
916-923	CLAIM EIGHTH DX	:P:IDR-J-DIAG-3-12	Claim eighth diagnosis	8 C	Eighth diagnosis	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
924-931	CLAIM NINTH DX	:P:IDR-J-DIAG-3-12	Claim ninth diagnosis	8 C	Ninth diagnosis	SPACES	X	X	X	X
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted					

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					the full 7 byte diagnosis will be mapped.					
932-939	CLAIM TENTH DX	:P:IDR-J-DIAG-3-12	Claim tenth diagnosis	8 C	Tenth diagnosis	SPACES	X	X	X	X
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
940-947	CLAIM ELEVENTH DX	:P:IDR-J-DIAG-3-12	Claim eleventh diagnosis	8 C	Eleventh diagnosis	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
948-955	CLAIM TWELFTH DX	:P:IDR-J-DIAG-3-12	Claim twelfth diagnosis	8 C	Twelfth diagnosis	SPACES	X	X	X	X
		:P:IDR-J-DIAG-ICD-TYPE			Position 1 is space until ICD 10 is implemented.					

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		:P:IDR-J-DIAG-CODE			Positions 2-8 is the five byte diagnosis followed by 2 spaces. After ICD 10 is implanted the full 7 byte diagnosis will be mapped.					
956	ADJUSTMENT SUPPRESSION INDICATOR	:P:IDR-J-SUPP-IND	Adjustment suppression indicator	1C		SPACES		X	X	X
957	MASS ADJ TYPE	:P: J-MASS-ADJ-TYPE	Mass adjustment type	1 c	M- Mass adjustment to correct fee schedule pricing issue. O- Mass adjustment to correct other issue Space – Claim is not a mass	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					adjustment					
958	CLAIM CROSSOVER TYPE	:P:IDR-J- <u>XOVR-CLAIM-TYPE</u>	Crossover claim type	1 C	A – claim is considered an adjustment for crossover purposes N – claim is considered a non-adjustment for crossover purposes Space – Crossover claim type can be determined from :P:IDR-CWF-query-code field located in Q-trailer information.	SPACES			X	X
959	CWF SANCTION PROVIDER INDICATOR	:P:IDR-J-CWF- <u>PROV-SAN-IND</u>	CWF Sanction provider indicator	1C	S – CWF Sanction Provider Blank – not	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	R				sanction					
960-967	CLINICAL TRIAL NUMBER	:P:IDR-J-CLIN-TRIAL-NBR	Clinical trial number	8C	The Clinical Trial Number	SPACES			X	X
968-1017		:P:IDR-J-FILLER	Filler	50 C		SPACES				
1018			INFORMATION FROM L TRAILER							
1018-1021	CLERK (1)	:P:IDR-LOC-CLERK	CLERK	4 C		SPACES	X	X	X	X
1022-1024	LOC (1)	:P:IDR-LOC-CODE	Most recent claim location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1025-1032	LOCATION DATE (1)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1033	LOCATION ACTIVITY (1)	:P:IDR-LOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X
1034-1037	CLERK (2)	:P:IDR-LOC-CLERK	CLERK	4 C		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1038-1040	LOC (2)	:P:IDR-LOC-CODE	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1041-1048	LOCATION DATE (2)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYYYY	ZEROS	X	X	X	X
1049	LOCATION ACTIVITY (2)	:P:IDR-LLOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X
1050-1053	CLERK (3)	:P:IDR-LOC-CLERK	CLERK	4 C		SPACES	X	X	X	X
1054-1056	LOC (3)	:P:IDR-LOC-CODE	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1057-1064	LOCATION DATE (3)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYYYY	ZEROS	X	X	X	X
1065	LOCATION ACTIVITY (3)	:P:IDR-LOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X
1066-1069	CLERK (4)	:P:IDR-LOC-	CLERK	4 C		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		<u>CLERK</u>								
1070-1072	LOC (4)	:P:IDR-LOC-CODE	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1073-1080	LOCATION DATE (4)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1081	LOCATION ACTIVITY (4)	:P:IDR-LOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X
1082-1085	CLERK (5)	:P:IDR-LOC-CLERK	CLERK	4 C		SPACES	X	X	X	X
1086-1088	LOC (5)	:P:IDR-LOC-CODE	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1089-1096	LOCATION DATE (5)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1097	LOCATION ACTIVITY (5)	:P:IDR-LOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1098-1101	CLERK (6)	:P:IDR-LOC-CLERK	CLERK	4 C		SPACES	X	X	X	X
1102-1104	LOC (6)	:P:IDR-LOC-CODE	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1105-1112	LOCATION DATE (6)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1113	LOCATION ACTIVITY (6)	:P:IDR-LOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X
1114-1117	CLERK (7)	:P:IDR-LOC-CLERK	CLERK	4 C		SPACES	X	X	X	X
1118-1120	LOC (7)	:P:IDR-LOC-CODE	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1121-1128	LOCATION DATE (7)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1129	LOCATION ACTIVITY	:P:IDR-LOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	(7)									
1130-1133	CLERK (8)	<u>:P:IDR-LOC-CLERK</u>	CLERK	4 C		SPACES	X	X	X	X
1134-1136	LOC (8)	<u>:P:IDR-LOC-CODE</u>	Location code	3 c	<u>See Basic values specification S0119010</u> NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1137-1144	LOCATION DATE (8)	<u>:P:IDR-LOC-DATE</u>	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1145	LOCATION ACTIVITY (8)	<u>:P:IDR-LOC-ACTV-CODE</u>	Front End Activity Code	1 C		SPACES	X	X	X	X
1146-1149	CLERK (9)	<u>:P:IDR-LOC-CLERK</u>	CLERK	4 C		SPACES	X	X	X	X
1150-1152	LOC (9)	<u>:P:IDR-LOC-CODE</u>	Location code	3 c	<u>See Basic values specification S0119010</u> NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1153-1160	LOCATION DATE (9)	<u>:P:IDR-LOC-DATE</u>	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1161	LOCATION ACTIVITY (9)	:P:IDR-LOC- <u>ACTV-CODE</u>	Front End Activity Code	1 C		SPACES	X	X	X	X
1162-1165	CLERK (10)	:P:IDR-LOC- <u>CLERK</u>	CLERK	4 C		SPACES	X	X	X	X
1166-1168	LOC (10)	:P:IDR-LOC- <u>CODE</u>	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X
1169-1176	LOCATION DATE (10)	:P:IDR-LOC- <u>DATE</u>	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1177	LOCATION ACTIVITY (10)	:P:IDR-LOC- <u>ACTV-CODE</u>	Front End Activity Code	1 C		SPACES	X	X	X	X
1178-1181	CLERK (11)	:P:IDR-LOC- <u>CLERK</u>	CLERK	4 C		SPACES	X	X	X	X
1182-1184	LOC (11)	:P:IDR-LOC- <u>CODE</u>	Location code	3 c	See Basic values specification S0119010 NOTE: A deleted claim is indicated by status value 090.	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1185-1192	LOCATION DATE (11)	:P:IDR-LOC-DATE	Activity date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1193	LOCATION ACTIVITY (11)	:P:IDR-LOC-ACTV-CODE	Front End Activity Code	1 C		SPACES	X	X	X	X
1194			N TRAILER							
1194-1196	MSP TYPE	:P:IDR-N-MSP-TYPE-GROUP	MSP TYPE	3 c	012 – Working aged 013 – ESRD 014 – Auto No-Fault 015 – Worker’s Comp 016 – Federal 041 – Black lung 042 – Veterans administration 043 – Disabled 047 – Liability Spaces – None	SPACES	X	X	X	X
1197-1203	MSP ALLOWED	:P:IDR-N-MSP-ALLOWED	Other payer allowable amount	7 n (99999V99)		ZEROS	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1204-1210	MSP PAID AMOUNT	:P:IDR-N-MSP-PAID	Other payer payable amount	7 n (99999V99)		ZEROS	X	X	X	X
1211	MSP PAYMENT LEVEL	:P:IDR-N-MSP-PAY-LVL	MSP Payment Level	1 c	H – MSP Payment Calculated at claim header Blank – MSP Payment not Calculated at claim header	SPACES				
1212			P TRAILER							
1212	REP PAYEE TYPE	:P:IDR-P-REP-PAYEE-TYPE	Rep payee type	1 c	U – 3 rd party on 1490U R – Rep payee G – Guardian P- Prior relative L – Legal representative S – Secondary payee Field no longer carried on new claims but would be on past	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					claims					
1213-1234	REP PAYEE NAME	:P:IDR-P-REP-PAYEE-NAME	Rep payee name	22 c	Field no longer carried on new claims but would be on past claims	SPACES	X	X	X	X
1235			Q TRAILER							
1235-1242	CWF QUERY DATE (1)	:P:IDR-CWF-QUERY-DATE	Date of CWF transmit	8 n	MMDDYY Y	ZEROS		X	X	X
1243	CWF QUERY CODE (1)	:P:IDR-CWF-QUERY-CODE	Query code	1 c	1 – Claim 3 – Void 5 – Adjustment 9 – Accrete	SPACES		X	X	X
1244-1251	CWF QUERY DATE (2)	:P:IDR-CWF-QUERY-DATE	Date of CWF transmit	8 n	MMDDYY Y	ZEROS		X	X	X
1252	CWF QUERY CODE (2)	:P:IDR-CWF-QUERY-CODE	Query code	1 c	1 – Claim 3 – Void 5 – Adjustment 9 – Accrete	SPACES		X	X	X
1253-1260	CWF QUERY DATE (3)	:P:IDR-CWF-QUERY-DATE	Date of CWF transmit	8 n	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1261	CWF QUERY CODE (3)	:P:IDR-CWF- <u>QUERY-CODE</u>	Query code	1 c	1 – Claim 3 – Void 5 – Adjustment 9 – Accrete	SPACES		X	X	X
1262-1269	CWF QUERY DATE (4)	:P:IDR-CWF- <u>QUERY-DATE</u>	Date of CWF transmit	8 n	MMDDYY Y	ZEROS		X	X	X
1270	CWF QUERY CODE (4)	:P:IDR-CWF- <u>QUERY-CODE</u>	Query code	1 c	1 – Claim 3 – Void 5 – Adjustment 9 – Accrete	SPACES		X	X	X
1271			R TRAILER							
		Occurs 4 Times	CWF Response Information							
1271-1278	CWF RESPONSE DATE (1)	:P:IDR-CWF- <u>RESPONSE-DATE</u>	Date of response from CWF	8 n	MMDDYY Y	ZEROS		X	X	X
1279-1280	RESPONSE CODE FROM CWF (1)	:P:IDR-CWF- <u>RESPONSE-CODE</u>	Response code received from CWF	2 c	CWF disposition i.e. 01, UR, 52	SPACES		X	X	X
1281-1282	RESPONSE TRAILER (1)	:P:IDR-CWF- <u>RESP-TRL-CODE</u>	Response trailer code	2 C	First trailer i.e. 11, 08	SPACES		X	X	X
1283	BLOOD DED REMAINING	:P:IDR- <u>BLOOD-DED-REMAIN</u>	Blood deduct remaining, after processing this claim	1 N		ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1284-1288	REG DEDUCTIBLE REMAINING	:P:IDR-REG-DED-REMAIN	Regular deductible remaining after processing this claim	5 N (999v99)		ZEROS		X	X	X
1289-1295	PSYCH LIMIT REMAINING	:P:IDR-PSYCH-BAL-REMAIN	Psych limit remaining after processing this claim	7 n (99999V99)		ZEROS		X	X	X
1296-1302	PHY THER/OCC THER REMAINING	:P:IDR-PHY-OCC-THER-REM	PHY-THER/OCC-THER Remaining after processing this claim	7 n (99999V99)		ZEROS		X	X	X
1303	TYPE OF THERAPY FLAG	:P:IDR-PHY-OCC-THER-IND	Type of therapy flag	1 C	P – Physical therapy O – Occupational therapy Spaces – Physical therapy	SPACES		X	X	X
1304-1308	CASH DED APPLIED	:P:IDR-CASH-DED-APPLIED	Cash deductible applied on this claim	5 n (999v99)		ZEROS		X	X	X
1309-1312	CWF RESP ERROR CODE 1	:P:IDR-CWF-RESP-ERR-CD1	CWF Response Error Code 1	4 c	This value is currently not saved on history	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1313-1316	CWF RESP ERROR CODE 2	:P:IDR-CWF-RESP-ERR-CD2	CWF Response Error Code 2	4 c	This value is currently not saved on history	SPACES		X	X	X
1317-1320	CWF RESP ERROR CODE 3	:P:IDR-CWF-RESP-ERR-CD3	CWF Response Error Code 3	4 c	This value is currently not saved on history	SPACES		X	X	X
1321-1324	CWF RESP ERROR CODE 4	:P:IDR-CWF-RESP-ERR-CD4	CWF Response Error Code 4	4 c	This value is currently not saved on history	SPACES		X	X	X
1325-1332	CWF RESPONSE DATE (2)	:P:IDR-CWF-RESPONSE-DATE	Date of response from CWF	8 n	MMDDYY Y	ZEROS		X	X	X
1333-1334	RESPONSE CODE FROM CWF (2)	:P:IDR-CWF-RESPONSE-CODE	Response code received from CWF	2 c	CWF disposition i.e. 01, UR, 52	SPACES		X	X	X
1335-1336	RESPONSE TRAILER (2)	:P:IDR-CWF-RESP-TRL-CODE	Response trailer code	2 C	First trailer i.e., 11, 08	SPACES		X	X	X
1337	BLOOD DED REMAINING	:P:IDR-BLOOD-DED-REMAIN	Blood deduct remaining, after processing this claim	1 n		ZEROS		X	X	X
1338-1342	REG DEDUCTIBLE REMAINING	:P:IDR-REG-DED-REMAIN	Regular deductible remaining after processing this claim	5 N (999v99)		ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1343-1349	PSYCH LIMIT REMAININ G	:P:IDR-PSYCH- BAL-REMAIN	Psych limit remaining after processing this claim	7 n (99999V99)		ZEROS		X	X	X
1350-1356	PHY THER/OCC THER REMAININ G	:P:IDR-PHY- OCC-THER- REM	PHY- THER/OCC- THER Remaining after processing this claim	7 n (99999V99)		ZEROS		X	X	X
1357	TYPE OF THERAPY FLAG	:P:IDR-PHY- OCC-THER- IND	Type of therapy flag	1 C	P – Physical therapy O – Occupational therapy Spaces – Physical therapy	SPACES		X	X	X
1358-1362	CASH DED APPLIED	:P:IDR-CASH- DED-APPLIED	Cash deductible applied on this claim	5 n (999v99)		ZEROS		X	X	X
1363-1366	CWF RESP ERROR CODE 1	:P:IDR--CWF- RESP-ERR- CD1	CWF Response Error Code 1	4 c	This value is currently not saved on history	SPACES		X	X	X
1367-1370	CWF RESP ERROR CODE 2	:P:IDR-CWF- RESP-ERR- CD2	CWF Response Error Code 2	4 c	This value is currently not saved on history	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1371-1374	CWF RESP ERROR CODE 3	:P:IDR-CWF-RESP-ERR-CD3	CWF Response Error Code 3	4 c	This value is currently not saved on history	SPACES		X	X	X
1375-1378	CWF RESP ERROR CODE 4	:P:IDR-CWF-RESP-ERR-CD4	CWF Response Error Code 4	4 c	This value is currently not saved on history	SPACES		X	X	X
1379-1386	CWF RESPONSE DATE (3)	:P:IDR-CWF-RESPONSE-DATE	Date of response from CWF	8 n	MMDDYY Y	ZEROS		X	X	X
1387-1388	RESPONSE CODE FROM CWF (3)	:P:IDR-CWF-RESPONSE-CODE	Response code received from CWF	2 c	CWF disposition i.e., 01, UR, 52	SPACES		X	X	X
1389-1390	RESPONSE TRAILER (3)	:P:IDR-CWF-RESP-TRL-CODE	Response trailer code	2 C	First trailer i.e., 11, 08	SPACES		X	X	X
1391	BLOOD DED REMAINING	:P:IDR-BLOOD-DED-REMAIN	Blood deduct remaining, after processing this claim	1 N		ZEROS		X	X	X
1392-1396	REG DEDUCTIBLE REMAINING	:P:IDR-REG-DED-REMAIN	Regular deductible remaining after processing this claim	5 N (999v99)		ZEROS		X	X	X
1397-1403	PSYCH LIMIT REMAINING	:P:IDR-PSYCH-BAL-REMAIN	Psych limit remaining after processing this claim	7 n (99999V99)		ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1404-1410	PHY THER/OCC THER REMAINING	:P:IDR-PHY-OCC-THER-REM	PHY-THER/OCC-THER Remaining after processing this claim	7 n (99999V99)		ZEROS		X	X	X
1411	TYPE OF THERAPY FLAG	:P:IDR-PHY-OCC-THER-IND	Type of therapy flag	1 C	P – Physical therapy O – Occupational therapy Spaces – Physical therapy	SPACES		X	X	X
1412-1416	CASH DED APPLIED	:P:IDR-CASH-DED-APPLIED	Cash deductible applied on this claim	5 n (999v99)		ZEROS		X	X	X
1417-1420	CWF RESP ERROR CODE 1	:P:IDR-CWF-RESP-ERR-CD1	CWF Response Error Code 1	4 c	This value is currently not saved on history	SPACES		X	X	X
1421-1424	CWF RESP ERROR CODE 2	:P:IDR-CWF-RESP-ERR-CD2	CWF Response Error Code 2	4 c	This value is currently not saved on history	SPACES		X	X	X
1425-1428	CWF RESP ERROR CODE 3	:P:IDR-CWF-RESP-ERR-CD3	CWF Response Error Code 3	4 c	This value is currently not saved on history	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1429-1432	CWF RESP ERROR CODE 4	:P:IDR-CWF-RESP-ERR-CD4	CWF Response Error Code 4	4 c	This value is currently not saved on history	SPACES		X	X	X
1433-1440	CWF RESPONSE DATE (4)	:P:IDR-CWF-RESPONSE-DATE	Date of response from CWF	8 n	MMDDYY Y	ZEROS		X	X	X
1441-1442	RESPONSE CODE FROM CWF (4)	:P:IDR-CWF-RESPONSE-CODE	Response code received from CWF	2 c	CWF disposition i.e., 01, UR, 52	SPACES		X	X	X
1443-1444	RESPONSE TRAILER (4)	:P:IDR-CWF-RESP-TRL-CODE	Response trailer code	2 C	First trailer i.e., 11, 08	SPACES		X	X	X
1445	BLOOD DED REMAINING	:P:IDR-BLOOD-DED-REMAIN	Blood deduct remaining, after processing this claim	1 N		ZEROS		X	X	X
1446-1450	REG DEDUCTIBLE REMAINING	:P:IDR-REG-DED-REMAIN	Regular deductible remaining after processing this claim	5 N (999v99)		ZEROS		X	X	X
1451-1457	PSYCH LIMIT REMAINING	:P:IDR-PSYCH-BAL-REMAIN	Psych limit remaining after processing this claim	7 n (99999V99)		ZEROS		X	X	X
1458-1464	PHY THER/OCC THER REMAINING	:P:IDR-PHY-OCC-THER-REM	PHY-THER/OCC-THER Remaining after	7 n (99999V99)		ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	G		processing this claim							
1465	TYPE OF THERAPY FLAG	:P:IDR-PHY-OCC-THER-IND	Type of therapy flag	1 C	P – Physical therapy O – Occupational therapy Spaces – Physical therapy	SPACES		X	X	X
1466-1470	CASH DED APPLIED	:P:IDR-CASH-DED-APPLIED	Cash deductible applied on this claim	5 n (999v99)		ZEROS		X	X	X
1471-1474	CWF RESP ERROR CODE 1	:P:IDR-CWF-RESP-ERR-CD1	CWF Response Error Code 1	4 c	This value is currently not saved on history	SPACES		X	X	X
1475-1478	CWF RESP ERROR CODE 2	:P:IDR-CWF-RESP-ERR-CD2	CWF Response Error Code 2	4 c	This value is currently not saved on history	SPACES		X	X	X
1479-1482	CWF RESP ERROR CODE 3	:P:IDR-CWF-RESP-ERR-CD3	CWF Response Error Code 3	4 c	This value is currently not saved on history	SPACES		X	X	X
1483-1486	CWF RESP ERROR CODE 4	:P:IDR-CWF-RESP-ERR-CD4	CWF Response Error Code 4	4 c	This value is currently not saved on	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					history					
1487			T TRAILER							
1487-1488	BENE CHECK STATUS	:P:IDR-CURR-BENE-CHK-STAT	Current beneficiary check status	2 c	See spec S0116010	SPACES			X	X
1489-1490	PROV CHECK STATUS	:P:IDR-CURR-PROV-CHK-STAT	Current provider check status	2 c	See spec S0116010	SPACES			X	X
1491-1498	BENE LAST UPDATE	:P:IDR-LAST-BENE-UPDT-DT	Last beneficiary update date	8 n	MMDDYY Y	ZEROS				
1499-1506	PROV LAST UPDATE	:P:IDR-LAST-PROV-UPDT-DT	Last provider update date	8 n	MMDDYY Y	ZEROS			X	X
1507			U TRAILER							
1507-1509	MEDICAL ADVISOR	:P:IDR-U-MED-ADVISOR	Medical advisor	3 c		SPACES			X	X
1510-1517	MICRO INDEX NUMBER	:P:IDR-U-MICRO-INDEX	Micro index number	8 N	Index number assigned for microfilm associated with this claim	ZEROS	X	X	X	X
1518	CLAIM ADJ ACT CODE	:P:IDR-U-CLM-ADJ-ACT-CD	Claim adjustment action code	1 c	S – supplemental adjustment F – Full	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					claim adjustment Spaces – not an adjustment					
1519-1529	TREATMENT AUTH NUMBER	:P:IDR-U- <u>TRTMNT-AUTH-CODE</u>	Treatment authorization code	11 c		SPACES	X	X	X	X
1530	TITLE XIX CHECK DIGIT	:P:IDR-U- <u>TXIX-CHK-DIGIT</u>	Title XIX check digit	1 c		SPACES			X	X
1531-1536	CROSSOVER INS # 1	:P:IDR-U- <u>XOVER-COMP-NAME</u>	Crossover insurer #1	6 c	Format = TNNNNN if present T = Insurer type N = Insurer number	SPACES			X	X
1537	SPLIT REASON CODE	:P:IDR-U- <u>SPLIT-REASON</u>	Split reason code	1 c	G – Gramm Rudmann O – Occupational therapy R – Rejected services P – Care Plan Oversight N – Par/Non-par 8 – Kidney donor	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					7 – Used DME 6 – MR Duplicate Non Paid 5 – 2 nd opinion 4 – GHI split 3 – Physical therapy 2 – different years					
1538-1545	NOTICE APPEAL DATE	:P:IDR-U- NOTICE-APPL- DATE	Notice appeal date	8 N	MMDDYY Y	ZEROS		X	X	X
1546-1549	SCF RULE UPDATE NUMBER (1)	:P:IDR-U-GDX- RULE-NUM	SCF update rule number	4 c		SPACES		X	X	X
1550-1557	DATE SCF UPDATE RULE APPLIED (1)	:P:IDR-U-GDX- RULE-DATE	Date of SCF update rule applied	8 n	MMDDYY Y	ZEROS		X	X	X
1558-1561	SCF RULE UPDATE NUMBER (2)	:P:IDR-U-GDX- RULE-NUM	SCF update rule number	4 c		SPACES		X	X	X
1562-1569	DATE SCF UPDATE RULE APPLIED	:P:IDR-U-GDX- RULE-DATE	Date of SCF update rule applied	8 n	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	(2)									
1570-1573	SCF RULE UPDATE NUMBER (3)	:P:IDR-U-GDX-RULE-NUM	SCF update rule number	4 c		SPACES		X	X	X
1574-1581	DATE SCF UPDATE RULE APPLIED (3)	:P:IDR-U-GDX-RULE-DATE	Date of SCF update rule applied	8 n	MMDDYY Y	ZEROS		X	X	X
1582-1585	SCF RULE UPDATE NUMBER (4)	:P:IDR-U-GDX-RULE-NUM	SCF update rule number	4 c		SPACES		X	X	X
1586-1593	DATE SCF UPDATE RULE APPLIED (4)	:P:IDR-U-GDX-RULE-DATE	Date of SCF update rule applied	8 n	MMDDYY Y	ZEROS		X	X	X
1594-1597	SCF RULE UPDATE NUMBER (5)	:P:IDR-U-GDX-RULE-NUM	SCF update rule number	4 c		SPACES		X	X	X
1598-1605	DATE SCF UPDATE RULE APPLIED (5)	:P:IDR-U-GDX-RULE-DATE	Date of SCF update rule applied	8 n	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1606-1609	SCF RULE UPDATE NUMBER (6)	:P:IDR-U-GDX-RULE-NUM	SCF update rule number	4 c		SPACES		X	X	X
1610-1617	DATE SCF UPDATE RULE APPLIED (6)	:P:IDR-U-GDX-RULE-DATE	Date of SCF update rule applied	8 n	MMDDYY Y	ZEROS		X	X	X
1618-1624	OTAF AMOUNT	:P:IDR-U-OTAF-AMT	Obligated to accept in full amount	7 N (99999v99)		SPACES		X	X	X
1625	MASS ADJ FLAG	:P:IDR-U-MSP-MASS-ADJ-FLAG	Mass adjustment flag	1 C	A – Reprocessed claim from MSP mass adjustment E - Express Adjustment Feed Mode = A F - Express Adjustment Feed Mode = F R - Express Adjustment Feed Mode = R Other – Normal	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					reprocessed claim					
1626-1631	CROSSOVER INS #2	:P:IDR-U- <u>XOVER-</u> <u>COMP-ID-2</u>	Crossover insurer #2	6 c	Format = TNNNNN if present T = Insurer type N = Insurer number	SPACES			X	X
1632-1637	CROSSOVER INS # 3	:P:IDR-U- <u>XOVER-</u> <u>COMP-ID-3</u>	Crossover insurer #3	6 c	Format = TNNNNN if present T = Insurer type N = Insurer number	SPACES			X	X
1638-1643	CROSSOVER INS # 4	:P:IDR-U- <u>XOVER-</u> <u>COMP-ID-4</u>	Crossover insurer #4	6 c	Format = TNNNNN if present T = Insurer type N = Insurer number	SPACES			X	X
1644-1649	CROSSOVER R # 5	:P:IDR-U- <u>XOVER-</u> <u>COMP-ID-5</u>	Crossover insurer #5	6 c	Format = TNNNNN if present T = Insurer type N = Insurer	SPACES			X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					number					
1650	PHYS SIGNATURE FLAG	:P:IDR-U-PHYSICIAN-SIGN-FLG	Physician signature flag	1 C	Y – Signature on claim submitted N – Signature not on claim submitted Spaces – not indicated	SPACES		X	X	X
1651	BENE SIGNATURE FLAG	:P:IDR-U-BENE-SIGN-FLG	Beneficiary signature flag	1 C	Y – Signature on claim submitted N – Signature not on claim submitted Spaces – not indicated	SPACES	X	X	X	X
1652-1659	CHIRO XRAY DATE	:P:IDR-U-CHIRO-XRAY-DATE	Chiro x-ray date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1660-1667	CHIRO INITIAL TREATMENT DATE	:P:IDR-U-CHIRO-INIT-TREAT	Chiro initial treatment date	8 n	MMDDYY Y	ZEROS	X	X	X	X
1668-1673	SUPERVISI	:P:IDR-U-UPIN	Supervising	6 c		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	NG PHYSICIAN UPIN		physician UPIN							
1674	SUPERVISING PHYSICIAN NAME SUBMITTED FLAG	:P:IDR-U-NAME-SUBMISSION	Supervising physician name submitted flag	1 c	Y – yes N – no	SPACES		X	X	X
1675	PURCHASE DIAG TEST FLAG	:P:IDR-U-PURCH-DIAG-FLG	Purchase diagnostic test flag	1 c	Valid values are Y, N, and blank	SPACES	X	X	X	X
1676	HOMEBOUND EKG TRACING FLAG	:P:IDR-U-HOME-EKG-TRACE-FLG	Homebound EKG tracings flag	1 c	Valid values are Y, N, and blank	SPACES	X	X	X	X
1677	FACILITY PROVIDER INDICATOR	:P:IDR-U-FAC-PROV-IND	Facility provider indicator	1 c	Y – yes N – no	SPACES		X	X	X
1678-1685	LAST BENE CHECK DATE	:P:IDR-U-BENE-CHK-DATE	Last beneficiary check date	8 n	Only present if a re-issue was performed on the claim otherwise field :P:IDR-STATUS-DATE will contain the	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					check date					
1686-1693	PROV LAST CHECK DATE	:P:IDR-U- <u>PROV-CHK- DATE</u>	Last provider check date	8 n	Only present if a re-issue was performed on the claim otherwise field :P:IDR- STATUS- DATE will contain the check date	ZEROS		X	X	X
1694-1703	EMC SENDER CODE	:P:EMC-U- <u>SUBMITTER- ID</u>	EMC Sender Code	10 C	Also known as the EMC Submitter ID	SPACES	X	X	X	X
1704-1707	CARRIER APPEALS CODE	:P:IDR-U- <u>CARRIER- APPL-CODE</u>	Carrier appeals code	4 C	<u>See spec S1648000</u>	SPACES		X	X	X
1708-1716	CHOICES HMO PLAN	:P:IDR-U- <u>CHOICES- PLAN</u>	Choices HMO plan	9 c		SPACES		X	X	X
1717-1718	DEMO NUMBER	:P:IDR-UU- <u>DEMO- NUMBER</u>	Demo number	2 c	HCFA demo project number – same as	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					values on HPPTDEMO					
1719-1728	DEMO PROV NPI	:P:IDR-U- <u>DEMO-PROV-NPI</u>	Demo provider NPI	10 C	Number for Demo provider NPI	SPACES		X	X	X
1729-1738	DEMO PROV NUMBER	:P:IDR-U- <u>DEMO-PROVIDER</u>	Demo provider	10 C	Provider involved in the demonstration project	SPACES		X	X	X
1739-1748	SUPERVISING NPI	:P:IDR-U- <u>SUPER-NPI</u>	Supervising provider NPI	10 C	Number for supervising provider NPI	SPACES	X	X	X	X
1749-1763	ICN ORIGINALY SENT TO CWF	:P:IDR-U- <u>OLD-CWF-ICN</u>	ICN claim originally sent to CWF as	15 c		SPACES				X
1764-1778	OLD PATIENT ACCOUNT NUMBER	:P:IDR-U- <u>PATIENT-ACCT-N-OLD</u>	Patient account number – old	15 C		SPACES				X
1779-1795	PATIENT ACCOUNT NUMBER	:P:IDR-U- <u>PATIENT-ACCT-N</u>	Patient account number	17 C		SPACES	X	X	X	X
1796	BENE NAME CORRECTED FLAG	:P:IDR-U- <u>BENE-NAME-CORR-FLG</u>	Bene name corrected flag	1 c	C – name corrected during processing Spaces –	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					name not corrected					
1797-1808	FCA PREVIOUS HIC	:P:IDR-U-FCADJ-PREV-HIC	Full claim adj previous HIC	12 c	Only present for full claim adjustments	SPACES				X
1809-1818	FCA BILLING PROV NPI	:P:IDR-U-FCADJ-BIL-NPI	Full claim adj previous billing provider NPI	10 C	Only present for full claim adjustments	SPACES				X
1819-1828	FCA PREV BILLNG PROV	:P:IDR-U-FCADJ-BIL-PROV	Full claim adj previous billing provider	10 c	Only present for full claim adjustments	SPACES				X
1829	FCA PREV ASSIGNMENT	:P:IDR-U-FCADJ-PREV-ASSGN	Full claim adj previous assignment	1 c	Only present for full claim adjustments	SPACES				X
1830-1836	FCA PROV INTEREST	:P:IDR-U-FCADJ-PROV-INT	Full claim adj previous provider Interest	7 N (99999v99)	Only present for full claim adjustments	ZEROS				X
1837-1843	FCA BENE INTEREST	:P:IDR-U-FCADJ-BENE-INT	Full claim adj previous bene Interest	7 N (99999v99)	Only present for full claim adjustments	ZEROS				X
1844-1851	ORIGINAL RECP DATE	:P:IDR-U-ORIG-RECEIPT-DATE	Original receipt date	8 n	MMDDYYYY Y – only present for adjustments	ZEROS				X
1852-1854	DELETION REASON CODE	:P:IDR-U-DELETE-RSN-CODE	Delete reason code	3 C		SPACES				X
1855-1867	CASE	:P:IDR-U-	Case tracking	13 N		ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	TRACKING NUMBER	<u>CASE-TRACK-CCN</u>	CCN	-1E+13						
1868	OVERPAYMENT REASON CODE	<u>:P:IDR-U-OVERPAY-REASON</u>	Overpayment reason	1 c		SPACES				X
1869	DISCOVER Y REASON CODE	<u>:P:IDR-U-DISCOV-REASON</u>	Discover reason	1 c		SPACES				X
1870	UNSOL RESP TYPE	<u>:P:IDR-U-UNSOL-RESP-TYPE</u>	Unsolicited response type	1 c		SPACES				X
1871-1878	HPSA REPORTING DATE	<u>:P:IDR-U-HPSA-RPT-DT-CYMD</u>	HPSA reporting date	8 N(YYYYMMDD)		ZEROS		X	X	X
1879		OCCURS 5 TIMES	CWF Header Error and Override Codes							
		:P:IDR-U-CWF-ERROR								
1879-1882	CWF ERROR CODE (1)	<u>:P:IDR-U-CWF-ERR-CD</u>	CWF Header Error Code	4c		SPACES		X	X	X
1883	CWF HEADER OVERRIDE (1)	<u>:P:IDR-U-CWF-OVRD-CD</u>	CWF Header Override	1C	H – header * - override Blank – no override	SPACES		X	X	X
1884-1887	CWF ERROR CODE (2)	<u>:P:IDR-U-CWF-ERR-CD</u>	CWF Header Error Code	4C		SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1888	CWF HEADER OVERRIDE (2)	<u>:P:IDR-U-CWF- OVRD-CD</u>	CWF Header Override	1C	H – header * - override Blank – no override	SPACES		X	X	X
1889-1892	CWF ERROR CODE (3)	<u>:P:IDR-U-CWF- ERR-CD</u>	CWF Header Error Code	4c		SPACES		X	X	X
1893	CWF HEADER OVERRIDE (3)	<u>:P:IDR-U-CWF- OVRD-CD</u>	CWF Header Override	1C	H – header * - override Blank – no override	SPACES		X	X	X
X1894-1897	CWF ERROR CODE (3)	<u>:P:IDR-U-CWF- ERR-CD</u>	CWF Header Error Code	4C		SPACES		X	X	X
1898	CWF HEADER OVERRIDE (3)	<u>:P:IDR-U-CWF- OVRD-CD</u>	CWF Header Override	1C	H – header * - override Blank – no override	SPACES		X	X	X
1899-1902	CWF ERROR CODE (4)	<u>:P:IDR-U-CWF- ERR-CD</u>	CWF Header Error Code	4c		SPACES		X	X	X
1903	CWF HEADER OVERRIDE (4)	<u>:P:IDR-U-CWF- OVRD-CD</u>	CWF Header Override	1C	H – header * - override Blank – no override	SPACES		X	X	X
1904-1905	BILLING PROV STATE CODE (1)	<u>:P:IDR-U-BILL- PROV-STATE</u>	Billing Provider state code	2c		SPACES		X	X	X
1906-1914	BILLING PROV ZIP	<u>:P:IDR-U-BILL- PROV-ZIP</u>	Billing Provider zip code	9C		SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	(1)									
1915-1964 1965		FILLER	B TRAILER	50C		SPACES	X	X	X	X
	24 x 5 = 120	Occurs 0 to 5 Times	A/R Information							
1965	AR IND 1	<u>:P:IDR-B-CUR-IND</u>	Current A/R indicator	1 c	A/R has been closed – y = yes or space = no	SPACES				X
1966-1980	AR NUMBER 1	<u>:P:IDR-B-ICN</u>	A/R number	15 c		SPACES				X
1981-1988	AR B TRAILER DATE 1	<u>:P:IDR-B-DATE</u>	A/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
1989	AR IND 2	<u>:P:IDR-B-CUR-IND</u>	Current A/R indicator	1 c	A/R has been closed – y = yes or space = no	SPACES				X
1990-2004	AR NUMBER 2	<u>:P:IDR-B-ICN</u>	A/R number	15 c		SPACES				X
2005-2012	AR B TRAILER DATE 2	<u>:P:IDR-B-DATE</u>	A/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2013	AR IND 3	<u>:P:IDR-B-CUR-IND</u>	Current A/R indicator	1 c	A/R has been closed – y = yes or space = no	SPACES				X
2014-2028	AR NUMBER 3	<u>:P:IDR-B-ICN</u>	A/R number	15 c		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2029-2036	AR B TRAILER DATE 3	:P:IDR-B- <u>DATE</u>	A/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2037	AR IND 4	:P:IDR-B-CUR- <u>IND</u>	Current A/R indicator	1 c	A/R has been closed – y = yes or space = no	SPACES				X
2038-2052	AR NUMBER 4	:P:IDR-B- <u>ICN</u>	A/R number	15 c		SPACES				X
2053-2060	AR B TRAILER DATE 4	:P:IDR-B- <u>DATE</u>	A/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2061	AR IND 5	:P:IDR-B-CUR- <u>IND</u>	Current A/R indicator	1 c	A/R has been closed – y = yes or space = no	SPACES				X
2062-2076	AR NUMBER 5	:P:IDR-B- <u>ICN</u>	A/R number	15 c		SPACES				X
2077-2084	AR B TRAILER DATE 5	:P:IDR-B- <u>DATE</u>	A/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2085			C TRAILER							
	42 x 15 =630	Occurs 0 to 15 Times	C/R Information							
2085	CASH REC TYPE 1	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					V – Void					
2086	HDR STATUS PRIOR 1	:P:IDR-C-OLD-STAT	Prior detail status	1 C	See spec S0209000	SPACES				X
2087	HDR STATUS CURRENT 1	:P:IDR-C-NEW-STAT	Current detail status	1 C	See spec S0209000	SPACES				X
2088-2100	CASH REC NUMBER 1	:P:IDR-C-ICN	C/R number	13 c		SPACES				X
2101-2102	HDR NUMBER FOR CASH REC 1	:P:IDR-C-DET-NUMB	Detail number being applied	2 C		SPACES				X
2103-2109	HDR CASH REC APPLIED AMT1	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2110-2111	HDR CASH REC REASON TYPE 1	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2112-2114	HDR CASH REC REASON CODE 1	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2115-2118	HDR CLERK ID 1	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X
2119-2126	HDR CASH REC	:P:IDR-C-DATE	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	TRAILER DATE 1									
2127	CASH REC TYPE 2	<u>:P:IDR-C-TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2128	HDR STATUS PRIOR 2	<u>:P:IDR-C-OLD-STAT</u>	Prior detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2129	HDR STATUS CURRENT 2	<u>:P:IDR-C-NEW-STAT</u>	Current detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2130-2142	CASH REC NUMBER 2	<u>:P:IDR-C-ICN</u>	C/R number	13 c		SPACES				X
2143-2144	HDR NUMBER FOR CASH REC 2	<u>:P:IDR-C-DET-NUMB</u>	Detail number being applied	2 C		SPACES				X
2145-2151	HDR CASH REC APPLIED AMT 2	<u>:P:IDR-C-AMOUNT</u>	Amount applied	7 n (99999V99)		ZEROS				X
2152-2153	HDR CASH REC REASON TYPE 2	<u>:P:IDR-C-REASON-TYPE</u>	C/R reason type	2 c	See spec <u>S0115010</u>	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2154-2156	HDR CASH REC REASON CODE 2	:P:IDR-C- <u>REASON-CODE</u>	C/R reason code	3 c	See spec <u>S0121000</u>	SPACES				X
2157-2160	HDR CLERK ID 2	:P:IDR-C- <u>CLERK</u>	Clerk	4 c		SPACES				X
2161-2168	HDR CASH REC TRAILER DATE 2	:P:IDR-C- <u>DATE</u>	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2169	CASH REC TYPE 3	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2170	HDR STATUS PRIOR 3	:P:IDR--C- <u>OLD-STAT</u>	Prior detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2171	HDR STATUS CURRENT 3	:P:IDR-C- <u>NEW-STAT</u>	Current detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2172-2184	CASH REC NUMBER 3	:P:IDR-C- <u>ICN</u>	C/R number	13 c		SPACES				X
2185-2186	HDR NUMBER FOR CASH REC 3	:P:IDR-C- <u>DET-NUMB</u>	Detail number being applied	2 C		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2187-2193	HDR CASH REC APPLIED AMT 3	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2194-2195	HDR CASH REC REASON TYPE 3	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2196-2198	HDR CASH REC REASON CODE 3	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2199-2202	HDR CLERK ID 3	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X
2203-2210	HDR CASH REC TRAILER DATE 3	:P:IDR-C-DATE	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2211	CASH REC TYPE 4	:P:IDR-C-TYPE	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2212	HDR STATUS PRIOR 4	:P:IDR-C-OLD-STAT	Prior detail status	1 C	See spec S0209000	SPACES				X
2213	HDR STATUS CURRENT	:P:IDR-C-NEW-STAT	Current detail status	1 C	See spec S0209000	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	4									
2214-2226	CASH REC NUMBER 4	:P:IDR-C-ICN	C/R number	13 c		SPACES				X
2227-2228	HDR NUMBER FOR CASH REC 4	:P:IDR-C-DET- NUMB	Detail number being applied	2 C		SPACES				X
2229-2235	HDR CASH REC APPLIED AMT 4	:P:IDR-C- AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2236-2237	HDR CASH REC REASON TYPE 4	:P:IDR-C- REASON- TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2238-2240	HDR CASH REC REASON CODE 4	:P:IDR-C- REASON- CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2241-2244	HDR CLERK ID 4	:P:IDR-C- CLERK	Clerk	4 c		SPACES				X
2245-2252	HDR CASH REC TRAILER DATE 4	:P:IDR-C- DATE	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2253	CASH REC TYPE 5	:P:IDR-C-TYPE	C/R type	1 C	P – Partial refund F – Full refund	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					R – Reissue S – Staledate V – Void					
2254	HDR STATUS PRIOR 5	:P:IDR-C-OLD-STAT	Prior detail status	1 C	See spec S0209000	SPACES				X
2255	HDR STATUS CURRENT 5	:P:IDR-C-NEW-STAT	Current detail status	1 C	See spec S0209000	SPACES				X
2256-2268	CASH REC NUMBER 5	:P:IDR-C-ICN	C/R number	13 c		SPACES				X
2269-2270	HDR NUMBER FOR CASH REC 5	:P:IDR-C-DET-NUMB	Detail number being applied	2 C		SPACES				X
2271-2277	HDR CASH REC APPLIED AMT 5	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2278-2279	HDR CASH REC REASON TYPE 5	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2280-2282	HDR CASH REC REASON CODE 5	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2283-2286	HDR CLERK ID 5	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2287-2294	HDR CASH REC TRAILER DATE 5	:P:IDR-C- <u>DATE</u>	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2295	CASH REC TYPE 6	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2296	HDR STATUS PRIOR 6	:P:IDR-C- <u>OLD-STAT</u>	Prior detail status	1 C	<u>See spec S0209000</u>	SPACES				X
2297	HDR STATUS CURRENT 6	:P:IDR-C- <u>NEW-STAT</u>	Current detail status	1 C	<u>See spec S0209000</u>	SPACES				X
2298-2310	CASH REC NUMBER 6	:P:IDR-C- <u>ICN</u>	C/R number	13 c		SPACES				X
2311-2312	HDR NUMBER FOR CASH REC 6	:P:IDR-C- <u>DET-NUMB</u>	Detail number being applied	2 C		SPACES				X
2313-2319	HDR CASH REC APPLIED AMT 6	:P:IDR-C- <u>AMOUNT</u>	Amount applied	7 n (99999V99)		ZEROS				X
2320-2321	HDR CASH REC REASON	:P:IDR-C- <u>REASON-TYPE</u>	C/R reason type	2 c	<u>See spec S0115010</u>	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	TYPE 6									
2322-2324	HDR CASH REC REASON CODE 6	:P:IDR-C- <u>REASON- CODE</u>	C/R reason code	3 c	See spec <u>S0121000</u>	SPACES				X
2325-2328	HDR CLERK ID 6	:P:IDR-C- <u>CLERK</u>	Clerk	4 c		SPACES				X
2329-2336	HDR CASH REC TRAILER DATE 6	:P:IDR-C- <u>DATE</u>	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2337	CASH REC TYPE 7	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2338	HDR STATUS PRIOR 7	:P:IDR-C- <u>OLD- STAT</u>	Prior detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2339	HDR STATUS CURRENT 7	:P:IDR-C- <u>NEW- STAT</u>	Current detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2340-2352	CASH REC NUMBER 7	:P:IDR-C- <u>ICN</u>	C/R number	13 c		SPACES				X
2353-2354	HDR NUMBER	:P:IDR-C- <u>DET- NUMB</u>	Detail number being applied	2 C		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	FOR CASH REC 7									
2355-2361	HDR CASH REC APPLIED AMT 7	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2362-2363	HDR CASH REC REASON TYPE 7	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2364-2366	HDR CASH REC REASON CODE 7	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2367-2370	HDR CLERK ID 7	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X
2371-2378	HDR CASH REC TRAILER DATE 7	:P:IDR-C-DATE	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2379	CASH REC TYPE 8	:P:IDR-C-TYPE	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2380	HDR STATUS PRIOR 8	:P:IDR-C-OLD-STAT	Prior detail status	1 C	See spec S0209000	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2381	HDR STATUS CURRENT 8	:P:IDR-C-NEW-STAT	Current detail status	1 C	See spec S0209000	SPACES				X
2382-2394	CASH REC NUMBER 8	:P:IDR-C-ICN	C/R number	13 c		SPACES				X
2395-2396	HDR NUMBER FOR CASH REC 8	:P:IDR-C-DET-NUMB	Detail number being applied	2 C		SPACES				X
2397-2403	HDR CASH REC APPLIED AMT 8	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2404-2405	HDR CASH REC REASON TYPE 8	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2406-2408	HDR CASH REC REASON CODE 8	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2409-2412	HDR CLERK ID 8	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X
2413-2420	HDR CASH REC TRAILER DATE 8	:P:IDR-C-DATE	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2421	CASH REC TYPE 9	:P:IDR-C-TYPE	C/R type	1 C	P – Partial refund F – Full	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					refund R – Reissue S – Staledate V – Void					
2422	HDR STATUS PRIOR 9	:P:IDR-C-OLD-STAT	Prior detail status	1 C	See spec S0209000	SPACES				X
2423	HDR STATUS CURRENT 9	:P:IDR-C-NEW-STAT	Current detail status	1 C	See spec S0209000	SPACES				X
2424-2436	CASH REC NUMBER 9	:P:IDR-C-ICN	C/R number	13 c		SPACES				X
2437-2438	HDR NUMBER FOR CASH REC 9	:P:IDR-C-DET-NUMB	Detail number being applied	2 C		SPACES				X
2439-2445	HDR CASH REC APPLIED AMT 9	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2446-2447	HDR CASH REC REASON TYPE 9	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2448-2450	HDR CASH REC REASON CODE 9	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2451-2454	HDR CLERK ID 9	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2455-2462	HDR CASH REC TRAILER DATE 9	:P:IDR-C- <u>DATE</u>	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2463	CASH REC TYPE 10	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2464	HDR STATUS PRIOR 10	:P:IDR-C- <u>OLD-STAT</u>	Prior detail status	1 C	<u>See spec S0209000</u>	SPACES				X
2465	HDR STATUS CURRENT 10	:P:IDR-C- <u>NEW-STAT</u>	Current detail status	1 C	<u>See spec S0209000</u>	SPACES				X
2466-2478	CASH REC NUMBER 10	:P:IDR-C- <u>ICN</u>	C/R number	13 c		SPACES				X
2479-2480	HDR NUMBER FOR CASH REC 10	:P:IDR-C- <u>DET-NUMB</u>	Detail number being applied	2 C		SPACES				X
2481-2487	HDR CASH REC APPLIED AMT 10	:P:IDR-C- <u>AMOUNT</u>	Amount applied	7 n (99999V99)		ZEROS				X
2488-2489	HDR CASH REC	:P:IDR-C- <u>REASON-</u>	C/R reason type	2 c	<u>See spec S0115010</u>	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	REASON TYPE 10	<u>TYPE</u>								
2490-2492	HDR CASH REC REASON CODE 10	:P:IDR-C- <u>REASON-CODE</u>	C/R reason code	3 c	See spec <u>S0121000</u>	SPACES				X
2493-2496	HDR CLERK ID 10	:P:IDR-C- <u>CLERK</u>	Clerk	4 c		SPACES				X
2497-2504	HDR CASH REC TRAILER DATE 10	:P:IDR-C- <u>DATE</u>	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2505	CASH REC TYPE 11	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2506	HDR STATUS PRIOR 11	:P:IDR-C- <u>OLD-STAT</u>	Prior detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2507	HDR STATUS CURRENT 11	:P:IDR-C- <u>NEW-STAT</u>	Current detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2508-2520	CASH REC NUMBER 11	:P:IDR-C- <u>ICN</u>	C/R number	13 c		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2521-2522	HDR NUMBER FOR CASH REC 11	:P:IDR-C-DET- <u>NUMB</u>	Detail number being applied	2 C		SPACES				X
2523-2529	HDR CASH REC APPLIED AMT 11	:P:IDR-C- <u>AMOUNT</u>	Amount applied	7 n (99999V99)		ZEROS				X
2530-2531	HDR CASH REC REASON TYPE 11	:P:IDR-C- <u>REASON-TYPE</u>	C/R reason type	2 c	<u>See spec S0115010</u>	SPACES				X
2532-2534	HDR CASH REC REASON CODE 11	:P:IDR-C- <u>REASON-CODE</u>	C/R reason code	3 c	<u>See spec S0121000</u>	SPACES				X
2535-2538	HDR CLERK ID 11	:P:IDR-C- <u>CLERK</u>	Clerk	4 c		SPACES				X
2539-2546	HDR CASH REC TRAILER DATE 11	:P:IDR-C- <u>DATE</u>	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2547	CASH REC TYPE 12	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2548	HDR STATUS PRIOR 12	:P:IDR-C-OLD-STAT	Prior detail status	1 C	See spec S0209000	SPACES				X
2549	HDR STATUS CURRENT 12	:P:IDR-C-NEW-STAT	Current detail status	1 C	See spec S0209000	SPACES				X
2550-2562	CASH REC NUMBER 12	:P:IDR-C-ICN	C/R number	13 c		SPACES				X
2563-2564	HDR NUMBER FOR CASH REC 12	:P:IDR-C-DET-NUMB	Detail number being applied	2 C		SPACES				X
2565-2571	HDR CASH REC APPLIED AMT12	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2572-2573	HDR CASH REC REASON TYPE 12	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2574-2576	HDR CASH REC REASON CODE 12	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2577-2580	HDR CLERK ID 12	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X
2581-2588	HDR CASH REC	:P:IDR-C-DATE	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	TRAILER DATE 12									
2589	CASH REC TYPE 13	<u>:P:IDR-C-TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2590	HDR STATUS PRIOR 13	<u>:P:IDR-C-OLD-STAT</u>	Prior detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2591	HDR STATUS CURRENT 13	<u>:P:IDR-C-NEW-STAT</u>	Current detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2592-2604	CASH REC NUMBER 13	<u>:P:IDR-C-ICN</u>	C/R number	13 c		SPACES				X
2605-2606	HDR NUMBER FOR CASH REC 13	<u>:P:IDR-C-DET-NUMB</u>	Detail number being applied	2 C		SPACES				X
2607-2613	HDR CASH REC APPLIED AMT13	<u>:P:IDR-C-AMOUNT</u>	Amount applied	7 n (99999V99)		ZEROS				X
2614-2615	HDR CASH REC REASON TYPE 13	<u>:P:IDR-C-REASON-TYPE</u>	C/R reason type	2 c	See spec <u>S0115010</u>	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2616-2618	HDR CASH REC REASON CODE 13	:P:IDR-C- <u>REASON-CODE</u>	C/R reason code	3 c	See spec <u>S0121000</u>	SPACES				X
2619-2622	HDR CLERK ID 13	:P:IDR-C- <u>CLERK</u>	Clerk	4 c		SPACES				X
2623-2630	HDR CASH REC TRAILER DATE 13	:P:IDR-C- <u>DATE</u>	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2631	CASH REC TYPE 14	:P:IDR-C- <u>TYPE</u>	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2632	HDR STATUS PRIOR 14	:P:IDR-C- <u>OLD-STAT</u>	Prior detail status	1 c	See spec <u>S0209000</u>	SPACES				X
2633	HDR STATUS CURRENT 14	:P:IDR-C- <u>NEW-STAT</u>	Current detail status	1 C	See spec <u>S0209000</u>	SPACES				X
2634-2646	CASH REC NUMBER 14	:P:IDR-C- <u>ICN</u>	C/R number	13 c		SPACES				X
2647-2648	HDR NUMBER FOR CASH	:P:IDR-C- <u>DET-NUMB</u>	Detail number being applied	2 C		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	REC 14									
2649-2655	HDR CASH REC APPLIED AMT 14	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2656-2657	HDR CASH REC REASON TYPE 14	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2658-2660	HDR CASH REC REASON CODE 14	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2661-2664	HDR CLERK ID 14	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X
2665-2672	HDR CASH REC TRAILER DATE 14	:P:IDR-C-DATE	C/R Trailer Date	8 N	MMDDYY Y	ZEROS				X
2673	CASH REC TYPE 15	:P:IDR-C-TYPE	C/R type	1 C	P – Partial refund F – Full refund R – Reissue S – Staledate V – Void	SPACES				X
2674	HDR STATUS PRIOR 15	:P:IDR-C-OLD-STAT	Prior detail status	1 C	See spec S0209000	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2675	HDR STATUS CURRENT 15	:P:IDR-C-NEW-STAT	Current detail status	1 C	See spec S0209000	SPACES				X
2676-2688	CASH REC NUMBER 15	:P:IDR-C-ICN	C/R number	13 c		SPACES				X
2689-2690	HDR NUMBER FOR CASH REC 15	:P:IDR-C-DET-NUMB	Detail number being applied	2 C		SPACES				X
2691-2697	HDR CASH REC APPLIED AMT 15	:P:IDR-C-AMOUNT	Amount applied	7 n (99999V99)		ZEROS				X
2698-2699	HDR CASH REC REASON TYPE 15	:P:IDR-C-REASON-TYPE	C/R reason type	2 c	See spec S0115010	SPACES				X
2700-2702	HDR CASH REC REASON CODE 15	:P:IDR-C-REASON-CODE	C/R reason code	3 c	See spec S0121000	SPACES				X
2703-2706	HDR CLERK ID 15	:P:IDR-C-CLERK	Clerk	4 c		SPACES				X
2707-2714	HDR CASH REC TRAILER DATE 15	:P:IDR-C-DATE	C/R Trailer Date	8 N	MMDDYYY Y	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2715			F TRAILER							
	79 x 2 =158	Occurs 0 to 2 Times	Reissue Information							
2715	REISSUE TYPE 1	:P:IDR-F-TYPE	Reissue type	1 C	R – reissue S – special check	SPACES				X
2716	REISSUE TRAILER NUMBER 1	:P:IDR-F-TRLR-NUMB	Reissue trailer number	1 C	Only most current 2 reissue trailers kept	SPACES				X
2717-2725	BENE ORIG INT CHECK NUMBER 1	:P:IDR-F-BENE-INT-EOB	Original bene Internal check number	9 c		SPACES				X
2726-2734	BENE ORIG EXT CHECK NUMBER 1	:P:IDR-F-BENE-EXT-EOB	Original bene external check number	9 c		SPACES				X
2735-2741	BENE ORIG PAID AMT 1	:P:IDR-F-BENE-PAY-AMT	Original bene paid amount	7 n (99999V99)		ZEROS				X
2742-2748	BENE ORIG OFFSET AMT 1	:P:IDR-F-BENE-OFF-AMT	Original bene offset amount	7 n (99999V99)		ZEROS				X
2749	SECOND F TRAILER CHECK IND 1	:P:IDR-F-2ND-CHK-IND	Second check indicator	1 C	P – Provider; S – SSA	SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2750-2758	PROV ORIG INT CHECK NUMBER 1	:P:IDR-F- <u>PROV-INT- EOB</u>	Original provider Internal check number	9 c		SPACES				X
2759-2767	PROV ORIG EXT CHECK NUMBER 1	:P:IDR-F- <u>PROV-EXT- EOB</u>	Original provider external check number	9 c		SPACES				X
2768-2774	PROV ORIG PAID AMT 1	:P:IDR-F- <u>PROV-PAY- AMT</u>	Original provider paid amount	7 n (99999V99)		ZEROS				X
2775-2781	PROV ORIG OFFSET AMT 1	:P:IDR-F- <u>PROV-OFF- AMT</u>	Original provider offset amount	7 n (99999V99)		ZEROS				X
2782-2785	CLERK ID 1	:P:IDR-F- <u>CLERK</u>	Clerk	4 c		SPACES				X
2786-2793	F TRAILER DATE 1	:P:IDR-F- <u>DATE</u>	F Trailer Date	8 N	MMDDYY Y	ZEROS				X
2794	REISSUE TYPE 2	:P:IDR-F- <u>TYPE</u>	Reissue type	1 C	R – reissue S – special check	SPACES				X
2795	REISSUE TRAILER NUMBER 2	:P:IDR-F- <u>TRLR-NUMB</u>	Reissue trailer number	1 C	Only most current 2 reissue trailers kept	SPACES				X
2796-2804	BENE ORIG INT CHECK NUMBER 2	:P:IDR-F- <u>BENE-INT- EOB</u>	Original bene Internal check number	9 c		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2805-2813	BENE ORIG EXT CHECK NUMBER 2	:P:IDR-F- <u>BENE-EXT-EOB</u>	Original bene external check number	9 c		SPACES				X
2814-2820	BENE ORIG PAID AMT 2	:P:IDR-F- <u>BENE-PAY-AMT</u>	Original bene paid amount	7 n (99999V99)		ZEROS				X
2821-2827	BENE ORIG OFFSET AMT 2	:P:IDR-F- <u>BENE-OFF-AMT</u>	Original bene offset amount	7 n (99999V99)		ZEROS				X
2828	SECOND F TRAILER CHECK IND 2	:P:IDR-F-2ND- <u>CHK-IND</u>	Second check indicator	1 C	P – Provider S – SSA	SPACES				X
2829-2837	PROV ORIG INT CHECK NUMBER 2	:P:IDR-F- <u>PROV-INT-EOB</u>	Original provider Internal check number	9 c		SPACES				X
2838-2846	PROV ORIG EXT CHECK NUMBER 2	:P:IDR-F- <u>PROV-EXT-EOB</u>	Original provider external check number	9 c		SPACES				X
2847-2853	PROV ORIG PAID AMT 2	:P:IDR-F- <u>PROV-PAY-AMT</u>	Original provider paid amount	7 n (99999V99)		ZEROS				X
2854-2860	PROV ORIG OFFSET AMT 2	:P:IDR-F- <u>PROV-OFF-AMT</u>	Original provider offset amount	7 n (99999V99)		ZEROS				X
2861-2864	CLERK ID 2	:P:IDR-F- <u>CLERK</u>	Clerk	4 c		SPACES				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
2865-2872	F TRAILER DATE 2	:P:IDR-F-DATE	F Trailer Date	8 N	MMDDYYYY	ZEROS				X
2873			W TRAILER							
	62 x 10 = 620	Occurs 0 to 10 Times	COBA Information							
2873-2877	COBA NUMBER 1	:P:IDR-W-COBA-NUMBER	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
2878-2885	COBA INS EFF DATE 1	:P:IDR-W-COBA-EFF-DATE	COBA Insurer Effective Date	8 N	MMDDYYYY	ZEROS		X	X	X
2886-2893	COBA INS END DATE 1	:P:IDR-W-COBA-END-DATE	COBA Insurer End Date	8 N	MMDDYYYY	ZEROS		X	X	X
2894	COBA INS TEST/PROD IND 1	:P:IDR-W-CCOBA-TEST-IND	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
2895-2926	COBA NAME 1	:P:IDR-W-COBA-NAME	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
2927-2934	COBA ABORT DATE 1	:P:IDR-W-COBA-ABORT-DATE	COBA Insurer Abort Date	8 N	MMDDYYYY	ZEROS		X	X	X
2935-2939	COBA NUMBER 2	:P:IDR-W-COBA-NUMBER	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
2940-2947	COBA INS EFF DATE	:P:IDR-W-COBA-EFF-	COBA Insurer Effective Date	8 N	MMDDYYYY	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	2	<u>DATE</u>								
2948-2955	COBA INS END DATE 2	:P:IDR-W- <u>COBA-END- DATE</u>	COBA Insurer End Date	8 N	MMDDYYY Y	ZEROS		X	X	X
2956	COBA INS TEST/PROD IND 2	:P:IDR-W- <u>COBA-TEST- IND</u>	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
2957-2988	COBA NAME 2	:P:IDR-W- <u>COBA-NAME</u>	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
2989-2996	COBA ABORT DATE 2	:P:IDR-W- <u>COBA- ABORT-DATE</u>	COBA Insurer Abort Date	8 N	MMDDYYY Y	ZEROS		X	X	X
2997-3001	COBA NUMBER 3	:P:IDR-W- <u>COBA- NUMBER</u>	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3002-3009	COBA INS EFF DATE 3	:P:IDR-W- <u>COBA-EFF- DATE</u>	COBA Insurer Effective Date	8 N	MMDDYYY Y	ZEROS		X	X	X
3010-3017	COBA INS END DATE 3	:P:IDR-W- <u>COBA-END- DATE</u>	COBA Insurer End Date	8 N	MMDDYYY Y	ZEROS		X	X	X
3018	COBA INS TEST/PROD IND 3	:P:IDR-W- <u>COBA-TEST- IND</u>	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can	SPACES		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					be 'T' or 'P'.					
3019-3050	COBA NAME 3	:P:IDR-W-COBA-NAME	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3051-3058	COBA ABORT DATE 3	:P:IDR-W-COBA-ABORT-DATE	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X
3059-3063	COBA NUMBER 4	:P:IDR-W-COBA-NUMBER	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3064-3071	COBA INS EFF DATE 4	:P:IDR-W-COBA-EFF-DATE	COBA Insurer Effective Date	8 N	MMDDYY Y	ZEROS		X	X	X
3072-3079	COBA INS END DATE 4	:P:IDR-W-COBA-END-DATE	COBA Insurer End Date	8 N	MMDDYY Y	ZEROS		X	X	X
3080	COBA INS TEST/PROD IND 4	:P:IDR-W-COBA-TEST-IND	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
3081-3113	COBA NAME 4	:P:IDR-W-COBA-NAME	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3114-3120	COBA ABORT DATE 4	:P:IDR-W-COBA-ABORT-DATE	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3121-3125	COBA NUMBER 5	:P:IDR-W-COBA-NUMBER	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3126-3133	COBA INS EFF DATE 5	:P:IDR-W-COBA-EFF-DATE	COBA Insurer Effective Date	8 N	MMDDYY Y	ZEROS		X	X	X
3134-3141	COBA INS END DATE 5	:P:IDR-W-COBA-END-DATE	COBA Insurer End Date	8 N	MMDDYY Y	ZEROS		X	X	X
3142	COBA INS TEST/PROD IND 5	:P:IDR-W-COBA-TEST-IND	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
3143-3174	COBA NAME 5	:P:IDR-W-COBA-NAME	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3175-3182	COBA ABORT DATE 5	:P:IDR-W-COBA-ABORT-DATE	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X
3183-3187	COBA NUMBER 6	:P:IDR-W-COBA-NUMBER	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3188-3195	COBA INS EFF DATE 6	:P:IDR-W-COBA-EFF-DATE	COBA Insurer Effective Date	8 N	MMDDYY Y	ZEROS		X	X	X
3196-3203	COBA INS END DATE 6	:P:IDR-W-COBA-END-DATE	COBA Insurer End Date	8 N	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3204	COBA INS TEST/PROD IND 6	:P:IDR-W- <u>CCOBA-TEST-IND</u>	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
3205-3236	COBA NAME 6	:P:IDR-W- <u>COBA-NAME</u>	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3237-3244	COBA ABORT DATE 6	:P:IDR-W- <u>COBA-ABORT-DATE</u>	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X
3245-3249	COBA NUMBER 7	:P:IDR-W- <u>COBA-NUMBER</u>	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3250-3257	COBA INS EFF DATE 7	:P:IDR-W- <u>COBA-EFF-DATE</u>	COBA Insurer Effective Date	8 N	MMDDYY Y	ZEROS		X	X	X
3258-3265	COBA INS END DATE 7	:P:IDR-W- <u>COBA-END-DATE</u>	COBA Insurer End Date	8 N	MMDDYY Y	ZEROS		X	X	X
3266	COBA INS TEST/PROD IND 7	:P:IDR-W- <u>COBA-TEST-IND</u>	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
3267-3298	COBA NAME 7	:P:IDR-W- <u>COBA-NAME</u>	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3299-3306	COBA ABORT DATE 7	:P:IDR-W- <u>COBA-ABORT-DATE</u>	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3307-3311	COBA NUMBER 8	:P:IDR-W-COBA-NUMBER	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3312-3319	COBA INS EFF DATE 8	:P:IDR-W-COBA-EFF-DATE	COBA Insurer Effective Date	8 N	MMDDYY Y	ZEROS		X	X	X
3320-3327	COBA INS END DATE 8	:P:IDR-W-COBA-END-DATE	COBA Insurer End Date	8 N	MMDDYY Y	ZEROS		X	X	X
3328	COBA INS TEST/PROD IND 8	:P:IDR-W-COBA-TEST-IND	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
3329-3360	COBA NAME 8	:P:IDR-W-COBA-NAME	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3361-3368	COBA ABORT DATE 8	:P:IDR-W-COBA-ABORT-DATE	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X
3369-3373	COBA NUMBER 9	:P:IDR-W-COBA-NUMBER	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3374-3381	COBA INS EFF DATE 9	:P:IDR-W-COBA-EFF-DATE	COBA Insurer Effective Date	8 N	MMDDYY Y	ZEROS		X	X	X
3382-3389	COBA INS END DATE 9	:P:IDR-W-COBA-END-DATE	COBA Insurer End Date	8 N	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3390	COBA INS TEST/PROD IND 9	:P:IDR-W- <u>COBA-TEST-IND</u>	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
3391-3422	COBA NAME 9	:P:IDR-W- <u>COBA-NAME</u>	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3423-3430	COBA ABORT DATE 9	:P:IDR-W- <u>COBA-ABORT-DATE</u>	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X
3431-3435	COBA NUMBER 10	:P:IDR-W- <u>COBA-NUMBER</u>	COBA Number	5 C	COBA Insurer number	SPACES		X	X	X
3436-3443	COBA INS EFF DATE 10	:P:IDR-W- <u>COBA-EFF-DATE</u>	COBA Insurer Effective Date	8 N	MMDDYY Y	ZEROS		X	X	X
3444-3451	COBA INS END DATE 10	:P:IDR-W- <u>COBA-END-DATE</u>	COBA Insurer End Date	8 N	MMDDYY Y	ZEROS		X	X	X
3452	COBA INS TEST/PROD IND 10	:P:IDR-W- <u>COBA-TEST-IND</u>	COBA Insurer Test/Prod indicator	1 c	Identifies if insurer is test or production. Values can be 'T' or 'P'.	SPACES		X	X	X
3453-3484	COBA NAME 10	:P:IDR-W- <u>COBA-NAME</u>	COBA Insurer Name	32 c	COBA Name	SPACES		X	X	X
3485-3492	COBA ABORT DATE 10	:P:IDR-W- <u>COBA-ABORT-DATE</u>	COBA Insurer Abort Date	8 N	MMDDYY Y	ZEROS		X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3493			X TRAILER							
	64 x 17 = 1088	Occurs 0 to 17 Times	Adjustment Information							
3493-3500	ADJ DATE 1	:P:IDR-ADJ- <u>DATE</u>	Date of adjustment	8 n	MMDDYY Y	ZEROS	X	X	X	X
3501-3515	XREF ICN 1	:P:IDR-XREF- <u>ICN</u>	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3516-3519	ADJ CLERK ID 1	:P:IDR-ADJ- <u>CLERK</u>	Clerk number	4 c		SPACES	X	X	X	X
3520-3534	INITIATING CCN 1	:P:IDR-INIT- <u>CCN</u>	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
3535-3542	ADJ CLM CHECK WRITE DATE 1	:P:IDR-ADJ- <u>CHK-WRT-DT</u>	Adjustment Claim Check Write Date	8 n	MMDDYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
3543-3549	ADJ CLAIM BENE EOMB AMT 1	:P:IDR-ADJ-B- <u>EOMB-AMT</u>	Adjustment claim beneficiary EOMB amount	7 n	Original claim only	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		-		(99999V99)						
3550-3556	ADJ CLAIM PROV EOMB AMT 1	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n	Original claim only	ZEROS				X
		-		(99999V99)						
3557-3564	ADJ DATE 2	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY Y	ZEROS	X	X	X	X
3565-3579	XREF ICN 2	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3580-3583	ADJ CLERK ID 2	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
3584-3598	INITIATING CCN 2	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
3599-3606	ADJ CLM CHECK WRITE DATE 2	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3607-3613	ADJ CLAIM BENE EOMB AMT 2	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3614-3620	ADJ CLAIM PROV EOMB AMT 2	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3621-3628	ADJ DATE 3	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY	ZEROS	X	X	X	X
3629-3643	XREF ICN 3	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3644-3647	ADJ CLERK ID 3	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
3648-3662	INITIATING CCN 3	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
3663-3670	ADJ CLM CHECK WRITE DATE 3	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3671-3677	ADJ CLAIM BENE EOMB AMT 3	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3678-3684	ADJ CLAIM PROV EOMB AMT 3	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3685-3692	ADJ DATE 4	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYY Y	ZEROS	X	X	X	X
3693-3707	XREF ICN 4	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3708-3711	ADJ CLERK ID 4	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
3712-3726	INITIATING CCN 4	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
3727-3734	ADJ CLM CHECK WRITE DATE 4	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3735-3741	ADJ CLAIM BENE EOMB AMT 4	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3742-3748	ADJ CLAIM PROV EOMB AMT 4	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3749-3756	ADJ DATE 5	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY	ZEROS	X	X	X	X
3757-3771	XREF ICN 5	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3772-3775	ADJ CLERK ID 5	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
3776-3790	INITIATING CCN 5	:P:IDR-INIT-CCN	Initiating CCN number	15 C	Adjustment claim only	SPACES	X	X	X	X
3791-3798	ADJ CLM CHECK WRITE DATE 5	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3799-3805	ADJ CLAIM BENE EOMB AMT 5	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3806-3812	ADJ CLAIM PROV EOMB AMT 5	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3813-3820	ADJ DATE 6	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYY Y	ZEROS	X	X	X	X
3821-3835	XREF ICN 6	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3836-3839	ADJ CLERK ID 6	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
3840-3854	INITIATING CCN 6	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
3855-3862	ADJ CLM CHECK WRITE DATE 6	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3863-3869	ADJ CLAIM BENE EOMB AMT 6	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3870-3876	ADJ CLAIM PROV EOMB AMT 6	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3877-3884	ADJ DATE 7	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY	ZEROS	X	X	X	X
3885-3899	XREF ICN 7	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3900-3903	ADJ CLERK ID 7	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
3904-3918	INITIATING CCN 7	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
3919-3926	ADJ CLM CHECK WRITE DATE 7	:P:IDR--ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3927-3933	ADJ CLAIM BENE EOMB AMT 7	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3934-3940	ADJ CLAIM PROV EOMB AMT 7	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3941-3948	ADJ DATE 8	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY	ZEROS	X	X	X	X
3949-3963	XREF ICN 8	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
3964-3967	ADJ CLERK ID 8	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
3968-3982	INITIATING CCN 8	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
3983-3990	ADJ CLM CHECK WRITE DATE 8	:P:IDR--ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
3991-3997	ADJ CLAIM BENE EOMB AMT 8	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
3998-4004	ADJ CLAIM PROV EOMB AMT 8	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4005-4012	ADJ DATE 9	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY	ZEROS	X	X	X	X
4013-4027	XREF ICN 9	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
4028-4031	ADJ CLERK ID 9	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
4032-4046	INITIATING CCN 9	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4047-4054	ADJ CLM CHECK WRITE DATE 9	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
4055-4061	ADJ CLAIM BENE EOMB AMT 9	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4062-4068	ADJ CLAIM PROV EOMB AMT 9	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4069-4076	ADJ DATE 10	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYY Y	ZEROS	X	X	X	X
4077-4091	XREF ICN 10	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
4092-4095	ADJ CLERK ID 10	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
4096-4110	INITIATING CCN 10	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4111-4118	ADJ CLM CHECK WRITE DATE 10	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYY Y – this field is only populated on the original claim X	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					Trailer					
4119-4125	ADJ CLAIM BENE EOMB AMT 10	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4126-4132	ADJ CLAIM PROV EOMB AMT 10	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4133-4140	ADJ DATE 11	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYY Y	ZEROS	X	X	X	X
4141-4155	XREF ICN 11	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
4156-4159	ADJ CLERK ID 11	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
4160-4174	INITIATING CCN 11	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
4175-4182	ADJ CLM CHECK WRITE DATE 11	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
4183-4189	ADJ CLAIM BENE EOMB AMT 11	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4190-4196	ADJ CLAIM PROV EOMB AMT 11	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4197-4204	ADJ DATE 12	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY Y	ZEROS	X	X	X	X
4205-4219	XREF ICN 12	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
4220-4223	ADJ CLERK ID 12	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
4224-4238	INITIATING CCN 12	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4239-4246	ADJ CLM CHECK WRITE DATE 12	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
4247-4254	ADJ CLAIM BENE EOMB AMT 12	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4255-4260	ADJ CLAIM PROV EOMB AMT 12	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4261-4268	ADJ DATE 13	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY Y	ZEROS	X	X	X	X
4269-4283	XREF ICN 13	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
4284-4287	ADJ CLERK ID	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	13									
4288-4302	INITIATING CCN 13	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4303-4310	ADJ CLM CHECK WRITE DATE 13	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
4311-4317	ADJ CLAIM BENE EOMB AMT 13	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4318-4324	ADJ CLAIM PROV EOMB AMT 13	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4325-4332	ADJ DATE 14	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYY Y	ZEROS				X
4333-4347	XREF ICN 14	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
4348-4351	ADJ CLERK ID 14	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
4352-4366	INITIATING CCN 14	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4367-4374	ADJ CLM CHECK WRITE DATE 14	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
4375-4381	ADJ CLAIM BENE EOMB AMT 14	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4382-4388	ADJ CLAIM PROV EOMB AMT 14	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4389-4396	ADJ DATE 15	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYYYY Y	ZEROS	X	X	X	X
4397-4411	XREF ICN 15	:P:IDR-XREF-ICN	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for	SPACES	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					splits					
4412-4415	ADJ CLERK ID 15	:P:IDR-ADJ-CLERK	Clerk number	4 c		SPACES	X	X	X	X
4416-4430	INITIATING CCN 15	:P:IDR-INIT-CCN	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4431-4438	ADJ CLM CHECK WRITE DATE 15	:P:IDR-ADJ-CHK-WRT-DT	Adjustment Claim Check Write Date	8 n	MMDDYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
4439-4445	ADJ CLAIM BENE EOMB AMT 15	:P:IDR-ADJ-B-EOMB-AMT	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4446-4452	ADJ CLAIM PROV EOMB AMT 15	:P:IDR-ADJ-P-EOMB-AMT	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4453-4460	ADJ DATE 16	:P:IDR-ADJ-DATE	Date of adjustment	8 n	MMDDYY Y	ZEROS	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
4461-4475	XREF ICN 16	:P:IDR-XREF- <u>ICN</u>	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
4476-4479	ADJ CLERK ID 16	:P:IDR-ADJ- <u>CLERK</u>	Clerk number	4 c		SPACES	X	X	X	X
4480-4494	INITIATING CCN 16	:P:IDR-INIT- <u>CCN</u>	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4495-4502	ADJ CLM CHECK WRITE DATE 16	:P:IDR-ADJ- <u>CHK-WRT-DT</u>	Adjustment Claim Check Write Date	8 n	MMDDYYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
4503-4509	ADJ CLAIM BENE EOMB AMT 16	:P:IDR-ADJ-B- <u>EOMB-AMT</u>	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4510-4516	ADJ CLAIM PROV EOMB AMT 16	:P:IDR-ADJ-P- <u>EOMB-AMT</u>	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X
4517-4524	ADJ DATE	:P:IDR-ADJ-	Date of	8 n	MMDDYYYY	ZEROS	X	X	X	X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	17	<u>DATE</u>	adjustment		Y					
4525-4539	XREF ICN 17	<u>:P:IDR-XREF- ICN</u>	Cross reference ICN number	15 c	Adjustment claim ICN if this is an original claim, or original ICN if this is an adjustment, xref ICN for splits	SPACES	X	X	X	X
4540-4543	ADJ CLERK ID 17	<u>:P:IDR-ADJ- CLERK</u>	Clerk number	4 c		SPACES	X	X	X	X
4544-4558	INITIATIN G CCN 17	<u>:P:IDR-INIT- CCN</u>	Initiating CCN number	15 c	Adjustment claim only	SPACES	X	X	X	X
4559-4566	ADJ CLM CHECK WRITE DATE 17	<u>:P:IDR-ADJ- CHK-WRT-DT</u>	Adjustment Claim Check Write Date	8 n	MMDDYYY Y – this field is only populated on the original claim X Trailer	ZEROS				X
4567-4573	ADJ CLAIM BENE EOMB AMT 17	<u>:P:IDR-ADJ-B- EOMB-AMT</u>	Adjustment claim beneficiary EOMB amount	7 n (99999V99)	Original claim only	ZEOS				X
4574-4580	ADJ CLAIM PROV EOMB AMT 17	<u>:P:IDR-ADJ-P- EOMB-AMT</u>	Adjustment claim provider EOMB amount	7 n (99999V99)	Original claim only	ZEROS				X

	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
4581-4840	-	FILLER	-	260 C	-	SPACES	X	X	X	X

Table 2: MCS Claim Detail Line Layout

Remove the trailing filler column of 3765 bytes reducing the line record by 3761 bytes; four bytes are needed for the length indicator on a variable length file.

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1		:P:IDR-CLM-DT-CONTR-TYPE	Claim control type	1 C	Value B		X	X	X	X
2-3		:P:IDR-CLM-DT-REC-TYPE	Detail number	2 C	Jan-52		X	X	X	X
4-5		:P:IDR-CLM-DT-ICN.	Plan Code	2 N	Carrier Plan code and claim ICN,		X	X	X	X
6-18			ICN	13 N	Adjustment ICNS begin with these values: 83, 96, 97, 46, 47, 48, 56, 57, 58, 66, 67, 68					
					If ICN ends with something other than a zero, then claim was split					
			Detail Data							
19-20	DETAIL NUMBER	:P:IDR-DTL-NUMBER	Detail Number	2 n	Number of details 01-52	ZEROS	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
21	DTL PAYABLE AT 80% FLAG	:P:IDR-PAY-80-PER	Detail payable at 80%	1 c	Y-if true	SPACES		X	X	X
22	DTL SUBJECT TO DED FLAG	:P:IDR-CASH-DED	Detail subject to cash deductible	1 c	Y-if true	SPACES		X	X	X
23	DTL SUBJECT TO BLOOD DED FLAG	:P:IDR-BLD-DED	Detail subject to blood deductible	1 c	Y-if true	SPACES		X	X	X
24	DTL SUBJECT TO PHYS THER LIMITS FLAG	:P:IDR-PT-LIMIT	Detail subject to physical therapy limits	1 c	Y-if true	SPACES		X	X	X
25	DTL SUBJECT TO PSYCH LIMITS FLAG	:P:IDR-PSYCH-LIMIT	Detail subject to psychiatric limits	1 c	Y-if true	SPACES		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
26	DTL SUBJECT TO OCC THER LIMITS FLAG	:P:IDR-OT-LIMIT	Detail subject to occupational therapy limits	1 c	Y-if true	SPACES		X	X	X
27	DTL DENIED FOR PYMT FLAG	:P:IDR-DENIED	Detail denied for payment	1 c	Y-if true	SPACES		X	X	X
28	DTL STATUS FLAG	:P:IDR-DTL-STATUS	Detail status flag	1 C	See spec S0209000	SPACES		X	X	X
29-36	DTL FROM DATE OF SERVICE	:P:IDR-DTL-FROM-DATE	From date of service	8 N	MMDDYYYY	ZEROS	X	X	X	X
37-44	DTL TO DATE OF SERVICE	:P:IDR-DTL-TO-DATE	To Date of Service	8 N	MMDDYYYY	ZEROS	X	X	X	X
45-46	DTL PLACE OF SERVICE	:P:IDR-TTWO-DIGIT-POS	2 digit place of service	2 C	See spec S0101010	SPACES	X	X	X	X
47	DTL TYPE OF SERVICE	:P:IDR-TOS	Type of service	1 C	See spec S0102010	SPACES	X	X	X	X
48-52	DTL PROC CODE	:P:IDR-PROC-CODE	Procedure Number	5 C		SPACES	X	X	X	X
53-54	DTL MOD ONE	:P:IDR-MOD-ONE	First procedure modifier	2 C	See spec S0108010	SPACES	X	X	X	X
55-56	DTL MOD TWO	:P:IDR-MOD-TWO	Second procedure modifier	2 C	See spec S0108010	SPACES	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
57-58	DTL MOD THREE	:P:IDR-MOD-THREE	Third procedure modifier	2 C	See spec S0108010	SPACES	X	X	X	X
59-60	DTL MOD FOUR	:P:IDR-MOD-FOUR	Fourth procedure modifier	2 C	See spec S0108010	SPACES	X	X	X	X
61	INCLUDE FOR DUPE INDICATOR	:P:IDR-INC-DUPE	Inc for Dup indicator	1 c	Y-if true	SPACES		X	X	X
					Indicates detail is to be marked with indicator making it available in history as previously denied for medical review.					
					Space-default					
62	DME PTH DETAIL IND	:P:IDR-DME-PATH-DET	DME/Pathology Detail	1 c	Indicates if the procedure code is a clinical diagnostic lab pathology procedure.	SPACES		X	X	X
					Y – procedure is clinical diagnostic lab pathology					
					N - default					

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
63	PEER REVIEW FLAG	:P:IDR-PEER-REVIEW	Peer review flag	1 c	This indicates if the value in field 820 is a PRO # that exists for procedures that require prior authorization	SPACES		X	X	X
					Y-if prior authorization was requested and received					
					N-default					
64-68	NUMBER OF SERVICES BILLED	:P:IDR-SERV-BILLED	Services billed	5 n		ZEROS	X	X	X	X
				(9999V9)						
69-73	NUMBER OF SERVICES ALLOWED	:P:IDR-SERV-ALLOW	Services allowed	5 n		ZEROS	X	X	X	X
				(9999V9)						
74-80	DTL BILLED AMOUNT	:P:IDR-DTL-BILLED	Billed amount	7 n		ZEROS	X	X	X	X
				(99999V99)						
81-87	DTL ALLOWED AMOUNT	:P:IDR-DTL-ALLOWED	Allowed amount	7 n		ZEROS		X	X	X
				(99999V99)						

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
88-94	DTL PAID AMOUNT	:P:IDR-DTL-PAID	Total detail paid amount	7 n		ZEROS		X	X	X
				(99999V99)						
95	DTL PRICING FLAG	:P:IDR-PPRICE-FLAG	Pricing flag	1 C	See spec S1226000	SPACES		X	X	X
96-102	LEVEL 1 PROFILE AMOUNT	:P:IDR-DTL-LVL1-PROF	L1 profile amount (XXXXX.XX)- customary amount	7 n		ZEROS		X	X	X
				(99999V99)						
103-109	LEVEL 2 PROFILE AMOUNT	:P:IDR-DTL-LVL2-PROF	L2 PROFILE AMT (XXXXX.XX)- prevailing	7 n		ZEROS		X	X	X
				(99999V99)						
110-116	LEVEL 3 PROFILE AMOUNT	:P:IDR-DTL-LVL3-PROF	L3 PROFILE AMT OR RVS UNITS	7 n		ZEROS		X	X	X
				(99999V99)						
117	DTL PROFILE INDICATOR	:P:IDR-DTL-PROF-IND	Profile indicator	1 C	Y or space	SPACES		X	X	X
118-121	RVU UNITS	:P:IDR-RREL-VAL-UNITS	Relative value units	4 N		ZEROS		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
122-124	DTL NON COVERED MESSAGE	:P:IDR-DTL-NONCOV-MSG	Three digit non covered message code	3 c		SPACES		X	X	X
125-127	DTL NON COVERED AUDIT	:P:IDR-DTL-NONCOV-AUD	Three digit Audit number	3 N		ZEROS		X	X	X
128	DTL AUDIT INDICATOR	:P:IDR-DTL-NONC-AUD-IND	Audit Indicator	1 c		SPACES		X	X	X
129	PAR/NON PAR PRICING INDICATOR	:P:IDR-PAR-NONPAR	PAR/NONPAR pricing indicator	1 C	Y – Physician agrees to use UCR fee schedule	SPACES		X	X	X
					N- Physician does not agree to use UCR					
130			Procedure Code Flags							
130	PROC FLAG A	:P:IDR-PROC-FLAGS-A	Procedure code flag A	1 C	See spec S0128000	SPACES	X	X	X	X
					Value A will be present if an A is on the procedure code file (same explanation applies to all PROC-FLAGS-* fields)					

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
131	PROC FLAG B	:P:IDR-PROC-FLAGS-B	Procedure code flag B	1 C	See spec S0128000	SPACES	X	X	X	X
132	PROC FLAG C	:P:IDR-PROC-FLAGS-C	Procedure code flag C	1 C	See spec S0128000	SPACES	X	X	X	X
133	PROC FLAG D	:P:IDR-PROC-FLAGS-D	Procedure code flag D	1 C	See spec S0128000	SPACES	X	X	X	X
134	PROC FLAG E	:P:IDR-PROC-FLAGS-E	Procedure code flag E	1 C	See spec S0128000	SPACES	X	X	X	X
135	PROC FLAG F	:P:IDR-PROC-FLAGS-F	Procedure code flag F	1 C	See spec S0128000	SPACES	X	X	X	X
136	PROC FLAG G	:P:IDR-PROC-FLAGS-G	Procedure code flag G	1 C	See spec S0128000	SPACES	X	X	X	X
137	PROC FLAG H	:P:IDR-PROC-FLAGS-H	Procedure code flag H	1 C	See spec S0128000	SPACES	X	X	X	X
138	PROC FLAG I	:P:IDR-PROC-FLAGS-I	Procedure code flag I	1 C	See spec S0128000	SPACES	X	X	X	X
139	PROC FLAG J	:P:IDR-PROC-FLAGS-J	Procedure code flag J	1 C	See spec S0128000	SPACES	X	X	X	X
140	PROC FLAG K	:P:IDR-PROC-FLAGS-K	Procedure code flag K	1 C	See spec S0128000	SPACES	X	X	X	X
141	PROC FLAG L	:P:IDR-PROC-FLAGS-L	Procedure code flag L	1 C	See spec S0128000	SPACES	X	X	X	X
142	PROC FLAG M	:P:IDR-PROC-FLAGS-M	Procedure code flag M	1 C	See spec S0128000	SPACES	X	X	X	X
143	PROC FLAG N	:P:IDR-PROC-FLAGS-N	Procedure code flag N	1 C	See spec S0128000	SPACES	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
144	PROC FLAG O	:P:IDR-PROC-FLAGS-O	Procedure code flag O	1 C	See spec S0128000	SPACES	X	X	X	X
145	PROC FLAG P	:P:IDR-PROC-FLAGS-P	Procedure code flag P	1 C	See spec S0128000	SPACES	X	X	X	X
146	PROC FLAG Q	:P:IDR-PROC-FLAGS-Q	Procedure code flag Q	1 C	See spec S0128000	SPACES	X	X	X	X
147	PROC FLAG R	:P:IDR-PROC-FLAGS-R	Procedure code flag R	1 C	See spec S0128000	SPACES	X	X	X	X
148	PROC FLAG S	:P:IDR-PROC-FLAGS-S	Procedure code flag S	1 C	See spec S0128000	SPACES	X	X	X	X
149	PROC FLAG T	:P:IDR-PROC-FLAGS-T	Procedure code flag T	1 C	See spec S0128000	SPACES	X	X	X	X
150	PROC FLAG U	:P:IDR-PROC-FLAGS-U	Procedure code flag U	1 C	See spec S0128000	SPACES	X	X	X	X
151	PROC FLAG V	:P:IDR-PROC-FLAGS-V	Procedure code flag V	1 C	See spec S0128000	SPACES	X	X	X	X
152	PROC FLAG W	:P:IDR-PROC-FLAGS-W	Procedure code flag W	1 C	See spec S0128000	SPACES	X	X	X	X
153	PROC FLAG X	:P:IDR-PROC-FLAGS-X	Procedure code flag X	1 C	See spec S0128000	SPACES	X	X	X	X
154	PROC FLAG Y	:P:IDR-PROC-FLAGS-Y	Procedure code flag Y	1 C	See spec S0128000	SPACES	X	X	X	X
155	PROC FLAG Z	:P:IDR-PROC-FLAGS-Z	Procedure code flag Z	1 C	See spec S0128000	SPACES	X	X	X	X
156	PROC FLAG 0	:P:IDR-PROC-FLAGS-0	Procedure code flag 0	1 C	See spec S0128000	SPACES	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
157	PROC FLAG 1	:P:IDR-PROC-FLAGS-1	Procedure code flag 1	1 C	See spec S0128000	SPACES	X	X	X	X
158	PROC FLAG 2	:P:IDR-PROC-FLAGS-2	Procedure code flag 2	1 C	See spec S0128000	SPACES	X	X	X	X
159	PROC FLAG 3	:P:IDR-PROC-FLAGS-3	Procedure code flag 3	1 C	See spec S0128000	SPACES	X	X	X	X
160	PROC FLAG 4	:P:IDR-PROC-FLAGS-4	Procedure code flag 4	1 C	See spec S0128000	SPACES	X	X	X	X
161	PROC FLAG 5	:P:IDR-PROC-FLAGS-5	Procedure code flag 5	1 C	See spec S0128000	SPACES	X	X	X	X
162	PROC FLAG 6	:P:IDR-PROC-FLAGS-6	Procedure code flag 6	1 C	See spec S0128000	SPACES	X	X	X	X
163	PROC FLAG 7	:P:IDR-PROC-FLAGS-7	Procedure code flag 7	1 C	See spec S0128000	SPACES	X	X	X	X
164	PROC FLAG 8	:P:IDR-PROC-FLAGS-8	Procedure code flag 8	1 C	See spec S0128000	SPACES	X	X	X	X
165	PROC FLAG 9	:P:IDR-PROC-FLAGS-9	Procedure code flag 9	1 C	See spec S0128000	SPACES	X	X	X	X
166	PROC FLAG +	:P:IDR-PROC-FLAGS-PLUS	Procedure code flag plus	1 C	See spec S0128000	SPACES	X	X	X	X
167	PROC FLAG -	:P:IDR-PROC-FLAGS-MINUS	Procedure code flag minus	1 C	See spec S0128000	SPACES	X	X	X	X
168	PROC FLAG =	:P:IDR-PROC-FLAGS-EQUAL	Procedure code flag equal	1 C	See spec S0128000	SPACES	X	X	X	X
169	PROC FLAG *	:P:IDR-PROC-FLAGS-STAR	Procedure code flag stars	1 c	See spec S0128000	SPACES	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
170		:P:IDR-PAY-75-PER		1 C		SPACES		X	X	X
171-172	DTL PERF PROV STATE CODE	:P:-IDR-PERF-PROV-STATE	Detail performing provider state code	2 C		SPACES	X	X	X	X
173-181	DTL PERF PROV ZIP CODE	:P:-IDR-PERF-PROV-ZIP-CD	Detail performing provider zip code	9 N		zeros	X	X	X	X
182-191	DTL PERF PROV	:P:IDR-PERF-PROV	Detail performing provider	10 C		SPACES	X	X	X	X
192-201	DTL PERF PROV EIN NUMBER	:P:IDR-PERF-PROV-EIN	Detail performing provider EIN Number	10 C	9-digit employee identification number (EIN) or social security number (SSN) with the 10 th character set to 'E' if EIN or 'S' if SSN.	SPACES	X	X	X	X
202-203	DTL PERF PROV TYPE	:P:IDR-PPERF-PROV-TYPE	Detail performing provider type	2 C	See Basic values document S0105010	SPACES	X	X	X	X
204-205	DTL PERF PROV SPECIALTY	:P:IDR-PERF-PROV-SPEC	Detail performing provider specialty	2 C	See Basic values document S0106010	SPACES	X	X	X	X
206	DTL PERF PROV GROUP INDICATOR	:P:IDR-PERF-PROV-GROUP	Detail performing provider group indicator	1 C	G – if Group Provider, otherwise blank	SPACES		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
207-208	DTL PERF PROV PRICING SPECIALTY	:P:IDR-PERF-PRICE-SPEC	Detail performing provider pricing spec	2 C	See Basic values document S0106010	SPACES	X	X	X	X
209-210	DTL PERF PROV COUNTY	:P:IDR-PERF-COUNTY	Detail performing provider county	2 C		SPACES	X	X	X	X
211	DTL PERF PROV STATUS	:P:IDR-PERF-PROV-ST	Detail performing provider status	1 C		SPACES		X	X	X
212-213	DTL PERF PROV LOC	:P:IDR-PERF-PROV-LOC	Detail performing provider locality	2 C	The locality that the service was priced with.	SPACES	X	X	X	X
214	DTL DIAGNOSIS TYPE	W-IDR-DTL-DIAG-ICD-TYPE	Detail diagnosis code type	1 C	Identifies diagnosis as ICD 10 or ICD 9 – Will default to space until ICD10 is implemented.	SPACES	X	X	X	X
215-221	DTL DIAGNOSIS CODE - PRIMARY	W-IDR-DTL-PRIMARY-DIAG-CODE	Primary detail diagnosis code	7 C		SPACES	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
222-224	DTL PRE CARE DAYS	:P:IDR-PRE-CARE-DAYS	Pre-care days (XXX)-days before surgery	3 N	If this is a Durable medical equipment claim, this is the Durable medical equipment class and level	ZEROS		X	X	X
225-227	DTL POST CARE DAYS	:P:IDR-POST-CARE-DAYS	Post-care days (XXX)-days after a surgery	3 N		ZEROS		X	X	X
228	PROC STATUS CODE	:P:PROCEDURE-STAT-CODE	Procedure status code	1 C		SPACES	X	X	X	X
229	PROF TECH INDICATOR	:P:PROF-TECH-COMPONENT	Professional/technical component indicator	1 C		SPACES	X	X	X	X
230	MULT SURG INDICATOR	:P:MULTIPLE-SURGERY-IND	Multiple surgery indicator	1 C		SPACES		X	X	X
231	BILATERAL SURGERY INDICATOR	:P:BILATERAL-SURG-IND	Bilateral surgery indicator	1 C		SPACES		X	X	X
232	ASSIST SURG INDICATOR	:P:ASSISTANT-SURG-IND	Assistant surgeon indicator	1 C		SPACES		X	X	X
233	TWO SURGERY	:P:TWO-SURGERY-IND	Two surgery indicator	1 C		SPACES		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	INDICATOR									
234	TEAM SURGERY INDICATOR	:P:TEAM-SURGERY-IND	Team surgery indicator	1 C		SPACES		X	X	X
235	BILLABLE SUPPLY INDICATOR	:P:BILLABLE-SUPPLY-IND	Billable supply indicator	1 C		SPACES		X	X	X
236	SITE OF SERVICE DIFFERENCE	:P:SITE-OF-SERVICE-DIFF	Site of service difference	1 C		SPACES		X	X	X
237-239	GLOBAL SURGERY DAYS	:P:GLOBAL-SURGERY-DAYS	Global surgery days	3 c		SPACES		X	X	X
240	PAYABLE UNITS INDICATOR	:P:PAYABLE-UNITS-IND	Payable units indicator	1 C		SPACES	X	X	X	X
241	IMAGING CAP INDICATOR	:P:IMAGING-CAP-IND	Imaging Cap Indicator	1 c		SPACES		X	X	X
242-244	DTL EOMB MSG (2)	:P:IDR-DTL-EOMB-MSG2	Detail EOMB message 2	3 c		SPACES		X	X	X
245-247	DTL EOMB MSG (3)	:P:IDR-DTL-EOMB-MSG3	Detail EOMB message 3	3 c		SPACES		X	X	X
248-262	DUPLICATE ICN	:P:IDR-DUPE-ICN	Duplicate claim Internal control number	15 n	ICN of claim against which this claim was duplicated	ZEROS		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
300-304	DTL SUB PROC	:P:IDR-SUBSEQ-PROC	Detail subsequent procedure	5 C	Procedure from which the system has downcoded this line item	SPACES		X	X	X
305-311	DTL PROV PAID	:P:IDR-DTL-PROV-PAID	Detail provider paid amount	7 N		ZEROS			X	X
				(99999V99)						
312-318	DTL BENE PAID	:P:IDR-DTL-BENE-PAID	Detail beneficiary paid amount	7 N	Detail amount paid to beneficiary	ZEROS			X	X
				(99999V99)						
319	DTL BLOOD DED	:P:IDR-DTL-BLOOD-DED	Detail blood deductible	1 N	Detail amount applied to blood deductible	ZEROS		X	X	X
320-324	DTL REG DED	:P:IDR-DTL-REG-DED	Detail regular deductible	5 n	Detail amount applied to cash deductible	ZEROS		X	X	X
				(999V99)						
325-331	DET PSYC LIMIT	:P:IDR-DDTL-PSYCH-DED	Detail psychiatric limit	7 n	Detail amount applied to psychiatric limit	ZEROS		X	X	X
				(99999V99)						

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
332-338	DET PHYS LIMIT	:P:IDR-DTL-PHY-THER-DED	Detail physical therapy limit	7 n	Detail amount applied to physical therapy limit	ZEROS		X	X	X
				(99999V99)						
339-345	DTL OCC THER LIMIT	:P:IDR-DTL-OCC-THER-DED	Detail occupational therapy limit	7 n	Detail amount applied to occupational therapy limit	ZEROS		X	X	X
				(99999V99)						
346-347	DTL MSP TYPE	:P:IDR-DTL-MSP-TYPE	Detail MSP type	2 C	012 – Working aged	SPACES		X	X	X
					013 – ESRD					
					014 – Auto No-Fault					
					015 – Worker’s Comp					
					016 – Federal					
					041 – Black lung					
					042 – Veterans administration					
					043 – Disabled					
					047 – Liability					
348-354	DTL MSP ALLOWED	:P:IDR-DTL-MSP-ALLOW	Detail MSP allowed amount	7 n		ZEROS		X	X	X
				(99999V99)						

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
355-361	DTL MSP PAID AMOUNT	:P:IDR-DTL-MSP-PAID	Detail MSP payable amount	7 n		ZEROS		X	X	X
				(99999V99)						
362-368	DTL CPT INT AMT	:P:IDR-DTL-CPT-INT	Detail CPT Interest amount	7 n		ZEROS		X	X	X
				(99999V99)						
369-375	DTL SIM PROF COMP AMT	:P:IDR-DTL-HPSA-P-CMPT	Simulated Professional Component Amount	7 n	Calculated amount used to pay HPSA and PSA bonus for PCTC 1 procedures billed without modifier 26 or TC	ZEROS				X
				(99999V99)						
376-382	DTL COINS AMT	:P:IDR-DTL-COINS	Detail coinsurance amount	7 n		ZEROS		X	X	X
				(99999V99)						
383-389	DTL MSP CUTBACK AMT	:P:IDR-DTL-MSP-CUTBACK	Detail MSP cutback amount	7 n		ZEROS		X	X	X
				(99999V99)						

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
390-396	DTL LATE FILING RED	:P:IDR-DTL-LATE-RED	Detail late filing reduction	7 n		ZEROS		X	X	X
				(99999V99)						
397-406	DTL REND PROV NPI	:P:IDR-DTL-REND-NPI	Detail rendering provider NPI	10 C	Number for rendering provider NPI	SPACES		X	X	X
407-416	DTL REND PROV NUMBER	:P:IDR-DTL-REND-PROV	Detail rendering provider Number-individual that performed the procedure	10 C		SPACES		X	X	X
417-422	DTL REND UPIN NUMBER	:P:IDR-DTL-REND-UPIN	Detail rendering provider UPIN Number	6 C		SPACES		X	X	X
423-424	DTL REND PROV TYPE	:P:IDR-DTL-REND-TYPE	Detail rendering provider type	2 c	See Basic values document S0105010	SPACES		X	X	X
425-426	DTL REND PROV SPEC	:P:IDR-DTL-REND-SPEC	Detail rendering provider spec	2 c	See Basic values document S0106010	SPACES		X	X	X
427-433	DTL DEMO CUTBACK	:P:IDR-DEMO-CUTBACK	Demo cutback	7 n		ZEROS		X	X	X
				(99999V99)						
434-440	DTL ORIG ALLOWED AMT	:P:IDR-DTL-ORIG-ALLOW	Original allowed amount	7 n		ZEROS	X	X	X	X
				(99999V99)						

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
441-447	DTL RESN AMOUNT	:P:IDR-DTL-REAS-AMT	Reasonable amount	7 n (99999V99)		ZEROS	X	X	X	X
448-452	DTL ENDO PROC	:P:IDR-ENDO-PROC	Endoscopy procedure	5 c		SPACES	X	X	X	X
453-459	DTL ENDO FEE	:P:IDR-ENDO-FEE	Endoscopy fee schedule	7 n (99999V99)		ZEROS		X	X	X
460	DTL DIAG POINTER	:P:IDR-DTL-DIAG-POINTER	Detail diagnosis pointer	1 C	Valid Values 1 thru 8 or space. Corresponds to the number of the header diagnosis applicable to this detail.	SPACES	X	X	X	X
461	DTL DIAG PTR 2	:P:IDR-DTL-DIAG-POINTER	Detail diagnosis pointer	1 C	Valid Values 1 thru 8 or space. Corresponds to the number of the header diagnosis applicable to this detail.	SPACES	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
462	DTL DIAG PTR 3	:P:IDR-DTL- DIAG-POINTER	Detail diagnosis pointer	1 C	Valid Values 1 thru 8 or space. Corresponds to the number of the header diagnosis applicable to this detail.	SPACES	X	X	X	X
463	DTL DIAG PTR 4	:P:IDR-DTL- DIAG-POINTER	Detail diagnosis pointer	1 C	Valid Values 1 thru 8 or space. Corresponds to the number of the header diagnosis applicable to this detail.	SPACES	X	X	X	X
464	DTL ASC PROC IND	:P:DTL-ASC- PROC-IND		1 C		SPACES	X	X	X	X
465	DTL ASC COINS IND	:P:DTL-ASC- COINS-IND		1 C		SPACES	X	X	X	X
466	DTL ASC MULT PROC IND	:P:DTL-ASC- MULT-PROC		1 C		SPACES	X	X	X	X
467	DTL ASC MOD IND	:P:DTL-ASC- MOD-IND		1 C		SPACES	X	X	X	X
468- 567		FILLER		100 C		SPACES	X	X	X	X
568			K TRAILER							

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
568	DTL MAN PRIC IND	:P:IDR-K-MAN-PRICE-IND	Manual pricing indicator	1 c	See spec S1213000	SPACES	X	X	X	X
569	DTL CUTBACK ACTION	:P:IDR-K-CUTB-ACTION-CD	Cutback action code	1 c	D – deny service and send to CWF J – deny service and do not send to CWF C – cutback service Y – cutback and manually price service A – manually price service W – undeny a service See spec S0501000	SPACES	X	X	X	X
570-572	DTL COMP CUTBACK CODE	:P:IDR-K-CMP-CUTBK-CD	Computer cutback code	3 N		ZEROS		X	X	X
573	DTL COMP CUTBACK IND	:P:IDR-K-CMP-CUTBK-IND	Computer cutback indicator	1 C	A – audit, H – header edit, D – detail edit	SPACES		X	X	X
574-580	DTL COMPT CUTBACK AMT	:P:IDR-K-CMP-CUTBK-AMT	Computer cutback amount	7 N (99999V99)		ZEROS		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
581	DTL MAN CUTBACK TYPE	:P:IDR-K-MAN-CUTBK-TYP	Cutback type	1 C	M – med policy computer cutback	SPACES	X	X	X	X
					S – old psyc, before release 19.2 (back in 1995 or so)					
					T – OT/PT cutback					
					C – computer pricing					
					P – manual pricing					
					E – manual cutback					
582-584	DTL MAN CUTBACK CODE	:P:IDR-K-MAN-CUTBK-CD	Manual cutback code	3 N		ZEROS	X	X	X	X
585	DTL CUTBACK IND	:P:IDR-K-MAN-CUTBK-IND	Manual cutback indicator	1 c	A – audit, H – header edit, D – detail edit	SPACES	X	X	X	X
586-592	DTL CUTBACK AMT	:P:IDR-K-MAN-CUTBK-AMT	Manual cutback amount	7 N		ZEROS	X	X	X	X
				(99999V99)						
593	DTL CUTBACK TYPE	:P:IDR-K-PRC-CUTBK-TYP	Cutback type	1 c	M – med policy computer cutback	SPACES	X	X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					S – old psyc, before release 19.2 (back in 1995 or so)					
					T – OT/PT cutback					
					C – computer pricing					
					P – manual pricing					
					E – manual cutback					
594-596	DTL PRICING CUTBACK CODE	:P:IDR-K-PRC-CUTBK-CD	Pricing cutback code	3 N		ZEROS		X	X	X
597	DTL CUTBACK IND	:P:IDR-K-PRC-CUTBK-IND	Pricing cutback indicator	1 C	A – audit, H – header edit, D – detail edit	SPACES		X	X	X
598-604	DTL CUTBACK AMT	:P:IDR-K-PRC-CUTBK-AMT	Pricing cutback amount	7 N		ZEROS		X	X	X
				(99999V99)						
605-607	DTL SSA CUTBACK CODE	:P:IDR-K-SSA-CUTBK-CD	SSA cutback code	3 N	Cutback code for HCFA limits	ZEROS		X	X	X
					366 – Psych reduction					

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		III								
627-629	DTL AUDIT NUMBER 1	:P:IDR-K-AUDIT-NUM	Audit number	3 N		ZEROS			X	X
630	DTL AUDIT IND 1	:P:IDR-K-AUDIT-IND	Audit indicator	1 C	A – audit	SPACES			X	X
631	DTL AUDIT DISP 1	:P:IDR-K-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
632-634	DTL AUDIT NUMBER 2	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
635	DTL AUDIT IND 2	:P:IDR-K-AUDIT-IND	Audit indicator	1 c	A – audit	SPACES			X	X
636	DTL AUDIT DISP 2	:P:IDR-K-AUDIT-DISP	Audit disposition	1 c		SPACES			X	X
637-639	DTL AUDIT NUMBER 3	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
640	DTL AUDIT IND 3	:P:IDR-K-AUDIT-IND	Audit indicator	1 c	A – audit	SPACES			X	X
641	DTL AUDIT DISP 3	:P:IDR-K-AUDIT-DISP	Audit disposition	1 c		SPACES			X	X
642-644	DTL AUDIT NUMBER 4	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
645	DTL AUDIT IND 4	:P:IDR-K-AUDIT-IND	Audit indicator	1 c	A – audit	SPACES			X	X
646	DTL AUDIT DISP 4	:P:IDR-K-AUDIT-DISP	Audit disposition	1 c		SPACES			X	X
647-649	DTL AUDIT NUMBER 5	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
650	DTL AUDIT	:P:IDR-K-	Audit indicator	1 c	A – audit	SPACES			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	IND 5	AUDIT-IND								
651	DTL AUDIT DISP 5	:P:IDR-K-AUDIT-DISP	Audit disposition	1 c		SPACES			X	X
652-654	DTL AUDIT NUMBER 6	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
655	DTL AUDIT IND 6	:P:IDR-K-AUDIT-IND	Audit indicator	1 c	A – audit	SPACES			X	X
656	DTL AUDIT DISP 6	:P:IDR-K-AUDIT-DISP	Audit disposition	1 c		SPACES			X	X
657-659	DTL AUDIT NUMBER 7	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
660	DTL AUDIT IND 7	:P:IDR-K-AUDIT-IND	Audit indicator	1 c	A – audit	SPACES			X	X
661	DTL AUDIT DISP 7	:P:IDR-K-AUDIT-DISP	Audit disposition	1 c		SPACES			X	X
662-664	DTL AUDIT NUMBER 8	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
665	DTL AUDIT IND 8	:P:IDR-K-AUDIT-IND	Audit indicator	1 c	A – audit	SPACES			X	X
666	DTL AUDIT DISP 8	:P:IDR-K-AUDIT-DISP	Audit disposition	1 c		SPACES			X	X
667-669	DTL AUDIT NUMBER 9	:P:IDR-K-AUDIT-NUM	Audit number	3 n		ZEROS			X	X
670	DTL AUDIT IND 9	:P:IDR-K-AUDIT-IND	Audit indicator	1 C	A – audit	SPACES			X	X
671	DTL AUDIT DISP 9	:P:IDR-K-AUDIT-DISP	Audit disposition	1 C		SPACES			X	X
672-674	DTL AUDIT NUMBER 10	:P:IDR-K-AUDIT-NUM	Audit number	3 N		ZEROS			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
		OVER-DUP-EDITS								
		W-IDR-K-OVER-MEDPOL-LIMIT								
691-693	DTL MPA OVER AUDIT NUMBER	:P:IDR-K-MPA-OVR-AUDIT	Detail MPAP override audit	3 N	Audit to be overridden	ZEROS			X	X
694	DTL MPA OVER IND	:P:IDR-K-MPA-OVR-IND	Detail MPAP override indicator	1 C	A – audit	SPACES			X	X
					H – header edit					
					D – detail edit					
695		Occurs 6 Times	SCF Audit Trail Information							
695-698	SCF RULE NUMBER 1	:P:IDRK-GDX-RULE-NUM	SCF update rule number	4 c		SPACES			X	X
699-706	SCF RULE DATE 1	:P:IDR-K-GDX-RULE-DATE	Date of SCF update rule applied	8 n	MMDDYYYY	ZEROS			X	X
707-710	SCF RULE NUMBER 2	:P:IDR-K-GDX-RULE-NUM	SCF update rule number	4 C		SPACES			X	X
711-718	SCF RULE DATE 2	:P:IDR-K-GDX-RULE-DATE	Date of SCF update rule applied	8 N	MMDDYYYY	ZEROS			X	X
719-722	SCF RULE NUMBER 3	:P:IDR-K-GDX-RULE-NUM	SCF update rule number	4 C		SPACES			X	X
723-730	SCF RULE DATE 3	:P:IDR-K-GDX-RULE-DATE	Date of SCF update rule applied	8 N	MMDDYYYY	ZEROS			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
731-734	SCF RULE NUMBER 4	:P:IDR-K-GDX-RULE-NUM	SCF update rule number	4 C		SPACES			X	X
735-742	SCF RULE DATE 4	:P:IDR-K-GDX-RULE-DATE	Date of SCF update rule applied	8 N	MMDDYYYY	ZEROS			X	X
743-746	SCF RULE NUMBER 5	:P:IDR-K-GDX-RULE-NUM	SCF update rule number	4 C		SPACES			X	X
747-754	SCF RULE DATE 5	:P:IDR-K-GDX-RULE-DATE	Date of SCF update rule applied	8 N	MMDDYYYY	ZEROS			X	X
755-758	SCF RULE NUMBER 6	:P:IDR-K-GDX-RULE-NUM	SCF update rule number	4 C		SPACES			X	X
759-766	SCF RULE DATE 6	:P:IDR-K-GDX-RULE-DATE	Date of SCF update rule applied	8 N	MMDDYYYY	ZEROS			X	X
767			End of SCF Audit Trail Information							
767-773	DTL OTAF	:P:IDR-K-DTL-OTAF	Obligated to accept in full amount (OTAF)	7 N	Amount a provider is obligated to accept as full payment, MSP related field	ZEROS			X	X
				(99999V99)						
774-776	DTL CUTBACK MSG NUMBER (COMP)	:P:IDR-K-CUTB-MSG	Computer cutback message	3 c		SPACES			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
777-779	DTL CUTBACK MESSAGE NUMBER (PRICING)	:P:IDR-K-PR-CUTB-MSG	Pricing cutback message	3 c		SPACES			X	X
780-782	DTL CUTBACK MESSAGE NUMBER (MANUAL)	:P:IDR-K-MAN-CUTB-MSG	Manual cutback message	3 c		SPACES			X	X
783	DTL MSP CAL TYPE FROM MSPPAY	:P:IDR-K-MSP-CALC-TYP	MSP calculation type	1 c	This is based on the HCFA supplied module 'MSPPAY' which calculates the MSP amounts and returns the amounts along with the calculation type.	SPACES			X	X
					Valid values are 1, 2, & 3 documented in spec S0813000					

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
784-788	DTL REBUND PROC CODE	:P:IDR-K-REBUN-PROC	Rebundling procedure (HCFA correct coding initiative, based upon the HCFA procedure files)	5 c	This is the major/minor procedure that was found on a different claim against which we have denied/cut back this detail. The associated modifiers and audit flag follow	SPACES			X	X
789-790	DTL REBUN MOD 1	:P:IDR-K-REBUN-MOD1	Rebundling modifier 1 (HCFA correct coding initiative, based upon the HCFA procedure files)	2 c		SPACES			X	X
791-792	DTL REBUN MOD 2	:P:IDR-K-REBUN-MOD2	Rebundling modifier 2 (HCFA correct coding initiative, based upon the HCFA procedure files)	2 c		SPACES			X	X
793	DTL REBUN AUDIT FLAG	:P:IDR-K-REBUN-AUD-FLG	Rebundling audit flag (HCFA correct coding initiative, based upon the HCFA procedure files)	1 c	T – major procedure, cut back occurred	SPACES			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					U – minor procedure, claim denied					
794	DTL CERT TYPE	:P:IDR-K-CERT-TYPE	Type of certification number present	1 c	C – CLIA number follows in certification number field	SPACES			X	X
795-804	DTL CERT NUMBER	:P:IDR-K-CERT-NUMB	Certification number	10 c		SPACES			X	X
805-821	DTL EMC LINE ITEM CONT NUMBER	:P:IDR-K-LN-ITEM-CTL-N	Line Item Control Number	17 C	This number comes from MCS via EMC claims and is used by the provider to keep track of his/her services	SPACES			X	X
822-828	DTL PREV PROV PAID AMT	:P:IDR-K-PROV-PREV-PD	Previous provider paid amount	7 N	Only present for full claim adjustments	ZEROS			X	X
				(99999V99)						
829-835	DTL PREV BENE PAID AMT	:P:IDR-K-BENE-PREV-PD	Previous bene paid amount	7 N	Only present for full claim adjustments	ZEROS			X	X
				(99999V99)						
836-842	DTL PREV INT PAID AMT	:P:IDR-K-INT-PREV-PD	Previous Interest paid amount	7 N	Only present for full claim adjustments	ZEROS			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
				(99999V99)						
843-849	DTL LATE FILING RED AMT	:P:IDR-K-LTFL-PREV-PD	Previous late filing reduction amount	7 N	Only present for full claim adjustments	ZEROS			X	X
				(99999V99)						
850-852	DTL ORIG REPORT AUDIT	:P:IDR-K-ORIG-REPT-AUD	Original reporting audit	3 N	Only present for full claim adjustments – used to back out claims from 1565	ZEROS			X	X
853	DTL ORIG REPORT IND	:P:IDR-K-ORIG-REPT-IND	Original reporting indicator	1 C		SPACES			X	X
854	DTL ORIG REPORT DISP	:P:IDR-K-ORG-REPT-AUD-D	Original reporting audit disposition	1 C	Only present for full claim adjustments – used to back out claims from 1565	SPACES			X	X
855	DTL ORIG MR CATAGORY	:P:IDR-K-ORG-REPT-AUD-C	Original reporting MR category	1 C	Only present for full claim adjustments – used to back out claims from 1565	SPACES			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
856-857	DTL ADJ ORIG DTL NUMBER	:P:IDR-K-ADJ-ORIG-DTL	Adjustment original detail number	2 C	Only present for claim adjustments – used to identify original claim detail.	SPACES			X	X
858-887	DTL PRESC NUMBER	:P:IDR-K-PRESCRIPTION-NUM	Prescription number	30 C	Prescription number from claim detail	SPACES			X	X
888-896	DTL IMAG CAP AMT	:P:IDR-K-IMAGING-CAP-AMOUNT	Imaging cap amount	9 N	Cap amount from MFSDB for diagnostic imaging details	ZEROS			X	X
				9999999V99						
897-898	DTL CLINLAB DEMO ZONE	:P:IDR-K-CLIN-LAB-DEMO-ZONE	Clinical lab demonstration zone	2 C	Z1 for zone 1	SPACES			X	X
					Z2 for zone 2					
					Spaces if procedure is not part of the clinical lab demonstration					
899-901	HCT LEVEL	:P:IDR-K-HCT-LEVEL	Hematocrit level	3 N	99.9 implied decimal	ZEROS			X	X
902-904	HBG LEVEL	:P:IDR-K-HGB-LEVEL	Hemoglobin level	3 N	99.9 implied decimal	ZEROS			X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
905-1004		FILLER		100 C		SPACES			X	X
1005			D TRAILER							
1005	DTL HPSA FLAG	:P:IDR-DTL-HPSA-ELIG	HPSA eligibility indicator	1 C	1 – eligible for Primary Care HPSA bonus based on HPSA/Scarcity zip code file	SPACES		X	X	X
					2 – eligible for Mental Health HPSA bonus based on HPSA/Scarcity zip code file					
					Y – eligible for HPSA bonus base on modifier					
					N – not eligible for HPSA bonus					
					V – HPSA payment suppressed					
					Blank – processed before implementation of CR15167					

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1006	DTL PHY SCAR FLAG	:P:IDR-DTL-SCARCITY-ELIG	Physician Scarcity eligibility indicator	1 C	1 – eligible for Primary Care Physician Scarcity bonus based on HPSA/Scarcity zip code file	SPACES		X	X	X
					2 eligible for Specialty Physician Scarcity bonus based on HPSA/Scarcity zip code file					
					3 – eligible for Primary Care Physician OR Specialty Physician Scarcity bonus based on HPSA/Scarcity zip code file					
					Y – eligible for a scarcity bonus based on modifier					
					N – not eligible for scarcity bonus					

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
					V – Scarcity payment suppressed					
					Blank - processed before implementation of CR15167					
1007-1017	DTL LMRP POL 1	:P:IDR-DTL-LMRP-POLICY-1	Local Medical Review Policy number 1	11C	Contains the LMRP number which applies to this claim	SPACES	X	X	X	X
1018-1028	DTL LMRP POL 2	:P:IDR-DTL-LMRP-POLICY-2	Local Medical Review Policy number 2	11C	Contains the LMRP number which applies to this claim	SPACES	X	X	X	X
1029-1039	DTL LMRP POL 3	:P:IDR-DTL-LMRP-POLICY-3	Local Medical Review Policy number 3	11C	Contains the LMRP number which applies to this claim	SPACES	X	X	X	X
1040-1050	DTL LMRP POL 4	:P:IDR-DTL-2MRP-POLICY-4	Local Medical Review Policy number 4	11C	Contains the LMRP number which applies to this claim	SPACES	X	X	X	X
1051		OCCURS 5 TIMES	CWF Detail Error and Override Codes							
		:P:IDR-DTL-CWF-ERRO								
1051-1054	CWF DTL ERROR	:P:IDR-DTL-CWF-ERR-CD	CWF Detail Error Code	4c		SPACES		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
	CODE (1)									
1055	CWF DTL OVERRIDE CODE (1)	:P:IDR-DTL-CWF-OVRD-CD	CWF Detail Override	1C	H - header override	SPACES		X	X	X
					D - detail override					
					Blank - no override					
1056-1059	CWF DTL ERROR CODE (2)	:P:IDR-DTL-CWF-ERR-CD	CWF Detail Error Code	4c		SPACES		X	X	X
1060	CWF DTL OVERRIDE CODE (2)	:P:IDR-DTL-CWF-OVRD-CD	CWF Detail Override	1C		SPACES		X	X	X
1061-1064	CWF DTL ERROR CODE (3)	:P:IDR-DTL-CWF-ERR-CD	CWF Detail Error Code	4c		SPACES		X	X	X
1065	CWF DTL OVERRIDE CODE (3)	:P:IDR-DTL-CWF-OVRD-CD	CWF Detail Override	1C		SPACES		X	X	X
1066-1069	CWF DTL ERROR CODE (4)	:P:IDR-DTL-CWF-ERR-CD	CWF Detail Error Code	4c		SPACES		X	X	X
1070	CWF DTL OVERRIDE CODE (4)	:P:IDR-DTL-CWF-OVRD-CD	CWF Detail Override	1C		SPACES		X	X	X
1071-1074	CWF DTL ERROR CODE (5)	:P:IDR-DTL-CWF-ERR-CD	CWF Detail Error Code	4c		SPACES		X	X	X

IDR Detail Record	Field	Field Name	Description	Format	Values	No Data Value	I	II	III	IV
1075	CWF DTL OVERRIDE CODE (5)	:P:IDR-DTL-CWF-OVRD-CD	CWF Detail Override	1C		SPACES		X	X	X
1076-4840	-	FILLER	-	3765-C	-	SPACES	X	X	X	X

ATTACHMENT C

Table 1: VMS Claim Header Line Layout

Remove the trailing filler column of 158 bytes reducing the header record by 154 bytes; four bytes are needed for the length indicator on a variable length file.

COLOR HAS NO INFORMATIONAL MEANING

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
IDR-REC-KEY	GROUP	1	25		IDR Record Key Group	X	X	X
IDR-REC-CARRIER	X(5)	1	5	16003, 17003, 18003, 19003	Unique carrier identification number	X	X	X
IDR-REC-PHASE	X(2)	6	7	01, 02, 03	Indicates which of the 3 phases in the IDR Lifecycle the claim is reported in	X	X	X
IDR-REC-TYPE	X(1)	8	8	B - claim header	Identifies the type of records summarized for IDR	X	X	X
IDR-REC-FULL-CCN	GROUP	9	23		Full CCN Group	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
IDR-REC-CCN-BASE	X(12)	9	20		The first 12 bytes of the full Claim Control Number (CCN). The number is in CYYJJBBBBSS format, where: C = century indicator YY = last two digits of the year JJJ = Julian Date BBBB = Batch Number (00002 - 10999) SS = Sequence Number (002 - 109)	X	X	X
CCN-SPLIT	X(1)	21	21	0 – 9	The 13th byte of the full CCN that indicates if the claim has been split. A claim may be split up to 9 times. Zero indicates that the claim is not a split.	X	X	X
CCN-REPLICATE	X(1)	22	22	0 – 9	The 14th byte of the full CCN that indicates if the claim	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					has been replicated. A claim may be replicated up to 9 times. Zero indicates than the claim is not a replicate.			
CCN-ADJUSTMENT	X(1)	23	23	0 – 9	The 15th byte of the full CCN that indicates if the claim has been adjusted. A claim may be adjusted up to 9 times. Zero indicates than the claim is not an adjustment.	X	X	X
IDR-REC-LINE	9(2)	24	25	'00'	Zero filled two byte placeholder to maintain consistency with related records (always ZERO for header records)	X	X	X
CONTRACTOR-ID-KEY	X(1)	26	26	1	The unique system generated ID number for a contractor.	X	X	X
HICN-KEY	X(12)	27	38		The unique ID used to identify a Medicare	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Beneficiary.			
RECORD-TYPE-KEY	X(1)	39	39	B	The record type that is used by Control for the CIP file process and History.	X	X	X
CCN-KEY	X(15)	40	54		The unique 15 byte number assigned to each claim.	X	X	X
CONTRACTOR-AREA	X(1)	55	55	1	The Area ID of the Contractor.	X (but only initialized to "1")	X	X
CTL-NAME-KEY	X(4)	56	59		Beneficiary verification field comprised of the first three letters of the Beneficiary's last name plus the first letter of the Beneficiary's first name.		X	
LOCATION-CURR	X(2)	60	61	02 - 10	Indicates where a claim currently resides in the claim process.		X	X
STATUS-CURR	X(2)	62	63	01 - 99	Indicates the current status of a claim.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
STOP-DATE-CURR	X(7)	64	70	CCYYDDD, <spaces>	The system date the claim was placed into the current location / status.		X	X
LOCATION-PREV	X(2)	71	72	02 - 10, <spaces>	The previous location of a claim.		X	X
STATUS-PREV	X(2)	73	74	01 - 99, <spaces>	The previous status of a claim.		X	X
STOP-DATE-PREV	X(7)	75	81	CCYYDDD, <spaces>	The system date the claim was placed into the previous location / status.		X	X
LANGUAGE-CODE	X(1)	82	82	1 - English 2 - Spanish <spaces>	Indicates whether the communications with the beneficiary may be in English or Spanish and designates the library in which the letter is stored. Communications with the provider/supplier are in English.		X	X
INT-AMT-BENE	9(5)V99	83	89		Amount of Claim Processing Timeliness (CPT) interest paid to the		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Beneficiary due to the late processing of claim.			
INT-RATE-BENE	9(3)V99	90	94		The interest rate (percentage) used to determine the interest amount paid to the Beneficiary.		X	X
INT-DAYS-BENE	9(3)	95	97		The number of days for which the interest to the Beneficiary is paid.		X	X
INT-AMT-PROV	9(5)V99	98	104		Amount of Claim Processing (CPT) interest paid to a Provider/Supplier due to the late processing of a claim.		X	X
INT-RATE-PROV	9(3)V99	105	109		The interest rate (percentage) used to determine the interest amount paid to the Provider/Supplier.		X	X
INT-DAYS-PROV	9(3)	110	112		The number of days for which the interest to the		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Provider/Supplier is paid.			
OCNA-KEY	X(9)	113	121		Value used to identify the Beneficiary's other insurance carrier.	X	X	X
MEDIGAP-NBR	GROUP	122	137		The Medigap OCNA number assigned by the carrier.	X	X	X
MEDIGAP-NBR-1	X(1)	122	122		(first byte of MEDIGAP-NBR)	X	X	X
FILLER	X(15)	123	137		Filler			
FAC-STATUS	X(2)	138	139		No longer used by DMAC.			
CLAIM-PROGRESSION	GROUP	140	265		Each time the location/status of a claim is updated, the information is recorded into the current location/status field, and the history of the prior claim/location status's are stored so that the progression of the claim through		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					the adjudication process can be followed. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)			
CLAIM-PROGRESS(1)	GROUP	140	153		The history of a claims progress through all VMS editing. This field indicates the oldest location and status (and is usually the first location) that a claim resides in.		X	X
LOCATION(1)	X(2)	140	141	02 - 10, <spaces>	The oldest location that a claim resides in.		X	X
STATUS(1)	X(2)	142	143	01 - 99, <spaces>	The oldest status that a claim resides in.		X	X
STOP-DATE(1)	X(7)	144	150	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(1)	X(3)	151	153		The VMS User ID responsible for the		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					change that caused the claim to go into the location status.			
CLAIM-PROGRESS(2)	GROUP	154	167		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(2)	X(2)	154	155	02 - 10, <spaces>	The next location that a claim resides in.		X	X
STATUS(2)	X(2)	156	157	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(2)	X(7)	158	164	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(2)	X(3)	165	167		The VMS User ID responsible for the change that caused		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					the claim to go into the location status.			
CLAIM-PROGRESS(3)	GROUP	168	181		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(3)	X(2)	168	169	02 - 10, <spaces>	The next status that a claim resides in.		X	X
STATUS(3)	X(2)	170	171	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(3)	X(7)	172	178	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(3)	X(3)	179	181		The VMS User ID responsible for the change that caused the claim to go into the location status.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-PROGRESS(4)	GROUP	182	195		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(4)	X(2)	182	183	02 - 10, <spaces>	The next location that a claim resides in.		X	X
STATUS(4)	X(2)	184	185	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(4)	X(7)	186	192	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(4)	X(3)	193	195		The VMS User ID responsible for the change that caused the claim to go into the location status.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-PROGRESS(5)	GROUP	196	209		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(5)	X(2)	196	197	02 - 10, <spaces>	The next location that a claim resides in.		X	X
STATUS(5)	X(2)	198	199	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(5)	X(7)	200	206	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(5)	X(3)	207	209		The VMS User ID responsible for the change that caused the claim to go into the location status.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-PROGRESS(6)	GROUP	210	223		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(6)	X(2)	210	211	02 - 10, <spaces>	The next location that a claim resides in.		X	X
STATUS(6)	X(2)	212	213	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(6)	X(7)	214	220	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(6)	X(3)	221	223		The user responsible for the change that caused the claim to go into the location status.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-PROGRESS(7)	GROUP	224	237		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(7)	X(2)	224	225	02 - 10, <spaces>	The next location that a claim resides in.		X	X
STATUS(7)	X(2)	226	227	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(7)	X(7)	228	234	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(7)	X(3)	235	237		The VMS User ID responsible for the change that caused the claim to go into the location status.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-PROGRESS(8)	GROUP	238	251		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(8)	X(2)	238	239	02 - 10, <spaces>	The next location that a claim resides in.		X	X
STATUS(8)	X(2)	240	241	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(8)	X(7)	242	248	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(8)	X(3)	249	251		The VMS User ID responsible for the change that caused the claim to go into the location status.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-PROGRESS(9)	GROUP	252	265		The history of a claims progress through all VMS editing. This field indicates the next location and status that a claim resides in. (Claim progressions 2-9 are populated only if the claim has gone through that number of location/status values.)		X	X
LOCATION(9)	X(2)	252	253	02 - 10, <spaces>	The next location that a claim resides in.		X	X
STATUS(9)	X(2)	254	255	01 - 99, <spaces>	The next status that a claim resides in.		X	X
STOP-DATE(9)	X(7)	256	262	CCYYDDD, <spaces>	The date that the claim was placed in this location/status		X	X
OPER-ID(9)	X(3)	263	265		The VMS User ID responsible for the change that caused the claim to go into the location status.		X	X
TIME-	GROUP	266	275		Time Progression		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
PROGRESSION					Group			
PROGRESS-HOUR(1)	X(1)	266	266	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(2)	X(1)	267	267	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(3)	X(1)	268	268	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(4)	X(1)	269	269	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(5)	X(1)	270	270	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(6)	X(1)	271	271	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(7)	X(1)	272	272	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(8)	X(1)	273	273	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X
PROGRESS-HOUR(9)	X(1)	274	274	hex values for 1 - 24	The system time (hour) the activity was performed.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
PROGRESS-HOUR(10)	X(1)	275	275	hex values for 1 - 24	The system time (hour) the activity was performed		X	X
HEADER-STATUS	X(1)	276	276	1, <spaces>	If populated, indicates that an error occurred in the claim header information.		X	
LI-EDIT-STATUS	X(1)	277	277	1, <spaces>	If populated, indicates that an error occurred on a claim line.		X	
LI-PRICE-STATUS	X(1)	278	278		If populated, indicates a pricing EAR		X	
DUPE-STATUS	X(1)	279	279	1, <spaces>	If populated, indicates that a duplicate procedure error occurred.		X	
UT-STATUS	X(1)	280	280	1, <spaces>	If populated, indicates that a utilization error occurred.		X	
REPLY-STATUS	X(1)	281	281		This field indicates if there is an error with the Common Working File (CWF) response, and will		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					list the CWF reply edits received from the host.			
PEP-STATUS-OLD	X(1)	282	282		No longer used by DMAC.			
1PERCENT-REDUCTION-AMT	9(5)V99	283	289	<spaces> if no Gramm-Rudman amount	The dollar amount of the reductions originally taken for the Gramm-Rudman determination in 1988.		X	X
REDUCED-PAYMENT-SW	X(1)	290	290	0, 1, 8, A, Y	The type of Gramm-Rudman reduction that was applied to the claim.		X	
GR-IND	X(1)	291	291	N, R, Y	This field indicates whether there is a Gramm- Rudmann reduction tied to the claim.		X	
TERMID	X(4)	292	295		Identification of the computer terminal on which the activity was keyed.		X	
COMPUTED-TOT-CHARGE	9(5)V99	296	302		The total amount the physician/supplier has submitted for		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					payment. This is the sum of all the line submitted charges on the claim.			
SEQUENCE-REVIEW	X(1)	303	303	1, <spaces>	Indicates that an edit was received on the claim control number (CCN) because the CCN is not within the sequence of claims being processed.		X	X
HICN-REVIEW	X(1)	304	304	1, <spaces>	When populated, indicates an edit was received in relation to the HICN.		X	X
DOR-REVIEW	X(1)	305	305	1, <spaces>	When populated, indicates an edit was received in relation to the claim's Date Of Receipt.		X	X
CLAIM-DUPE-REVIEW	X(1)	306	306	1, <spaces>	When populated, indicates that the claim has been reviewed for duplication of procedures.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-UT-REVIEW	X(1)	307	307	1, <spaces>	When populated, indicates that the claim has had a utilization review which consists of utilization error codes and utilization types.		X	X
CLAIM-REPLY-REVIEW	X(1)	308	308	1, <spaces>	When populated, indicates that the claim has received a system edit that requires a letter be sent requesting a reply.		X	X
REBUND-REVIEW	X(1)	309	309	1, <spaces>	Indicates the type of review that was done for rebundling.		X	X
CLAIM-MULT-MSP-REVIEW	X(1)	310	310	0, 1, <spaces>	When populated, indicates that the entire claim has been reviewed for Multiple MSP situations.		X	X
PAPER-CLM-REVIEW	X(1)	311	311	1, <spaces>	When populated, indicates that the claim has been reviewed and		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					approved for being sent in as a paper claim.			
REVIEW-FILLER	X(6)	312	317		Filler			
WHICH-MSP-HIT	X(2)	318	319		Indicates the number of Medicare Secondary Payer (MSP) field changes. These changes may include adds, edits or deletes.		X	
EOB-IND	X(1)	320	320	C - conditional I - EOB not applicable N - EOB not attached Y - EOB attached	Indicates whether a Medicare Secondary Payer (MSP) Medicare Summary Notice (MSN) has been attached and whether or not if attached it is conditional or applicable.	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLM-PATH	X(2)	321	322		Path claim is to take for Automated Development System (ADS) follow up. The first position is carrier-defined for ADS (ADST 3 & 4) development. It must be alphabetic, using values M-Z. The second position is carrier-defined and can be either alphabetic or numeric. There is no set definition for this position; it is used only for flexibility when defining claim paths.		X	X
TPL-COST-SAVINGS	GROUP	323	332		Cost Savings Group		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
TPL-SUSP-INV	X(1)	323	323	1 - Worker's Compensation 2 - Working aged < 70 years old 3 - ESRD 4 - Auto, No Fault 5 - Hospice 6 - Undetermined 7 - Black Lung 8 - Veterans Administration 9 - Working Aged > 69 years old A - Disability B - Federal Public Health C - Liability <spaces>	Indicates the Third Party Liability held by the Beneficiary which determines the type of savings applied to the TPL-SAVINGS field.		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
TPL-SAVINGS	9(5)V99	324	330	<spaces>	The total Medicare savings realized on an MSP (Third Party Liability) claim and is associated with the TPL-SUSP-INV field.		X	X
TPL-TYPE-INVOLV	X(1)	331	331	1 - Worker's Compensation 2 - Working aged < 70 years old 3 - ESRD 4 - Auto, No Fault 5 - Hospice 6 - Undetermined 7 - Black Lung 8 - Veterans Administration 9 - Working Aged > 69 years old	Indicates the Third Party Liability held by the Beneficiary which determines the type of savings applied to the TPL-TYPE-SAVINGS field.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
				A - Disability B - Federal Public Health C - Liability <spaces>				
TPL-TYPE-SAVING	X(1)	332	332	<spaces>	The total Medicare savings realized on an MSP (Third Party Liability) claim and is associated with the TPL-TYPE-INVOLV field.		X	X
WORK-COMP	X(1)	333	333	A-C, E, H-N, V, W, <spaces>	Type of MSP Insurance	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
RESOLUTION	X(1)	334	334	C, D, F, P, S, X, <spaces>	The resolution of how Medicare is to pay a claim with Medicare Secondary Payer (MSP).	X	X	X
TPL-ALLOWED	9(5)V99	335	341		Amount the primary insurance allows when Medicare is the secondary payer.	X	X	X
TPL-PAID	9(5)V99	342	348		Amount paid by the primary insurer.	X	X	X
MSP-DEV-SWITCH	X(1)	349	349	P, R, S, <spaces>	Action to be taken on an MSP claim.		X	
MSP-OCC-MATCHED	9(2)	350	351	<spaces> if no MSP	Links to MSP Code definition which is for MSP Insurance. This field is used for Medicare Secondary Payer (MSP) internal tracking.		X	
ENTRY-OPERATOR	X(3)	352	354		The identification number of the operator who performed the activity.		X	X
APPROVER-CODE	X(3)	355	357	CNV, CPY, EMC, SYS, **	The type of activity performed by the operator.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
NAME-ADDRESSF	X(1)	358	358	1, <spaces>	Indicates if an error fired in relation to the name or address on the claim.		X	
QUERY-DATA	GROUP	359	415		CWF Query Data Information Group		X	X
QRY-DATE	X(7)	359	365	CCYYDD D, <spaces>	Current claim version's CWF query date.		X	X
QRY-DATE-2	X(7)	366	372	CCYYDD D, <spaces>	Previous claim version's CWF query date.		X	
QRY-DATE-3	X(7)	373	379	CCYYDD D, <spaces>	CWF query date of the claim two versions prior to the current claim version.		X	
QRY-AGE-FACTOR	9(3)	380	382	0, 4	The days the claim will be held before the next CWF query is sent.		X	
QRY-NAME	X(13)	383	395		The name of the Beneficiary that will be included on the claim query record to be sent to the Common Working File (CWF).		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
QRY-SEX-BLOOD	X(1)	396	396	0 - Female, 0 blood units 1 - Male, 0 blood units 2 - Female, 0 blood units C - Male, 1 blood unit E - Male, 2 blood units G - Male, 3 blood units L - Female, 1 blood unit N - Female, 2 blood units O - Female, 3 blood units P - Female, 3 blood units	The sex and the unused units of blood deductible for the Beneficiary. This field may also contain low values.		X	
QRY-RESEND-DAYS	9(3)	397	399		Not used.			
QRY-ENTRY-CODE	X(1)	400	400	1 - original claim 3 - voided claim 5 - replacement	This identifies the type of request for the claim that is being sent to the Common Working File (CWF).	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
				claim 9 - accrete to history				
QRY-AMOUNT-PAID	9(5)V99	401	407		The amount paid value that will be included on the claim query record to be sent to the Common Working File (CWF).		X	
QRY-990-DATE	X(7)	408	414		No longer used by DMAC.			
FILLER	X(1)	415	415		Filler			
EST-MAIL-DATE	X(7)	416	422	CCYYDDD, <spaces>	Estimated date that the claim will be mailed out for claims on the payment floor.		X	X
EST-AMT-TO-DED	9(3)V99	423	427		This is the estimated dollar amount that has been applied toward the Beneficiary's yearly Medicare deductible.		X	
EST-AMT-TO-BLOOD	9(1)	428	428		Estimated number of units to be applied to		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					the Beneficiary's blood deductible.			
EST-AMT-TO-PSYCH	9(5)V99	429	435		Estimated number of units to be applied to the Beneficiary's psychiatric deductible.		X	
EST-AMT-TO-PT	9(5)V99	436	442		Estimated amount to be applied to the physical therapy (PT) deductible.		X	
EST-AMT-TO-OT	9(5)V99	443	449		Estimated amount to be applied to the physical therapy (ST) deductible.		X	
REPLY-DATA	GROUP	450	571		CWF Reply Data Group		X	X
RPL-DATE	X(7)	450	456	CCYYDDD, <spaces>	The current date of the Common Working File (CWF) response.		X	X
RPL-DISP-CODE	X(2)	457	458		The disposition code sent back by the Common Working File (CWF) with the RPL-DATE response.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
RPL-DATE-2	X(7)	459	465	CCYYDDD, <spaces>	The date of the previous Common Working File (CWF) response..		X	X
RPL-DISP-CODE-2	X(2)	466	467		The disposition code sent back by the Common Working File (CWF) with the RPL-DATE-2 response.		X	X
RPL-DATE-3	X(7)	468	474	CCYYDDD, <spaces>	The date of the Common Working File (CWF) response two incidences prior to the current response.		X	X
RPL-DISP-CODE-3	X(2)	475	476		The disposition code sent back by the Common Working File (CWF) with the RPL-DATE-3 response.		X	X
RPL-BLOOD-DED-REM	X(1)	477	477		The units (pints) of blood remaining in the Beneficiary's blood deductible prior to the processing of the		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					current claim.			
RPL-CASH-DED-REM	9(3)V99	478	482		Cash amount of the deductible remaining prior to the processing of the current claim.		X	X
RPL-TRAILERS	X(18)	483	500	01 - 39	The Common Working File (CWF) response (9 possible) trailers received.		X	X
RPL-XREF-HICN	X(12)	501	512		The old HICN which is used as a cross reference to a correct HICN when the HICN number has been received from CWF for a Beneficiary.		X	
RPL-CORRECT-HICN	X(12)	513	524		The corrected HICN which has been received from CWF.		X	X
RPL-PSYCH-REM	9(5)V99	525	531		The amount remaining in the Beneficiary's PSYCH deductible prior to the processing of the		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					current claim.			
RPL-PT-REM	9(5)V99	532	538		The amount remaining in the Beneficiary's PT (Physical Therapy) deductible prior to the processing of the current claim.		X	X
RPL-OT-REM	9(5)V99	539	545		The amount remaining in the Beneficiary's OT (Occupational Therapy) deductible prior to the processing of the current claim.		X	X
RPL-ERROR-2	X(4)	546	549		Previous CWF Reply error code associated with RPL-DISP-CODE-2.		X	X
RPL-ERROR-3	X(4)	550	553		Previous CWF Reply error code associated with RPL-DISP-CODE-3.		X	X
FILLER	X(2)	554	555		Filler			

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
RPL-ERROR-CODE(1)	X(4)	556	559		The most recent CWF error code received, associated with REPLY-DISP-CODE.		X	X
RPL-ERROR-CODE(2)	X(4)	560	563		The most recent CWF error code received, associated with REPLY-DISP-CODE.		X	X
RPL-ERROR-CODE(3)	X(4)	564	567		The most recent CWF error code received, associated with REPLY-DISP-CODE.		X	X
RPL-ERROR-CODE(4)	X(4)	568	571		The most recent CWF error code received, associated with REPLY-DISP-CODE.		X	X
DATE-ENTERED	X(7)	572	578	CCYYDDD, <spaces>	The date the claim was entered into the system.		X	X
DATE-PAID	X(7)	579	585	CCYYDDD, <spaces>	The date the claim was paid.		X	X
CHECK-NBR	X(7)	586	592		The check number of the claim payment.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
BLOOD-TO-DED	9(1)	593	593		Units (pints) of blood applied to the blood deductible.		X	X
AMT-PAID-TO-BENE	9(5)V99	594	600		The amount paid by Medicare to the Beneficiary for the treatment or supplies listed on the claim.		X	X
AMT-OFFSET-BENE	9(5)V99	601	607		Benefit amount used to offset an outstanding account receivable owed by the Beneficiary.		X	X
AMT-PAID-TO-PROVIDER	9(5)V99	608	614		The amount paid by Medicare to the Provider for the treatment or supplies listed on the claim.		X	X
AMT-OFFSET-PROVIDER	9(5)V99	615	621		Benefit amount used to offset an outstanding account receivable owed by the Provider.		X	X
AMT-TO-DED	9(3)V99	622	626		Amount applied to the Beneficiary's yearly deductible.		X	X
AMT-TO-PSYCH	9(5)V99	627	633		Amount applied to the Beneficiary's		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					yearly PSYCH (Psychiatric) deductible.			
AMT-TO-PT	9(5)V99	634	640		Amount applied to the Beneficiary's yearly PT (Physical Therapy) deductible.		X	X
AMT-TO-OT	9(5)V99	641	647		Amount applied to the Beneficiary's yearly OT (Occupational Therapy) deductible.		X	X
QUALITY-REVIEW-IND	X(1)	648	648	<spaces>, Y	Indicates that a claim meets the criteria set up on an EAR (Entity Action Record) and the EAR requires a Medical or Quality review.		X	
CLAIM-REVIEW	X(1)	649	649		An indicator showing that the claim has been reviewed for certain edits.		X	
SEX	X(1)	650	650	O, F, M	The sex of the Beneficiary.	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-TYPE	X(1)	651	651	A, H, N	Indicates whether the Provider/Supplier or Beneficiary receives payment.	X	X	X
SPLIT-IND	X(1)	652	652	B - both split and replicate N - No R - replicate Y - yes <spaces>	Indicates whether or not the claim has been split.	X	X	
REPLICATE-IND	X(1)	653	653	Y, N, <spaces>	Indicates whether or not the claim has been replicated.	X	X	
REP-PAYEE-IND	X(1)	654	654	Y, N, <spaces>	Indicates whether a payment for a Beneficiary should be sent directly to the Beneficiary or the Beneficiary's representative.	X	X	
INVEST-IND	X(1)	655	655	A - ADS response was received L - system automatically created letter R - claim is	Status of a letter created by the Automatic Development System (ADS).	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
				in referral status <spaces>				
CLAIM-FORCE	X(1)	656	656	1 - 8, A - Z, /, <spaces>	Code entered to bypass an error received on the claim.		X	X
CLAIM-FORCE-FILLER	X(2)	657	658		Filler			
BENEF-ASGN-BOX-13	X(1)	659	659	Y, N	Indicates whether or not the Beneficiary signed the claim in box 13. If so, payment is made to the Provider/Supplier. If not, payment is made to the Beneficiary.	X	X	X
REMAIN-BLOOD	X(1)	660	660		No longer used by DMAC.			

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
REMARKS-1	X(2)	661	662	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.		X	X
REMARKS-2	X(2)	663	664	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.		X	X
REMARKS-3	X(2)	665	666	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.			
REMARKS-4	X(2)	667	668	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.		X	X
REMARKS-5	X(2)	669	670	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
REMARKS-6	X(2)	671	672	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.		X	X
REMARKS-7	X(2)	673	674	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.		X	X
REMARKS-8	X(2)	675	676	This may contain special characters.	Two byte VMS values that are tied to messages that will appear on the Remittance Advice (RA) and/or the		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Medicare Summary Notice (MSN) explaining additional processing done for a line or full claim.			
HMO-INVOLVEMENT	X(1)	677	677	O - Services within HMO effective dates but the HMO is out of the jurisdiction. P - Services within HMO effective dates. <spaces>	Indicates whether or not the dates of service are within the HMO effective dates for Beneficiary's that belong to an HMO.		X	
TOT-CHARGE	9(8)V99	678	687		Total amount of the line level submitted charges on the claim.	X	X	
AMT-PAID-BY-BENE	9(5)V99	688	694		The amount the Beneficiary paid the Provider/Supplier for the treatment or supplies listed on the claim.	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
COMP-INS-NBR	X(15)	695	709		The insurance number of the other or complementary insurance carried by the Beneficiary.	X	X	
COMP-INS-NBR2	X(15)	710	724		No longer used by DMAC.			
COMP-INS-CODE	X(1)	725	725		Indicates the type of other insurance the Beneficiary has and is related to the COMP-INS-NBR field.		X	X
COMP-INS-CODE2	X(1)	726	726		No longer used by DMAC.			
SIGNATURE-CODE	X(1)	727	727	B, C, M, P, S, X	Indicates where the patient's signature is on the claim form and how it was generated.	X	X	X
PRIVACY-IND	X(1)	728	728	A, I, M, N, O, Y	Indicates whether or not information about the claim may be released by the provider.	X	X	
DOCUMENT-IND	X(1)	729	729	1-6, 9	Indicates where the additional documentation for	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					the claim is located.			
ADJ-REASON	X(1)	730	730		Indicates why the adjustment is being made. Entered in conjunction with the ADJ-DISCOVERY field.		X	X
ADJ-REASON-2	X(1)	731	731		Indicates why the adjustment is being made. Entered in conjunction with the ADJ-DISCOVERY2 field.		X	X
ADJ-DISCOVERY	X(1)	732	732		Indicates how the adjustment was discovered. Entered in conjunction with the ADJ-REASON field.		X	X
ADJ-DISCOVERY-2	X(1)	733	733		Indicates how the adjustment was discovered. Entered in conjunction with the ADJ-REASON2 field.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
HDR-DCN	X(13)	734	746		This field is the Document Control Number (DCN) used to identify Account Receivables (AR) and Interactive Correspondence Online Reporting (ICOR) cases.		X	X
INTERNAL-CHECK-NO	X(8)	747	754		Internal number used to identify a check that has been sent out in relation to this claim.		X	X
HDR-OVERPMT-MSG-NO	X(4)	755	758		The Letter Writing System (LTRO) number used to identify a message regarding an overpayment that was sent out in relation to this claim.		X	
HDR-ADJ-FORCE-CODE(1)	X(1)	759	759		Instructions regarding payment and receivable processing related to this claim.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
HDR-ADJ-FORCE-CODE(2)	X(1)	760	760		Instructions regarding payment and receivable processing related to this claim.		X	X
HDR-ADJ-FORCE-CODE(3)	X(1)	761	761		Instructions regarding payment and receivable processing related to this claim.		X	X
HDR-ADJ-FORCE-CODE(4)	X(1)	762	762		Instructions regarding payment and receivable processing related to this claim.		X	X
HDR-ADJ-FORCE-CODE(5)	X(1)	763	763		Instructions regarding payment and receivable processing related to this claim.		X	X
ASSOC-PROV	X(10)	764	773		A provider number for the associate provider or with a third party payer, the provider number of the organizational payee.	X (for Medicaid Subrogation only)	X	X
HDR-DIAG(1)	X(7)	774	780		Diagnosis code.	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
HDR-DIAG-TYPE(1)	X(1)	781	781		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(2)	X(7)	782	788		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(2)	X(1)	789	789		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(3)	X(7)	790	796		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(3)	X(1)	797	797		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(4)	X(7)	798	804		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(4)	X(1)	805	805		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(5)	X(7)	806	812		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(5)	X(1)	813	813		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(6)	X(7)	814	820		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(6)	X(1)	821	821		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(7)	X(7)	822	828		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(7)	X(1)	829	829		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(8)	X(7)	830	836		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(8)	X(1)	837	837		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(9)	X(7)	838	844		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(9)	X(1)	845	845		Indicator to show if it is ICD9 or ICD10	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
HDR-DIAG(10)	X(7)	846	852		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(10)	X(1)	853	853		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(11)	X(7)	854	860		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(11)	X(1)	861	861		Indicator to show if it is ICD9 or ICD10	X	X	X
HDR-DIAG(12)	X(7)	862	868		Diagnosis code.	X	X	X
HDR-DIAG-TYPE(12)	X(1)	869	869		Indicator to show if it is ICD9 or ICD10	X	X	X
REP-PAYEE	X(24)	870	893	This may contain special characters.	Name of the Representative Payee.	X	X	X
REP-ADDR-1	X(22)	894	915		No longer used by DMAC.			
REP-ADDR-2	X(22)	916	937		No longer used by DMAC.			
REP-ADDR-3	X(22)	938	959		No longer used by DMAC.			
REP-ADDR-4	X(22)	960	981		No longer used by DMAC.			
NAME-KEY	X(6)	982	987		Beneficiary's name key consisting of the first four letters of the Beneficiary's last name plus the first letter of the	X	X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Beneficiary's first name.			
ADDR-KEY	X(3)	988	990		First two numbers of the street address plus the first letter of the city for the Beneficiary.	X	X	
BENE-1STNAME	X(10)	991	1000	This may contain special characters.	Beneficiary's first name.	X	X	
BENE-INIT	X(1)	1001	1001	This may contain special characters.	Beneficiary's middle initial.	X	X	
BENE-SURNAME	X(13)	1002	1014	This may contain special characters.	Beneficiary's last name.	X	X	
ADDRESS1	X(22)	1015	1036	This may contain special characters.	First line of the Beneficiary's address.	X	X	
ADDRESS2	X(22)	1037	1058	This may contain special	Second line of the Beneficiary's address.	X	X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
				characters.				
ADDRESS3	X(22)	1059	1080	This may contain special characters.	Third line of the Beneficiary's address.		X	
CITY	X(15)	1081	1095		City where the Beneficiary resides.	X	X	
STATE	X(2)	1096	1097		State where the Beneficiary resides.	X	X	
ZIP-CODE	X(9)	1098	1106		Beneficiary's Zip Code.	X	X	
DATE-RECEIPT	X(7)	1107	1113	CCYYDDD, <spaces>	Date the claim was received.	X	X	
UT-IND	X(1)	1114	1114		Utilization review indicator		X	
WD-IND	X(1)	1115	1115	B, C, D, E, N, W, X, Y, Z, <spaces>	Welfare/Death - indicates whether the Beneficiary is deceased and if they have Medicaid or other insurance.	X	X	X
OVER-PAYMENT-IND	X(1)	1116	1116		Indicates whether or not an overpayment had previously occurred for this Beneficiary and determines if this		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					claim should be offset by the prior overpayment amount.			
REFER-PHYS	X(10)	1117	1126		No longer used by DMAC.			
REFER-PHYS-NAME	X(24)	1127	1150		No longer used by DMAC.			
UPIN-REF-PHYS	X(6)	1151	1156		The unique physician identification number for the referring physician.	X	X	X
MAG-TAPE-NBR	X(10)	1157	1166		No longer used by DMAC.			
BILLING-IND	X(1)	1167	1167	<spaces>, B, C, E, F, P, S	Identifies how the claim was submitted.	X	X	X
VENDOR-ID-FLAG	X(1)	1168	1168		No longer used by DMAC.			
PATIENT-ACCT-NBR	X(20)	1169	1188		The unique identifier assigned to the Beneficiary by the Provider/Supplier.	X	X	X
SAVE-ADDRESSEE-IND	X(1)	1189	1189	B, O, P, <spaces>	Indicates the type of recipient who should receive the Automatic Development		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					System (ADS) letter. Recipient types include Beneficiary, Referring Physician or Supplier.			
MICRO-IND	X(7)	1190	1196		The microfilm identification number for a claim that has been archived on microfilm.		X	X
DEV-STATUS	X(2)	1197	1198		The claim's ADS Development Status Code used to track the progress of a claim through the development process.		X	
ADS-MAIL-DATE	X(7)	1199	1205	CCYYDDD, <spaces>	The date the ADS letter was mailed.		X	
ADS-FOLL-DATE	X(7)	1206	1212	CCYYDDD, <spaces>	The date that follow up should occur if not response is received regarding the ADS letter.		X	
ADS-DENY-DATE	X(7)	1213	1219	CCYYDDD, <spaces>	The date the claim was denied in regard to the ADS letter		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					due to the response or lack thereof.			
CLAIM-REQUEST-CODE	X(3)	1220	1222	402 - 499	The ADS message number defining the ADS letter.		X	
CLAIM-REQUEST-CODE-2	X(3)	1223	1225	402 - 499	The ADS message number defining the ADS letter.		X	X
ADS-SAVE-STATUS	X(2)	1226	1227		The two digit ADS code used to track the progress of a claim through the development process.		X	
THIS-IS-AN-ADS-CLAIM-SW	X(1)	1228	1228	<spaces>, 0, 1	Indicates whether or not the claim is an ADS claim.		X	
ADDRESSEE-IND	X(1)	1229	1229	B, C, E, M, O, P	Indicates who the ADS letter should be sent to.		X	X
HDR-EAR-ACTION	X(2)	1230	1231		Designates the action to be taken by the system when the claim hits an Entity Action Record (EAR).		X	
HDR-EAR-ERR	X(3)	1232	1234		EAR error codes.		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLAIM-EAR-REVIEW	X(1)	1235	1235	<spaces>, 1	Indicates whether a claim that has been stopped by an EAR has been reviewed.		X	
HOSP-AREA (DEMO-NUMBER)	X(2)	1236	1237		This has been redefined and holds the CMS demonstration number.			X
HDR-EAR-BENE-OL	X(1)	1238	1238	<spaces>, N	Indicates that an EAR has been triggered during online processing.	X	X	
HDR-EAR-BENE-BA	X(1)	1239	1239	<spaces>, N	Indicates that an EAR has been triggered in the batch cycle.	X	X	
HDR-EAR-CLMS-EXAM-OL	X(1)	1240	1240		Indicates which online editing EAR the claim hit during online processing.	X	X	
HDR-EAR-CLMS-EXAM-BA	X(1)	1241	1241		Indicates which batch editing EAR the claim hit during batch processing.	X	X	
COMP-INS-TO-DATE	X(7)	1242	1248		No longer used by DMAC.			
COMP-INS-FR-	X(7)	1249	1255		No longer used by			

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
DATE					DMAC.			
BENE-BIRTH-DATE	X(7)	1256	1262	CCYYDDD, <spaces>	The Beneficiary's birth date.	X	X	X
HDR-MISC-TYPE	X(1)	1263	1263		No longer used by DMAC.			
HDR-MISC-DATE	X(7)	1264	1270		No longer used by DMAC.			
CARR-RESERVE	X(24)	1271	1294		Carrier site specific information.	X	X	X
PRO-NUMBER	X(10)	1295	1304		Peer Review Organization (PRO) prior approval number.	X	X	X
REMAIN-DED	9(3)V99	1305	1309		Remaining Beneficiary deductible.		X	
REMAIN-PSYCH	9(5)V99	1310	1316		No longer used by DMAC.			
HDR-PLACEHOLDER-NPI	X(1)	1317	1317	<spaces>, 1	Indicates whether or not the claim was processed with an NPI placeholder.		X	X
ADS-MAIL-RECEIPT-DATE	X(7)	1318	1324	CCYYDDD, <spaces>	The date of response to an ADS letter.		X	X
INITIAL-ADS-MAIL-DATE	X(7)	1325	1331	CCYYDDD, <spaces>	The date the first ADS letter was mailed.		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLINICAL-REGISTRY-NUM	9(9)	1332	1340	<spaces> if no clinical trial	The identification number assigned to the clinical trial.	X	X	X
ADS-EMC-PROCESS	X(1)	1341	1341		This field designates an Electronic Media Claims (EMC) claim that requires additional information before processing.		X	
CLEAN-DIRTY-IND	X(1)	1342	1342	1, C, N, O, R, Y, <spaces>	Identifies whether a claim is to be counted as clean or dirty for workload reporting. Initialized to '1' in Phase I	X	X	X
ORGANIZATION-IND	X(1)	1343	1343	<spaces>,1	Indicates that the benefit payment is to be made to an organization.		X	
OQC-USER-ID	X(8)	1344	1351		The identifying number of the operator working the claim.		X	
OQC-LOCATION	X(2)	1352	1353	02-10 <spaces>	This is a two-byte field indicating where a claim		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					currently resides in the claim process.			
OQC-STATUS	X(2)	1354	1355	01 - 99, <spaces>	This is a two-byte field used to further define the location a claim is in, in the claim payment process		X	
CLAIM-ADS-MSG	X(3)	1356	1358		The ADS message number included in the ADS letter.		X	X
NOTEPAD-IND	X(1)	1359	1359	B, C, M, N, Y, <spaces>	The type of note in Notepad.	X	X	X
TRAINING-IND	X(1)	1360	1360	<spaces>, Y	Indicates whether the operator is a trainee.		X	
EMC-PROV-ID	X(15)	1361	1375		No longer used by DMAC.			
DMERC-NSC-ALERT-CODE	X(1)	1376	1376		This field designates that payment is to be withheld from the supplier. This information is sent to the DME MAC from the National Supplier Clearinghouse (NSC).		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
OTHER-PRIM-INS	X(1)	1377	1377		Indicates whether or not the Beneficiary has other primary insurance.	X	X	X
REF-PHYS-NAME-IND	X(1)	1378	1378	0, 1	Indicates whether the name of the referring physician has been received.	X	X	X
LIFETIME-PROCEDURE-IND	X(1)	1379	1379	<spaces>, N, Y	Designates whether the claim includes a service that can be performed once during a lifetime.		X	X
TOUCH-BILLING-IND	X(1)	1380	1380	<spaces>, Y	Indicates a value has been entered into the billing indicator field during the entry of the claim.		X	
HEAD-CLAIM-COINS	9(5)V99	1381	1387		The benefit amount on the claim being allocated to coinsurance.		X	X
HEAD-PSYCH-COINS	9(5)V99	1388	1394		No longer used by DMAC.			
ENTITLEMENT-IND	X(1)	1395	1395	1-4, <spaces>	Indicates the reason for the entitlement.		X	
EMC-IND	X(1)	1396	1396		Indicates whether the claim is an			

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					electronic media (EMC) claim. No longer used by DMAC.			
ZIP-DELIVERY-CODE	X(2)	1397	1398		Zip delivery code where service was rendered.		X	
BENE-PRICING-STATE	X(2)	1399	1400		State where the Beneficiary resides.	X	X	X
TEAM-INDICATOR	X(1)	1401	1401		Team processing indicator.		X	X
EMC-SUB-CREATE-DATE	X(7)	1402	1408	CCYYDDD, <spaces>	The EMC file creation date.	X	X	X
OCR-IND	X(1)	1409	1409	<spaces>, Y, N	Indicator is set in the online when the CCN batch falls with the ENVIRON table OCR values. No longer used by DMAC.			
DECEASED-AUTO-PLUG	X(1)	1410	1410		No longer used by DMAC.			
REVERSAL-INDICATOR	X(1)	1411	1411	<spaces>, Y	Indicates if the medical review/utilization review (MRUR) causes a reversal of		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					the initial decision.			
EMC-FACILITY-NAME-IND	X(1)	1412	1412	Y, N, <spaces>	Indicates that the facility submits claims electronically.	X	X	X
1099-WITHHOLD-IND	X(1)	1413	1413	<spaces>, A, D, U, W, Y	Indicates the type of withholding applied to the payee.		X	
1099-WITHHOLD-AMT	9(5)V99	1414	1420		The amount of withholding applied to the payment due to Alert Code Processing.		X	
1099-WITHHOLD-PERC	9V9(4)	1421	1425		The percentage of withholding applied to the payment due to Alert Code Processing,		X	
OCNA-XREF	X(9)	1426	1434		No longer used by DMAC.			
MEDIGAP-XOVER-SW	X(1)	1435	1435	<spaces>, M	Indicates whether this claim is a Medigap or crossover claim.		X	
MSPPAY-TYPE	X(1)	1436	1436	0-3, E, <spaces>	Indicates whether Medicare is the primary or		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					secondary payer for a Medicare Secondary Payer (MSP) payment.			
DMERC-SUPPL-ZIP	X(5)	1437	1441		Supplier zip code.	X	X	X
SUPEROP-IND	X(1)	1442	1442	1, 2, 3, B, E, S, Y, <spaces>	Indicates if a claim has been touched by SUPEROP.		X	X
PAYEE-STATE	X(2)	1443	1444		The payment recipient's state.		X	
ADS-DEV-TYPE	X(1)	1445	1445	<spaces>, U	This field designates the type of development to take place. If this is a 'U', the claim path is set to auto-deny after a certain number of days.		X	X
ADS-LETTER-CNT	9(1)	1446	1446		The number of ADS letters sent for this claim.		X	X
NSC-SDP-SW	X(1)	1447	1447	D, P, S, <spaces>	The action to be taken on a claim whose provider has been placed on alert.		X	
NSC-REVIEW-CODE	X(1)	1448	1448	N, <spaces>	Indicates whether there has been a		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					review by the National Supplier Clearinghouse (NSC).			
NSC-ALERT-ORIGIN	X(1)	1449	1449	A, B, C, D, H, N, O, Y, <spaces>	This indicates whether the alert code was originated by the National Supplier Clearinghouse (NSC) or by the carrier.		X	X
REJECT-IND	X(1)	1450	1450	<spaces>, Y	Indicates whether the claim is a return/reject claim.		X	X
BOI-COBA-IND	X(1)	1451	1451	1-9, A-F, <spaces>	Indicates the type of COBA contractor for the crossover claim being handled by the Coordination of Benefits Contractor (COBC).		X	X
192-EDIT-IND	X(1)	1452	1452	N, Y	Indicates whether or not a claim can be adjusted prior to being paid.		X	
CLM-NOT-DENIED-192-	X(1)	1453	1453	<spaces>, Y	Indicates whether the mother claim of		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
IND					an adjustment has been denied.			
CERT-SENT-FLAG	X(1)	1454	1454	2 - oxygen recert retest 3 - oxygen recert only <spaces>	Indicates type of oxygen recertification letter sent.		X	
INIT-ILLNESS	X(1)	1455	1455		No longer used by DMAC.			
HOME-IND	X(1)	1456	1456	<spaces>, Y, N	Indicates whether the Beneficiary is homebound.	X	X	X
HDR-FILLER-AREA	X(14)	1457	1470		No longer used by DMAC.			
ERA-BILLER-ID	X(16)	1471	1486		Identification number of the Biller to receive the electronic media claim (EMC) transmission.		X	X
COIN-ID-1	X(15)	1487	1501		Identification number for a complementary insurance carrier.		X	X
COIN-NAME-1	X(33)	1502	1534	This may contain special characters.	Name of the complementary insurance carrier in the COIN-ID-1 field.		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
COIN-ID-2	X(15)	1535	1549		No longer used by DMAC.			
COIN-NAME-2	X(33)	1550	1582		No longer used by DMAC.			
STATEMENT-NBR	X(15)	1583	1597		Provider statement number for the remittance advice (RA).		X	X
BENE-STATEMENT-NBR	X(15)	1598	1612		Beneficiary statement number for the Medicare Summary Notice (MSN).		X	X
PROV-ADDRESSEE	X(10)	1613	1622		The provider number of the addressee on the Remittance Advice.		X	X
PAYMENT-FLOOR-IND	X(1)	1623	1623	<spaces>, Y	Indicates whether a crossover claim is to be held on the payment floor for the appropriate number of days.		X	
TOT-PREV-AMT-PAID-PROV	9(5)V99	1624	1630		The amount paid to the Provider/Supplier by Medicare for the treatment or supplies		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					listed on the claim.			
TOT-PREV-AMT-PAID-BENE	9(5)V99	1631	1637		The amount paid to the Beneficiary by Medicare for the treatment or supplies listed on the claim.		X	X
PATIENT-LIABILITY	9(5)V99	1638	1644		The amount of the benefit payment that the Beneficiary is responsible for.		X	X
CALC-NET-PAY-TO-PROV	9(5)V99	1645	1651		This field is used on adjustment claims. It is a calculation of the total of the "pay to provider" on the adjustment claim less the total of the "pay to provider" on the mother claim.		X	X
CL-ANSI-MOA-CODE(1)	X(5)	1652	1656		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CL-ANSI-MOA-CODE(2)	X(5)	1657	1661		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.		X	X
CL-ANSI-MOA-CODE(3)	X(5)	1662	1666		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.		X	X
CL-ANSI-MOA-CODE(4)	X(5)	1667	1671		This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice.		X	X
CL-ANSI-MOA-CODE(5)	X(5)	1672	1676		This is the number of the message tied to the American National Standards		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Institute (ANSI) Remark Code that is printed on the Remittance Advice.			
CL-ANSI-GROUP(1)	X(2)	1677	1678		The American National Standards Institute (ANSI) Group identifies the general category of payment adjustment on the Remittance Advice.		X	X
CL-ANSI-REASON(1)	X(4)	1679	1682		The American National Standards Institute (ANSI) Reason Code is tied to a message pertaining to a payment on a remittance advice.		X	X
CL-ANSI-AMOUNT(1)	9(5)V99	1683	1689		This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CL-ANSI-GROUP(2)	X(2)	1690	1691		The American National Standards Institute (ANSI) Group identifies the general category of payment adjustment on the Remittance Advice.		X	X
CL-ANSI-REASON(2)	X(4)	1692	1695		The American National Standards Institute (ANSI) Reason Code is tied to a message pertaining to a payment on a remittance advice.		X	X
CL-ANSI-AMOUNT(2)	9(5)V99	1696	1702		This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.		X	X
CL-ANSI-GROUP(3)	X(2)	1703	1704		The American National Standards Institute (ANSI) Group identifies the general category of payment adjustment		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					on the Remittance Advice.			
CL-ANSI-REASON(3)	X(4)	1705	1708		The American National Standards Institute (ANSI) Reason Code is tied to a message pertaining to a payment on a remittance advice.		X	X
CL-ANSI-AMOUNT(3)	9(5)V99	1709	1715		This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.		X	X
TOT-CALC-PAY-TO-PROV	9(5)V99	1716	1722		Benefit amount paid to the Provider.		X	X
TOT-CALC-PAY-TO-BENE	9(5)V99	1723	1729		Benefit amount paid to the Beneficiary.		X	X
TOT-LINE-ANSI-AMTS	9(5)V99	1730	1736		This is the total dollar amount pertaining to the ANSI reason code for the line.		X	X
PRIOR-	9(5)V99	1737	1743		Prior interest paid to		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
INTEREST-PAID-PROV					the Provider.			
PRIOR-INTEREST-PAID-BENE	9(5)V99	1744	1750		Prior interest paid to the Beneficiary.		X	X
REMIT-SUPPRESS-IND	X(1)	1751	1751	B, C, M, P, T, Y, <spaces>	Indicates whether the system is to suppress the remittance advice for the unassigned provider.		X	X
CHANGE-IN-PAYEE-IND	X(1)	1752	1752	<spaces>, Y	Indicates there has been a change of payee.		X	
ORIG-CCN	X(15)	1753	1767		Original CCN Number		X	X
XADJ-IND	X(1)	1768	1768	<spaces>, Y	Indicates whether the claim was adjusted through Express Adjustments (XADJ).		X	
CHOICE-IND	X(1)	1769	1769	<spaces>, Y	Indicates whether or not the Beneficiary is involved in the Choices payment program.		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
NSF-VERSION	X(1)	1770	1770		The numerical designation of the version of the National Standard Format (NSF) used. (Really valid now only for old claims as new claims are no longer accepted in this format.)		X	
NOC-NOTE-IND	X(1)	1771	1771	<spaces>, Y	Indicates whether a note is attached to the claim.	X	X	X
SRC-OF-PAY	X(1)	1772	1772	D, F, <spaces>	Indicates from which entity payment is required when the payment is to be from an "other payer".		X	
ENTERED-CLAIM-FORCE	X(1)	1773	1773		Force code value entered by the operator to bypass an error message received during processing.		X	
ENTERED-REP-PAYEE	X(24)	1774	1797		Name of an individual or the representative		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					receiving the payment instead of the Beneficiary, Provider, or Supplier.			
ENTERED-WELF-DEATH	X(1)	1798	1798	B, C, D, E, N, W, X, Y, Z, <spaces>	Indicates whether the Beneficiary is deceased and if they have Medicaid or other insurance.		X	
PAYOR-ID-IND	X(1)	1799	1799		No longer used by DMAC.			
HDR-OVER-PAY-TO-PROV	9(3)V99	1800	1804		Amount over paid to the Provider/Supplier.		X	X
XOVER-FREQUENCY	X(1)	1805	1805		No longer used by DMAC.			
MEDIGAP-IND	X(1)	1806	1806		No longer used by DMAC.			
OQC-TAG-REC	X(11)	1807	1817		Indicates that the claim has been through the Online Quality Control (OQC) review.		X	
OQC-BYPASS-REASON-IND	X(1)	1818	1818	M, O, R, S, T, W, <spaces>	Indicates why the claim was bypassed by the OQC review.		X	
PRICING-FAC-	X(9)	1819	1827		No longer used by			

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
ZIP					DMAC.			
FACILITY-NBR	X(6)	1828	1833		The unique identification number of the facility where the service was rendered. No longer used by DMAC.			
BENE-ZIP	X(9)	1834	1842		The zip code of the Beneficiary's place of residence.	X	X	X
MSA-AREA	X(2)	1843	1844		This field displays the Metropolitan Statistical Area (MSA) used in the South Carolina Competitive Bid Demonstration (SCBID).		X	X
PHYS-SUPPLIER-IND	X(1)	1845	1845	E, <spaces>	Identifies if the Provider/Supplier is exempt from the South Carolina Competitive Bid Demonstration (SCBID).		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
BENE-STRIKE-IND	X(1)	1846	1846	0, 1, 2, <spaces>	This field gives information about letters sent out for the South Carolina Competitive Bid Demonstration (SCBID).		X	X
SCBID-IND	X(1)	1847	1847	<spaces>, Y	This field indicates if a claim was part of the South Carolina Competitive Bid Demonstration (SCBID).		X	X
OTA-IND	X(1)	1848	1848		The amount the physician/supplier has agreed to accept as per the conditions of their contract.		X	X
OQC-REPLICATE-IND	X(1)	1849	1849		Indicates whether the claim is a replicate claim for OQC.		X	
PROV-SA-IND	X(1)	1850	1850		Indicates that a provider is in the surrounding area of an active South Carolina Competitive Bid		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Process (SCBID).			
DMERC-KMOD-UPDT-IND	X(1)	1851	1851	<spaces>, Y	Indicates whether a Durable Medical Equipment Claim (DMERC) has been used in updating the associated "K" modifier (KMOD) on the Certificate for Medical Necessity (CMN).		X	
OQC-BYPASSED-TAG-REC	X(11)	1852	1862		The unique system generated ID for each set of selection criteria set up in the Online Quality Control (OQC) system.		X	
TPL-OTA-AMOUNT	9(5)V99	1863	1869	<spaces> if no occupational therapy	The amount a Provider/Supplier is obligated to accept for services rendered for occupational therapy.	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
ANSI-BASE-KEY	GROUP	1870	1899		ANSI Base Key Group This is the key used to locate the X12 information in the VMS Store and Forward (VANS) files.	X	X	X
ABK-CONTRACTOR 5	X(5)	1870	1874		Carrier Number	X	X	X
ABK-SUBMITTER	X(10)	1875	1884		Submitter Number	X	X	X
ABK-PROC-DT-INV	X(7)	1885	1891		Process date (CCYYDDD) subtracted from 999999999	X	X	X
ABK-CLAIM-SEQ-NBR	X(8)	1892	1899		Claim Sequence Number in VANS	X	X	X
ERN4010-IND	X(1)	1900	1900		used for 835 versioning		X	

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CLM-SOURCE-IND-4010	X(1)	1901	1901	<spaces> - paper C - NCPDP compound E - X12 837 K - Keyshop N - NCPDP O - OCR T - telephone	The source of the claim, electronic vs. paper.	X	X	X
MSP-RPT-CATEGORY	X(3)	1902	1904		Indicates which Medicare Secondary Payer (MSP) report the information is to appear on.		X	X
CWF-OVERRIDE-IND(1)	X(1)	1905	1905		The CWF override indicator entered by the operator working on the claim. No longer used by DMAC.			
CWF-OVERRIDE-IND(2)	X(1)	1906	1906		The CWF override indicator entered by the operator working on the claim. No longer used by DMAC.			
CWF-OVERRIDE-	X(1)	1907	1907		The CWF override indicator entered by			

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
IND(3)					the operator working on the claim. No longer used by DMAC.			
CWF-OVERRIDE-IND(4)	X(1)	1908	1908		The CWF override indicator entered by the operator working on the claim. No longer used by DMAC.			
CWF-OVERRIDE-IND(5)	X(1)	1909	1909		The CWF override indicator entered by the operator working on the claim. No longer used by DMAC.			
CWF-OVERRIDE-IND(6)	X(1)	1910	1910		The CWF override indicator entered by the operator working on the claim. No longer used by DMAC.			
SUPP-REMIT-IND	X(1)	1911	1911		Indicator that the remittance is being suppressed.		X	
JURISDICTION-IDENTIFIER	X(1)	1912	1912		No longer used by DMAC.			

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
PAY-FLR-EMC-HOLD-IND	X(1)	1913	1913	<spaces>, Y	Indicates whether to hold EMC Claims on the Payment Floor the same number of days as paper Claims.	X	X	X
BOI-COBA-TEST-IND	X(1)	1914	1914	1-9, A-F, <spaces>	Indicates the type of COBA contractor for the crossover claim being handled by the Coordination of Benefits Contractor (COBC).		X	X
BOI-MSN-SUPP-NAME-IND	X(1)	1915	1915		Indicates whether to suppress printing of the trading partner name on the Medicare Summary Notice (MSN).		X	X
BOI-MC-SUPP-IND	X(1)	1916	1916	N, Y, <spaces>	Indicates whether to suppress COBA Medicaid when a current Crossover Claims is written.		X	X
INDIAN-HLTH-SVC-IND	X(1)	1917	1917	<spaces>, H, N, S, Y	Indicates whether the provider of the claim is considered an Indian Health		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Service Provider.			
CWF-HDR-OVERRIDE(1)	X(4)	1918	1921		The CWF Header error code that was overridden by the operator.		X	X
CWF-HDR-OVERRIDE(2)	X(4)	1922	1925		The CWF Header error code that was overridden by the operator.		X	X
CWF-HDR-OVERRIDE(3)	X(4)	1926	1929		The CWF Header error code that was overridden by the operator.		X	X
CWF-HDR-OVERRIDE(4)	X(4)	1930	1933		The CWF Header error code that was overridden by the operator.		X	X
CWF-HDR-OVERRIDE(5)	X(4)	1934	1937		The CWF Header error code that was overridden by the operator.		X	X
PAPER-REMIT-SUPPRESS	X(1)	1938	1938	<spaces>, F, P	Indicates whether to print a full or partial remit, or none at all.		X	
REF-PHYS-NPI	X(10)	1939	1948		The unique National Provider Identifier (NPI) identifier for	X	X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					the Provider/Supplier.			
REF-PHYS-NPI-IND	X(1)	1949	1949		Indicates whether the NPI was received in the legacy number format.	X	X	X
CBA-AREA	X(5)	1950	1954		The Competitive Bid Area (CBA) in which the Beneficiary is located.		X	X
RECREATE-SEQ-NBR	X(7)	1955	1961		The unique id of a recreated crossover claim.		X	
COBC-RECREATE-IND	X(1)	1962	1962	<spaces>, Y	Indicates the claim was created by the COBC recreate process.		X	
ORIG-HICN	X(12)	1963	1974		Unique identifier for the Beneficiary.		X	
LINE-COUNT	9(3)	1975	1977		Number of lines on claim (a counted value)	X	X	X
ADS-DEV-DAYS	9(3)	1978	1980		The number of days the ADS claim has been in development		X	X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
1099-CLM-BNFT-AMT	9(7)V99	1981	1989		Claim benefit amount for 1099 reporting		X	X
AUTO-ADJ-IND	X(01)	1990	1990		Indicator used for RAC automated adjustment claims		X	X
CIP-FILLER	X(297)	1991	2287		Filler			
CHECK-INDICATOR	X(1)	2288	2288		Indicates that a check for payment is to be cut for the claim.			X
BENE-PAY-IND	X(1)	2289	2289	<spaces>, Y	Indicates payment was mailed to the Beneficiary.			X
BENE-MAIL-DATE	X(7)	2290	2296	CCYYDDD, <spaces>	Date the check was mailed to the Beneficiary.			X
CHECK-DATE-BENE	X(7)	2297	2303		Date the check that was mailed to the Beneficiary was cut.			X
CHECK-AMT-BENE	9(5)V99	2304	2310	CCYYDDD, <spaces>	Amount of the payment made to the Beneficiary.			X
CHECK-AMT-PROV	9(5)V99	2311	2317		Amount of the payment made to the Provider.			X
CHECK-NBR-PROV	X(11)	2318	2328		Check number of the check mailed to the			X

IDR-CLAIM-HEADER-REC								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Provider.			
CHECK-DATE-PROV	X(7)	2329	2335		Date the check that was mailed to the Provider was cut.			X
MAIL-DATE	X(7)	2336	2342		Date the check was mailed to the Provider.			X
HST-FILLER	X(158)	2343	2500	-	Filler			

Table 2: VMS Claim Detail Line Layout

Remove the trailing filler column of 1475 bytes reducing the line record by 1471 bytes; four bytes are needed for the length indicator on a variable length file.

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
IDR-REC-KEY	GROUP	1	25		IDR Record Key Group	X	X	X
IDR-REC-CARRIER	X(5)	1	5	16003, 17003, 18003, 19003	A five digit number used to identify each carrier. Each carrier has one unique number.	X	X	X
IDR-REC-PHASE	X(2)	6	7	01, 02, 03	Indicates which of the 3 phases in the	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					IDR Lifecycle the claim is reported in.			
IDR-REC-TYPE	X(1)	8	8	C - claim line	A single character value which identifies the type of records summarized for IDR.	X	X	X
IDR-REC-FULL-CCN	GROUP	9	23		Full CCN Group	X	X	X
IDR-REC-CCN-BASE	X(12)	9	20		The first 12 bytes of the full Claim Control Number (CCN). The number is in CYYJJBBBBSS format, where: C = century indicator YY = the last two digits of the year JJJ = Julian Date BBBB = Batch Number (0000 - 9999) SS = Sequence Number (00 - 99)	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CCN-SPLIT	X(01)	21	21	0 - 9	The 13th byte of the full CCN that indicates if the claim has been split. A claim may be split up to 9 times. Zero indicates that the claim is not a split.	X	X	X
CCN-REPLICATE	X(01)	22	22	0 - 9	The 14th byte of the full CCN that indicates if the claim has been replicated. A claim may be replicated up to 9 times. Zero indicates that the claim is not a replicate.	X	X	X
CCN-ADJUSTMENT	X(01)	23	23	0 - 9	The 15th byte of the full CCN that indicates if the claim has been adjusted. A claim may be adjusted up to 9 times. Zero indicates the claim is not an adjustment.	X	X	X
IDR-REC-LINE	9(2)	24	25	01 - 13	The actual line number on the	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					claim.			
PRCG-PROV	X(10)	26	35		This field is the NSC provider number of the provider whose customary charges are used in pricing the claim.	X	X	X
PERF-PROV	X(10)	36	45		The NSC provider number of the provider/supplier performing the procedure or supplying the item.	X	X	X
LINE-NBR	9(02)	46	47	0 - 13	Designates the position of the service or item on the claim. A claim has up to 13 lines.	X	X	X
FROM-DATE	X(07)	48	54	CCYYDD D, <spaces>	The first date the service was performed or the date the supply was acquired.	X	X	X
TO-DATE	X(07)	55	61	CCYYDD D, <spaces>	This is the last date the service was performed.	X	X	X
NEW-PLACE	X(02)	62	63	01 - 99	A two digit indicator designating where	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					the procedure was performed (place of service).			
NBR-SERVICES	9(06)V9	64	70		This field is the number of services performed or units supplied.	X	X	X
TYPE	X(01)	71	71		The type of service for the procedure or supply.		X	X
HCPCS	X(05)	72	76		The procedure code for the action performed or item provided on the claim line.	X	X	X
HCPCS-MF1	X(02)	77	78		The first modifier associated with the HCPCS.	X	X	X
HCPCS-MF2	X(02)	79	80		The second modifier associated with the HCPCS.	X	X	X
HCPCS-MF3	X(02)	81	82		The third modifier associated with the HCPCS.	X	X	X
HCPCS-MF4	X(02)	83	84		The fourth modifier associated with the HCPCS.	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
HCPCS-MF5	X(02)	85	86		The fifth modifier associated with the HCPCS. Not currently used.			
HCPCS-MF6	X(02)	87	88		The sixth modifier associated with the HCPCS. Not currently used.			
MF-FILLER-2	X(10)	89	98		Filler			
HCPCS-MF1-FLAG	X(01)	99	99	1 - pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.		X	X
HCPCS-MF2-FLAG	X(01)	100	100	1 - pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.		X	X
HCPCS-MF3-FLAG	X(01)	101	101	1 - pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
HCPCS-MF4-FLAG	X(01)	102	102	1 - pricing 2 - processing 3 - informational 4 - review	Indicates the type of modifier used on the procedure.		X	X
HCPCS-MF5-FLAG	X(01)	103	103		Indicates the type of modifier used on the procedure. This is not currently used.			
HCPCS-MF6-FLAG	X(01)	104	104		Indicates the type of modifier used on the procedure. This is not currently used.			
MF-FLAG-FILLER	X(06)	105	110		Filler			
DMERC-NOC-DESCRIPTOR	X(10)	111	120		Text field usually associated with the NDC code.	X	X	X
DMERC-NDC-CODE	X(11)	121	131		The NDC code	X (NCPDP only)	X	X
DMERC-NDC-MOD	X(2)	132	133		Modifier for the NDC code.	X (NCPDP only)	X	X
METRIC-DEC-QTY	9(05)V99	134	143		The decimal portion of the metric weight of prescribed drug.	X	X	X
SUBMITTED-CHG	9(5)V99	144	150		Charge submitted by the	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Provider/Supplier for the procedure/item.			
ALLOWED-CHG	9(5)V99	151	157		The amount CMS allows the provider/supplier to bill for the procedure/supply on the claim line.		X	X
ACTION-CODE	X(2)	158	159	00 - ZZ <spaces>	A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a claim line was paid.		X	X
ACTION-CODE-2	X(2)	160	161	00 - ZZ <spaces>	A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					claim line was paid.			
HOLD-ACTION-CODE	X(2)	162	163	00 - ZZ <spaces>	A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a claim line was paid.		X	
ACT-CD-FILLER	X(18)	164	181		Filler			

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
BENE-ESRD-FLAG	X(01)	182	182	1 - Entitlement based solely on disability 2 - Entitlement based solely on ESRD 3 - Entitled based on disability who currently has or has had ESRD 4 - Over 65 with ESRD <spaces>	Indicates whether the beneficiary is being treated for End Stage Renal Disease (ESRD).		X	X
INIT-ALLOWED	9(5)V99	183	189		The original allowed charge when the claim line first prices.		X	X
INIT-ACTION	X(2)	190	191	00 - ZZ	The initial action code linked to messages that will be displayed on the MSN (Medicare Summary Notice)		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					and/or RA (Remittance Advice) that explains how a claim line was paid.			
SPI	X(01)	192	192	D, S, <spaces>	The Special Payment Indicator (SPI) denotes the payment rate for each procedure/supply.		X	X
PAY-IND	X(01)	193	193		This code identifies the rate paid for a procedure.		X	X
PAY-IND-2	X(01)	194	194		This code identifies the rate paid for a procedure.		X	X
PAY-IND-3	X(01)	195	195		This code identifies the rate paid for a procedure.		X	X
PAY-IND-4	X(01)	196	196		This code identifies the rate paid for a procedure.		X	X
PAY-IND-5	X(01)	197	197		This code identifies the rate paid for a procedure.		X	X
LINE-FORCE	X(2)	198	199	May have special	The code entered which causes an edit		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
				characters.	to be ignored and a claim line to pay.			
DIAGNOSIS	X(7)	200	206		The health condition for which the beneficiary is being treated.	X	X	X
DIAG-REF-NBR	X(2)	207	208		This is a line level indicator referring to a diagnosis in the claim header.	X	X	X
LINE-REVIEW	X(01)	209	209		Indicator showing that the claim line has been reviewed for certain edits.		X	
LINE-REV-FILLER	X(3)	210	212		Filler			
PRCG-PHYS-NPI	X(10)	213	222		The National Provider Identifier (NPI) for the physician/supplier who provided the service/item.	X	X	X
RECERT-INTERVAL	X(2)	223	224		No longer used by DMAC.			
ADS-LINE-REQUEST-CODE	X(3)	225	227		This is the ADS (Automated Development System) message		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					number that will be included in the ADS letter.			
ADS-LINE-REQUEST-CODE-2	X(3)	228	230		This is the ADS (Automated Development System) message number that will be included in the ADS letter.		X	
LINE-ADS-MSG	X(3)	231	233		This is the ADS (Automated Development System) message number that will be included in the ADS letter.		X	
LINE-CONTROL-NBR	X(30)	234	263		National Standard Format ANSI (American National Standards Institute) control number that can be defined by the Provider on each Claim line.	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
DMERC-CMN-QCN	X(15)	264	278		<p>The first 13 digits of the Quality Control Number (QCN) consisting of the following information presented in the format CYYJJTSSSSSLL : • C is the century of creation; specify 0 for 19xx or 1 for 20xx • YYJJ is the date of creation in Julian (YYJJ) format; specify five alphanumeric characters • T is the method or mode of creation; specify one of these digits: 0 Hardcopy 1-3 NSF EMC 4-6 CWF 7-8 ANSI EMC</p>		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					9 Purged record • SSSSSS is sequencing with method or mode of creation; specify a value, with six digits, from the range 000000 through 999999 • LL is the level of revision or recertification available: specifically two digits from the range of 01 through 99.			
LI-STATUS	X(01)	279	279		Indicates whether an edit has fired for the claim line and the type of edit that	X	X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					fired.			
LI-PRE-PRICED-STATUS	X(01)	280	280	C - clerical D - decimal P - manual S - system <spaces>	This field indicates the method of how the claim line was priced.		X	
WORK-RC-CHG-AMT	9(5)V99	281	287		Temporary reasonable charge amount calculated within the system.		X	X
LI-AMT-PAID-TO-BENE	9(5)V99	288	294		Amount paid to the Beneficiary for the claim line item billed.		X	X
LI-AMT-PAID-TO-PROV	9(5)V99	295	301		Amount paid to the Provider for the line item billed.		X	X
LI-AMT-TO-DED	9(3)V99	302	306		Amount applied to the deductible for the claim line item billed.		X	X
LI-SPI-ENTERED	X(1)	307	307		The Special Payment Indicator (SPI) denotes the payment rate for each procedure/supply.		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
REPRICE-PROC	X(13)	308	320		Procedure code and modifiers the system is using for downcoding.		X	X
DUP-ICN	X(15)	321	335		The item has previously been submitted. This is the ICN (Internal Control Number) of the claim that has already been submitted that contains the duplicate item.		X	X
DUP-LINE	9(3)	336	338		The line number that the duplicate item appears on.		X	X
DMERC-NBR-SERVICES-7	9(7)	339	345		No longer used by DMAC.			
EAR-SUB	9(1)	346	346	1 - post pricing 2 - pre-pricing 3 - both <spaces>	Indicates the type of Entity Action Record (EAR) that the claim line edited against		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
EAR-ID(1)	X(2)	347	348	Claim EAR = 21, 22, 25, 27 Line EAR = 23 24, 26	Indicates if the Entity Action Record is for a claim line or the complete claim.		X	X
EAR-ID(2)	X(2)	349	350	Claim EAR = 21, 22, 25, 27 Line EAR = 23 24, 26 <spaces>	Indicates if the Entity Action Record is for a claim line or the complete claim.		X	X
EAR-ACTION	X(2)	351	352		The action to be taken by the system when the claim hits an Entity Action Record (EAR).		X	
EAR-ERR-NUM	X(3)	353	355		The error number for Entity Action Record (EAR) errors.		X	
EAR-SAVINGS	9(5)V99	356	362		Amount of savings realized by the utilization of the Entity Action Record (EAR) process.		X	
EAR-SEQ(1)	9(5)	363	367		This field denotes the type of Entity		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Action Record (EAR) that the claim line edited against.			
EAR-SEQ(2)	9(5)	368	372		This field denotes the type of Entity Action Record (EAR) that the claim line edited against.		X	
LINE-REVIEW-CODES	GROUP	373	395		Line Review Codes Group		X	X
UT-REVIEW	X(1)	373	373		Indicates whether a claim line that has been reviewed for over-utilization.		X	X
DIAG-REVIEW	X(1)	374	374		Indicates whether a claim line has been reviewed for a diagnosis and sex conflict or diagnosis code and age conflict		X	X
SUPPLIER-REVIEW	X(1)	375	375		This field indicates whether a claim has been reviewed for a change in suppliers		X	X
MAXAL-REVIEW	X(1)	376	376		This field indicates whether a claim line has been reviewed		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					for maximum number of services/units.			
DUPE-REVIEW	X(1)	377	377		This field indicates whether a claim line has been reviewed for suspect duplicate.		X	X
LIAB-STAT-REVIEW	X(1)	378	378		This field indicates whether a claim line has been reviewed for waiver of liability.		X	X
DMESP-REVIEW	X(1)	379	379		No longer used by DMAC.			
LI-REBUND-REVIEW	X(1)	380	380		This field indicates whether a claim line has been reviewed for maximum number of rental payments. No longer used by DMAC.			
LATE-REVIEW	X(1)	381	381		This field indicates whether a line has been reviewed for late submission.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
PROV-REVIEW	X(1)	382	382		This field indicates whether a claim line has been reviewed for payment to a physician/supplier flagged for automatic review.		X	X
TPL-REVIEW	X(1)	383	383		This field indicates whether an MSP line is to be paid primary in Medicare		X	X
PROV-PARTICIPATION-REVIEW	X(1)	384	384		This field indicates whether a claim line has been reviewed for provider Medicare participation.		X	X
EAR-REVIEW	X(1)	385	385		This field indicates whether a claim line has been reviewed for current EAR processing for the line.		X	X
PRO-AUTH	X(1)	386	386		This field indicates whether a claim line has been reviewed for PRO authorization		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
DOCUMENT-REVIEW	X(1)	387	387		This field indicates whether a claim line has been reviewed for documentation.		X	X
MULT-MSP-REVIEW	X(1)	388	388		This field indicates whether a claim line has been reviewed for MSP.		X	X
L-REVIEW-FILLER	X(7)	389	395		Filler			
DME-SUPLRS-DIFFER	X(1)	396	396	0 - CMN Supplier's Name does not match CIP 1 - CMN Supplier's Name matches CIP Supplier's Name	Indicates whether the supplier name on the DMERC Certificate for Medical Necessity (CMN) matches the supplier name on the claim.		X	
RC-ORIGIN-FLAG	X(1)	397	397	0 - 9 and A - Z	Indicates where the fee used in determining payment originated.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
SUMMARY-CHK-IND	X(1)	398	398	0-8 - summary check indicator A - bulk E - EFT	Denotes how remittances are to be bundled together for creation of benefit checks.		X	
PROV-SSN-NBR	X(9)	399	407		Provider Social Security Number.		X	
PROV-TYPE	X(1)	408	408	0-8	Designate whether the provider/supplier is using their own, a group's, or an employer's identification number for billing and procedure code processing.		X	
PROV-BCR	X(1)	409	409		No longer used by DMAC.			
PRICING-AREA	X(2)	410	411		This field indicates the geographic pricing area where the procedure was performed.		X	
PRICING-SPEC	X(2)	412	413		The specialty of a provider/supplier used for pricing a claim.		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
EOB-NAME	X(14)	414	427	May contain special characters	Provider name appearing on the Medicare Summary Notice (MSN).		X	X
PROV-SPEC	X(2)	428	429		The specialty of a provider/supplier used for pricing a claim.		X	X
PROV-AREA	X(2)	430	431		Indicates the geographic area were the procedure was performed.		X	X
PR-PAR-IND	X(1)	432	432		Indicates whether the provider/supplier has contracted with Medicare to provide services and/or supplies.		X	X
PROV-ZIP-CODE	X(9)	433	441		Nine digit Provider/Supplier zip code.		X	
AFT-CARE-DAYS	9(3)	442	444		No longer used by DMAC.			
AFN-NUMBERS	GROUP	445	448		AFN Number Groups		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
AFN-NUMBER(1)	X(3)	445	447		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.		X	X
AFN-ERROR(1)	X(1)	448	448		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.		X	X
AFN-NUMBER(2)	X(3)	449	451		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
AFN-ERROR(2)	X(1)	452	452		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.		X	X
AFN-NUMBER(3)	X(3)	453	455		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.		X	X
AFN-ERROR(3)	X(1)	456	456		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
AFN-NUMBER(4)	X(3)	457	459		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.		X	X
AFN-ERROR(4)	X(1)	460	460		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.		X	X
AFN-NUMBER(5)	X(3)	461	463		Designates the Automated File Number (AFN) parameter record defining the maximum number of procedures or supplies allowed for a single or set of procedures/supplies.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
AFN-ERROR(5)	X(1)	464	464		Tag within the AFN system identifying the edit type that will fire when the number of procedures/supplies is exceeded.		X	X
RELATIVE-VALUE-UNIT	9(3)V99	465	468		No longer used by DMAC.			
LINE-PRICING-OPTIONS	GROUP	469	496		Line Pricing Options Group		X	X
MPR-OPTION(1)	X(2)	469	470		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(2)	X(2)	471	472		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(3)	X(2)	473	474		Master Procedure Record (MPR) options used to		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					determine processing and pricing action for a procedure.			
MPR-OPTION(4)	X(2)	475	476		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(5)	X(2)	477	478		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(6)	X(2)	479	480		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(7)	X(2)	481	482		Master Procedure Record (MPR) options used to		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					determine processing and pricing action for a procedure.			
MPR-OPTION(8)	X(2)	483	484		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(9)	X(2)	485	486		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(10)	X(2)	487	488		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure.		X	X
MPR-OPTION(11)	X(2)	489	490		Master Procedure Record (MPR) options used to		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					determine processing and pricing action for a procedure. (Future use?)			
MPR-OPTION(12)	X(2)	491	492		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure. (Future use?)		X	
MPR-OPTION(13)	X(2)	493	494		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure. (Future use?)		X	
MPR-OPTION(14)	X(2)	495	496		Master Procedure Record (MPR) options used to determine processing and pricing action for a procedure. (Future use?)		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					use?)			
LI-1PERCENT-RED-AMT	9(5)V99	497	503		The dollar amount of the reductions taken for the Gramm-Rudman determination in 1988.		X	X
CWF-EST-INTEREST-AMT-BENE	9(5)V99	504	510		Estimated amount of Claim Processing Timeliness (CPT) interest paid to the beneficiary due to late processing of claim which is sent to CWF.		X	
CWF-EST-INTEREST-AMT-PROV	9(5)V99	511	517		Estimated amount of Claim Processing Timeliness (CPT) interest paid to the provider/supplier due to late processing of claim which is sent to CWF.		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
CWF-EST-BENE-PAYMENT	9(5)V99	518	524		The claim line level estimated payment to the beneficiary which is sent to CWF.		X	
CWF-EST-PROV-PAYMENT	9(5)V99	525	531		The claim line level estimated payment to the provider which is sent to CWF.		X	
PRO-NUMBER-1991	X(10)	532	541		No longer used by DMAC.			
L-ASSOC-PROV	X(10)	542	551		No longer used by DMAC.			
DMERC-QCN-PREV	X(15)	552	566		This is the previous Query Control Number (QCN) on the DMERC Certificate of Medical Necessity (CMN).		X	X
MEDICAL-REVIEW-CAT	X(1)	567	567	1 - automated 2 - manual 3 - complex <spaces>	The category of manual medical review/utilization review (MRUR) performed.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
MEDICAL-REVIEW-IND	X(1)	568	568	A - approved D - denied R - reviewed <spaces>	Action taken due to the medical review/utilization review (MRUR).		X	X
LIABILITY-WAIVER-IND	X(1)	569	569	1 - No waiver received. 2 - Waiver received and acceptable. 3 - Waiver received, but not acceptable. <spaces>	Indicates whether a waiver of liability letter has been attached.		X	X
REPR-PROC-TYPE	X(1)	570	570	0-9, A-Z	Type of service for the reprice procedure or supply.		X	X
HCPCS-TYPE	X(1)	571	571		Type of HCPCS entered.		X	
DME-CR-FEE	9(5)V99	572	578		The dollar amount used in pricing the supply for Medicare		X	
PERF-PROV-SPEC	X(2)	579	580		Performing provider specialty code.		X	X
DOWNCODE-IND	X(1)	581	581	Y - downcoded	Indicates that the claim line was		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
				<spaces>	downcoded.			
DME-PURCHASE	9(5)V99	582	588	<spaces> if no purchase price	The purchase price of the supply.		X	
GEN-LETTER-SW	X(1)	589	589	1 - letter generated <spaces>	Indicates whether a letter for purchased diagnostics has been sent.		X	
LF-REDUCTION	9(5)V99	590	596		The amount the payment is reduced due to late filing		X	X
CBA-CATEGORY	X(3)	597	599		The National Competitive Bid category in with which the procedure code is associated.		X	X
RULE-NUMBER(1)	X(3)	600	602		Review utilization claim line edit number.		X	X
RULE-ERROR(1)	X(1)	603	603	<spaces> U - criteria met	Indicates whether the criteria of the RULE have been met.		X	X
RULE-NUMBER(2)	X(3)	604	606		Review utilization claim line edit number.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
RULE-ERROR(2)	X(1)	607	607	<spaces> U - criteria met	Indicates whether the criteria of the RULE have been met.		X	X
RULE-NUMBER(3)	X(3)	608	610		Review utilization claim line edit number.		X	X
RULE-ERROR(3)	X(1)	611	611	<spaces> U - criteria met	Indicates whether the criteria of the RULE have been met.		X	X
RULE-NUMBER(4)	X(3)	612	614		Review utilization claim line edit number.		X	X
RULE-ERROR(4)	X(1)	615	615	<spaces> U - criteria met	Indicates whether the criteria of the RULE have been met.		X	X
RULE-NUMBER(5)	X(3)	616	618		Review utilization claim line edit number.		X	X
RULE-ERROR(5)	X(1)	619	619	<spaces> U - criteria met	Indicates whether the criteria of the RULE have been met.		X	X
UR-ERROR-CODE	X(3)	620	622		The review error code used for Utilization Review		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					(UR).			
UR-ERROR-TYPE	X(1)	623	623		The type of Utilization/Review (UR) error that occurred.		X	X
ORIG-FROM-DT	X(7)	624	630	CCYYDD D, <spaces>	The first date the service was performed or the date the supply was acquired.		X	
ORIG-TO-DT	X(7)	631	637	CCYYDD D, <spaces>	This is the last date the service was performed.		X	
CODE-STATUS	X(1)	638	638		No longer used by DMAC.			
WRKLD-CAT	X(2)	639	640		The category in which claim is reported on the CMS 1565 Workload Report.		X	
EAR-RR-SW	X(1)	641	641	<spaces>, Y	Indicates that an EAR has denied a claim line with a return reject action code.		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
LI-DOC-IND	X(1)	642	642	1, 2, 3, 4, 5, 6, 9, <spaces>	This field tells where the additional documentation for the claim line is located.		X	X
LI-START-RECERT-DATE	X(7)	643	649	CCYYDD D, <spaces>	The start date for the recertification of a Certificate of Medical Necessity (CMN) for DMERC.		X	X
LI-MED-NECESS	9(3)	650	652		This field indicates the length of time the supply is considered a medical necessity.		X	X
LI-CERT-PURCH-PRICE	9(5)V99	653	659		The purchase price of the supply.		X	
INFO-AC	X(2)	660	661	00-ZZ	An informational action code linked to messages that will be displayed on the Medicare Summary Notice (MSN) and/or Remittance Advice (RA) that explains how a claim line was paid.		X	X
LINE-PSYCH-	9(5)V99	662	668		No longer used by			

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
COINS					DMAC.			
UR-SCREEN-NUMBER	X(3)	669	671		The case or file number used for the utilization review.		X	X
RB-SCREEN-NUMBER	X(3)	672	674		The number assigned to a medical review policy for rebundling.		X	X
AUTO-REVIEW-IND	X(1)	675	675		Indicates whether an MR (Manual Review) edit has fired.		X	X
AUTO-REV-LVL-IND	X(1)	676	676	<spaces>, 1, 2, 3	The category level of medical review/utilization review (MRUR) done on the claim line.		X	X
CR-IND	X(1)	677	677	Y, N	Indicates whether a claim line has hit an edit causing the claim to suspend for review.		X	X
TEAM-IND-LINE	X(1)	678	678	A-Z, <spaces>	This field is a special indicator for Durable Medical Equipment Carrier		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					(DMERC) team processing.			
CMN-GRID-SCREEN	X(3)	679	681		Indicates the screen number from the grid review.		X	X
CMN-GRID-ACTION	X(2)	682	683		Indicates action taken on the claim line or the Certificate of Medical Necessity (CMN) based on the result of grid logic being performed.		X	X
LINE-ANSI-CODES(1)	GROUP	684	696		Line ANSI Codes Groups		X	X
LI-ANSI-GROUP(1)	X(2)	684	685		Identifies the ANSI group code for payment adjustment on the Remittance Advice.		X	X
LI-ANSI-REASON(1)	X(4)	586	689	Special characters allowed	Indicates the reason the adjustment was made.		X	X
LI-ANSI-AMOUNT(1)	9(5)V99	690	696		The amount of the ANSI adjustment.		X	X
LI-ANSI-GROUP(2)	X(2)	697	698		Identifies the ANSI group code for payment adjustment		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					on the Remittance Advice.			
LI-ANSI-REASON(2)	X(4)	699	702	Special characters allowed	Indicates the reason the adjustment was made.		X	X
LI-ANSI-AMOUNT(2)	9(5)V99	703	709		The amount of the ANSI adjustment.		X	X
LI-ANSI-GROUP(3)	X(2)	710	711		Identifies the ANSI group code for payment adjustment on the Remittance Advice.		X	X
LI-ANSI-REASON(3)	X(4)	712	715	Special characters allowed	Indicates the reason the adjustment was made.		X	X
LI-ANSI-AMOUNT(3)	9(5)V99	716	722		The amount of the ANSI adjustment.		X	X
LI-ANSI-GROUP(4)	X(2)	723	724		Identifies the ANSI group code for payment adjustment on the Remittance Advice.		X	X
LI-ANSI-REASON(4)	X(4)	725	728	Special characters allowed	Indicates the reason the adjustment was made.		X	X
LI-ANSI-AMOUNT(4)	9(5)V99	729	735		The amount of the ANSI adjustment.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
LI-ANSI-GROUP(5)	X(2)	736	737		Identifies the ANSI group code for payment adjustment on the Remittance Advice.		X	X
LI-ANSI-REASON(5)	X(4)	738	741	Special characters allowed	Indicates the reason the adjustment was made.		X	X
LI-ANSI-AMOUNT(5)	9(5)V99	742	748		The amount of the ANSI adjustment.		X	X
LI-ANSI-GROUP(6)	X(2)	749	750		Identifies the ANSI group code for payment adjustment on the Remittance Advice.		X	X
LI-ANSI-REASON(6)	X(4)	751	754	Special characters allowed	Indicates the reason the adjustment was made.		X	X
LI-ANSI-AMOUNT(6)	9(5)V99	755	761		The amount of the ANSI adjustment.		X	X
LI-ANSI-GROUP(7)	X(2)	762	763		Identifies the ANSI group code for payment adjustment on the Remittance Advice.		X	X
LI-ANSI-REASON(7)	X(4)	764	767	Special characters allowed	Indicates the reason the adjustment was made.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
LI-ANSI-AMOUNT(7)	9(5)V99	768	774		The amount of the ANSI adjustment.		X	X
LI-PREV-AMT-PAID-PROV	9(5)V99	775	781		The previous amount paid to the Provider by Medicare for the treatment or supplies listed on the claim line.		X	X
LI-PREV-AMT-PAID-BENE	9(5)V99	782	788		The previous amount paid to the Beneficiary by Medicare for the treatment or supplies listed on the claim line.		X	X
LI-BUDS-ALLOWED-AMT	9(5)V99	789	795	????	The amount that Medicare will allow the provider/supplier to charge for the procedure. This is the amount prior to any deductions or offsets.		X	X
LINE-ANSI-REMARKS	GROUP	796	820		Line ANSI Remark Codes Groups		X	X
LI-ANSI-RMK-CODE(1)	X(5)	796	800		The value that indicates the ANSI		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					Remark that will appear on the Remittance Advice and MSN.			
LI-ANSI-RMK-CODE(2)	X(5)	801	805		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.		X	X
LI-ANSI-RMK-CODE(3)	X(5)	806	810		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.		X	X
LI-ANSI-RMK-CODE(4)	X(5)	811	815		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.		X	X
LI-ANSI-RMK-CODE(5)	X(5)	816	820		The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSN.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
LI-ORIG-COINS-AMT	9(5)V99	821	827		The original benefit amount on the claim line being allocated to coinsurance.		X	X
QCN-ORIGIN-IND	X(1)	828	828		Indicates how the Query Control Number (QCN) was selected for the Certificate of Medical Necessity.		X	X
LI-PAT-RESP	9(5)V99	829	835		The amount of the benefit payment on the claim line that the patient is responsible for.		X	
PERF-PROV-NAME	X(25)	836	860		The name of the provider/supplier that performed the procedure or provided the supply.		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
PERF-PROV-REFORMAT-IND	X(1)	861	861	B - DR, First Name, Middle Initial, Last Name D - DR + Performing Provider's Name N - No Reformatting R or E - First Name, Middle Initial, Last Name <spaces>	This field tells how the name was reformatted.		X	
INIT-ALLOW-IND	X(1)	862	862	<spaces>, Y	Designates the allowed amount is the initial allowed amount.		X	
LINE-DEMO-IND	X(1)	863	863	<spaces>, B, E, N, P, R, Y	Indicates if the beneficiary is involved in a CMS demonstration.		X	

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
RESET-INIT-ALLOWED	X(1)	864	864		Tells the system whether to reset the initial allowed amount when a line is reduced or denied after the claim has been returned from the Common Working File (CWF).		X	
ONLINE-PROJ-IND	X(1)	865	865		No longer used by DMAC.			
MSA-PRICING-IND	X(1)	866	866		This field shows the supplier Competitive Bid contract status		X	X
GRANDFATHER-IND	X(1)	867	867		This field indicates "grand fathering" used in the Competitive Bid programs.		X	X
RBN-PROC-CODE	X(9)	868	876		The matching procedure code in a rebundling code pair.		X	X
MSP-PRIMARY-ALLOWED	9(5)V99	877	883		The line amount the primary insurance allowed when Medicare is the	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					secondary payer.			
MSP-PRIMARY-PAID	9(5)V99	884	890		The line amount the primary insurance paid when Medicare is the secondary payer.	X	X	X
MSP-PRIMARY-SOURCE	X(1)	891	891	C - Operator Entered on Claim M - Calculated by MSPPAY <spaces>	This is the source of the previous two MSP fields.	X	X	X
AUDIT-REC-IND	X(1)	892	892	D - Line is denied as a duplicate N - not subject to PIMR review Y - Audit record written for that line	Indicates the activity taken on a claim line during a medical review for Program Integrity Management Reporting (PIMR).		X	X
MSP-OTA-AMOUNT	9(5)V99	893	899	<spaces> if no MSP-OTA	The claim line amount that the primary payer is contracted to accept	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					for the procedure or supply provided.			
LI-MSPPAY-TYPE	X(1)	900	900	0 or 2 - Medicare is primary, no reduction in payment 1 or 3 - Medicare is secondary, reduction in payment E - The PA or PPD are zero and claim paid or allow >0 <spaces>	Indicates whether Medicare is primary or secondary payer for a Medicare Secondary Payer (MSP) payment.		X	X
PRICING-FY	X(2)	901	902		Identifier for the pricing bucked used for pricing.		X	X
PRICING-YR-OPTION	X(2)	903	904		The pricing option used.		X	X
DATE-PRICED	X(7)	905	911	CCYYDD D, <spaces>	The date the claim line was priced.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
PRICING-YR-FROM-DT	X(7)	912	918	CCYYDD D, <spaces>	The begin date of the pricing bucket used for pricing the claim line.		X	X
PRICING-YR-TO-DT	X(7)	919	925		The end date of the pricing bucket used for pricing the claim line.		X	X
ANSI-LI-NBR	9(4)	926	929		The ANSI Line Number on the store and forward files.	X	X	X
DOC-SUPF-ERR-IND	X(1)	930	930		Set when a supplier error is encountered.		X	
INFO-LN-IND	X(1)	931	931	<spaces>, A - upgraded procedure or supply	ABN lines are identified as ABN code pairs. One line represents the upgraded item and the other line represents the prescribed item. This field and the INFO-LN-XREF field define these ABN code pairs. This field indicates whether the procedure/supply on the claim line has		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					been upgraded.			
INFO-LN-XREF	9(2)	932	933		The line number associated with the other half of the ABN code pair.		X	X
ABN-IND	X(1)	934	934	1-9, , A, <spaces>	This field represents additional ABN modifiers that could not fit on the procedure codes.		X	X
ORIG-PROCEDURE	X(5)	935	939		The original procedure/supply code.		X	X
ORIG-NDC-CODE	X(11)	940	950		The original NDC (National Drug Code) code submitted electronically.	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
NDC-HCPCS-CF	9(9)V9(6)	951	965		NDC units conversion factor.	X (NCPDP only)	X	X
HCT	9(2)V9	966	968		The results of the hemoglobin/hematocrit test.	X	X	X
LMRP-NCD-IND	X(1)	969	969		This field indicates whether LMRP/NCDs were written out for the claim line.		X	X
MSP-AMT-IND	X(1)	970	970		Indicates which MSP amount fields should be sent to MSP Pay.		X	X
DUPE-CARRIER	X(5)	971	975		Carrier associated with CWF error 7282. No longer used for DMAC.			
CWF-LNE-OVRD-AREA	GROUP	976	995		CWF Line Override Group		X	X
CWF-LNE-OVERRIDE(1)	X(4)	976	979		The CWF Line error code that was overridden by the DME MAC.		X	X
CWF-LNE-OVERRIDE(2)	X(4)	980	983		The CWF Line error code that was		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
					overridden by the DME MAC.			
CWF-LNE-OVERRIDE(3)	X(4)	984	987		The CWF Line error code that was overridden by the DME MAC.		X	X
CWF-LNE-OVERRIDE(4)	X(4)	988	991		The CWF Line error code that was overridden by the DME MAC.		X	X
CWF-LNE-OVERRIDE(5)	X(4)	992	995		The CWF Line error code that was overridden by the DME MAC.		X	X
PERF-PROV-NPI	X(10)	996	1005		The NPI number for the provider/supplier who performed/provided the procedure/supply.	X	X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
PERF-PROV-NPI-IND	X(1)	1006	1006	<spaces> - Legacy number was received 1 - National Provider ID (NPI) was received 2 - Both the Legacy and NPI were received	Indicates whether the performing provider/suppliers legacy number, NPI or both were received.		X	X
MUE	9(5)	1007	1011		Number of services associated with a Medically Unlikely Edit (MUE).		X	X
LINE-PLACEHOLDER-NPI	X(1)	1012	1012	<spaces> - The claim was not processed with a placeholder NPI Y - The claim was processed with a	Indicates whether the supplier NPI on the claim is a valid placeholder value.		X	X

IDR Claim Line Record								
Copybook Field Name	Picture	From	Through	Valid Values	Description	Claim Controlled (IDR Phase I)	Claim Finalized (IDR Phase II)	Payment Disbursed (IDR Phase III)
				placeholder NPI				
CBA-SEC-CATEGORY	X(3)	1013	1015		National Competitive Bid category associated with a downcoded procedure.		X	X
CBA-SUPPL-CATEGORY	X(3)	1016	1018		National Competitive Bid supplier category.		X	X
ORDER-WRITTEN-DATE	9(7)	1019	1025		Date the Referring Physician ordered the item	X (5010)	X	X
LINE FILLER	X(1475)	1026	2500	-	Filler			