

# HEALTH PLAN RECORD LAYOUT MANUAL

## OVERVIEW

This manual contains various record layouts designed to assist Health Plans in their support of the MO HealthNet Managed Care Program. Some layouts are populated and transmitted from the Health Plan to Wipro while others are populated and transmitted from Wipro to the Health Plan. All data, regardless of the originator, must be electronically transmitted.

The following paragraphs briefly describe which layouts are sent by Wipro and received by the Health Plans and which layouts are sent by the Health Plans and received by Wipro. Also defined is the frequency of each transmission.

### Layouts sent by Wipro to the Health Plan

#### 1. Daily (sent to HP by 8:00 a.m.):

X12N 834 Benefit Enrollment—Change Transactions (Enrollments, Disenrollment and ME Code Changes)

NOTE: See table C-45 and C-46 for information on eligibility notification segments.

#### 2. Daily, resulting from Health Plan submission:

Primary Care Provider (PCP) Assignment Notification Records

Provider Demographic Notification Records

HBM Baseline Health Data Record (Pass through Wipro from Health Benefit Manager)

TPL Update Records

TPL Lead Error File

Adjudication Confirmation File (See Internet Confirmation/Error Layout in the Electronic Claims Layout Manuals)

Adjudication Rejection File

#### 3. Regularly, resulting from Health Plan Submission:

837 Reject File (Complete 837 transaction returned back to the Health Plan)

X12 271 (Eligibility Response)

X12 277 (Claim Status Response)

X12 824 (Acknowledgement)

X12 999 (Acknowledgement)

4. As indicated on Claims Processing Schedule for each Fiscal Year (usually twice monthly), Remittance Advice Records:

X12 835 (Health Care Claim Payment/Advice)

X12 820 (Payroll/Deducted and Other Group Premium Payment for Insurance Products)

Pharmacy Extract File

NOTE: The Remittance Advice file is generated according to the MO HealthNet Claims Processing Schedule for Fiscal Year. You may obtain this schedule each year from Wipro or from the Missouri Department of Social Services website. MHD's fiscal year is from July to June.

6. Weekly - Eligibility Reconciliation File:

X12N 834 Benefit Enrollment reconciliation records

NOTE: See table C-45 and C-46 for information on eligibility notification segments.

7. Monthly - Demographic Reconciliation File:

Provider Demographic Reconciliation Records

NOTE: Due to file size, this file includes all active network providers, and only those inactive network providers where enrollment stop date is no older than two years from current date.

## **Layouts sent by MO HealthNet to the Health Plan**

1. Monthly - Demographic Reconciliation File:

HCH (Health Care Home) File

NOTE: This file is sent by email from MO HealthNet to the health plan and not sent by File Transfer Protocol (FTP).

## **Layouts sent by the Health Plan to Wipro**

1. Regularly, we encourage the following daily.

PCP Assignment Records

Provider Demographic Records

TPL Lead Records

2. Twice per year (May and November) the following is a pass-through file forwarded to ITSD.

Denied EPSDT Encounter Claim Files

3. Encounter Claim files including X12N 837 Professional, X12N 837 Institutional and X12N 837 Dental which include voids.

4. X12 270 (Eligibility Inquiry)

5. X12 276 (Claim Status Request)

Encounters must be submitted within 30 days of the day the health plan pays the claim and must be received within 2 years from Last Date of Service (LDOS).

The X12N 837 Dental, X12N 837 Professional and X12N 837 Institutional record layouts may be contained in a file together.

Inquiries concerning the Health Plan User Manual or technical assistance relating to the exchange of data files should be directed to the MO HealthNet Technical Help Desk by email at [help.desk@momed.com](mailto:help.desk@momed.com) or by calling (573) 635-3559.

## **DENIED EPSDT ENCOUNTER CLAIMS LAYOUT**

This record layout is used to report denied EPSDT encounter claims.

All fields in this layout are generated by the Health Plan and are NOT supported by Wipro.

Field Number	Description	Disp	Length	Table ID
01	Health Plan Provider Number	1	9	C-8
02	Participant ID	10	8	C-1
03	Date of Birth	18	8	C-16
04	Sex Code	26	1	C-49
05	First Date of Service	27	8	C-16
06	Procedure Code	35	7	C-30
07	Diagnosis Code	42	7	C-17
08	Claim Type	47	1	C-97
09	Patient Account Number	48	20	C-31

## **DUPLICATE PROCESSING**

### **EXACT DUPLICATE CLAIM**

A claim fails when a claim is an exact duplicate of a claim in history. If two lines on the same claim are exact duplicates, they fail Suspect Duplicate Claim instead of Exact Duplicate Claim. The following lists, by claim type, the exact criteria that must match for the claim to fail.

- All Claim Types
  - Participant ID
  - Date of service
  - Health Plan Billing Provider Number
  - Performing provider (encounter claims only)
- Professional Claim Types
  - Procedure/modifiers
  - Primary diagnosis (medical only)
- Outpatient
  - Detail diagnosis (encounter claims only)
  - Attending provider (encounter claims only)
- Dental
  - Tooth number, if populated
  - Tooth surface, if populated

**SUSPECT DUPLICATE CLAIM**

A claim fails when a current claim is a suspect duplicate of a claim in history, another current claim in the system or fails against duplicate information on the same claim. A specified list contains exempt provider types and another specified list contains exempt procedure codes. The claims may process if it is determined that they are not duplicates.

The following are the duplicate criteria that cause the claim to fail:

Participant I.D.	Same
Procedure Code	Same (5 digits)
Dates Of Service	Same or overlapping (For inpatient claims only, if the provider number is not the same, and the first date of service of the current claim is equal to the last date of service on history or the last date of service on the current claim is equal to the first date of service on history, then the inpatient claim does not fail for a suspect duplicate.)
Attending Physician	Same (encounter inpatient claims only)

## HBM BASELINE HEALTH DATA LAYOUT

This record layout is used to inform the Health Plan of the health assessment information acquired by the Health Benefit Manager.

All fields will default to spaces if question is not answered. Indicator fields with an 'N' have been negatively answered.

Field Number	Description	Disp	Length	Table ID
1	Record ID	1	1	C-70
2	Health Plan Provider Number	2	9	C-8
3	Individual DCN	11	8	C-1
4	Case DCN Data - TOA	19	1	C-13
5	Case DCN Data - SEQ	20	1	
6	Case DCN Data - Case DCN	21	8	C-13
7	Record Create Date - CC	29	2	C-16
8	Record Create Date - YY	31	2	C-16
9	Record Create Date - MM	33	2	C-16
10	Record Create Date - DD	35	2	C-16
11	Record Collect Date - CC	37	2	C-16
12	Record Collect Date - YY	39	2	C-16
13	Record Collect Date - MM	41	2	C-16
14	Record Collect Date - DD	43	2	C-16
15	Participant Last Name	45	16	
16	Participant First Name	61	10	
17	Participant Middle Initial	71	1	
18	Participant Suffix	72	3	
19	Social Security Number	75	9	
20	Home Telephone Number	84	10	
21	Work Telephone Number	94	10	
22	Emergency Telephone Number	104	10	
23	Birth Date - CC	114	2	C-16
24	Birth Date - YY	116	2	C-16
25	Birth Date - MM	118	2	C-16
26	Birth Date - DD	120	2	C-16
27	Arabic Spoken	122	1	C-121
28	ASL Spoken	123	1	C-121

Field Number	Description	Disp	Length	Table ID
29	Cambodian Spoken	124	1	C-121
30	Chinese Spoken	125	1	C-121
31	English Spoken	126	1	C-121
32	Haitian Spoken	127	1	C-121
33	Japanese Spoken	128	1	C-121
34	Laotian Spoken	129	1	C-121
35	Polish Spoken	130	1	C-121
36	Russian Spoken	131	1	C-121
37	Spanish Spoken	132	1	C-121
38	Tagalog Spoken	133	1	C-121
39	Vietnamese Spoken	134	1	C-121
40	Other Language Spoken	135	1	C-121
41	Other Language Specify	136	15	
42	Bosnian	151	1	
43	Filler	152	9	
44	TDD Needed	161	1	
45	Pregnant Indicator	162	1	
46	Pregnancy Due Date - CC	163	2	C-16
47	Pregnancy Due Date - YY	165	2	C-16
48	Pregnancy Due Date - MM	167	2	C-16
49	Pregnancy Due Date - DD	169	2	C-16
50	Pregnancy Remarks (1)	171	60	
51	Pregnancy Remarks (2)	231	60	
52	Current Treatment for Asthma	291	1	
53	Current Treatment for Diabetes	292	1	
54	High Blood Pressure	293	1	
55	Vaccine	294	1	
56	Lead Screen	295	1	
57	Medicines	296	1	
58	Mental Health Treatment	297	1	
59	Substance Abuse Treatment	298	1	
60	Ongoing Therapy	299	1	
61	Special Equipment	300	1	

Field Number	Description	Disp	Length	Table ID
62	Filler	301	300	

## PCP ASSIGNMENT LAYOUT

This record layout is used to notify Wipro of an assignment of a Primary Care Provider to a participant.

Records may be submitted in the same file transaction as Provider Demographic records.

Field Number	Description	Disp	Length	Table ID
01	Health Plan Record ID	1	1	C-70
02	Health Plan Provider Number	2	9	C-8
03	Participant ID	11	8	C-1
04	Managed Care Provider Number	19	9	C-149
05	PCP Start Date	28	8	C-86

## PCP ASSIGNMENT NOTIFICATION LAYOUT

This record layout is used to notify the Health Plan of the status of all PCP Assignment records sent. Each record will reflect either an accepted status or show the error that occurred during the processing of the PCP Assignment Record.

If a record is accepted, field 06 (Error Code -1) will have a value of 'ACC'. If a record is in error, fields 06 thru 11 (Error Codes 1-6) will reflect the 3-digit code indicating which field(s) are in error. The error codes can be translated on the Error Code Table, C-85.

Records may be in same file transmission as Eligibility Notification Records and Provider Demographic Error Records. If multiple records are contained in the same transmission, the file will be sorted by record ID.

Field Number	Description	Disp	Length	Table ID
01	Health Plan Record ID	1	1	C-70
02	Health Plan Provider Number	2	9	C-8
03	Participant ID	11	8	C-1
04	Managed Care Provider Number	19	9	C-149
05	PCP Start Date	28	8	C-86
06	Error Code - 1	36	3	C-85
07	Error Code - 2	39	3	C-85

Field Number	Description	Disp	Length	Table ID
08	Error Code - 3	42	3	C-85
09	Error Code - 4	45	3	C-85
10	Error Code - 5	48	3	C-85
11	Error Code - 6	51	3	C-85

## PROVIDER DEMOGRAPHIC LAYOUT

Each Managed Care Provider transaction will contain the demographic information of each Health Plans' contracted providers for Managed Care. **A provider demographic record MUST be submitted for all providers in a Health Plan's provider network (PCPs, Nurse Practitioners, Nurse Midwives, Specialists, Hospitals, etc.)**

Health Plans may submit a transaction to add, change or delete any record. The records are edited and any record that has an error will be returned to the Health Plan as a Provider Demographic Error Record.

The 1st occurrence of 'site location' is the provider's Primary Location.

When multiple occurrences of site locations are submitted, DO NOT skip occurrences (each of the 15 occurrences begins with 'Site Location Number' and ends with 'Filler'). The information must flow continually from occurrence 1 through occurrence 15.

The following transaction will be sent from the Health Plans and received by Wipro. In addition, this record layout will be used for the monthly Provider Demographic Reconciliation.

Records may be submitted in same file transmission as PCP Assignment Records. It will not be combined with other layouts for demographic reconciliation.

Field Number	Description		Disp	Length	Table ID
1	Health Plan Record ID		1	1	C-70
2	Health Plan National Provider Identifier		2	10	C-8
3	Managed Care Provider Number		12	9	C-149
4	Provider NPI		21	10	
5	Provider Taxonomy Code	(1)	31	10	
6	Provider Taxonomy Code	(2)	41	10	
7	Provider Taxonomy Code	(3)	51	10	
8	Provider Taxonomy Code	(4)	61	10	



Field Number	Description		Disp	Length	Table ID
9	Provider Taxonomy Code	(5)	71	10	
10	Provider Taxonomy Code	(6)	81	10	
11	Provider Taxonomy Code	(7)	91	10	
12	Provider Taxonomy Code	(8)	101	10	
13	Provider Taxonomy Code	(9)	111	10	
14	Provider Taxonomy Code	(10)	121	10	
15	Provider Taxonomy Code	(11)	131	10	
16	Provider Taxonomy Code	(12)	141	10	
17	Provider Taxonomy Code	(13)	151	10	
18	Provider Taxonomy Code	(14)	161	10	
19	Provider Taxonomy Code	(15)	171	10	
20	Provider Taxonomy Code	(16)	181	10	
21	Provider Taxonomy Code	(17)	191	10	
22	Provider Taxonomy Code	(18)	201	10	
23	Provider Taxonomy Code	(19)	211	10	
24	Provider Taxonomy Code	(20)	221	10	
25	Provider Tax Code Ind.		231	1	C-72
26	Record Action		232	1	C-73
27	Provider Last Name		233	13	C-74
28	Provider First Name		246	9	C-74
29	Provider Middle Initial		255	1	C-74
30	Provider Title		256	5	C-74
31	Out Of Network Provider		261	1	C-147
32	Provider Gender		262	1	C-49
33	License Number		263	10	C-82
34	License State		273	2	C-83

Field Number	Description		Disp	Length	Table ID
35	Local Public Fund Indicator		275	1	C-84
36	Provider Category		276	1	C-98
37	Provider Effective Start Date		277	8	C-16
38	Provider Effective Stop Date		285	8	C-16
39	Provider Medicaid Indicator		293	1	C-116
40	Filler		294	99	
41	Provider Specialty Code	(1)	393	2	C-36
42	Provider Specialty Code	(2)	395	2	C-36
43	Provider Specialty Code	(3)	397	2	C-36
44	Provider Specialty Code	(4)	399	2	C-36
45	Provider Specialty Code	(5)	401	2	C-36
46	Provider Specialty Code	(6)	403	2	C-36
47	Provider Specialty Code	(7)	405	2	C-36
48	Provider Specialty Code	(8)	407	2	C-36
49	Provider Specialty Code	(9)	409	2	C-36
50	Provider Specialty Code	(10)	411	2	C-36
51	Associated Hospital Name	(1)	413	28	
52	Associated Hospital ID Number	(1)	441	6	C-118
53	Obstetric/Delivery Indicator	(1)	447	1	C-116
54	Associated Hospital Name	(2)	448	28	
55	Associated Hospital ID Number	(2)	476	6	C-118
56	Obstetric/Delivery Indicator	(2)	482	1	C-116
57	Associated Hospital Name	(3)	483	28	
58	Associated Hospital ID Number	(3)	511	6	C-118
59	Obstetric/Delivery Indicator	(3)	517	1	C-116
60	Associated Hospital Name	(4)	518	28	

Field Number	Description		Disp	Length	Table ID
61	Associated Hospital ID Number	(4)	546	6	C-118
62	Obstetric/Delivery Indicator	(4)	552	1	C-116
63	Associated Hospital Name	(5)	553	28	
64	Associated Hospital ID Number	(5)	581	6	C-118
65	Obstetric/Delivery Indicator	(5)	587	1	C-116
66	Established Patient Indicator		588	1	C-116
67	MO HealthNet Enrollees Accepted		589	4	C-119
68	OB/GYN Indicator		593	1	C-120
69	Site Location Number	(1)	594	3	C-117
70	Provider Address	(1)	597	30	C-75
71	Provider Street	(1)	627	30	C-76
72	Provider City	(1)	657	18	C-77
73	Provider State	(1)	675	2	C-78
74	Provider Zip-5	(1)	677	5	C-79
75	Provider Zip-4	(1)	682	4	C-80
76	Provider County Code	(1)	686	3	C-88
77	Provider Phone Number	(1)	689	10	C-81
78	Office Open Time – Monday	(1)	699	4	C-40
79	Office Close Time – Monday	(1)	703	4	C-40
80	Office Open Time – Tuesday	(1)	707	4	C-40
81	Office Close Time – Tuesday	(1)	711	4	C-40
82	Office Open Time – Wednesday	(1)	715	4	C-40
83	Office Close Time - Wednesday	(1)	719	4	C-40
84	Office Open Time – Thursday	(1)	723	4	C-40
85	Office Close Time – Thursday	(1)	727	4	C-40
86	Office Open Time – Friday	(1)	731	4	C-40

Field Number	Description		Disp	Length	Table ID
87	Office Close Time – Friday	(1)	735	4	C-40
88	Office Open Time – Saturday	(1)	739	4	C-40
89	Office Close Time- Saturday	(1)	743	4	C-40
90	Office Open Time – Sunday	(1)	747	4	C-40
91	Office Close Time – Sunday	(1)	751	4	C-40
92	Age Range Low	(1)	755	2	C-122
93	Age Range High	(1)	757	3	C-122
94	ADA Accessible Indicator	(1)	760	1	C-116
95	Arabic Indicator	(1)	761	1	C-121
96	ASL Indicator	(1)	762	1	C-121
97	Cambodian Indicator	(1)	763	1	C-121
98	Chinese Indicator	(1)	764	1	C-121
99	English Indicator	(1)	765	1	C-121
100	Haitian Indicator	(1)	766	1	C-121
101	Japanese Indicator	(1)	767	1	C-121
102	Laotian Indicator	(1)	768	1	C-121
103	Polish Indicator	(1)	769	1	C-121
104	Russian Indicator	(1)	770	1	C-121
105	Spanish Indicator	(1)	771	1	C-121
106	Tagalog Indicator	(1)	772	1	C-121
107	Vietnamese Indicator	(1)	773	1	C-121
108	Other Indicator	(1)	774	1	C-121
109	Other - Specify	(1)	775	15	C-121
110	TDD Equipped Indicator	(1)	790	1	C-116
111	New Pregnancies Accepted Indicator	(1)	791	1	C-116
112	Medically Fragile Equipped Indicator	(1)	792	1	C-116

Field Number	Description		Disp	Length	Table ID
113	Filler	(1)	793	25	
114	Site Location Number	(2)	818	3	C-117
115	Provider Address	(2)	821	30	C-75
116	Provider Street	(2)	851	30	C-76
117	Provider City	(2)	881	18	C-77
118	Provider State	(2)	899	2	C-78
119	Provider Zip-5	(2)	901	5	C-79
120	Provider Zip-4	(2)	906	4	C-80
121	Provider County Code	(2)	910	3	C-88
122	Provider Phone Number	(2)	913	10	C-81
123	Office Open Time - Monday	(2)	923	4	C-40
124	Office Close Time - Monday	(2)	927	4	C-40
125	Office Open Time - Tuesday	(2)	931	4	C-40
126	Office Close Time - Tuesday	(2)	935	4	C-40
127	Office Open Time – Wednesday	(2)	939	4	C-40
128	Office Close Time- Wednesday	(2)	943	4	C-40
129	Office Open Time - Thursday	(2)	947	4	C-40
130	Office Close Time – Thursday	(2)	951	4	C-40
131	Office Open Time - Friday	(2)	955	4	C-40
132	Office Close Time - Friday	(2)	959	4	C-40
133	Office Open Time - Saturday	(2)	963	4	C-40
134	Office Close Time- Saturday	(2)	967	4	C-40
135	Office Open Time - Sunday	(2)	971	4	C-40
136	Office Close Time - Sunday	(2)	975	4	C-40
137	Age Range Low	(2)	979	2	C-122
138	Age Range High	(2)	981	3	C-122

Field Number	Description		Disp	Length	Table ID
139	ADA Accessible Indicator	(2)	984	1	C-116
140	Arabic Indicator	(2)	985	1	C-121
141	ASL Indicator	(2)	986	1	C-121
142	Cambodian Indicator	(2)	987	1	C-121
143	Chinese Indicator	(2)	988	1	C-121
144	English Indicator	(2)	989	1	C-121
145	Haitian Indicator	(2)	990	1	C-121
146	Japanese Indicator	(2)	991	1	C-121
147	Laotian Indicator	(2)	992	1	C-121
148	Polish Indicator	(2)	993	1	C-121
149	Russian Indicator	(2)	994	1	C-121
150	Spanish Indicator	(2)	995	1	C-121
151	Tagalog Indicator	(2)	996	1	C-121
152	Vietnamese Indicator	(2)	997	1	C-121
153	Other Indicator	(2)	998	1	C-121
154	Other - Specify	(2)	999	15	C-121
155	TDD Equipped Indicator	(2)	1014	1	C-116
156	New Pregnancies Accepted Indicator	(2)	1015	1	C-116
157	Medically Fragile Equipped Indicator	(2)	1016	1	C-116
158	Filler	(2)	1017	25	
159	Site Location Number	(3)	1042	3	C-117
160	Provider Address	(3)	1045	30	C-75
161	Provider Street	(3)	1075	30	C-76
162	Provider City	(3)	1105	18	C-77
163	Provider State	(3)	1123	2	C-78
164	Provider Zip-5	(3)	1125	5	C-79

Field Number	Description		Disp	Length	Table ID
165	Provider Zip-4	(3)	1130	4	C-80
166	Provider County Code	(3)	1134	3	C-88
167	Provider Phone Number	(3)	1137	10	C-81
168	Office Open Time - Monday	(3)	1147	4	C-40
169	Office Close Time - Monday	(3)	1151	4	C-40
170	Office Open Time - Tuesday	(3)	1155	4	C-40
171	Office Close Time - Tuesday	(3)	1159	4	C-40
172	Office Open Time – Wednesday	(3)	1163	4	C-40
173	Office Close Time- Wednesday	(3)	1167	4	C-40
174	Office Open Time - Thursday	(3)	1171	4	C-40
175	Office Close Time – Thursday	(3)	1175	4	C-40
176	Office Open Time - Friday	(3)	1179	4	C-40
177	Office Close Time - Friday	(3)	1183	4	C-40
178	Office Open Time - Saturday	(3)	1187	4	C-40
179	Office Close Time- Saturday	(3)	1191	4	C-40
180	Office Open Time - Sunday	(3)	1195	4	C-40
181	Office Close Time - Sunday	(3)	1199	4	C-40
182	Age Range Low	(3)	1203	2	C-122
183	Age Range High	(3)	1205	3	C-122
184	ADA Accessible Indicator	(3)	1208	1	C-116
185	Arabic Indicator	(3)	1209	1	C-121
186	ASL Indicator	(3)	1210	1	C-121
187	Cambodian Indicator	(3)	1211	1	C-121
188	Chinese Indicator	(3)	1212	1	C-121
189	English Indicator	(3)	1213	1	C-121
190	Haitian Indicator	(3)	1214	1	C-121

Field Number	Description		Disp	Length	Table ID
191	Japanese Indicator	(3)	1215	1	C-121
192	Laotian Indicator	(3)	1216	1	C-121
193	Polish Indicator	(3)	1217	1	C-121
194	Russian Indicator	(3)	1218	1	C-121
195	Spanish Indicator	(3)	1219	1	C-121
196	Tagalog Indicator	(3)	1220	1	C-121
197	Vietnamese Indicator	(3)	1221	1	C-121
198	Other Indicator	(3)	1222	1	C-121
199	Other - Specify	(3)	1223	15	C-121
200	TDD Equipped Indicator	(3)	1238	1	C-116
201	New Pregnancies Accepted Indicator	(3)	1239	1	C-116
202	Medically Fragile Equipped Indicator	(3)	1240	1	C-116
203	Filler	(3)	1241	25	
204	Site Location Number	(4)	1266	3	C-117
205	Provider Address	(4)	1269	30	C-75
206	Provider Street	(4)	1299	30	C-76
207	Provider City	(4)	1329	18	C-77
208	Provider State	(4)	1347	2	C-78
209	Provider Zip-5	(4)	1349	5	C-79
210	Provider Zip-4	(4)	1354	4	C-80
211	Provider County Code	(4)	1358	3	C-88
212	Provider Phone Number	(4)	1361	10	C-81
213	Office Open Time - Monday	(4)	1371	4	C-40
214	Office Close Time - Monday	(4)	1375	4	C-40
215	Office Open Time - Tuesday	(4)	1379	4	C-40
216	Office Close Time - Tuesday	(4)	1383	4	C-40



Field Number	Description		Disp	Length	Table ID
217	Office Open Time – Wednesday	(4)	1387	4	C-40
218	Office Close Time- Wednesday	(4)	1391	4	C-40
219	Office Open Time - Thursday	(4)	1395	4	C-40
220	Office Close Time – Thursday	(4)	1399	4	C-40
221	Office Open Time - Friday	(4)	1403	4	C-40
222	Office Close Time - Friday	(4)	1407	4	C-40
223	Office Open Time - Saturday	(4)	1411	4	C-40
224	Office Close Time- Saturday	(4)	1415	4	C-40
225	Office Open Time - Sunday	(4)	1419	4	C-40
226	Office Close Time - Sunday	(4)	1423	4	C-40
227	Age Range Low	(4)	1427	2	C-122
228	Age Range High	(4)	1429	3	C-122
229	ADA Accessible Indicator	(4)	1432	1	C-116
230	Arabic Indicator	(4)	1433	1	C-121
231	ASL Indicator	(4)	1434	1	C-121
232	Cambodian Indicator	(4)	1435	1	C-121
233	Chinese Indicator	(4)	1436	1	C-121
234	English Indicator	(4)	1437	1	C-121
235	Haitian Indicator	(4)	1438	1	C-121
236	Japanese Indicator	(4)	1439	1	C-121
237	Laotian Indicator	(4)	1440	1	C-121
238	Polish Indicator	(4)	1441	1	C-121
239	Russian Indicator	(4)	1442	1	C-121
240	Spanish Indicator	(4)	1443	1	C-121
241	Tagalog Indicator	(4)	1444	1	C-121
242	Vietnamese Indicator	(4)	1445	1	C-121

Field Number	Description		Disp	Length	Table ID
243	Other Indicator	(4)	1446	1	C-121
244	Other - Specify	(4)	1447	15	C-121
245	TDD Equipped Indicator	(4)	1462	1	C-116
246	New Pregnancies Accepted Indicator	(4)	1463	1	C-116
247	Medically Fragile Equipped Indicator	(4)	1464	1	C-116
248	Filler	(4)	1465	25	
249	Site Location Number	(5)	1490	3	C-117
250	Provider Address	(5)	1493	30	C-75
251	Provider Street	(5)	1523	30	C-76
252	Provider City	(5)	1553	18	C-77
253	Provider State	(5)	1571	2	C-78
254	Provider Zip-5	(5)	1573	5	C-79
255	Provider Zip-4	(5)	1578	4	C-80
256	Provider County Code	(5)	1582	3	C-88
257	Provider Phone Number	(5)	1585	10	C-81
258	Office Open Time - Monday	(5)	1595	4	C-40
259	Office Close Time - Monday	(5)	1599	4	C-40
260	Office Open Time - Tuesday	(5)	1603	4	C-40
261	Office Close Time – Tuesday	(5)	1607	4	C-40
262	Office Open Time – Wednesday	(5)	1611	4	C-40
263	Office Close Time- Wednesday	(5)	1615	4	C-40
264	Office Open Time – Thursday	(5)	1619	4	C-40
265	Office Close Time – Thursday	(5)	1623	4	C-40
266	Office Open Time - Friday	(5)	1627	4	C-40
267	Office Close Time - Friday	(5)	1631	4	C-40
268	Office Open Time - Saturday	(5)	1635	4	C-40

Field Number	Description		Disp	Length	Table ID
269	Office Close Time- Saturday	(5)	1639	4	C-40
270	Office Open Time - Sunday	(5)	1643	4	C-40
271	Office Close Time - Sunday	(5)	1647	4	C-40
272	Age Range Low	(5)	1651	2	C-122
273	Age Range High	(5)	1653	3	C-122
274	ADA Accessible Indicator	(5)	1656	1	C-116
275	Arabic Indicator	(5)	1657	1	C-121
276	ASL Indicator	(5)	1658	1	C-121
277	Cambodian Indicator	(5)	1659	1	C-121
278	Chinese Indicator	(5)	1660	1	C-121
279	English Indicator	(5)	1661	1	C-121
280	Haitian Indicator	(5)	1662	1	C-121
281	Japanese Indicator	(5)	1663	1	C-121
282	Laotian Indicator	(5)	1664	1	C-121
283	Polish Indicator	(5)	1665	1	C-121
284	Russian Indicator	(5)	1666	1	C-121
285	Spanish Indicator	(5)	1667	1	C-121
286	Tagalog Indicator	(5)	1668	1	C-121
287	Vietnamese Indicator	(5)	1669	1	C-121
288	Other Indicator	(5)	1670	1	C-121
289	Other - Specify	(5)	1671	15	C-121
290	TDD Equipped Indicator	(5)	1686	1	C-116
291	New Pregnancies Accepted Indicator	(5)	1687	1	C-116
292	Medically Fragile Equipped Indicator	(5)	1688	1	C-116
293	Filler	(5)	1689	25	
294	Site Location Number	(6)	1714	3	C-117

Field Number	Description		Disp	Length	Table ID
295	Provider Address	(6)	1717	30	C-75
296	Provider Street	(6)	1747	30	C-76
297	Provider City	(6)	1777	18	C-77
298	Provider State	(6)	1795	2	C-78
299	Provider Zip-5	(6)	1797	5	C-79
300	Provider Zip-4	(6)	1802	4	C-80
301	Provider County Code	(6)	1806	3	C-88
302	Provider Phone Number	(6)	1809	10	C-81
303	Office Open Time - Monday	(6)	1819	4	C-40
304	Office Close Time - Monday	(6)	1823	4	C-40
305	Office Open Time - Tuesday	(6)	1827	4	C-40
306	Office Close Time - Tuesday	(6)	1831	4	C-40
307	Office Open Time – Wednesday	(6)	1835	4	C-40
308	Office Close Time- Wednesday	(6)	1839	4	C-40
309	Office Open Time - Thursday	(6)	1843	4	C-40
310	Office Close Time – Thursday	(6)	1847	4	C-40
311	Office Open Time - Friday	(6)	1851	4	C-40
312	Office Close Time - Friday	(6)	1855	4	C-40
313	Office Open Time - Saturday	(6)	1859	4	C-40
314	Office Close Time- Saturday	(6)	1863	4	C-40
315	Office Open Time - Sunday	(6)	1867	4	C-40
316	Office Close Time - Sunday	(6)	1871	4	C-40
317	Age Range Low	(6)	1875	2	C-122
318	Age Range High	(6)	1877	3	C-122
319	ADA Accessible Indicator	(6)	1880	1	C-116
320	Arabic Indicator	(6)	1881	1	C-121

Field Number	Description		Disp	Length	Table ID
321	ASL Indicator	(6)	1882	1	C-121
322	Cambodian Indicator	(6)	1883	1	C-121
323	Chinese Indicator	(6)	1884	1	C-121
324	English Indicator	(6)	1885	1	C-121
325	Haitian Indicator	(6)	1886	1	C-121
326	Japanese Indicator	(6)	1887	1	C-121
327	Laotian Indicator	(6)	1888	1	C-121
328	Polish Indicator	(6)	1889	1	C-121
329	Russian Indicator	(6)	1890	1	C-121
330	Spanish Indicator	(6)	1891	1	C-121
331	Tagalog Indicator	(6)	1892	1	C-121
332	Vietnamese Indicator	(6)	1893	1	C-121
333	Other Indicator	(6)	1894	1	C-121
334	Other - Specify	(6)	1895	15	C-121
335	TDD Equipped Indicator	(6)	1910	1	C-116
336	New Pregnancies Accepted Indicator	(6)	1911	1	C-116
337	Medically Fragile Equipped Indicator	(6)	1912	1	C-116
338	Filler	(6)	1913	25	
339	Site Location Number	(7)	1938	3	C-117
340	Provider Address	(7)	1941	30	C-75
341	Provider Street	(7)	1971	30	C-76
342	Provider City	(7)	2001	18	C-77
343	Provider State	(7)	2019	2	C-78
344	Provider Zip-5	(7)	2021	5	C-79
345	Provider Zip-4	(7)	2026	4	C-80
346	Provider County Code	(7)	2030	3	C-88

Field Number	Description		Disp	Length	Table ID
347	Provider Phone Number	(7)	2033	10	C-81
348	Office Open Time - Monday	(7)	2043	4	C-40
349	Office Close Time - Monday	(7)	2047	4	C-40
350	Office Open Time - Tuesday	(7)	2051	4	C-40
351	Office Close Time - Tuesday	(7)	2055	4	C-40
352	Office Open Time – Wednesday	(7)	2059	4	C-40
353	Office Close Time- Wednesday	(7)	2063	4	C-40
354	Office Open Time – Thursday	(7)	2067	4	C-40
355	Office Close Time – Thursday	(7)	2071	4	C-40
356	Office Open Time - Friday	(7)	2075	4	C-40
357	Office Close Time - Friday	(7)	2079	4	C-40
358	Office Open Time - Saturday	(7)	2083	4	C-40
359	Office Close Time- Saturday	(7)	2087	4	C-40
360	Office Open Time - Sunday	(7)	2091	4	C-40
361	Office Close Time - Sunday	(7)	2095	4	C-40
362	Age Range Low	(7)	2099	2	C-122
363	Age Range High	(7)	2101	3	C-122
364	ADA Accessible Indicator	(7)	2104	1	C-116
365	Arabic Indicator	(7)	2105	1	C-121
366	ASL Indicator	(7)	2106	1	C-121
367	Cambodian Indicator	(7)	2107	1	C-121
368	Chinese Indicator	(7)	2108	1	C-121
369	English Indicator	(7)	2109	1	C-121
370	Haitian Indicator	(7)	2110	1	C-121
371	Japanese Indicator	(7)	2111	1	C-121
372	Laotian Indicator	(7)	2112	1	C-121

Field Number	Description		Disp	Length	Table ID
373	Polish Indicator	(7)	2113	1	C-121
374	Russian Indicator	(7)	2114	1	C-121
375	Spanish Indicator	(7)	2115	1	C-121
376	Tagalog Indicator	(7)	2116	1	C-121
377	Vietnamese Indicator	(7)	2117	1	C-121
378	Other Indicator	(7)	2118	1	C-121
379	Other - Specify	(7)	2119	15	C-121
380	TDD Equipped Indicator	(7)	2134	1	C-116
381	New Pregnancies Accepted Indicator	(7)	2135	1	C-116
382	Medically Fragile Equipped Indicator	(7)	2136	1	C-116
383	Filler	(7)	2137	25	
384	Site Location Number	(8)	2162	3	C-117
385	Provider Address	(8)	2165	30	C-75
386	Provider Street	(8)	2195	30	C-76
387	Provider City	(8)	2225	18	C-77
388	Provider State	(8)	2243	2	C-78
389	Provider Zip-5	(8)	2245	5	C-79
390	Provider Zip-4	(8)	2250	4	C-80
391	Provider County Code	(8)	2254	3	C-88
392	Provider Phone Number	(8)	2257	10	C-81
393	Office Open Time - Monday	(8)	2267	4	C-40
394	Office Close Time - Monday	(8)	2271	4	C-40
395	Office Open Time - Tuesday	(8)	2275	4	C-40
396	Office Close Time - Tuesday	(8)	2279	4	C-40
397	Office Open Time – Wednesday	(8)	2283	4	C-40
398	Office Close Time- Wednesday	(8)	2287	4	C-40

Field Number	Description		Disp	Length	Table ID
399	Office Open Time – Thursday	(8)	2291	4	C-40
400	Office Close Time – Thursday	(8)	2295	4	C-40
401	Office Open Time - Friday	(8)	2299	4	C-40
402	Office Close Time - Friday	(8)	2303	4	C-40
403	Office Open Time - Saturday	(8)	2307	4	C-40
404	Office Close Time- Saturday	(8)	2311	4	C-40
405	Office Open Time - Sunday	(8)	2315	4	C-40
406	Office Close Time - Sunday	(8)	2319	4	C-40
407	Age Range Low	(8)	2323	2	C-122
408	Age Range High	(8)	2325	3	C-122
409	ADA Accessible Indicator	(8)	2328	1	C-116
410	Arabic Indicator	(8)	2329	1	C-121
411	ASL Indicator	(8)	2330	1	C-121
412	Cambodian Indicator	(8)	2331	1	C-121
413	Chinese Indicator	(8)	2332	1	C-121
414	English Indicator	(8)	2333	1	C-121
415	Haitian Indicator	(8)	2334	1	C-121
416	Japanese Indicator	(8)	2335	1	C-121
417	Laotian Indicator	(8)	2336	1	C-121
418	Polish Indicator	(8)	2337	1	C-121
419	Russian Indicator	(8)	2338	1	C-121
420	Spanish Indicator	(8)	2339	1	C-121
421	Tagalog Indicator	(8)	2340	1	C-121
422	Vietnamese Indicator	(8)	2341	1	C-121
423	Other Indicator	(8)	2342	1	C-121
424	Other - Specify	(8)	2343	15	C-121



Field Number	Description		Disp	Length	Table ID
425	TDD Equipped Indicator	(8)	2358	1	C-116
426	New Pregnancies Accepted Indicator	(8)	2359	1	C-116
427	Medically Fragile Equipped Indicator	(8)	2360	1	C-116
428	Filler	(8)	2361	25	
429	Site Location Number	(9)	2386	3	C-117
430	Provider Address	(9)	2389	30	C-75
431	Provider Street	(9)	2419	30	C-76
432	Provider City	(9)	2449	18	C-77
433	Provider State	(9)	2467	2	C-78
434	Provider Zip-5	(9)	2469	5	C-79
435	Provider Zip-4	(9)	2474	4	C-80
436	Provider County Code	(9)	2478	3	C-88
437	Provider Phone Number	(9)	2481	10	C-81
438	Office Open Time - Monday	(9)	2491	4	C-40
439	Office Close Time - Monday	(9)	2495	4	C-40
440	Office Open Time - Tuesday	(9)	2499	4	C-40
441	Office Close Time - Tuesday	(9)	2503	4	C-40
442	Office Open Time – Wednesday	(9)	2507	4	C-40
443	Office Close Time- Wednesday	(9)	2511	4	C-40
444	Office Open Time - Thursday	(9)	2515	4	C-40
445	Office Close Time – Thursday	(9)	2519	4	C-40
446	Office Open Time - Friday	(9)	2523	4	C-40
447	Office Close Time - Friday	(9)	2527	4	C-40
448	Office Open Time - Saturday	(9)	2531	4	C-40
449	Office Close Time- Saturday	(9)	2535	4	C-40
450	Office Open Time - Sunday	(9)	2539	4	C-40

Field Number	Description		Disp	Length	Table ID
451	Office Close Time - Sunday	(9)	2543	4	C-40
452	Age Range Low	(9)	2547	2	C-122
453	Age Range High	(9)	2549	3	C-122
454	ADA Accessible Indicator	(9)	2552	1	C-116
455	Arabic Indicator	(9)	2553	1	C-121
456	ASL Indicator	(9)	2554	1	C-121
457	Cambodian Indicator	(9)	2555	1	C-121
458	Chinese Indicator	(9)	2556	1	C-121
459	English Indicator	(9)	2557	1	C-121
460	Haitian Indicator	(9)	2558	1	C-121
461	Japanese Indicator	(9)	2559	1	C-121
462	Laotian Indicator	(9)	2560	1	C-121
463	Polish Indicator	(9)	2561	1	C-121
464	Russian Indicator	(9)	2562	1	C-121
465	Spanish Indicator	(9)	2563	1	C-121
466	Tagalog Indicator	(9)	2564	1	C-121
467	Vietnamese Indicator	(9)	2565	1	C-121
468	Other Indicator	(9)	2566	1	C-121
469	Other - Specify	(9)	2567	15	C-121
470	TDD Equipped Indicator	(9)	2582	1	C-116
471	New Pregnancies Accepted Indicator	(9)	2583	1	C-116
472	Medically Fragile Equipped Indicator	(9)	2584	1	C-116
473	Filler	(9)	2585	25	
474	Site Location Number	(10)	2610	3	C-117
475	Provider Address	(10)	2613	30	C-75
476	Provider Street	(10)	2643	30	C-76

Field Number	Description		Disp	Length	Table ID
477	Provider City	(10)	2673	18	C-77
478	Provider State	(10)	2691	2	C-78
479	Provider Zip-5	(10)	2693	5	C-79
480	Provider Zip-4	(10)	2698	4	C-80
481	Provider County Code	(10)	2702	3	C-88
482	Provider Phone Number	(10)	2705	10	C-81
483	Office Open Time - Monday	(10)	2715	4	C-40
484	Office Close Time - Monday	(10)	2719	4	C-40
485	Office Open Time - Tuesday	(10)	2723	4	C-40
486	Office Close Time - Tuesday	(10)	2727	4	C-40
487	Office Open Time – Wednesday	(10)	2731	4	C-40
488	Office Close Time- Wednesday	(10)	2735	4	C-40
489	Office Open Time - Thursday	(10)	2739	4	C-40
490	Office Close Time – Thursday	(10)	2743	4	C-40
491	Office Open Time - Friday	(10)	2747	4	C-40
492	Office Close Time - Friday	(10)	2751	4	C-40
493	Office Open Time - Saturday	(10)	2755	4	C-40
494	Office Close Time- Saturday	(10)	2759	4	C-40
495	Office Open Time - Sunday	(10)	2763	4	C-40
496	Office Close Time - Sunday	(10)	2767	4	C-40
497	Age Range Low	(10)	2771	2	C-122
498	Age Range High	(10)	2773	3	C-122
499	ADA Accessible Indicator	(10)	2776	1	C-116
500	Arabic Indicator	(10)	2777	1	C-121
501	ASL Indicator	(10)	2778	1	C-121
502	Cambodian Indicator	(10)	2779	1	C-121

Field Number	Description		Disp	Length	Table ID
503	Chinese Indicator	(10)	2780	1	C-121
504	English Indicator	(10)	2781	1	C-121
505	Haitian Indicator	(10)	2782	1	C-121
506	Japanese Indicator	(10)	2783	1	C-121
507	Laotian Indicator	(10)	2784	1	C-121
508	Polish Indicator	(10)	2785	1	C-121
509	Russian Indicator	(10)	2786	1	C-121
510	Spanish Indicator	(10)	2787	1	C-121
511	Tagalog Indicator	(10)	2788	1	C-121
512	Vietnamese Indicator	(10)	2789	1	C-121
513	Other Indicator	(10)	2790	1	C-121
514	Other - Specify	(10)	2791	15	C-121
515	TDD Equipped Indicator	(10)	2806	1	C-116
516	New Pregnancies Accepted Indicator	(10)	2807	1	C-116
517	Medically Fragile Equipped Indicator		2808	1	C-116
518	Filler	(10)	2809	25	
519	Site Location Number	(11)	2834	3	C-117
520	Provider Address	(11)	2837	30	C-75
521	Provider Street	(11)	2867	30	C-76
522	Provider City	(11)	2897	18	C-77
523	Provider State	(11)	2915	2	C-78
524	Provider Zip-5	(11)	2917	5	C-79
525	Provider Zip-4	(11)	2922	4	C-80
526	Provider County Code	(11)	2926	3	C-88
527	Provider Phone Number	(11)	2929	10	C-81
528	Office Open Time - Monday	(11)	2939	4	C-40

Field Number	Description		Disp	Length	Table ID
529	Office Close Time - Monday	(11)	2943	4	C-40
530	Office Open Time - Tuesday	(11)	2947	4	C-40
531	Office Close Time - Tuesday	(11)	2951	4	C-40
532	Office Open Time – Wednesday	(11)	2955	4	C-40
533	Office Close Time- Wednesday	(11)	2959	4	C-40
534	Office Open Time - Thursday	(11)	2963	4	C-40
535	Office Close Time – Thursday	(11)	2967	4	C-40
536	Office Open Time - Friday	(11)	2971	4	C-40
537	Office Close Time - Friday	(11)	2975	4	C-40
538	Office Open Time - Saturday	(11)	2979	4	C-40
539	Office Close Time- Saturday	(11)	2983	4	C-40
540	Office Open Time - Sunday	(11)	2987	4	C-40
541	Office Close Time - Sunday	(11)	2991	4	C-40
542	Age Range Low	(11)	2995	2	C-122
543	Age Range High	(11)	2997	3	C-122
544	ADA Accessible Indicator	(11)	3000	1	C-116
545	Arabic Indicator	(11)	3001	1	C-121
546	ASL Indicator	(11)	3002	1	C-121
547	Cambodian Indicator	(11)	3003	1	C-121
548	Chinese Indicator	(11)	3004	1	C-121
549	English Indicator	(11)	3005	1	C-121
550	Haitian Indicator	(11)	3006	1	C-121
551	Japanese Indicator	(11)	3007	1	C-121
552	Laotian Indicator	(11)	3008	1	C-121
553	Polish Indicator	(11)	3009	1	C-121
554	Russian Indicator	(11)	3010	1	C-121

Field Number	Description		Disp	Length	Table ID
555	Spanish Indicator	(11)	3011	1	C-121
556	Tagalog Indicator	(11)	3012	1	C-121
557	Vietnamese Indicator	(11)	3013	1	C-121
558	Other Indicator	(11)	3014	1	C-121
559	Other - Specify	(11)	3015	15	C-121
560	TDD Equipped Indicator	(11)	3030	1	C-116
561	New Pregnancies Accepted Indicator	(11)	3031	1	C-116
562	Medically Fragile Equipped Indicator	(11)	3032	1	C-116
563	Filler	(11)	3033	25	
564	Site Location Number	(12)	3058	3	C-117
565	Provider Address	(12)	3061	30	C-75
566	Provider Street	(12)	3091	30	C-76
567	Provider City	(12)	3121	18	C-77
568	Provider State	(12)	3139	2	C-78
569	Provider Zip-5	(12)	3141	5	C-79
570	Provider Zip-4	(12)	3146	4	C-80
571	Provider County Code	(12)	3150	3	C-88
572	Provider Phone Number	(12)	3153	10	C-81
573	Office Open Time - Monday	(12)	3163	4	C-40
574	Office Close Time - Monday	(12)	3167	4	C-40
575	Office Open Time - Tuesday	(12)	3171	4	C-40
576	Office Close Time - Tuesday	(12)	3175	4	C-40
577	Office Open Time – Wednesday	(12)	3179	4	C-40
578	Office Close Time- Wednesday	(12)	3183	4	C-40
579	Office Open Time - Thursday	(12)	3187	4	C-40
580	Office Close Time – Thursday	(12)	3191	4	C-40

Field Number	Description		Disp	Length	Table ID
581	Office Open Time - Friday	(12)	3195	4	C-40
582	Office Close Time - Friday	(12)	3199	4	C-40
583	Office Open Time - Saturday	(12)	3203	4	C-40
584	Office Close Time- Saturday	(12)	3207	4	C-40
585	Office Open Time - Sunday	(12)	3211	4	C-40
586	Office Close Time - Sunday	(12)	3215	4	C-40
587	Age Range Low	(12)	3219	2	C-122
588	Age Range High	(12)	3221	3	C-122
589	ADA Accessible Indicator	(12)	3224	1	C-116
590	Arabic Indicator	(12)	3225	1	C-121
591	ASL Indicator	(12)	3226	1	C-121
592	Cambodian Indicator	(12)	3227	1	C-121
593	Chinese Indicator	(12)	3228	1	C-121
594	English Indicator	(12)	3229	1	C-121
595	Haitian Indicator	(12)	3230	1	C-121
596	Japanese Indicator	(12)	3231	1	C-121
597	Laotian Indicator	(12)	3232	1	C-121
598	Polish Indicator	(12)	3233	1	C-121
599	Russian Indicator	(12)	3234	1	C-121
600	Spanish Indicator	(12)	3235	1	C-121
601	Tagalog Indicator	(12)	3236	1	C-121
602	Vietnamese Indicator	(12)	3237	1	C-121
603	Other Indicator	(12)	3238	1	C-121
604	Other - Specify	(12)	3239	15	C-121
605	TDD Equipped Indicator	(12)	3254	1	C-116
606	New Pregnancies Accepted Indicator	(12)	3255	1	C-116

Field Number	Description		Disp	Length	Table ID
607	Medically Fragile Equipped Indicator	(12)	3256	1	C-116
608	Filler	(12)	3257	25	
609	Site Location Number	(13)	3282	3	C-117
610	Provider Address	(13)	3285	30	C-75
611	Provider Street	(13)	3315	30	C-76
612	Provider City	(13)	3345	18	C-77
613	Provider State	(13)	3363	2	C-78
614	Provider Zip-5	(13)	3365	5	C-79
615	Provider Zip-4	(13)	3370	4	C-80
616	Provider County Code	(13)	3374	3	C-88
617	Provider Phone Number	(13)	3377	10	C-81
618	Office Open Time - Monday	(13)	3387	4	C-40
619	Office Close Time - Monday	(13)	3391	4	C-40
620	Office Open Time - Tuesday	(13)	3395	4	C-40
621	Office Close Time - Tuesday	(13)	3399	4	C-40
622	Office Open Time – Wednesday	(13)	3403	4	C-40
623	Office Close Time- Wednesday	(13)	3407	4	C-40
624	Office Open Time - Thursday	(13)	3411	4	C-40
625	Office Close Time – Thursday	(13)	3415	4	C-40
626	Office Open Time - Friday	(13)	3419	4	C-40
627	Office Close Time - Friday	(13)	3423	4	C-40
628	Office Open Time - Saturday	(13)	3427	4	C-40
629	Office Close Time- Saturday	(13)	3431	4	C-40
630	Office Open Time - Sunday	(13)	3435	4	C-40
631	Office Close Time - Sunday	(13)	3439	4	C-40
632	Age Range Low	(13)	3443	2	C-122



Field Number	Description		Disp	Length	Table ID
633	Age Range High	(13)	3445	3	C-122
634	ADA Accessible Indicator	(13)	3448	1	C-116
635	Arabic Indicator	(13)	3449	1	C-121
636	ASL Indicator	(13)	3450	1	C-121
637	Cambodian Indicator	(13)	3451	1	C-121
638	Chinese Indicator	(13)	3452	1	C-121
639	English Indicator	(13)	3453	1	C-121
640	Haitian Indicator	(13)	3454	1	C-121
641	Japanese Indicator	(13)	3455	1	C-121
642	Laotian Indicator	(13)	3456	1	C-121
643	Polish Indicator	(13)	3457	1	C-121
644	Russian Indicator	(13)	3458	1	C-121
645	Spanish Indicator	(13)	3459	1	C-121
646	Tagalog Indicator	(13)	3460	1	C-121
647	Vietnamese Indicator	(13)	3461	1	C-121
648	Other Indicator	(13)	3462	1	C-121
649	Other - Specify	(13)	3463	15	C-121
650	TDD Equipped Indicator	(13)	3478	1	C-116
651	New Pregnancies Accepted Indicator	(13)	3479	1	C-116
652	Medically Fragile Equipped Indicator	(13)	3480	1	C-116
653	Filler	(13)	3481	25	
654	Site Location Number	(14)	3506	3	C-117
655	Provider Address	(14)	3509	30	C-75
656	Provider Street	(14)	3539	30	C-76
657	Provider City	(14)	3569	18	C-77
658	Provider State	(14)	3587	2	C-78

Field Number	Description		Disp	Length	Table ID
659	Provider Zip-5	(14)	3589	5	C-79
660	Provider Zip-4	(14)	3594	4	C-80
661	Provider County Code	(14)	3598	3	C-88
662	Provider Phone Number	(14)	3601	10	C-81
663	Office Open Time - Monday	(14)	3611	4	C-40
664	Office Close Time - Monday	(14)	3615	4	C-40
665	Office Open Time - Tuesday	(14)	3619	4	C-40
666	Office Close Time - Tuesday	(14)	3623	4	C-40
667	Office Open Time – Wednesday	(14)	3627	4	C-40
668	Office Close Time- Wednesday	(14)	3631	4	C-40
669	Office Open Time – Thursday	(14)	3635	4	C-40
670	Office Close Time – Thursday	(14)	3639	4	C-40
671	Office Open Time - Friday	(14)	3643	4	C-40
672	Office Close Time - Friday	(14)	3647	4	C-40
673	Office Open Time - Saturday	(14)	3651	4	C-40
674	Office Close Time- Saturday	(14)	3655	4	C-40
675	Office Open Time - Sunday	(14)	3659	4	C-40
676	Office Close Time - Sunday	(14)	3663	4	C-40
677	Age Range Low	(14)	3667	2	C-122
678	Age Range High	(14)	3669	3	C-122
679	ADA Accessible Indicator	(14)	3672	1	C-116
680	Arabic Indicator	(14)	3673	1	C-121
681	ASL Indicator	(14)	3674	1	C-121
682	Cambodian Indicator	(14)	3675	1	C-121
683	Chinese Indicator	(14)	3676	1	C-121
684	English Indicator	(14)	3677	1	C-121

Field Number	Description		Disp	Length	Table ID
685	Haitian Indicator	(14)	3678	1	C-121
686	Japanese Indicator	(14)	3679	1	C-121
687	Laotian Indicator	(14)	3680	1	C-121
688	Polish Indicator	(14)	3681	1	C-121
689	Russian Indicator	(14)	3682	1	C-121
690	Spanish Indicator	(14)	3683	1	C-121
691	Tagalog Indicator	(14)	3684	1	C-121
692	Vietnamese Indicator	(14)	3685	1	C-121
693	Other Indicator	(14)	3686	1	C-121
694	Other - Specify	(14)	3687	15	C-121
695	TDD Equipped Indicator	(14)	3702	1	C-116
696	New Pregnancies Accepted Indicator	(14)	3703	1	C-116
697	Medically Fragile Equipped Indicator	(14)	3704	1	C-116
698	Filler	(14)	3705	25	
699	Site Location Number	(15)	3730	3	C-117
700	Provider Address	(15)	3733	30	C-75
701	Provider Street	(15)	3763	30	C-76
702	Provider City	(15)	3793	18	C-77
703	Provider State	(15)	3811	2	C-78
704	Provider Zip-5	(15)	3813	5	C-79
705	Provider Zip-4	(15)	3818	4	C-80
706	Provider County Code	(15)	3822	3	C-88
707	Provider Phone Number	(15)	3825	10	C-81
708	Office Open Time - Monday	(15)	3835	4	C-40
709	Office Close Time - Monday	(15)	3839	4	C-40
710	Office Open Time - Tuesday	(15)	3843	4	C-40

Field Number	Description		Disp	Length	Table ID
711	Office Close Time - Tuesday	(15)	3847	4	C-40
712	Office Open Time – Wednesday	(15)	3851	4	C-40
713	Office Close Time- Wednesday	(15)	3855	4	C-40
714	Office Open Time - Thursday	(15)	3859	4	C-40
715	Office Close Time – Thursday	(15)	3863	4	C-40
716	Office Open Time - Friday	(15)	3867	4	C-40
717	Office Close Time - Friday	(15)	3871	4	C-40
718	Office Open Time - Saturday	(15)	3875	4	C-40
719	Office Close Time- Saturday	(15)	3879	4	C-40
720	Office Open Time - Sunday	(15)	3883	4	C-40
721	Office Close Time - Sunday	(15)	3887	4	C-40
722	Age Range Low	(15)	3891	2	C-122
723	Age Range High	(15)	3893	3	C-122
724	ADA Accessible Indicator	(15)	3896	1	C-116
725	Arabic Indicator	(15)	3897	1	C-121
726	ASL Indicator	(15)	3898	1	C-121
727	Cambodian Indicator	(15)	3899	1	C-121
728	Chinese Indicator	(15)	3900	1	C-121
729	English Indicator	(15)	3901	1	C-121
730	Haitian Indicator	(15)	3902	1	C-121
731	Japanese Indicator	(15)	3903	1	C-121
732	Laotian Indicator	(15)	3904	1	C-121
733	Polish Indicator	(15)	3905	1	C-121
734	Russian Indicator	(15)	3906	1	C-121
735	Spanish Indicator	(15)	3907	1	C-121
736	Tagalog Indicator	(15)	3908	1	C-121

Field Number	Description		Disp	Length	Table ID
737	Vietnamese Indicator	(15)	3909	1	C-121
738	Other Indicator	(15)	3910	1	C-121
739	Other - Specify	(15)	3911	15	C-121
740	TDD Equipped Indicator	(15)	3926	1	C-116
741	New Pregnancies Accepted Ind	(15)	3927	1	C-116
742	Medically Fragile Equip Ind	(15)	3928	1	C-116
743	Filler	(15)	3929	25	

## PROVIDER DEMOGRAPHIC NOTIFICATION LAYOUT

This record layout is used to notify the Health Plan of the status of all Provider Demographic records sent. Each record will reflect either an accepted status or show the error that occurred during the processing of the Provider Demographic Record. If a record is accepted, field 722 (Error Code-1) will be 'ACC'. If a record is in error, fields 743 thru 762 (Error Codes 1-20) will reflect the 3-digit number indicating which field(s) are in error. The error codes can be translated on the Error Code Table, C-85. Records may be in same file transmission as Eligibility Notification Records and PCP Assignment Error Records. If multiple records are contained in the same transmission, the file will be sorted by record ID.

Field Number	Description		Disp	Length	Table ID
01	Health Plan Record ID		1	1	C-70
02	Health Plan National Provider Identifier		2	10	C-8
03	Managed Care Provider Number		12	9	C-149
04	Provider NPI		21	10	
05	Provider Taxonomy Code	(1)	31	10	
06	Provider Taxonomy Code	(2)	41	10	
07	Provider Taxonomy Code	(3)	51	10	
08	Provider Taxonomy Code	(4)	61	10	
09	Provider Taxonomy Code	(5)	71	10	

Field Number	Description		Disp	Length	Table ID
10	Provider Taxonomy Code	(6)	81	10	
11	Provider Taxonomy Code	(7)	91	10	
12	Provider Taxonomy Code	(8)	101	10	
13	Provider Taxonomy Code	(9)	111	10	
14	Provider Taxonomy Code	(10)	121	10	
15	Provider Taxonomy Code	(11)	131	10	
16	Provider Taxonomy Code	(12)	141	10	
17	Provider Taxonomy Code	(13)	151	10	
18	Provider Taxonomy Code	(14)	161	10	
19	Provider Taxonomy Code	(15)	171	10	
20	Provider Taxonomy Code	(16)	181	10	
21	Provider Taxonomy Code	(17)	191	10	
22	Provider Taxonomy Code	(18)	201	10	
23	Provider Taxonomy Code	(19)	211	10	
24	Provider Taxonomy Code	(20)	221	10	
25	Provider Tax Code Ind.		231	1	C-72
26	Record Action		232	1	C-73
27	Provider Last Name		233	13	C-74
28	Provider First Name		246	9	C-74
29	Provider Middle Initial		255	1	C-74
30	Provider Title		256	5	C-74
31	Out of Network Provider		261	1	C-147
32	Provider Gender		262	1	C-49
33	License Number		263	10	C-82
34	License State		273	2	C-83
35	Local Public Fund Indicator		275	1	C-84

Field Number	Description		Disp	Length	Table ID
36	Provider Category		276	1	C-98
37	Provider Effective Start Date		277	8	C-16
38	Provider Effective Stop Date		285	8	C-16
39	Provider Medicaid Indicator		293	1	C-116
40	Filler		294	99	
41	Provider Specialty Code	(1)	393	2	C-36
42	Provider Specialty Code	(2)	395	2	C-36
43	Provider Specialty Code	(3)	397	2	C-36
44	Provider Specialty Code	(4)	399	2	C-36
45	Provider Specialty Code	(5)	401	2	C-36
46	Provider Specialty Code	(6)	403	2	C-36
47	Provider Specialty Code	(7)	405	2	C-36
48	Provider Specialty Code	(8)	407	2	C-36
49	Provider Specialty Code	(9)	409	2	C-36
50	Provider Specialty Code	(10)	411	2	C-36
51	Associated Hospital Name	(1)	413	28	
52	Associated Hospital ID Number	(1)	441	6	C-118
53	Obstetric/Delivery Indicator	(1)	447	1	C-116
54	Associated Hospital Name	(2)	448	28	
55	Associated Hospital ID Number	(2)	476	6	C-118
56	Obstetric/Delivery Indicator	(2)	482	1	C-116
57	Associated Hospital Name	(3)	483	28	
58	Associated Hospital ID Number	(3)	511	6	C-118
59	Obstetric/Delivery Indicator	(3)	517	1	C-116
60	Associated Hospital Name	(4)	518	28	
61	Associated Hospital ID Number	(4)	546	6	C-118

Field Number	Description		Disp	Length	Table ID
62	Obstetric/Delivery Indicator	(4)	552	1	C-116
63	Associated Hospital Name	(5)	553	28	
64	Associated Hospital ID Number	(5)	581	6	C-118
65	Obstetric/Delivery Indicator	(5)	587	1	C-116
66	Established Patient Indicator		588	1	C-116
67	MO HealthNet Enrollees Accepted		589	4	C-119
68	OB/GYN Indicator		593	1	C-120
69	Site Location Number	(1)	594	3	C-117
70	Provider Address	(1)	597	30	C-75
71	Provider Street	(1)	627	30	C-76
72	Provider City	(1)	657	18	C-77
73	Provider State	(1)	675	2	C-78
74	Provider Zip-5	(1)	677	5	C-79
75	Provider Zip-4	(1)	682	4	C-80
76	Provider County Code	(1)	686	3	C-88
77	Provider Phone Number	(1)	689	10	C-81
78	Office Open Time – Monday	(1)	699	4	C-40
79	Office Close Time – Monday	(1)	703	4	C-40
80	Office Open Time – Tuesday	(1)	707	4	C-40
81	Office Close Time – Tuesday	(1)	711	4	C-40
82	Office Open Time – Wednesday	(1)	715	4	C-40
83	Office Close Time - Wednesday	(1)	719	4	C-40
84	Office Open Time – Thursday	(1)	723	4	C-40
85	Office Close Time – Thursday	(1)	727	4	C-40
86	Office Open Time – Friday	(1)	731	4	C-40
87	Office Close Time – Friday	(1)	735	4	C-40



Field Number	Description		Disp	Length	Table ID
88	Office Open Time – Saturday	(1)	739	4	C-40
89	Office Close Time- Saturday	(1)	743	4	C-40
90	Office Open Time – Sunday	(1)	747	4	C-40
91	Office Close Time – Sunday	(1)	751	4	C-40
92	Age Range Low	(1)	755	2	C-122
93	Age Range High	(1)	757	3	C-122
94	ADA Accessible Indicator	(1)	760	1	C-116
95	Arabic Indicator	(1)	761	1	C-121
96	ASL Indicator	(1)	762	1	C-121
97	Cambodian Indicator	(1)	763	1	C-121
98	Chinese Indicator	(1)	764	1	C-121
99	English Indicator	(1)	765	1	C-121
100	Haitian Indicator	(1)	766	1	C-121
101	Japanese Indicator	(1)	767	1	C-121
102	Laotian Indicator	(1)	768	1	C-121
103	Polish Indicator	(1)	769	1	C-121
104	Russian Indicator	(1)	770	1	C-121
105	Spanish Indicator	(1)	771	1	C-121
106	Tagalog Indicator	(1)	772	1	C-121
107	Vietnamese Indicator	(1)	773	1	C-121
108	Other Indicator	(1)	774	1	C-121
109	Other - Specify	(1)	775	15	C-121
110	TDD Equipped Indicator	(1)	790	1	C-116
111	New Pregnancies Accepted Indicator	(1)	791	1	C-116
112	Medically Fragile Equipped Indicator	(1)	792	1	C-116
113	Filler	(1)	793	25	

Field Number	Description		Disp	Length	Table ID
114	Site Location Number	(2)	818	3	C-117
115	Provider Address	(2)	821	30	C-75
116	Provider Street	(2)	851	30	C-76
117	Provider City	(2)	881	18	C-77
118	Provider State	(2)	899	2	C-78
119	Provider Zip-5	(2)	901	5	C-79
120	Provider Zip-4	(2)	906	4	C-80
121	Provider County Code	(2)	910	3	C-88
122	Provider Phone Number	(2)	913	10	C-81
123	Office Open Time - Monday	(2)	923	4	C-40
124	Office Close Time - Monday	(2)	927	4	C-40
125	Office Open Time - Tuesday	(2)	931	4	C-40
126	Office Close Time - Tuesday	(2)	935	4	C-40
127	Office Open Time – Wednesday	(2)	939	4	C-40
128	Office Close Time- Wednesday	(2)	943	4	C-40
129	Office Open Time - Thursday	(2)	947	4	C-40
130	Office Close Time – Thursday	(2)	951	4	C-40
131	Office Open Time - Friday	(2)	955	4	C-40
132	Office Close Time - Friday	(2)	959	4	C-40
133	Office Open Time - Saturday	(2)	963	4	C-40
134	Office Close Time- Saturday	(2)	967	4	C-40
135	Office Open Time - Sunday	(2)	971	4	C-40
136	Office Close Time - Sunday	(2)	975	4	C-40
137	Age Range Low	(2)	979	2	C-122
138	Age Range High	(2)	981	3	C-122
139	ADA Accessible Indicator	(2)	984	1	C-116

Field Number	Description		Disp	Length	Table ID
140	Arabic Indicator	(2)	985	1	C-121
141	ASL Indicator	(2)	986	1	C-121
142	Cambodian Indicator	(2)	987	1	C-121
143	Chinese Indicator	(2)	988	1	C-121
144	English Indicator	(2)	989	1	C-121
145	Haitian Indicator	(2)	990	1	C-121
146	Japanese Indicator	(2)	991	1	C-121
147	Laotian Indicator	(2)	992	1	C-121
148	Polish Indicator	(2)	993	1	C-121
149	Russian Indicator	(2)	994	1	C-121
150	Spanish Indicator	(2)	995	1	C-121
151	Tagalog Indicator	(2)	996	1	C-121
152	Vietnamese Indicator	(2)	997	1	C-121
153	Other Indicator	(2)	998	1	C-121
154	Other - Specify	(2)	999	15	C-121
155	TDD Equipped Indicator	(2)	1014	1	C-116
156	New Pregnancies Accepted Indicator	(2)	1015	1	C-116
157	Medically Fragile Equipped Indicator	(2)	1016	1	C-116
158	Filler	(2)	1017	25	
159	Site Location Number	(3)	1042	3	C-117
160	Provider Address	(3)	1045	30	C-75
161	Provider Street	(3)	1075	30	C-76
162	Provider City	(3)	1105	18	C-77
163	Provider State	(3)	1123	2	C-78
164	Provider Zip-5	(3)	1125	5	C-79
165	Provider Zip-4	(3)	1130	4	C-80

Field Number	Description		Disp	Length	Table ID
166	Provider County Code	(3)	1134	3	C-88
167	Provider Phone Number	(3)	1137	10	C-81
168	Office Open Time - Monday	(3)	1147	4	C-40
169	Office Close Time - Monday	(3)	1151	4	C-40
170	Office Open Time - Tuesday	(3)	1155	4	C-40
171	Office Close Time - Tuesday	(3)	1159	4	C-40
172	Office Open Time – Wednesday	(3)	1163	4	C-40
173	Office Close Time- Wednesday	(3)	1167	4	C-40
174	Office Open Time - Thursday	(3)	1171	4	C-40
175	Office Close Time – Thursday	(3)	1175	4	C-40
176	Office Open Time - Friday	(3)	1179	4	C-40
177	Office Close Time - Friday	(3)	1183	4	C-40
178	Office Open Time - Saturday	(3)	1187	4	C-40
179	Office Close Time- Saturday	(3)	1191	4	C-40
180	Office Open Time - Sunday	(3)	1195	4	C-40
181	Office Close Time - Sunday	(3)	1199	4	C-40
182	Age Range Low	(3)	1203	2	C-122
183	Age Range High	(3)	1205	3	C-122
184	ADA Accessible Indicator	(3)	1208	1	C-116
185	Arabic Indicator	(3)	1209	1	C-121
186	ASL Indicator	(3)	1210	1	C-121
187	Cambodian Indicator	(3)	1211	1	C-121
188	Chinese Indicator	(3)	1212	1	C-121
189	English Indicator	(3)	1213	1	C-121
190	Haitian Indicator	(3)	1214	1	C-121
191	Japanese Indicator	(3)	1215	1	C-121

Field Number	Description		Disp	Length	Table ID
192	Laotian Indicator	(3)	1216	1	C-121
193	Polish Indicator	(3)	1217	1	C-121
194	Russian Indicator	(3)	1218	1	C-121
195	Spanish Indicator	(3)	1219	1	C-121
196	Tagalog Indicator	(3)	1220	1	C-121
197	Vietnamese Indicator	(3)	1221	1	C-121
198	Other Indicator	(3)	1222	1	C-121
199	Other - Specify	(3)	1223	15	C-121
200	TDD Equipped Indicator	(3)	1238	1	C-116
201	New Pregnancies Accepted Indicator	(3)	1239	1	C-116
202	Medically Fragile Equipped Indicator	(3)	1240	1	C-116
203	Filler	(3)	1241	25	
204	Site Location Number	(4)	1266	3	C-117
205	Provider Address	(4)	1269	30	C-75
206	Provider Street	(4)	1299	30	C-76
207	Provider City	(4)	1329	18	C-77
208	Provider State	(4)	1347	2	C-78
209	Provider Zip-5	(4)	1349	5	C-79
210	Provider Zip-4	(4)	1354	4	C-80
211	Provider County Code	(4)	1358	3	C-88
212	Provider Phone Number	(4)	1361	10	C-81
213	Office Open Time - Monday	(4)	1371	4	C-40
214	Office Close Time - Monday	(4)	1375	4	C-40
215	Office Open Time - Tuesday	(4)	1379	4	C-40
216	Office Close Time - Tuesday	(4)	1383	4	C-40
217	Office Open Time – Wednesday	(4)	1387	4	C-40

Field Number	Description		Disp	Length	Table ID
218	Office Close Time- Wednesday	(4)	1391	4	C-40
219	Office Open Time - Thursday	(4)	1395	4	C-40
220	Office Close Time – Thursday	(4)	1399	4	C-40
221	Office Open Time - Friday	(4)	1403	4	C-40
222	Office Close Time - Friday	(4)	1407	4	C-40
223	Office Open Time - Saturday	(4)	1411	4	C-40
224	Office Close Time- Saturday	(4)	1415	4	C-40
225	Office Open Time - Sunday	(4)	1419	4	C-40
226	Office Close Time - Sunday	(4)	1423	4	C-40
227	Age Range Low	(4)	1427	2	C-122
228	Age Range High	(4)	1429	3	C-122
229	ADA Accessible Indicator	(4)	1432	1	C-116
230	Arabic Indicator	(4)	1433	1	C-121
231	ASL Indicator	(4)	1434	1	C-121
232	Cambodian Indicator	(4)	1435	1	C-121
233	Chinese Indicator	(4)	1436	1	C-121
234	English Indicator	(4)	1437	1	C-121
235	Haitian Indicator	(4)	1438	1	C-121
236	Japanese Indicator	(4)	1439	1	C-121
237	Laotian Indicator	(4)	1440	1	C-121
238	Polish Indicator	(4)	1441	1	C-121
239	Russian Indicator	(4)	1442	1	C-121
240	Spanish Indicator	(4)	1443	1	C-121
241	Tagalog Indicator	(4)	1444	1	C-121
242	Vietnamese Indicator	(4)	1445	1	C-121
243	Other Indicator	(4)	1446	1	C-121

Field Number	Description		Disp	Length	Table ID
244	Other - Specify	(4)	1447	15	C-121
245	TDD Equipped Indicator	(4)	1462	1	C-116
246	New Pregnancies Accepted Indicator	(4)	1463	1	C-116
247	Medically Fragile Equipped Indicator	(4)	1464	1	C-116
248	Filler	(4)	1465	25	
249	Site Location Number	(5)	1490	3	C-117
250	Provider Address	(5)	1493	30	C-75
251	Provider Street	(5)	1523	30	C-76
252	Provider City	(5)	1553	18	C-77
253	Provider State	(5)	1571	2	C-78
254	Provider Zip-5	(5)	1573	5	C-79
255	Provider Zip-4	(5)	1578	4	C-80
256	Provider County Code	(5)	1582	3	C-88
257	Provider Phone Number	(5)	1585	10	C-81
258	Office Open Time - Monday	(5)	1595	4	C-40
259	Office Close Time - Monday	(5)	1599	4	C-40
260	Office Open Time - Tuesday	(5)	1603	4	C-40
261	Office Close Time – Tuesday	(5)	1607	4	C-40
262	Office Open Time – Wednesday	(5)	1611	4	C-40
263	Office Close Time- Wednesday	(5)	1615	4	C-40
264	Office Open Time – Thursday	(5)	1619	4	C-40
265	Office Close Time – Thursday	(5)	1623	4	C-40
266	Office Open Time - Friday	(5)	1627	4	C-40
267	Office Close Time - Friday	(5)	1631	4	C-40
268	Office Open Time - Saturday	(5)	1635	4	C-40
269	Office Close Time- Saturday	(5)	1639	4	C-40

Field Number	Description		Disp	Length	Table ID
270	Office Open Time - Sunday	(5)	1643	4	C-40
271	Office Close Time - Sunday	(5)	1647	4	C-40
272	Age Range Low	(5)	1651	2	C-122
273	Age Range High	(5)	1653	3	C-122
274	ADA Accessible Indicator	(5)	1656	1	C-116
275	Arabic Indicator	(5)	1657	1	C-121
276	ASL Indicator	(5)	1658	1	C-121
277	Cambodian Indicator	(5)	1659	1	C-121
278	Chinese Indicator	(5)	1660	1	C-121
279	English Indicator	(5)	1661	1	C-121
280	Haitian Indicator	(5)	1662	1	C-121
281	Japanese Indicator	(5)	1663	1	C-121
282	Laotian Indicator	(5)	1664	1	C-121
283	Polish Indicator	(5)	1665	1	C-121
284	Russian Indicator	(5)	1666	1	C-121
285	Spanish Indicator	(5)	1667	1	C-121
286	Tagalog Indicator	(5)	1668	1	C-121
287	Vietnamese Indicator	(5)	1669	1	C-121
288	Other Indicator	(5)	1670	1	C-121
289	Other - Specify	(5)	1671	15	C-121
290	TDD Equipped Indicator	(5)	1686	1	C-116
291	New Pregnancies Accepted Indicator	(5)	1687	1	C-116
292	Medically Fragile Equipped Indicator	(5)	1688	1	C-116
293	Filler	(5)	1689	25	
294	Site Location Number	(6)	1714	3	C-117
295	Provider Address	(6)	1717	30	C-75



Field Number	Description		Disp	Length	Table ID
296	Provider Street	(6)	1747	30	C-76
297	Provider City	(6)	1777	18	C-77
298	Provider State	(6)	1795	2	C-78
299	Provider Zip-5	(6)	1797	5	C-79
300	Provider Zip-4	(6)	1802	4	C-80
301	Provider County Code	(6)	1806	3	C-88
302	Provider Phone Number	(6)	1809	10	C-81
303	Office Open Time - Monday	(6)	1819	4	C-40
304	Office Close Time - Monday	(6)	1823	4	C-40
305	Office Open Time - Tuesday	(6)	1827	4	C-40
306	Office Close Time - Tuesday	(6)	1831	4	C-40
307	Office Open Time – Wednesday	(6)	1835	4	C-40
308	Office Close Time- Wednesday	(6)	1839	4	C-40
309	Office Open Time - Thursday	(6)	1843	4	C-40
310	Office Close Time – Thursday	(6)	1847	4	C-40
311	Office Open Time - Friday	(6)	1851	4	C-40
312	Office Close Time - Friday	(6)	1855	4	C-40
313	Office Open Time - Saturday	(6)	1859	4	C-40
314	Office Close Time- Saturday	(6)	1863	4	C-40
315	Office Open Time - Sunday	(6)	1867	4	C-40
316	Office Close Time - Sunday	(6)	1871	4	C-40
317	Age Range Low	(6)	1875	2	C-122
318	Age Range High	(6)	1877	3	C-122
319	ADA Accessible Indicator	(6)	1880	1	C-116
320	Arabic Indicator	(6)	1881	1	C-121
321	ASL Indicator	(6)	1882	1	C-121

Field Number	Description		Disp	Length	Table ID
322	Cambodian Indicator	(6)	1883	1	C-121
323	Chinese Indicator	(6)	1884	1	C-121
324	English Indicator	(6)	1885	1	C-121
325	Haitian Indicator	(6)	1886	1	C-121
326	Japanese Indicator	(6)	1887	1	C-121
327	Laotian Indicator	(6)	1888	1	C-121
328	Polish Indicator	(6)	1889	1	C-121
329	Russian Indicator	(6)	1890	1	C-121
330	Spanish Indicator	(6)	1891	1	C-121
331	Tagalog Indicator	(6)	1892	1	C-121
332	Vietnamese Indicator	(6)	1893	1	C-121
333	Other Indicator	(6)	1894	1	C-121
334	Other - Specify	(6)	1895	15	C-121
335	TDD Equipped Indicator	(6)	1910	1	C-116
336	New Pregnancies Accepted Indicator	(6)	1911	1	C-116
337	Medically Fragile Equipped Indicator	(6)	1912	1	C-116
338	Filler	(6)	1913	25	
339	Site Location Number	(7)	1938	3	C-117
340	Provider Address	(7)	1941	30	C-75
341	Provider Street	(7)	1971	30	C-76
342	Provider City	(7)	2001	18	C-77
343	Provider State	(7)	2019	2	C-78
344	Provider Zip-5	(7)	2021	5	C-79
345	Provider Zip-4	(7)	2026	4	C-80
346	Provider County Code	(7)	2030	3	C-88
347	Provider Phone Number	(7)	2033	10	C-81

Field Number	Description		Disp	Length	Table ID
348	Office Open Time - Monday	(7)	2043	4	C-40
349	Office Close Time - Monday	(7)	2047	4	C-40
350	Office Open Time - Tuesday	(7)	2051	4	C-40
351	Office Close Time - Tuesday	(7)	2055	4	C-40
352	Office Open Time – Wednesday	(7)	2059	4	C-40
353	Office Close Time- Wednesday	(7)	2063	4	C-40
354	Office Open Time – Thursday	(7)	2067	4	C-40
355	Office Close Time – Thursday	(7)	2071	4	C-40
356	Office Open Time - Friday	(7)	2075	4	C-40
357	Office Close Time - Friday	(7)	2079	4	C-40
358	Office Open Time - Saturday	(7)	2083	4	C-40
359	Office Close Time- Saturday	(7)	2087	4	C-40
360	Office Open Time - Sunday	(7)	2091	4	C-40
361	Office Close Time - Sunday	(7)	2095	4	C-40
362	Age Range Low	(7)	2099	2	C-122
363	Age Range High	(7)	2101	3	C-122
364	ADA Accessible Indicator	(7)	2104	1	C-116
365	Arabic Indicator	(7)	2105	1	C-121
366	ASL Indicator	(7)	2106	1	C-121
367	Cambodian Indicator	(7)	2107	1	C-121
368	Chinese Indicator	(7)	2108	1	C-121
369	English Indicator	(7)	2109	1	C-121
370	Haitian Indicator	(7)	2110	1	C-121
371	Japanese Indicator	(7)	2111	1	C-121
372	Laotian Indicator	(7)	2112	1	C-121
373	Polish Indicator	(7)	2113	1	C-121

Field Number	Description		Disp	Length	Table ID
374	Russian Indicator	(7)	2114	1	C-121
375	Spanish Indicator	(7)	2115	1	C-121
376	Tagalog Indicator	(7)	2116	1	C-121
377	Vietnamese Indicator	(7)	2117	1	C-121
378	Other Indicator	(7)	2118	1	C-121
379	Other - Specify	(7)	2119	15	C-121
380	TDD Equipped Indicator	(7)	2134	1	C-116
381	New Pregnancies Accepted Indicator	(7)	2135	1	C-116
382	Medically Fragile Equipped Indicator	(7)	2136	1	C-116
383	Filler	(7)	2137	25	
384	Site Location Number	(8)	2162	3	C-117
385	Provider Address	(8)	2165	30	C-75
386	Provider Street	(8)	2195	30	C-76
387	Provider City	(8)	2225	18	C-77
388	Provider State	(8)	2243	2	C-78
389	Provider Zip-5	(8)	2245	5	C-79
390	Provider Zip-4	(8)	2250	4	C-80
391	Provider County Code	(8)	2254	3	C-88
392	Provider Phone Number	(8)	2257	10	C-81
393	Office Open Time - Monday	(8)	2267	4	C-40
394	Office Close Time - Monday	(8)	2271	4	C-40
395	Office Open Time - Tuesday	(8)	2275	4	C-40
396	Office Close Time - Tuesday	(8)	2279	4	C-40
397	Office Open Time – Wednesday	(8)	2283	4	C-40
398	Office Close Time- Wednesday	(8)	2287	4	C-40
399	Office Open Time – Thursday	(8)	2291	4	C-40

Field Number	Description		Disp	Length	Table ID
400	Office Close Time – Thursday	(8)	2295	4	C-40
401	Office Open Time - Friday	(8)	2299	4	C-40
402	Office Close Time - Friday	(8)	2303	4	C-40
403	Office Open Time - Saturday	(8)	2307	4	C-40
404	Office Close Time- Saturday	(8)	2311	4	C-40
405	Office Open Time - Sunday	(8)	2315	4	C-40
406	Office Close Time - Sunday	(8)	2319	4	C-40
407	Age Range Low	(8)	2323	2	C-122
408	Age Range High	(8)	2325	3	C-122
409	ADA Accessible Indicator	(8)	2328	1	C-116
410	Arabic Indicator	(8)	2329	1	C-121
411	ASL Indicator	(8)	2330	1	C-121
412	Cambodian Indicator	(8)	2331	1	C-121
413	Chinese Indicator	(8)	2332	1	C-121
414	English Indicator	(8)	2333	1	C-121
415	Haitian Indicator	(8)	2334	1	C-121
416	Japanese Indicator	(8)	2335	1	C-121
417	Laotian Indicator	(8)	2336	1	C-121
418	Polish Indicator	(8)	2337	1	C-121
419	Russian Indicator	(8)	2338	1	C-121
420	Spanish Indicator	(8)	2339	1	C-121
421	Tagalog Indicator	(8)	2340	1	C-121
422	Vietnamese Indicator	(8)	2341	1	C-121
423	Other Indicator	(8)	2342	1	C-121
424	Other - Specify	(8)	2343	15	C-121
425	TDD Equipped Indicator	(8)	2358	1	C-116

Field Number	Description		Disp	Length	Table ID
426	New Pregnancies Accepted Indicator	(8)	2359	1	C-116
427	Medically Fragile Equipped Indicator	(8)	2360	1	C-116
428	Filler	(8)	2361	25	
429	Site Location Number	(9)	2386	3	C-117
430	Provider Address	(9)	2389	30	C-75
431	Provider Street	(9)	2419	30	C-76
432	Provider City	(9)	2449	18	C-77
433	Provider State	(9)	2467	2	C-78
434	Provider Zip-5	(9)	2469	5	C-79
435	Provider Zip-4	(9)	2474	4	C-80
436	Provider County Code	(9)	2478	3	C-88
437	Provider Phone Number	(9)	2481	10	C-81
438	Office Open Time - Monday	(9)	2491	4	C-40
439	Office Close Time - Monday	(9)	2495	4	C-40
440	Office Open Time - Tuesday	(9)	2499	4	C-40
441	Office Close Time - Tuesday	(9)	2503	4	C-40
442	Office Open Time – Wednesday	(9)	2507	4	C-40
443	Office Close Time- Wednesday	(9)	2511	4	C-40
444	Office Open Time - Thursday	(9)	2515	4	C-40
445	Office Close Time – Thursday	(9)	2519	4	C-40
446	Office Open Time - Friday	(9)	2523	4	C-40
447	Office Close Time - Friday	(9)	2527	4	C-40
448	Office Open Time - Saturday	(9)	2531	4	C-40
449	Office Close Time- Saturday	(9)	2535	4	C-40
450	Office Open Time - Sunday	(9)	2539	4	C-40
451	Office Close Time - Sunday	(9)	2543	4	C-40

Field Number	Description		Disp	Length	Table ID
452	Age Range Low	(9)	2547	2	C-122
453	Age Range High	(9)	2549	3	C-122
454	ADA Accessible Indicator	(9)	2552	1	C-116
455	Arabic Indicator	(9)	2553	1	C-121
456	ASL Indicator	(9)	2554	1	C-121
457	Cambodian Indicator	(9)	2555	1	C-121
458	Chinese Indicator	(9)	2556	1	C-121
459	English Indicator	(9)	2557	1	C-121
460	Haitian Indicator	(9)	2558	1	C-121
461	Japanese Indicator	(9)	2559	1	C-121
462	Laotian Indicator	(9)	2560	1	C-121
463	Polish Indicator	(9)	2561	1	C-121
464	Russian Indicator	(9)	2562	1	C-121
465	Spanish Indicator	(9)	2563	1	C-121
466	Tagalog Indicator	(9)	2564	1	C-121
467	Vietnamese Indicator	(9)	2565	1	C-121
468	Other Indicator	(9)	2566	1	C-121
469	Other - Specify	(9)	2567	15	C-121
470	TDD Equipped Indicator	(9)	2582	1	C-116
471	New Pregnancies Accepted Indicator	(9)	2583	1	C-116
472	Medically Fragile Equipped Indicator	(9)	2584	1	C-116
473	Filler	(9)	2585	25	
474	Site Location Number	(10)	2610	3	C-117
475	Provider Address	(10)	2613	30	C-75
476	Provider Street	(10)	2643	30	C-76
477	Provider City	(10)	2673	18	C-77

Field Number	Description		Disp	Length	Table ID
478	Provider State	(10)	2691	2	C-78
479	Provider Zip-5	(10)	2693	5	C-79
480	Provider Zip-4	(10)	2698	4	C-80
481	Provider County Code	(10)	2702	3	C-88
482	Provider Phone Number	(10)	2705	10	C-81
483	Office Open Time - Monday	(10)	2715	4	C-40
484	Office Close Time - Monday	(10)	2719	4	C-40
485	Office Open Time - Tuesday	(10)	2723	4	C-40
486	Office Close Time - Tuesday	(10)	2727	4	C-40
487	Office Open Time – Wednesday	(10)	2731	4	C-40
488	Office Close Time- Wednesday	(10)	2735	4	C-40
489	Office Open Time - Thursday	(10)	2739	4	C-40
490	Office Close Time – Thursday	(10)	2743	4	C-40
491	Office Open Time - Friday	(10)	2747	4	C-40
492	Office Close Time - Friday	(10)	2751	4	C-40
493	Office Open Time - Saturday	(10)	2755	4	C-40
494	Office Close Time- Saturday	(10)	2759	4	C-40
495	Office Open Time - Sunday	(10)	2763	4	C-40
496	Office Close Time - Sunday	(10)	2767	4	C-40
497	Age Range Low	(10)	2771	2	C-122
498	Age Range High	(10)	2773	3	C-122
499	ADA Accessible Indicator	(10)	2776	1	C-116
500	Arabic Indicator	(10)	2777	1	C-121
501	ASL Indicator	(10)	2778	1	C-121
502	Cambodian Indicator	(10)	2779	1	C-121
503	Chinese Indicator	(10)	2780	1	C-121



Field Number	Description		Disp	Length	Table ID
504	English Indicator	(10)	2781	1	C-121
505	Haitian Indicator	(10)	2782	1	C-121
506	Japanese Indicator	(10)	2783	1	C-121
507	Laotian Indicator	(10)	2784	1	C-121
508	Polish Indicator	(10)	2785	1	C-121
509	Russian Indicator	(10)	2786	1	C-121
510	Spanish Indicator	(10)	2787	1	C-121
511	Tagalog Indicator	(10)	2788	1	C-121
512	Vietnamese Indicator	(10)	2789	1	C-121
513	Other Indicator	(10)	2790	1	C-121
514	Other - Specify	(10)	2791	15	C-121
515	TDD Equipped Indicator	(10)	2806	1	C-116
516	New Pregnancies Accepted Indicator	(10)	2807	1	C-116
517	Medically Fragile Equipped Indicator		2808	1	C-116
518	Filler	(10)	2809	25	
519	Site Location Number	(11)	2834	3	C-117
520	Provider Address	(11)	2837	30	C-75
521	Provider Street	(11)	2867	30	C-76
522	Provider City	(11)	2897	18	C-77
523	Provider State	(11)	2915	2	C-78
524	Provider Zip-5	(11)	2917	5	C-79
525	Provider Zip-4	(11)	2922	4	C-80
526	Provider County Code	(11)	2926	3	C-88
527	Provider Phone Number	(11)	2929	10	C-81
528	Office Open Time - Monday	(11)	2939	4	C-40
529	Office Close Time - Monday	(11)	2943	4	C-40

Field Number	Description		Disp	Length	Table ID
530	Office Open Time - Tuesday	(11)	2947	4	C-40
531	Office Close Time - Tuesday	(11)	2951	4	C-40
532	Office Open Time – Wednesday	(11)	2955	4	C-40
533	Office Close Time- Wednesday	(11)	2959	4	C-40
534	Office Open Time - Thursday	(11)	2963	4	C-40
535	Office Close Time – Thursday	(11)	2967	4	C-40
536	Office Open Time - Friday	(11)	2971	4	C-40
537	Office Close Time - Friday	(11)	2975	4	C-40
538	Office Open Time - Saturday	(11)	2979	4	C-40
539	Office Close Time- Saturday	(11)	2983	4	C-40
540	Office Open Time - Sunday	(11)	2987	4	C-40
541	Office Close Time - Sunday	(11)	2991	4	C-40
542	Age Range Low	(11)	2995	2	C-122
543	Age Range High	(11)	2997	3	C-122
544	ADA Accessible Indicator	(11)	3000	1	C-116
545	Arabic Indicator	(11)	3001	1	C-121
546	ASL Indicator	(11)	3002	1	C-121
547	Cambodian Indicator	(11)	3003	1	C-121
548	Chinese Indicator	(11)	3004	1	C-121
549	English Indicator	(11)	3005	1	C-121
550	Haitian Indicator	(11)	3006	1	C-121
551	Japanese Indicator	(11)	3007	1	C-121
552	Laotian Indicator	(11)	3008	1	C-121
553	Polish Indicator	(11)	3009	1	C-121
554	Russian Indicator	(11)	3010	1	C-121
555	Spanish Indicator	(11)	3011	1	C-121

Field Number	Description		Disp	Length	Table ID
556	Tagalog Indicator	(11)	3012	1	C-121
557	Vietnamese Indicator	(11)	3013	1	C-121
558	Other Indicator	(11)	3014	1	C-121
559	Other - Specify	(11)	3015	15	C-121
560	TDD Equipped Indicator	(11)	3030	1	C-116
561	New Pregnancies Accepted Indicator	(11)	3031	1	C-116
562	Medically Fragile Equipped Indicator	(11)	3032	1	C-116
563	Filler	(11)	3033	25	
564	Site Location Number	(12)	3058	3	C-117
565	Provider Address	(12)	3061	30	C-75
566	Provider Street	(12)	3091	30	C-76
567	Provider City	(12)	3121	18	C-77
568	Provider State	(12)	3139	2	C-78
569	Provider Zip-5	(12)	3141	5	C-79
570	Provider Zip-4	(12)	3146	4	C-80
571	Provider County Code	(12)	3150	3	C-88
572	Provider Phone Number	(12)	3153	10	C-81
573	Office Open Time - Monday	(12)	3163	4	C-40
574	Office Close Time - Monday	(12)	3167	4	C-40
575	Office Open Time - Tuesday	(12)	3171	4	C-40
576	Office Close Time - Tuesday	(12)	3175	4	C-40
577	Office Open Time – Wednesday	(12)	3179	4	C-40
578	Office Close Time- Wednesday	(12)	3183	4	C-40
579	Office Open Time - Thursday	(12)	3187	4	C-40
580	Office Close Time – Thursday	(12)	3191	4	C-40
581	Office Open Time - Friday	(12)	3195	4	C-40

Field Number	Description		Disp	Length	Table ID
582	Office Close Time - Friday	(12)	3199	4	C-40
583	Office Open Time - Saturday	(12)	3203	4	C-40
584	Office Close Time- Saturday	(12)	3207	4	C-40
585	Office Open Time - Sunday	(12)	3211	4	C-40
586	Office Close Time - Sunday	(12)	3215	4	C-40
587	Age Range Low	(12)	3219	2	C-122
588	Age Range High	(12)	3221	3	C-122
589	ADA Accessible Indicator	(12)	3224	1	C-116
590	Arabic Indicator	(12)	3225	1	C-121
591	ASL Indicator	(12)	3226	1	C-121
592	Cambodian Indicator	(12)	3227	1	C-121
593	Chinese Indicator	(12)	3228	1	C-121
594	English Indicator	(12)	3229	1	C-121
595	Haitian Indicator	(12)	3230	1	C-121
596	Japanese Indicator	(12)	3231	1	C-121
597	Laotian Indicator	(12)	3232	1	C-121
598	Polish Indicator	(12)	3233	1	C-121
599	Russian Indicator	(12)	3234	1	C-121
600	Spanish Indicator	(12)	3235	1	C-121
601	Tagalog Indicator	(12)	3236	1	C-121
602	Vietnamese Indicator	(12)	3237	1	C-121
603	Other Indicator	(12)	3238	1	C-121
604	Other - Specify	(12)	3239	15	C-121
605	TDD Equipped Indicator	(12)	3254	1	C-116
606	New Pregnancies Accepted Indicator	(12)	3255	1	C-116
607	Medically Fragile Equipped Indicator	(12)	3256	1	C-116

Field Number	Description		Disp	Length	Table ID
608	Filler	(12)	3257	25	
609	Site Location Number	(13)	3282	3	C-117
610	Provider Address	(13)	3285	30	C-75
611	Provider Street	(13)	3315	30	C-76
612	Provider City	(13)	3345	18	C-77
613	Provider State	(13)	3363	2	C-78
614	Provider Zip-5	(13)	3365	5	C-79
615	Provider Zip-4	(13)	3370	4	C-80
616	Provider County Code	(13)	3374	3	C-88
617	Provider Phone Number	(13)	3377	10	C-81
618	Office Open Time - Monday	(13)	3387	4	C-40
619	Office Close Time - Monday	(13)	3391	4	C-40
620	Office Open Time - Tuesday	(13)	3395	4	C-40
621	Office Close Time - Tuesday	(13)	3399	4	C-40
622	Office Open Time – Wednesday	(13)	3403	4	C-40
623	Office Close Time- Wednesday	(13)	3407	4	C-40
624	Office Open Time - Thursday	(13)	3411	4	C-40
625	Office Close Time – Thursday	(13)	3415	4	C-40
626	Office Open Time - Friday	(13)	3419	4	C-40
627	Office Close Time - Friday	(13)	3423	4	C-40
628	Office Open Time - Saturday	(13)	3427	4	C-40
629	Office Close Time- Saturday	(13)	3431	4	C-40
630	Office Open Time - Sunday	(13)	3435	4	C-40
631	Office Close Time - Sunday	(13)	3439	4	C-40
632	Age Range Low	(13)	3443	2	C-122
633	Age Range High	(13)	3445	3	C-122

Field Number	Description		Disp	Length	Table ID
634	ADA Accessible Indicator	(13)	3448	1	C-116
635	Arabic Indicator	(13)	3449	1	C-121
636	ASL Indicator	(13)	3450	1	C-121
637	Cambodian Indicator	(13)	3451	1	C-121
638	Chinese Indicator	(13)	3452	1	C-121
639	English Indicator	(13)	3453	1	C-121
640	Haitian Indicator	(13)	3454	1	C-121
641	Japanese Indicator	(13)	3455	1	C-121
642	Laotian Indicator	(13)	3456	1	C-121
643	Polish Indicator	(13)	3457	1	C-121
644	Russian Indicator	(13)	3458	1	C-121
645	Spanish Indicator	(13)	3459	1	C-121
646	Tagalog Indicator	(13)	3460	1	C-121
647	Vietnamese Indicator	(13)	3461	1	C-121
648	Other Indicator	(13)	3462	1	C-121
649	Other - Specify	(13)	3463	15	C-121
650	TDD Equipped Indicator	(13)	3478	1	C-116
651	New Pregnancies Accepted Indicator	(13)	3479	1	C-116
652	Medically Fragile Equipped Indicator	(13)	3480	1	C-116
653	Filler	(13)	3481	25	
654	Site Location Number	(14)	3506	3	C-117
655	Provider Address	(14)	3509	30	C-75
656	Provider Street	(14)	3539	30	C-76
657	Provider City	(14)	3569	18	C-77
658	Provider State	(14)	3587	2	C-78
659	Provider Zip-5	(14)	3589	5	C-79

Field Number	Description		Disp	Length	Table ID
660	Provider Zip-4	(14)	3594	4	C-80
661	Provider County Code	(14)	3598	3	C-88
662	Provider Phone Number	(14)	3601	10	C-81
663	Office Open Time - Monday	(14)	3611	4	C-40
664	Office Close Time - Monday	(14)	3615	4	C-40
665	Office Open Time - Tuesday	(14)	3619	4	C-40
666	Office Close Time - Tuesday	(14)	3623	4	C-40
667	Office Open Time – Wednesday	(14)	3627	4	C-40
668	Office Close Time- Wednesday	(14)	3631	4	C-40
669	Office Open Time – Thursday	(14)	3635	4	C-40
670	Office Close Time – Thursday	(14)	3639	4	C-40
671	Office Open Time - Friday	(14)	3643	4	C-40
672	Office Close Time - Friday	(14)	3647	4	C-40
673	Office Open Time - Saturday	(14)	3651	4	C-40
674	Office Close Time- Saturday	(14)	3655	4	C-40
675	Office Open Time - Sunday	(14)	3659	4	C-40
676	Office Close Time - Sunday	(14)	3663	4	C-40
677	Age Range Low	(14)	3667	2	C-122
678	Age Range High	(14)	3669	3	C-122
679	ADA Accessible Indicator	(14)	3672	1	C-116
680	Arabic Indicator	(14)	3673	1	C-121
681	ASL Indicator	(14)	3674	1	C-121
682	Cambodian Indicator	(14)	3675	1	C-121
683	Chinese Indicator	(14)	3676	1	C-121
684	English Indicator	(14)	3677	1	C-121
685	Haitian Indicator	(14)	3678	1	C-121

Field Number	Description		Disp	Length	Table ID
686	Japanese Indicator	(14)	3679	1	C-121
687	Laotian Indicator	(14)	3680	1	C-121
688	Polish Indicator	(14)	3681	1	C-121
689	Russian Indicator	(14)	3682	1	C-121
690	Spanish Indicator	(14)	3683	1	C-121
691	Tagalog Indicator	(14)	3684	1	C-121
692	Vietnamese Indicator	(14)	3685	1	C-121
693	Other Indicator	(14)	3686	1	C-121
694	Other - Specify	(14)	3687	15	C-121
695	TDD Equipped Indicator	(14)	3702	1	C-116
696	New Pregnancies Accepted Indicator	(14)	3703	1	C-116
697	Medically Fragile Equipped Indicator	(14)	3704	1	C-116
698	Filler	(14)	3705	25	
699	Site Location Number	(15)	3730	3	C-117
700	Provider Address	(15)	3733	30	C-75
701	Provider Street	(15)	3763	30	C-76
702	Provider City	(15)	3793	18	C-77
703	Provider State	(15)	3811	2	C-78
704	Provider Zip-5	(15)	3813	5	C-79
705	Provider Zip-4	(15)	3818	4	C-80
706	Provider County Code	(15)	3822	3	C-88
707	Provider Phone Number	(15)	3825	10	C-81
708	Office Open Time - Monday	(15)	3835	4	C-40
709	Office Close Time - Monday	(15)	3839	4	C-40
710	Office Open Time - Tuesday	(15)	3843	4	C-40
711	Office Close Time - Tuesday	(15)	3847	4	C-40



Field Number	Description		Disp	Length	Table ID
712	Office Open Time – Wednesday	(15)	3851	4	C-40
713	Office Close Time- Wednesday	(15)	3855	4	C-40
714	Office Open Time - Thursday	(15)	3859	4	C-40
715	Office Close Time – Thursday	(15)	3863	4	C-40
716	Office Open Time - Friday	(15)	3867	4	C-40
717	Office Close Time - Friday	(15)	3871	4	C-40
718	Office Open Time - Saturday	(15)	3875	4	C-40
719	Office Close Time- Saturday	(15)	3879	4	C-40
720	Office Open Time - Sunday	(15)	3883	4	C-40
721	Office Close Time - Sunday	(15)	3887	4	C-40
722	Age Range Low	(15)	3891	2	C-122
723	Age Range High	(15)	3893	3	C-122
724	ADA Accessible Indicator	(15)	3896	1	C-116
725	Arabic Indicator	(15)	3897	1	C-121
726	ASL Indicator	(15)	3898	1	C-121
727	Cambodian Indicator	(15)	3899	1	C-121
728	Chinese Indicator	(15)	3900	1	C-121
729	English Indicator	(15)	3901	1	C-121
730	Haitian Indicator	(15)	3902	1	C-121
731	Japanese Indicator	(15)	3903	1	C-121
732	Laotian Indicator	(15)	3904	1	C-121
733	Polish Indicator	(15)	3905	1	C-121
734	Russian Indicator	(15)	3906	1	C-121
735	Spanish Indicator	(15)	3907	1	C-121
736	Tagalog Indicator	(15)	3908	1	C-121
737	Vietnamese Indicator	(15)	3909	1	C-121

Field Number	Description		Disp	Length	Table ID
738	Other Indicator	(15)	3910	1	C-121
739	Other - Specify	(15)	3911	15	C-121
740	TDD Equipped Indicator	(15)	3926	1	C-116
741	New Pregnancies Accepted Ind	(15)	3927	1	C-116
742	Medically Fragile Equip Ind	(15)	3928	1	C-116
743	Filler	(15)	3929	25	
744	Error Code – 1		3954	5	C-85
745	Error Code – 2		3959	5	C-85
746	Error Code – 3		3964	5	C-85
747	Error Code – 4		3969	5	C-85
748	Error Code - 5		3974	5	C-85
749	Error Code - 6		3979	5	C-85
750	Error Code - 7		3984	5	C-85
751	Error Code - 8		3989	5	C-85
752	Error Code - 9		3994	5	C-85
753	Error Code - 10		3999	5	C-85
754	Error Code - 11		4004	5	C-85
755	Error Code - 12		4009	5	C-85
756	Error Code - 13		4014	5	C-85
757	Error Code - 14		4019	5	C-85
758	Error Code - 15		4024	5	C-85
759	Error Code - 16		4029	5	C-85
760	Error Code - 17		4034	5	C-85
761	Error Code - 18		4039	5	C-85
762	Error Code - 19		4044	5	C-85
763	Error Code - 20		4049	5	C-85

## TPL LEAD/UPDATE LAYOUT

This record layout is used to supply the Health Plans with TPL data for any TPL updates or TPL data for any new enrollments into their Health Plan. This record layout is also used to receive electronic TPL Leads from a Health Plan and return TPL Lead Error records. It is combined with the daily eligibility file. Each TPL Lead Error record will reflect the error that occurred during the processing of the TPL Lead record. Fields 175 thru 194 (Error Codes 1-20) will reflect the 3-digit code indicating which field(s) are in error. The error codes can be translated on the Error Code Table, C-139.

Field No.	Description	Disp	Length	Table ID
01	Health Plan Record Id	1	1	C-70
02	Health Plan Provider No.	2	9	C-8
03	Lead Source Id	11	2	C-138
04	Participant ID	13	8	C-1
05	Participant Last Name	21	19	C-2
06	Participant First Name	40	12	C-2
07	Participant Middle Initial	52	1	C-2
08	Policy Holder Last Name	53	19	C-129
09	Policy Holder First Name	72	12	C-129
10	Policy Holder Middle Initial	84	1	C-129
11	Policy Holder SSN	85	9	C-71
12	Relationship Code	94	2	C-130
13	Court Ordered Switch	96	1	C-133
14	Policy Number	97	20	C-131
15	Insurance Coverage Code 1	117	2	C-132
16	Insurance Coverage Begin Date	119	8	C-136
17	Insurance Coverage End Date	127	8	C-137

18	Insurance Coverage Code 2	135	2	C-132
19	Insurance Coverage Begin Date	137	8	C-136
20	Insurance Coverage End Date	145	8	C-137
21	Insurance Coverage Code 3	153	2	C-132
22	Insurance Coverage Begin Date	155	8	C-136
23	Insurance Coverage End Date	163	8	C-137
24	Insurance Coverage Code 4	171	2	C-132
25	Insurance Coverage Begin Date	173	8	C-136
26	Insurance Coverage End Date	181	8	C-137
27	Insurance Coverage Code 5	189	2	C-132
28	Insurance Coverage Begin Date	191	8	C-136
29	Insurance Coverage End Date	199	8	C-137
30	Insurance Coverage Code 6	207	2	C-132
31	Insurance Coverage Begin Date	209	8	C-136
32	Insurance Coverage End Date	217	8	C-137
33	Insurance Coverage Code 7	225	2	C-132
34	Insurance Coverage Begin Date	227	8	C-136
35	Insurance Coverage End Date	235	8	C-137
36	Insurance Coverage Code 8	243	2	C-132
37	Insurance Coverage Begin Date	245	8	C-136
38	Insurance Coverage End Date	253	8	C-137
39	Insurance Coverage Code 9	261	2	C-132
40	Insurance Coverage Begin Date	263	8	C-136
41	Insurance Coverage End Date	271	8	C-137
42	Insurance Coverage Code 10	279	2	C-132

43	Insurance Coverage Begin Date	281	8	C-136
44	Insurance Coverage End Date	289	8	C-137
45	Insurance Coverage Code 11	297	2	C-132
46	Insurance Coverage Begin Date	299	8	C-136
47	Insurance Coverage End Date	307	8	C-137
48	Insurance Coverage Code 12	315	2	C-132
49	Insurance Coverage Begin Date	317	8	C-136
50	Insurance Coverage End Date	325	8	C-137
51	Insurance Coverage Code 13	333	2	C-132
52	Insurance Coverage Begin Date	335	8	C-136
53	Insurance Coverage End Date	343	8	C-137
54	Insurance Coverage Code 14	351	2	C-132
55	Insurance Coverage Begin Date	353	8	C-136
56	Insurance Coverage End Date	361	8	C-137
57	Insurance Coverage Code 15	369	2	C-132
58	Insurance Coverage Begin Date	371	8	C-136
59	Insurance Coverage End Date	379	8	C-137
60	Insurance Coverage Code 16	387	2	C-132
61	Insurance Coverage Begin Date	389	8	C-136
62	Insurance Coverage End Date	397	8	C-137
63	Insurance Coverage Code 17	405	2	C-132
64	Insurance Coverage Begin Date	407	8	C-136
65	Insurance Coverage End Date	415	8	C-137
66	Insurance Coverage Code 18	423	2	C-132
67	Insurance Coverage Begin Date	425	8	C-136

68	Insurance Coverage End Date	433	8	C-137
69	Insurance Coverage Code 19	441	2	C-132
70	Insurance Coverage Begin Date	443	8	C-136
71	Insurance Coverage End Date	451	8	C-137
72	Insurance Coverage Code 20	459	2	C-132
73	Insurance Coverage Begin Date	461	8	C-136
74	Insurance Coverage End Date	469	8	C-137
75	Insurance Coverage Code 21	477	2	C-132
76	Insurance Coverage Begin Date	479	8	C-136
77	Insurance Coverage End Date	487	8	C-137
78	Insurance Coverage Code 22	495	2	C-132
79	Insurance Coverage Begin Date	497	8	C-136
80	Insurance Coverage End Date	505	8	C-137
81	Insurance Coverage Code 23	513	2	C-132
82	Insurance Coverage Begin Date	515	8	C-136
83	Insurance Coverage End Date	523	8	C-137
84	Insurance Coverage Code 24	531	2	C-132
85	Insurance Coverage Begin Date	533	8	C-136
86	Insurance Coverage End Date	541	8	C-137
87	Insurance Coverage Code 25	549	2	C-132
88	Insurance Coverage Begin Date	551	8	C-136
89	Insurance Coverage End Date	559	8	C-137
90	Insurance Coverage Code 26	567	2	C-132
91	Insurance Coverage Begin Date	569	8	C-136
92	Insurance Coverage End Date	577	8	C-137

93	Insurance Coverage Code 27	585	2	C-132
94	Insurance Coverage Begin Date	587	8	C-136
95	Insurance Coverage End Date	595	8	C-137
96	Insurance Coverage Code 28	603	2	C-132
97	Insurance Coverage Begin Date	605	8	C-136
98	Insurance Coverage End Date	613	8	C-137
99	Insurance Coverage Code 29	621	2	C-132
100	Insurance Coverage Begin Date	623	8	C-136
101	Insurance Coverage End Date	631	8	C-137
102	Insurance Coverage Code 30	639	2	C-132
103	Insurance Coverage Begin Date	641	8	C-136
104	Insurance Coverage End Date	649	8	C-137
105	Insurance Coverage Code 31	657	2	C-132
106	Insurance Coverage Begin Date	659	8	C-136
107	Insurance Coverage End Date	667	8	C-137
108	Insurance Coverage Code 32	675	2	C-132
109	Insurance Coverage Begin Date	677	8	C-136
110	Insurance Coverage End Date	685	8	C-137
111	Insurance Coverage Code 33	693	2	C-132
112	Insurance Coverage Begin Date	695	8	C-136
113	Insurance Coverage End Date	703	8	C-137
114	Insurance Coverage Code 34	711	2	C-132
115	Insurance Coverage Begin Date	713	8	C-136
116	Insurance Coverage End Date	721	8	C-137
117	Insurance Coverage Code 35	729	2	C-132

118	Insurance Coverage Begin Date	731	8	C-136
119	Insurance Coverage End Date	739	8	C-137
120	Insurance Coverage Code 36	747	2	C-132
121	Insurance Coverage Begin Date	749	8	C-136
122	Insurance Coverage End Date	757	8	C-137
123	Insurance Coverage Code 37	765	2	C-132
124	Insurance Coverage Begin Date	767	8	C-136
125	Insurance Coverage End Date	775	8	C-137
126	Insurance Coverage Code 38	783	2	C-132
127	Insurance Coverage Begin Date	785	8	C-136
128	Insurance Coverage End Date	793	8	C-137
129	Insurance Coverage Code 39	801	2	C-132
130	Insurance Coverage Begin Date	803	8	C-136
131	Insurance Coverage End Date	811	8	C-137
132	Insurance Coverage Code 40	819	2	C-132
133	Insurance Coverage Begin Date	821	8	C-136
134	Insurance Coverage End Date	829	8	C-137
135	Insurance Coverage Code 41	837	2	C-132
136	Insurance Coverage Begin Date	839	8	C-136
137	Insurance Coverage End Date	847	8	C-137
138	Insurance Coverage Code 42	855	2	C-132
139	Insurance Coverage Begin Date	857	8	C-136
140	Insurance Coverage End Date	865	8	C-137
141	Insurance Coverage Code 43	873	2	C-132
142	Insurance Coverage Begin Date	875	8	C-136



143	Insurance Coverage End Date	883	8	C-137
144	Insurance Coverage Code 44	891	2	C-132
145	Insurance Coverage Begin Date	893	8	C-136
146	Insurance Coverage End Date	901	8	C-137
147	Insurance Coverage Code 45	909	2	C-132
148	Insurance Coverage Begin Date	911	8	C-136
149	Insurance Coverage End Date	919	8	C-137
150	Insurance Coverage Code 46	927	2	C-132
151	Insurance Coverage Begin Date	929	8	C-136
152	Insurance Coverage End Date	937	8	C-137
153	Insurance Coverage Code 47	945	2	C-132
154	Insurance Coverage Begin Date	947	8	C-136
155	Insurance Coverage End Date	955	8	C-137
156	Insurance Coverage Code 48	963	2	C-132
157	Insurance Coverage Begin Date	965	8	C-136
158	Insurance Coverage End Date	973	8	C-137
159	Insurance Coverage Code 49	981	2	C-132
160	Insurance Coverage Begin Date	983	8	C-136
161	Insurance Coverage End Date	991	8	C-137
162	Insurance Coverage Code 50	999	2	C-132
163	Insurance Coverage Begin Date	1001	8	C-136
164	Insurance Coverage End Date	1009	8	C-137
165	NAIC	1017	5	C-148
166	Insurance Company Name	1022	40	C-134
167	Insurance Company Address 1	1062	23	C-134

168	Insurance Company Address 2	1085	23	C-134
169	Insurance Company City	1108	20	C-134
170	Insurance Company State	1128	2	C-134
171	Insurance Company Zip	1130	9	C-134
172	Group Number	1139	20	C-135
173	Insurance Begin Date	1159	8	C-16
174	Insurance End Date	1167	8	C-16
175	Reject Code 1	1175	3	C-139
176	Reject Code 2	1178	3	C-139
177	Reject Code 3	1181	3	C-139
178	Reject Code 4	1184	3	C-139
179	Reject Code 5	1187	3	C-139
180	Reject Code 6	1190	3	C-139
181	Reject Code 7	1193	3	C-139
182	Reject Code 8	1196	3	C-139
183	Reject Code 9	1199	3	C-139
184	Reject Code 10	1202	3	C-139
185	Reject Code 11	1205	3	C-139
186	Reject Code 12	1208	3	C-139
187	Reject Code 13	1211	3	C-139
188	Reject Code 14	1214	3	C-139
189	Reject Code 15	1217	3	C-139
190	Reject Code 16	1220	3	C-139
191	Reject Code 17	1223	3	C-139
192	Reject Code 18	1226	3	C-139

193	Reject Code 19	1229	3	C-139
194	Reject Code 20	1232	3	C-139
195	Filler	1235	20	

## DENTAL EXTRACT LAYOUT (VENDDENT)

This record layout is used to supply the Health Plans with paid or to be paid Fee for Service (FFS) and Encounter dental claims for participants enrolled with the Health Plans.

\*Data is masked

\*\*Health Plan provider number applicable to participant at time of generation; used to send record to health plan

\*\*\*NPI Number is masked if encounter claim

Field No.	Description	Disp	Length	Table ID
01	Record Type (10)	1	2	
02	Layout Code	3	1	
03	Claim Type	4	1	
04	ICN Region	5	2	C-92
05	ICN Batch Date	7	5	C-92
06	ICN Batch Number	12	3	C-92
07	ICN Document Number	15	2	C-92
08	ICN Document Line Number	17	1	C-92
09	ICN Check Digit	18	1	
10	Account Code	19	1	
11	Claim Status	20	1	
12	Submission Ind	21	1	
13	Clerk Data Entry	22	3	
14	Clerk Action	25	3	
15	Split Claim Indicator	28	1	

Field No.	Description	Disp	Length	Table ID
16	True Claim ID	29	13	
17	Provider Number**	42	9	C-8
18	Provider Last Name (First Two Bytes)*	51	2	
19	Provider Type	53	2	
20	Provider Specialty Code	55	2	C-36
21	Provider County Code	57	3	
22	Misc Tran for Temp	60	1	
23	Provider BPST Indicator	61	1	
24	Current Participant ID	62	8	C-1
25	Original Participant ID	70	8	C-1
26	Participant Case Number	78	10	
27	Participant Last Name	88	2	
28	Filler	90	17	
29	Participant First Name	107	1	
30	Filler	108	11	
31	Participant Middle Initial	119	1	
32	Participant Birth date	120	7	C-16
33	Participant Age	127	3	
34	Participant Sex Code	130	1	C-49
35	Participant Race Code	131	1	
36	Participant ME Code	132	2	C-45
37	Participant Match	134	1	
38	Participant County Code	135	3	
39	Participant Legal County	138	3	

Field No.	Description	Disp	Length	Table ID
40	Participant Level of Care	141	1	
41	Participant Money Pay Indicator	142	1	
42	Participant MCARE A Indicator	143	1	
43	Participant MCARE B Indicator	144	1	
44	Participant QMB Indicator	145	1	
45	Participant Lockin Indicator	146	1	
46	Participant TPL Main Indicator	147	1	C-63
47	TPL Applic Indicator-1	148	1	
48	TPL Applic Indicator-2	149	1	
49	TPL Applic Indicator-3	150	1	
50	TPL Applic Indicator-4	151	1	
51	TPL Applic Indicator-5	152	1	
52	Filler	153	9	
53	Override Location Code	162	2	
54	Current Location Code	164	2	
55	Current Date Entered Location	166	7	C-16
56	Previous Location Code	173	2	
57	Previous Date Entered Location	175	7	C-16
58	PA Number-CCYYJJJ	182	11	
59	PA Number Sequence Number	193	1	
60	Entry Date	194	7	C-16
61	Suspended Date	201	7	C-16
62	Last Cycle Date	208	7	C-16
63	Date of Adjudication	215	7	C-16

Field No.	Description	Disp	Length	Table ID
64	Paid Date	222	7	C-16
65	Original Paid Date	229	7	C-16
66	First Date of Service	236	7	C-16
67	Last Date of Service	243	7	C-16
68	RA Number*	250	7	
69	Total Claim Charge*	257	13	C-10
70	Patient Liability*	270	7	
71	Calculated Participant Co-pay*	277	7	
72	TPL Other Insurance Amount*	284	11	
73	Net Claim Charge*	295	13	C-10
74	Reimbursement Amount*	308	13	
75	AR Amount*	321	9	
76	Federal Financial Participation (FFP) Amount*	330	9	
77	TPL Received Amount*	339	9	
78	Mass Request Number	348	5	
79	Adjustment Reason	353	2	
80	Claim Credit Indicator	355	1	
81	ICN of Adjusted Claim	356	13	C-92
82	ICN of Credit	369	13	C-92
83	Number of Cycles	382	3	
84	ICN of Previous File	385	13	C-41
85	Category of Service	398	2	
86	Financial Indicator	400	1	

Field No.	Description	Disp	Length	Table ID
87	TPL Record Ind-1	401	3	
88	TPL Record Ind-2	404	3	
89	TPL Record Ind-3	407	3	
90	TPL Record Ind-4	410	3	
91	TPL Record Ind-5	413	3	
92	TPL Additional Records	416	1	
93	TPL Pulled Indicator	417	1	
94	Agency Code	418	1	
95	Rep Bypass Indicator	419	1	
96	EPSDT Indicator	420	1	
97	Family Plan Indicator	421	1	
98	Patient Account Number	422	20	C-31
99	Medicare Health Insurance Benefit (HIB) Number*	442	12	
100	Keyed Medicare Attachment Indicator	454	1	
101	Keyed TPL Indicator	455	1	
102	History Retention Indicator	456	1	
103	Keyed Family Plan Indicator	457	1	
104	Keyed EPSDT Indicator	458	1	
105	Accident Date	459	7	C-64
106	Accident Type	466	1	C-65
107	Screen Reason Code-1	467	3	
108	Screen Reason Code-2	470	3	
109	Screen Reason Code-3	473	3	

Field No.	Description	Disp	Length	Table ID
110	Screen Reason Code-4	476	3	
111	Screen Reason Code-5	479	3	
112	Screen Reason Code-6	482	3	
113	Treatment due to Screen Code	485	1	
114	Prosthesis Indicator	486	1	
115	Diagnosis Code-1	487	7	C-17
116	Diagnosis TPL Ind-1	494	1	
117	Diagnosis Family Plan Ind-1	495	1	
118	Diagnosis Code-2	496	7	C-17
119	Diagnosis TPL Ind-2	503	1	
120	Diagnosis Family Plan Ind-2	504	1	
121	Diagnosis Code-3	505	7	C-17
122	Diagnosis TPL Ind-3	512	1	
123	Diagnosis Family Plan Ind-3	513	1	
124	Diagnosis Code-4	514	7	C-17
125	Diagnosis TPL Ind-4	521	1	
126	Diagnosis Family Plan Ind-4	522	1	
127	Diagnosis Code-5	523	7	C-17
128	Diagnosis TPL Ind-5	530	1	
129	Diagnosis Family Plan Ind-5	531	1	
130	Exception Code-1	532	4	
131	Exception Status-1	536	1	
132	Exception Clerk ID-1	537	3	
133	Exception Code-2	540	4	



Field No.	Description	Disp	Length	Table ID
134	Exception Status-2	544	1	
135	Exception Clerk ID-2	545	3	
136	Exception Code-3	548	4	
137	Exception Status-3	552	1	
138	Exception Clerk ID-3	553	3	
139	Exception Code-4	556	4	
140	Exception Status-4	560	1	
141	Exception Clerk ID-4	561	3	
142	Exception Code-5	564	4	
143	Exception Status-5	568	1	
144	Exception Clerk ID-5	569	3	
145	Exception Code-6	572	4	
146	Exception Status-6	576	1	
147	Exception Clerk ID-6	577	3	
148	Exception Code-7	580	4	
149	Exception Status-7	584	1	
150	Exception Clerk ID-7	585	3	
151	Exception Code-8	588	4	
152	Exception Status-8	592	1	
153	Exception Clerk ID-8	593	3	
154	Exception Code-9	596	4	
155	Exception Status-9	600	1	
156	Exception Clerk ID-9	601	3	
157	Exception Code-10	604	4	

Field No.	Description	Disp	Length	Table ID
158	Exception Status-10	608	1	
159	Exception Clerk ID-10	609	3	
160	Exception Code-11	612	4	
161	Exception Status-11	616	1	
162	Exception Clerk ID-11	617	3	
163	Exception Code-12	620	4	
164	Exception Status-12	624	1	
165	Exception Clerk ID-12	625	3	
166	Exception Code-13	628	4	
167	Exception Status-13	632	1	
168	Exception Clerk ID-13	633	3	
169	Exception Code-14	636	4	
170	Exception Status-14	640	1	
171	Exception Clerk ID-14	641	3	
172	Exception Code-15	644	4	
173	Exception Status-15	648	1	
174	Exception Clerk ID-15	649	3	
175	Exception Code-16	652	4	
176	Exception Status-16	656	1	
177	Exception Clerk ID-16	657	3	
178	Exception Code-17	660	4	
179	Exception Status-17	664	1	
180	Exception Clerk ID-17	665	3	
181	Exception Code-18	668	4	

Field No.	Description	Disp	Length	Table ID
182	Exception Status-18	672	1	
183	Exception Clerk ID-18	673	3	
184	Exception Code-19	676	4	
185	Exception Status-19	680	1	
186	Exception Clerk ID-19	681	3	
187	Exception Code-20	684	4	
188	Exception Status-20	688	1	
189	Exception Clerk ID-20	689	3	
190	Exception Code-21	692	4	
191	Exception Status-21	696	1	
192	Exception Clerk ID-21	697	3	
193	Exception Code-22	700	4	
194	Exception Status-22	704	1	
195	Exception Clerk ID-22	705	3	
196	Exception Code-23	708	4	
197	Exception Status-23	712	1	
198	Exception Clerk ID-23	713	3	
199	Exception Code-24	716	4	
200	Exception Status-24	720	1	
201	Exception Clerk ID-24	721	3	
202	Exception Code-25	724	4	
203	Exception Status-25	728	1	
204	Exception Clerk ID-25	729	3	
205	Exception Code-26	732	4	

Field No.	Description	Disp	Length	Table ID
206	Exception Status-26	736	1	
207	Exception Clerk ID-26	737	3	
208	Exception Code-27	740	4	
209	Exception Status-27	744	1	
210	Exception Clerk ID-27	745	3	
211	Exception Code-28	748	4	
212	Exception Status-28	752	1	
213	Exception Clerk ID-28	753	3	
214	Exception Code-29	756	4	
215	Exception Status-29	760	1	
216	Exception Clerk ID-29	761	3	
217	Exception Code-30	764	4	
218	Exception Status-30	768	1	
219	Exception Clerk ID-30	769	3	
220	Exception Code-31	772	4	
221	Exception Status-31	776	1	
222	Exception Clerk ID-31	777	3	
223	Exception Code-32	780	4	
224	Exception Status-32	784	1	
225	Exception Clerk ID-32	785	3	
226	Filler	788	1	
227	EOB Code-1	789	4	
228	EOB Code-2	793	4	
229	Detail EOB Code-1	797	4	

Field No.	Description	Disp	Length	Table ID
230	Detail EOB Code-2	801	4	
231	Filler	805	77	
232	Misc Provider Indicator-1	882	1	C-146
233	Misc Provider Number-1*	883	9	C-8
234	Misc Provider Indicator-2	892	1	C-146
235	Misc Provider Number-2*	893	9	C-8
236	Misc Provider Indicator-3	902	1	C-146
237	Misc Provider Number-3*	903	9	C-8
238	Misc Provider Indicator-4	912	1	C-146
239	Misc Provider Number-4*	913	9	C-8
240	Misc Provider Indicator-5	922	1	C-146
241	Misc Provider Number-5*	923	9	C-8
242	Misc Provider Indicator-6	932	1	C-146
243	Misc Provider Number-6*	933	9	C-8
244	Misc Provider Indicator-7	942	1	C-146
245	Misc Provider Number-7*	943	9	C-8
246	Misc Provider Indicator-8	952	1	C-146
247	Misc Provider Number-8*	953	9	C-8
248	Misc Provider Indicator-9	962	1	C-146
249	Misc Provider Number-9*	963	9	C-8
250	Misc Provider Indicator-10	972	1	C-146
251	Misc Provider Number-10*	973	9	C-8
252	Detail Pulled Indicator	982	1	
253	Place of Service	983	2	

Field No.	Description	Disp	Length	Table ID
254	Detail First Date of Service	985	7	C-16
255	Detail Last Date of Service	992	7	C-16
256	Type of Service	999	1	C-11
257	Procedure Code	1000	7	C-30
258	Procedure Modifier Price	1007	2	C-35
259	Procedure Modifier Information	1009	2	C-35
260	Procedure Modifier-3	1011	2	C-35
261	Procedure Modifier-4	1013	2	C-35
262	Detail History Retention Indicator	1015	1	
263	Duplicate Check Indicator	1016	1	
264	Detail Family Plan Indicator	1017	1	
265	L3 PA Attachment Indicator	1018	1	
266	Detail Keyed EPSDT Indicator	1019	1	
267	Detail Code	1020	1	
268	Detail Performing Physician*	1021	9	
269	Detail Performing Physician Specialty Code*	1030	2	C-36
270	Tooth Number	1032	2	C-38
271	Tooth Surface-1	1034	1	C-39
272	Tooth Surface-2	1035	1	C-39
273	Tooth Surface-3	1036	1	C-39
274	Tooth Surface-4	1037	1	C-39
275	Detail EPSDT Indicator	1038	1	
276	Detail Participant TPL Ind-1	1039	1	

Field No.	Description	Disp	Length	Table ID
277	Detail Participant TPL Ind-2	1040	1	
278	Detail Participant TPL Ind-3	1041	1	
279	Detail Participant TPL Ind-4	1042	1	
280	Detail Participant TPL Ind-5	1043	1	
281	Detail Category of Service	1044	2	
282	Detail Category of Service MARS	1046	2	
283	Service Units	1048	5	C-28
284	Filler	1053	1	
285	L3 Procedure Charge*	1054	7	
286	L3 Specialty Charge*	1061	13	
287	Detail Submitted Charge*	1074	13	
288	Detail Copay*	1087	7	
289	Filler	1094	7	
290	Detail Patient Liability*	1101	7	
291	Detail Allowed Charge*	1108	13	C-10
292	Detail Paid Amount*	1121	13	C-61
293	Detail FFP Amount*	1134	9	
294	MC OP Revenue Code	1149	3	C-9
295	Temp Days Eligible	1152	2	
296	Claim Detail Number	1154	3	
297	Withheld Amount*	1157	10	
298	Detail Special Amount*	1167	7	
299	Detail Special Indicator	1174	1	
300	NPI Provider Number	1175	10	

Field No.	Description	Disp	Length	Table ID
301	NPI Misc Provider Number-1	1185	10	C-146
302	NPI Misc Provider Number-2	1195	10	C-146
303	NPI Misc Provider Number-3	1205	10	C-146
304	NPI Misc Provider Number-4	1215	10	C-146
305	NPI Misc Provider Number-5	1225	10	C-146
306	NPI Misc Provider Number-6	1235	10	C-146
307	NPI Misc Provider Number-7	1245	10	C-146
308	NPI Misc Provider Number-8	1255	10	C-146
309	NPI Misc Provider Number-9	1265	10	C-146
310	NPI Misc Provider Number-10	1275	10	C-146
311	Oral Cavity Code	1285	2	
312	Abortion Service Code*	1287	3	
313	Code Set Code	1290	2	
314	Provider Taxonomy	1292	10	
315	Health Plan Payment Amount*	1302	7	C-61
316	Health Plan Additional Payment*	1309	13	C-61
317	Payment Date	1322	7	C-16
318	Service Facility Name	1329	35	C-66
319	Allowed Charge Source	1364	2	
320	Referring Provider Taxonomy	1366	10	
321	Detail TPL Other Insurance*	1376	9	
322	Detail Diagnosis Code	1385	7	C-17
323	Filler	1392	609	



## PHARMACY EXTRACT LAYOUT (VENDDRUG)

This record layout is used to supply the Health Plans with paid FFS pharmacy claims for participants enrolled with the Health Plans.

Field No.	Description	Disp	Length	Table ID
01	Record Type (10)	1	2	
02	Layout Code	3	1	
03	Claim Type	4	1	
04	ICN Region	5	2	C-92
05	ICN Batch Date	7	5	C-92
06	ICN Batch Number	12	3	C-92
07	ICN Document Number	15	2	C-92
08	ICN Document Line Number	17	1	C-92
09	ICN Check Digit	18	1	
10	Account Code	19	1	
11	Claim Status	20	1	
12	Submission Ind	21	1	
13	Clerk Data Entry	22	3	
14	Clerk Action	25	3	
15	Split Claim Indicator	28	1	
16	True Claim ID	29	13	
17	Provider Number	42	9	C-8
18	Provider Last Name	51	2	
19	Provider Type	53	2	
20	Provider Specialty Code	55	2	C-36
21	Provider County Code	57	3	

Field No.	Description	Disp	Length	Table ID
22	Misc Tran for Temp	60	1	
23	Provider BPST Indicator	61	1	
24	Current Participant ID	62	8	C-1
25	Original Participant ID	70	8	C-1
26	Participant Case Number	78	10	
27	Participant Last Name	88	2	
28	Filler	90	17	
29	Participant First Name	107	1	
30	Filler	108	11	
31	Participant Middle Initial	119	1	
32	Participant Birth date	120	7	C-16
33	Participant Age	127	3	
34	Participant Sex Code	130	1	C-49
35	Participant Race Code	131	1	
36	Participant ME Code	132	2	C-45
37	Participant Match	134	1	
38	Participant County Code	135	3	
39	Participant Legal County	138	3	
40	Participant Level of Care	141	1	
41	Participant Money Pay Indicator	142	1	
42	Participant MCARE A Indicator	143	1	
43	Participant MCARE B Indicator	144	1	
44	Participant QMB Indicator	145	1	
45	Participant Lockin Indicator	146	1	

Field No.	Description	Disp	Length	Table ID
46	Participant TPL Main Indicator	147	1	C-63
47	TPL Applic Indicator-1	148	1	
48	TPL Applic Indicator-2	149	1	
49	TPL Applic Indicator-3	150	1	
50	TPL Applic Indicator-4	151	1	
51	TPL Applic Indicator-5	152	1	
52	Filler	153	9	
53	Override Location Code	162	2	
54	Current Location Code	164	2	
55	Current Date Entered Location	166	7	C-16
56	Previous Location Code	173	2	
57	Previous Date Entered Location	175	7	C-16
58	PA Number-CCYYJJJ	182	11	
59	PA Number Sequence Number	193	1	
60	Entry Date	194	7	C-16
61	Suspended Date	201	7	C-16
62	Last Cycle Date	208	7	C-16
63	Date of Adjudication	215	7	C-16
64	Paid Date	222	7	C-16
65	Original Paid Date	229	7	C-16
66	First Date of Service	236	7	C-16
67	Last Date of Service	243	7	C-16
68	RA Number	250	7	
69	Total Claim Charge	257	13	C-10

Field No.	Description	Disp	Length	Table ID
70	Patient Liability	270	7	
71	Calculated Participant Co-pay	277	7	
72	TPL Other Insurance Amount	284	11	
73	Net Claim Charge	295	13	C-10
74	Reimbursement Amount	308	13	
75	AR Amount	321	9	
76	FFP Amount	330	9	
77	TPL Received Amount	339	9	
78	Mass Request Number	348	5	
79	Adjustment Reason	353	2	
80	Claim Credit Indicator	355	1	
81	ICN of Adjusted Claim	356	13	C-92
82	ICN of Credit	369	13	C-92
83	Number of Cycles	382	3	
84	ICN of Previous File	385	13	C-41
85	Category of Service	398	2	
86	Financial Indicator	400	1	
87	TPL Record Ind-1	401	3	
88	TPL Record Ind-2	404	3	
89	TPL Record Ind-3	407	3	
90	TPL Record Ind-4	410	3	
91	TPL Record Ind-5	413	3	
92	TPL Additional Records	416	1	
93	TPL Pulled Indicator	417	1	

Field No.	Description	Disp	Length	Table ID
94	Agency Code	418	1	
95	Decimal Qty Dispensed	419	10	C-28
96	Dispensing Status	429	1	
97	RX Denial Clarification	430	2	
98	Diff Subsidy Indicator	432	1	
99	EPSDT Indicator	433	1	
100	Family Plan Indicator	434	1	
101	Diagnosis Code	435	7	C-17
102	Diagnosis TPL Indicator	442	1	
103	PDD Family Plan Indicator	443	1	
104	PA Indicator	444	1	
105	Compound Indicator	445	1	C-69
106	Category of Service MARS	446	2	
107	Drug Form Number	448	8	
108	Prescription Number	456	7	C-4
109	Prescribing Provider Number	463	9	C-15
110	Prescribing Provider Specialty	472	2	C-36
111	NDC Manufacture Code	474	5	C-26
112	NDC Drug Name	479	4	C-26
113	NDC Package Size	483	2	C-26
114	Drug Therapeutic Class	485	4	
115	Generic Code	489	5	
116	5 Script Exempt Indicator	494	1	
117	Unit Dose Indicator	495	1	

Field No.	Description	Disp	Length	Table ID
118	Drug Keyed EPSDT Indicator	496	1	
119	Nursing Home Indicator	497	1	
120	Tracking Indicator	498	1	
121	Key TPL Indicator	499	1	
122	Arthritic Indicator	500	1	
123	PDD Prior Authorization Indicator	501	1	
124	Refill Indicator	502	1	
125	Days' Supply	503	3	C-29
126	Qty Dispensed	506	5	C-28
127	Dispensing Fee	511	5	
128	Allowed Charge	516	9	C-10
129	Filler	525	1	
130	MAC Price	526	9	
131	ACQ Wholesale Cost	535	9	
132	Average Wholesale Cost	544	9	
133	Exception Code-1	553	4	
134	Exception Status-1	557	1	
135	Exception Clerk ID-1	558	3	
136	Exception Code-2	561	4	
137	Exception Status-2	565	1	
138	Exception Clerk ID-2	566	3	
139	Exception Code-3	569	4	
140	Exception Status-3	573	1	
141	Exception Clerk ID-3	574	3	

Field No.	Description	Disp	Length	Table ID
142	Exception Code-4	577	4	
143	Exception Status-4	581	1	
144	Exception Clerk ID-4	582	3	
145	Exception Code-5	585	4	
146	Exception Status-5	589	1	
147	Exception Clerk ID-5	590	3	
148	Exception Code-6	593	4	
149	Exception Status-6	597	1	
150	Exception Clerk ID-6	598	3	
151	Exception Code-7	601	4	
152	Exception Status-7	605	1	
153	Exception Clerk ID-7	606	3	
154	Exception Code-8	609	4	
155	Exception Status-8	613	1	
156	Exception Clerk ID-8	614	3	
157	Exception Code-9	617	4	
158	Exception Status-9	621	1	
159	Exception Clerk ID-9	622	3	
160	Exception Code-10	625	4	
161	Exception Status-10	629	1	
162	Exception Clerk ID-10	630	3	
163	Exception Code-11	633	4	
164	Exception Status-11	637	1	
165	Exception Clerk ID-11	638	3	

Field No.	Description	Disp	Length	Table ID
166	Exception Code-12	641	34	
167	Exception Status-12	645	1	
168	Exception Clerk ID-12	646	3	
169	Exception Code-13	649	4	
170	Exception Status-13	653	1	
171	Exception Clerk ID-13	654	3	
172	Exception Code-14	657	4	
173	Exception Status-14	661	1	
174	Exception Clerk ID-14	662	3	
175	Exception Code-15	665	4	
176	Exception Status-15	669	1	
177	Exception Clerk ID-15	670	3	
178	Exception Code-16	673	4	
179	Exception Status-16	677	1	
180	Exception Clerk ID-16	678	3	
181	Exception Code-17	681	4	
182	Exception Status-17	685	1	
183	Exception Clerk ID-17	686	3	
184	Exception Code-18	689	4	
185	Exception Status-18	693	1	
186	Exception Clerk ID-18	694	3	
187	Exception Code-19	697	4	
188	Exception Status-19	701	1	
189	Exception Clerk ID-19	702	3	



Field No.	Description	Disp	Length	Table ID
190	Exception Code-20	705	4	
191	Exception Status-20	709	1	
192	Exception Clerk ID-20	710	3	
193	Exception Code-21	713	4	
194	Exception Status-21	717	1	
195	Exception Clerk ID-21	718	3	
196	Exception Code-22	721	4	
197	Exception Status-22	725	1	
198	Exception Clerk ID-22	726	3	
199	Exception Code-23	729	4	
200	Exception Status-23	733	1	
201	Exception Clerk ID-23	734	3	
202	Exception Code-24	737	4	
203	Exception Status-24	741	1	
204	Exception Clerk ID-24	742	3	
205	Exception Code-25	745	4	
206	Exception Status-25	749	1	
207	Exception Clerk ID-25	750	3	
208	Exception Code-26	753	4	
209	Exception Status-26	757	1	
210	Exception Clerk ID-26	758	3	
211	Exception Code-27	761	4	
212	Exception Status-27	765	1	
213	Exception Clerk ID-27	766	3	

Field No.	Description	Disp	Length	Table ID
214	Exception Code-28	769	4	
215	Exception Status-28	773	1	
216	Exception Clerk ID-28	774	3	
217	Exception Code-29	777	4	
218	Exception Status-29	781	1	
219	Exception Clerk ID-29	782	3	
220	Exception Code-30	785	4	
221	Exception Status-30	789	1	
222	Exception Clerk ID-30	790	3	
223	Exception Code-31	793	4	
224	Exception Status-31	797	1	
225	Exception Clerk ID-31	798	3	
226	Exception Code-32	801	4	
227	Exception Status-32	805	1	
228	Exception Clerk ID-32	806	3	
229	Filler	809	1	
230	EOB Code-1	810	4	
231	EOB Code-2	814	4	
232	Filler	818	85	
233	Misc Provider Indicator-1	903	1	C-146
234	Misc Provider Number-1	904	9	C-8
235	Misc Provider Indicator-2	913	1	C-146
236	Misc Provider Number-2	914	9	C-8
237	Misc Provider Indicator-3	923	1	C-146

Field No.	Description	Disp	Length	Table ID
238	Misc Provider Number-3	924	9	C-8
239	Misc Provider Indicator-4	933	1	C-146
240	Misc Provider Number-4	934	9	C-8
241	Misc Provider Indicator-5	943	1	C-146
242	Misc Provider Number-5	944	9	C-8
243	Misc Provider Indicator-6	953	1	C-146
244	Misc Provider Number-6	954	9	C-8
245	Misc Provider Indicator-7	963	1	C-146
246	Misc Provider Number-7	964	9	C-8
247	Misc Provider Indicator-8	973	1	C-146
248	Misc Provider Number-8	974	9	C-8
249	Misc Provider Indicator-9	983	1	
250	Misc Provider Number-9	984	9	C-8
251	Misc Provider Indicator-10	993	1	
252	Misc Provider Number-10	994	9	C-8
253	Withheld Amount	1003	10	
254	NPI Provider Number	1013	10	
255	NPI Prescribing Provider Number	1023	10	
256	Submitter Prescribing NPI	1033	10	
257	NPI Misc Provider Number-1	1043	10	C-146
258	NPI Misc Provider Number-2	1053	10	C-146
259	NPI Misc Provider Number-3	1063	10	C-146
260	NPI Misc Provider Number-4	1073	10	C-146
261	NPI Misc Provider Number-5	1083	10	C-146

Field No.	Description	Disp	Length	Table ID
262	NPI Misc Provider Number-6	1093	10	C-146
263	NPI Misc Provider Number-7	1103	10	C-146
264	NPI Misc Provider Number-8	1113	10	C-146
265	NPI Misc Provider Number-9	1123	10	C-146
266	NPI Misc Provider Number-10	1133	10	C-146
267	MCARE Drug Coverage Indicator	1143	1	
268	MO-RX Claim Indicator	1144	1	
269	MCARE Refused Indicator	1145	1	
270	HIC Number	1146	12	
271	Participant MCARE D Indicator	1158	1	
272	Elig Clarification	1159	1	
273	Prescription Number-12	1160	12	C-4
274	Drug Code Set Code	1172	2	
275	Drug Provider Taxonomy	1174	10	
276	Drug Refill Number	1184	2	
277	Drug Script Origin Code	1186	1	
278	Drug Date Written	1187	7	
279	Drug DAW code	1194	1	
280	Drug Auth Refills	1195	2	
281	Drug Health Plan Pay Amount	1197	11	C-61
282	Drug Payment Date	1208	7	C-16
283	Drug Line Item Number	1215	3	
284	RX Denial Clarification 2	1218	2	
285	RX Denial Clarification 3	1220	2	

Field No.	Description	Disp	Length	Table ID
286	Allowed Charge Source	1222	2	
287	Filler	1224	777	

## HOME HEALTH EXTRACT LAYOUT (VENDHH)

This record layout is used to supply the Health Plans with paid or to be paid FFS and Encounter home health claims for participants enrolled with the Health Plans.

\*Data is masked

\*\*Health Plan provider number applicable to participant at time of generation; used to send record to health plan

\*\*\*NPI Number is masked if encounter claim

Field No.	Description	Disp	Length	Table ID
01	Record Type (10)	1	2	
02	Layout Code	3	1	
03	Claim Type	4	1	
04	ICN Region	5	2	C-92
05	ICN Batch Date	7	5	C-92
06	ICN Batch Number	12	3	C-92
07	ICN Document Number	15	2	C-92
08	ICN Document Line Number	17	1	C-92
09	ICN Check Digit	18	1	
10	Account Code	19	1	
11	Claim Status	20	1	
12	Submission Ind	21	1	
13	Clerk Data Entry	22	3	
14	Clerk Action	25	3	
15	Split Claim Indicator	28	1	
16	True Claim ID	29	13	

Field No.	Description	Disp	Length	Table ID
17	Provider Number**	42	9	C-8
18	Provider Last Name (First Two Bytes)*	51	2	
19	Provider Type	53	2	
20	Provider Specialty Code	55	2	C-36
21	Provider County Code	57	3	
22	Misc Tran for Temp	60	1	
23	Provider BPST Indicator	61	1	
24	Current Participant ID	62	8	C-1
25	Original Participant ID	70	8	C-1
26	Participant Case Number	78	10	
27	Participant Last Name	88	2	
28	Filler	90	17	
29	Participant First Name	107	1	
30	Filler	108	11	
31	Participant Middle Initial	119	1	
32	Participant Birth date	120	7	C-16
33	Participant Age	127	3	
34	Participant Sex Code	130	1	C-49
35	Participant Race Code	131	1	
36	Participant ME Code	132	2	C-45
37	Participant Match	134	1	
38	Participant County Code	135	3	
39	Participant Legal County	138	3	
40	Participant Level of Care	141	1	

Field No.	Description	Disp	Length	Table ID
41	Participant Money Pay Indicator	142	1	
42	Participant MCARE A Indicator	143	1	
43	Participant MCARE B Indicator	144	1	
44	Participant QMB Indicator	145	1	
45	Participant Lockin Indicator	146	1	
46	Participant TPL Main Indicator	147	1	C-63
47	TPL Applic Indicator-1	148	1	
48	TPL Applic Indicator-2	149	1	
49	TPL Applic Indicator-3	150	1	
50	TPL Applic Indicator-4	151	1	
51	TPL Applic Indicator-5	152	1	
52	Filler	153	9	
53	Override Location Code	162	2	
54	Current Location Code	164	2	
55	Current Date Entered Location	166	7	C-16
56	Previous Location Code	173	2	
57	Previous Date Entered Location	175	7	C-16
58	PA Number-CCYYJJJ	182	11	
59	PA Number Sequence Number	193	1	
60	Entry Date	194	7	C-16
61	Suspended Date	201	7	C-16
62	Last Cycle Date	208	7	C-16
63	Date of Adjudication	215	7	C-16
64	Paid Date	222	7	C-16

Field No.	Description	Disp	Length	Table ID
65	Original Paid Date	229	7	C-16
66	First Date of Service	236	7	C-16
67	Last Date of Service	243	7	C-16
68	RA Number*	250	7	
69	Total Claim Charge*	257	13	C-10
70	Patient Liability*	270	7	
71	Calculated Participant Co-pay*	277	7	
72	TPL Other Insurance Amount*	284	11	
73	Net Claim Charge*	295	13	C-10
74	Reimbursement Amount*	308	13	
75	AR Amount*	321	9	
76	FFP Amount*	330	9	
77	TPL Received Amount*	339	9	
78	Mass Request Number	348	5	
79	Adjustment Reason	353	2	
80	Claim Credit Indicator	355	1	
81	ICN of Adjusted Claim	356	13	C-92
82	ICN of Credit	369	13	C-92
83	Number of Cycles	382	3	
84	ICN of Previous File	385	13	C-41
85	Category of Service	398	2	
86	Financial Indicator	400	1	
87	TPL Record Ind-1	401	3	
88	TPL Record Ind-2	404	3	



Field No.	Description	Disp	Length	Table ID
89	TPL Record Ind-3	407	3	
90	TPL Record Ind-4	410	3	
91	TPL Record Ind-5	413	3	
92	TPL Additional Records	416	1	
93	TPL Pulled Indicator	417	1	
94	Agency Code	418	1	
95	Rep Bypass Indicator	419	1	
96	EPSDT Indicator	420	1	
97	Family Plan Indicator	421	1	
98	Patient Account Number	422	20	C-31
99	Medicare HIB Number*	442	12	
100	Keyed Medicare Attachment Indicator	454	1	
101	Keyed TPL Indicator	455	1	
102	History Retention Indicator	456	1	
103	Keyed Family Plan Indicator	457	1	
104	Keyed EPSDT Indicator	458	1	
105	Facility Type	459	1	
106	Class	460	1	
107	Frequency	461	1	
108	Percent Rate*	462	5	
109	Hospice Patient Status	467	2	
110	Condition Code-1	469	2	C-22
111	Condition Code-2	471	2	C-22
112	Condition Code-3	473	2	C-22

Field No.	Description	Disp	Length	Table ID
113	Condition Code-4	475	2	C-22
114	Condition Code-5	477	2	C-22
115	Condition Code-6	479	2	C-22
116	Condition Code-7	481	2	C-22
117	OPFRA Percent Rate*	483	5	
118	Diagnosis Code-1	488	7	C-17
119	Diagnosis TPL Ind-1	495	1	
120	Diagnosis Family Plan Ind-1	496	1	
121	Diagnosis Code-2	497	7	C-17
122	Diagnosis TPL Ind-2	504	1	
123	Diagnosis Family Plan Ind-2	505	1	
124	Diagnosis Code-3	506	7	C-17
125	Diagnosis TPL Ind-3	513	1	
126	Diagnosis Family Plan Ind-3	514	1	
127	Diagnosis Code-4	515	7	C-17
128	Diagnosis TPL Ind-4	522	1	
129	Diagnosis Family Plan Ind-4	523	1	
130	Diagnosis Code-5	524	7	C-17
131	Diagnosis TPL Ind-5	531	1	
132	Diagnosis Family Plan Ind-5	532	1	
133	Occurrence Code-1	533	2	C-23
134	Occurrence Date-1	535	7	C-16
135	Occurrence Code-2	542	2	C-23
136	Occurrence Date-2	544	7	C-16

Field No.	Description	Disp	Length	Table ID
137	Occurrence Code-3	551	2	C-23
138	Occurrence Date-3	553	7	C-16
139	Occurrence Code-4	560	2	C-23
140	Occurrence Date-4	562	7	C-16
141	Exception Code-1	569	4	
142	Exception Status-1	573	1	
143	Exception Clerk ID-1	574	3	
144	Exception Code-2	577	4	
145	Exception Status-2	581	1	
146	Exception Clerk ID-2	582	3	
147	Exception Code-3	585	4	
148	Exception Status-3	589	1	
149	Exception Clerk ID-3	590	3	
150	Exception Code-4	593	4	
151	Exception Status-4	597	1	
152	Exception Clerk ID-4	598	3	
153	Exception Code-5	601	4	
154	Exception Status-5	605	1	
155	Exception Clerk ID-5	606	3	
156	Exception Code-6	609	4	
157	Exception Status-6	613	1	
158	Exception Clerk ID-6	614	3	
159	Exception Code-7	617	4	
160	Exception Status-7	621	1	

Field No.	Description	Disp	Length	Table ID
161	Exception Clerk ID-7	622	3	
162	Exception Code-8	625	4	
163	Exception Status-8	629	1	
164	Exception Clerk ID-8	630	3	
165	Exception Code-9	633	4	
166	Exception Status-9	637	1	
167	Exception Clerk ID-9	638	3	
168	Exception Code-10	641	4	
169	Exception Status-10	645	1	
170	Exception Clerk ID-10	646	3	
171	Exception Code-11	649	4	
172	Exception Status-11	653	1	
173	Exception Clerk ID-11	654	3	
174	Exception Code-12	657	4	
175	Exception Status-12	661	1	
176	Exception Clerk ID-12	662	3	
177	Exception Code-13	665	4	
178	Exception Status-13	669	1	
179	Exception Clerk ID-13	670	3	
180	Exception Code-14	673	4	
181	Exception Status-14	677	1	
182	Exception Clerk ID-14	678	3	
183	Exception Code-15	681	4	
184	Exception Status-15	685	1	

Field No.	Description	Disp	Length	Table ID
185	Exception Clerk ID-15	686	3	
186	Exception Code-16	689	4	
187	Exception Status-16	693	1	
188	Exception Clerk ID-16	694	3	
189	Exception Code-17	697	4	
190	Exception Status-17	701	1	
191	Exception Clerk ID-17	702	3	
192	Exception Code-18	705	4	
193	Exception Status-18	709	1	
194	Exception Clerk ID-18	710	3	
195	Exception Code-19	713	4	
196	Exception Status-19	717	1	
197	Exception Clerk ID-19	718	3	
198	Exception Code-20	721	4	
199	Exception Status-20	725	1	
200	Exception Clerk ID-20	726	3	
201	Exception Code-21	729	4	
202	Exception Status-21	733	1	
203	Exception Clerk ID-21	734	3	
204	Exception Code-22	737	4	
205	Exception Status-22	741	1	
206	Exception Clerk ID-22	742	3	
207	Exception Code-23	745	4	
208	Exception Status-23	749	1	

Field No.	Description	Disp	Length	Table ID
209	Exception Clerk ID-23	750	3	
210	Exception Code-24	753	4	
211	Exception Status-24	757	1	
212	Exception Clerk ID-24	758	3	
213	Exception Code-25	761	4	
214	Exception Status-25	765	1	
215	Exception Clerk ID-25	766	3	
216	Exception Code-26	769	4	
217	Exception Status-26	773	1	
218	Exception Clerk ID-26	774	3	
219	Exception Code-27	777	4	
220	Exception Status-27	781	1	
221	Exception Clerk ID-27	782	3	
222	Exception Code-28	785	4	
223	Exception Status-28	789	1	
224	Exception Clerk ID-28	790	3	
225	Exception Code-29	793	4	
226	Exception Status-29	797	1	
227	Exception Clerk ID-29	798	3	
228	Exception Code-30	801	4	
229	Exception Status-30	805	1	
230	Exception Clerk ID-30	806	3	
231	Exception Code-31	809	4	
232	Exception Status-31	813	1	

Field No.	Description	Disp	Length	Table ID
233	Exception Clerk ID-31	814	3	
234	Exception Code-32	817	4	
235	Exception Status-32	821	1	
236	Exception Clerk ID-32	822	3	
237	Filler	825	1	
238	EOB Code-1	826	4	
239	EOB Code-2	830	4	
240	Detail EOB Code-1	834	4	
241	Detail EOB Code-2	838	4	
242	Filler	842	77	
243	Misc Provider Indicator-1	919	1	C-146
244	Misc Provider Number-1*	920	9	C-8
245	Misc Provider Indicator-2	929	1	C-146
246	Misc Provider Number-2*	930	9	C-8
247	Misc Provider Indicator-3	939	1	C-146
248	Misc Provider Number-3*	940	9	C-8
249	Misc Provider Indicator-4	949	1	C-146
250	Misc Provider Number-4*	950	9	C-8
251	Misc Provider Indicator-5	959	1	C-146
252	Misc Provider Number-5*	960	9	C-8
253	Misc Provider Indicator-6	969	1	C-146
254	Misc Provider Number-6*	970	9	C-8
255	Misc Provider Indicator-7	979	1	C-146
256	Misc Provider Number-7*	980	9	C-8

Field No.	Description	Disp	Length	Table ID
257	Misc Provider Indicator-8	989	1	C-146
258	Misc Provider Number-8*	990	9	C-8
259	Misc Provider Indicator-9	999	1	C-146
260	Misc Provider Number-9*	1000	9	C-8
261	Misc Provider Indicator-10	1009	1	C-146
262	Misc Provider Number-10*	1010	9	C-8
263	Detail Pulled Indicator	1019	1	
264	Place of Service	1020	2	
265	Detail First Date of Service	1022	7	C-16
266	Detail Last Date of Service	1029	7	C-16
267	Type of Service	1036	1	C-11
268	Procedure Code	1037	7	C-30
269	Procedure Modifier Price	1044	2	C-35
270	Procedure Modifier Information	1046	2	C-35
271	Procedure Modifier-3	1048	2	C-35
272	Procedure Modifier-4	1050	2	C-35
273	Detail History Retention Indicator	1052	1	
274	Duplicate Check Indicator	1053	1	
275	Detail Family Plan Indicator	1054	1	
276	L3 PA Attachment Indicator	1055	1	
277	Detail Keyed EPSDT Indicator	1056	1	
278	Detail Code	1057	1	
279	Detail Performing Physician*	1058	9	



Field No.	Description	Disp	Length	Table ID
280	Detail Performing Physician Specialty Code*	1067	2	C-36
281	Detail Diagnosis Code	1069	8	C-17
282	Detail Diagnosis Treatment Ind	1076	1	
283	Detail EPSDT Indicator	1077	1	
284	Detail Participant TPL Ind-1	1078	1	
285	Detail Participant TPL Ind-2	1079	1	
286	Detail Participant TPL Ind-3	1080	1	
287	Detail Participant TPL Ind-4	1081	1	
288	Detail Participant TPL Ind-5	1082	1	
289	Detail Category of Service	1083	2	
290	Detail Category of Service MARS	1085	2	
291	Service Units	1087	5	C-28
292	Filler	1092	1	
293	L3 Procedure Charge*	1093	7	
294	L3 Specialty Charge*	1100	13	
295	Detail Submitted Charge*	1113	13	
296	Detail Copay*	1126	7	
297	Detail TPL Other Insurance*	1133	7	
298	Detail Patient Liability*	1140	7	
299	Detail Allowed Charge*	1147	13	C-10
300	Detail Paid Amount*	1160	13	C-61
301	Detail FFP Amount*	1173	9	
302	MC OP Revenue Code	1188	3	c-9

Field No.	Description	Disp	Length	Table ID
303	Temp Days Eligible	1191	2	
304	Claim Detail Number	2293	3	
305	Withheld Amount*	1196	10	
306	NPI Provider Number***	1206	10	
307	NPI Misc Provider Number-1	1216	10	C-146
308	NPI Misc Provider Number-2	1226	10	C-146
309	NPI Misc Provider Number-3	1236	10	C-146
310	NPI Misc Provider Number-4	1246	10	C-146
311	NPI Misc Provider Number-5	1256	10	C-146
312	NPI Misc Provider Number-6	1266	10	C-146
313	NPI Misc Provider Number-7	1276	10	C-146
314	NPI Misc Provider Number-8	1286	10	C-146
315	NPI Misc Provider Number-9	1296	10	C-146
316	NPI Misc Provider Number-10	1306	10	C-146
317	Code Set Code	1316	2	
318	Abortion Service Code*	1318	3	
319	Provider Taxonomy	1321	10	
320	Service Facility Name	1331	35	C-66
321	Health Plan Payment Amount*	1366	11	
322	Allowed Charge Source	1377	2	
323	Attending Provider Taxonomy	1379	10	
324	Detail TPL Other Insurance*	1389	9	
325	Filler	1398	603	

## INPATIENT EXTRACT LAYOUT (VENDINPT)

This record layout is used to supply the Health Plans with paid or to be paid FFS and Encounter inpatient claims for participants enrolled with the Health Plans.

\*Data is masked

\*\*Health Plan provider number applicable to participant at time of generation; used to send record to health plan

\*\*\*NPI Number is masked if encounter claim

Field No.	Description	Disp	Length	Table ID
01	Record Type (10)	1	2	
02	Layout Code	3	1	
03	Claim Type	4	1	
04	Region	5	2	C-92
05	Batch Date	7	5	C-92
06	Batch Number	12	3	C-92
07	Document Number	15	2	C-92
08	Document Line Number	17	1	C-92
09	Filler	18	1	
10	Account Code	19	1	
11	Claim Status	20	1	
12	Submission Ind	21	1	
13	Clerk Data Entry	22	3	
14	Clerk Action	25	3	
15	Split Claim Indicator	28	1	
16	True Claim ID	29	13	
17	Provider Number**	42	9	C-8
18	Provider Last Name (First Two Bytes)*	51	2	
19	Provider Type	53	2	
20	Provider Specialty Code	55	2	C-36
21	Provider County Code	57	3	

Field No.	Description	Disp	Length	Table ID
22	Misc Tran for Temp	60	1	
23	Provider BPST Indicator	61	1	
24	Current Participant ID	62	8	C-1
25	Original Participant ID	70	8	C-1
26	Participant Case Number	78	10	
27	Participant Last Name	88	2	
28	Filler	90	17	
29	Participant First Name	107	1	
30	Filler	108	11	
31	Participant Middle Initial	119	1	
32	Participant Birthdate	120	7	C-16
33	Participant Age	127	3	
34	Participant Sex Code	130	1	C-49
35	Participant Race Code	131	1	
36	Participant ME Code	132	2	C-45
37	Participant Match	134	1	
38	Participant County Code	135	3	
39	Participant Legal County	138	3	
40	Participant Level of Care	141	1	
41	Participant Money Pay Indicator	142	1	
42	Participant MCARE A Indicator	143	1	
43	Participant MCARE B Indicator	144	1	
44	Participant QMB Indicator	145	1	
45	Participant Lockin Indicator	146	1	
46	Participant TPL Main Indicator	147	1	C-63
47	TPL Applic Indicator-1	148	1	

Field No.	Description	Disp	Length	Table ID
48	TPL Applic Indicator-2	149	1	
49	TPL Applic Indicator-3	150	1	
50	TPL Applic Indicator-4	151	1	
51	TPL Applic Indicator-5	152	1	
52	Filler	153	9	
53	Override Location Code	162	2	
54	Current Location Code	164	2	
55	Current Date Entered Location	166	7	C-16
56	Previous Location Code	173	2	
57	Previous Date Entered Location	175	7	C-16
58	PA Number-CCYYJJ	182	11	
59	PA Number Sequence Number	193	1	
60	Entry Date	194	7	C-16
61	Suspended Date	201	7	C-16
62	Last Cycle Date	208	7	C-16
63	Date of Adjudication	215	7	C-16
64	Paid Date	222	7	C-16
65	Original Paid Date	229	7	C-16
66	First Date of Service	236	7	C-16
67	Last Date of Service	243	7	C-16
68	RA Number*	250	7	
69	Total Claim Charge*	257	13	C-10
70	Patient Liability*	270	7	
71	Calculated Participant Co-pay*	277	7	
72	TPL Other Insurance Amount*	284	11	
73	Net Claim Charge*	295	13	C-10

Field No.	Description	Disp	Length	Table ID
74	Reimbursement Amount*	308	13	
75	AR Amount*	321	9	
76	FFP Amount*	330	9	
77	TPL Received Amount*	339	9	
78	Mass Request Number	348	5	
79	Adjustment Reason	353	2	
80	Claim Credit Indicator	355	1	
81	ICN of Adjusted Claim	356	13	C-92
82	ICN of Credit	369	13	C-92
83	Number of Cycles	382	3	
84	ICN of Previous File	385	13	C-41
85	Category of Service	398	2	
86	Financial Indicator	400	1	
87	TPL Record Ind-1	401	3	
88	TPL Record Ind-2	404	3	
89	TPL Record Ind-3	407	3	
90	TPL Record Ind-4	410	3	
91	TPL Record Ind-5	413	3	
92	TPL Additional Records	416	1	
93	TPL Med Pulled Indicator	417	1	
94	Agency Code	418	1	
95	Actual Paid Amount*	419	13	C-61
96	FRA Per Diem Rate*	432	7	
97	EPSDT Indicator	439	1	
98	Family Plan Indicator	440	1	
99	Patient Account Number	441	20	C-31

Field No.	Description	Disp	Length	Table ID
100	Medicare HIB Number*	461	12	
101	Facility Type	473	1	
102	Class	474	1	
103	Frequency	475	1	
104	Category of Service MARS	476	2	
105	Admit Source	478	1	
106	Admit Type	479	1	
107	Admit Date	480	7	C-16
108	Patient Status	487	2	C-7
109	Ad Hoc Billed Days	489	3	
110	Ad Hoc Paid Days	492	3	
111	Ad Hoc Pas Days	495	3	
112	Total Days Billed	498	3	
113	Total Covered Days	501	3	C-32
114	Total Non-Covered Days	504	3	C-32
115	Total Non-Covered Charge*	507	9	
116	Professional Standards Review Organization (PSRO) Total Days Certified	516	3	
117	PSRO Provider Flag	519	1	
118	PSRO Provider Region	520	2	
119	Occurrence Span Code	522	2	
120	Occurrence Span From Date	524	7	C-60
121	Occurrence Span Thru Date	531	7	C-60
122	Condition Code-1	538	2	C-22
123	Condition Code-2	540	2	C-22

Field No.	Description	Disp	Length	Table ID
124	Condition Code-3	542	2	C-22
125	Condition Code-4	544	2	C-22
126	Condition Code-5	546	2	C-22
127	Condition Code-6	548	2	C-22
128	Condition Code-7	550	2	C-22
129	Total Pas Cutback	552	3	
130	Bypass Pas Provider Indicator	555	1	
131	Keyed MCARE Attachment Indicator	556	1	
132	Keyed TPL Indicator	557	1	
133	Diagnosis Code-1	558	7	C-17
134	Diagnosis TPL Indicator-1	565	1	
135	Diagnosis Family Plan Ind-1	566	1	
136	Diagnosis Code-2	567	7	C-17
137	Diagnosis TPL Indicator-2	574	1	
138	Diagnosis Family Plan Ind-2	575	1	
139	Diagnosis Code-3	576	7	C-17
140	Diagnosis TPL Indicator-3	583	1	
141	Diagnosis Family Plan Ind-3	584	1	
142	Diagnosis Code-4	585	7	C-17
143	Diagnosis TPL Indicator-4	592	1	
144	Diagnosis Family Plan Ind-4	593	1	
145	Diagnosis Code-5	594	7	C-17
146	Diagnosis TPL Indicator-5	601	1	
147	Diagnosis Family Plan Ind-5	602	1	
148	Surgery Type of Service-1	603	1	C-11
149	Surgery Procedure Code-1	604	7	C-59



Field No.	Description	Disp	Length	Table ID
150	Surgery Procedure Mod Price-1	611	2	C-35
151	Surgery Procedure Mod Info-1	613	2	C-35
152	Date of Surgery-1	615	7	C-16
153	Keyed Surgery PA Attachment Ind-1	622	1	
154	L3 Surgery PA Attachment Ind-1	623	1	
155	History Retention Ind-1	624	1	
156	Surgery Type of Service-2	625	1	C-11
157	Surgery Procedure Code-2	626	7	C-59
158	Surgery Procedure Mod Price-2	633	2	C-35
159	Surgery Procedure Mod Info-2	635	2	C-35
160	Date of Surgery-2	637	7	C-16
161	Keyed Surgery PA Attachment Ind-2	644	1	
162	L3 Surgery PA Attachment Ind-2	645	1	
163	History Retention Ind-2	646	1	
164	Surgery Type of Service-3	647	1	C-11
165	Surgery Procedure Code-3	648	7	C-59
166	Surgery Procedure Mod Price-3	655	2	C-35
167	Surgery Procedure Mod Info-3	657	2	C-35
168	Date of Surgery-3	659	7	C-16
169	Keyed Surgery PA Attachment Ind-3	666	1	
170	L3 Surgery PA Attachment Ind-3	667	1	
171	History Retention Ind-3	668	1	
172	Surgery Type of Service-4	669	1	C-11
173	Surgery Procedure Code-4	670	7	C-59
174	Surgery Procedure Mod Price-4	677	2	C-35
175	Surgery Procedure Mod Info-4	679	2	C-35

Field No.	Description	Disp	Length	Table ID
176	Date of Surgery-4	681	7	C-16
177	Keyed Surgery PA Attachment Ind-4	688	1	
178	L3 Surgery PA Attachment Ind-4	689	1	
179	History Retention Ind-4	690	1	
180	Surgery Type of Service-5	691	1	C-11
181	Surgery Procedure Code-5	692	7	C-59
182	Surgery Procedure Mod Price-5	699	2	C-35
183	Surgery Procedure Mod Info-5	701	2	C-35
184	Date of Surgery-5	703	7	C-16
185	Keyed Surgery PA Attachment Ind-5	710	1	
186	L3 Surgery PA Attachment Ind-5	711	1	
187	History Retention Ind-5	712	1	
188	Surgery Type of Service-6	713	1	C-11
189	Surgery Procedure Code-6	714	7	C-59
190	Surgery Procedure Mod Price-6	721	2	C-35
191	Surgery Procedure Mod Info-6	723	2	C-35
192	Date of Surgery-6	725	7	C-16
193	Keyed Surgery PA Attachment Ind-6	732	1	
194	L3 Surgery PA Attachment Ind-6	733	1	
195	History Retention Ind-6	734	1	
196	Occurrence Code-1	735	2	C-23
197	Occurrence Date-1	737	7	C-16
198	Occurrence Code-2	744	2	C-23
199	Occurrence Date-2	746	7	C-16
200	Occurrence Code-3	753	2	C-23
201	Occurrence Date-3	755	7	C-16

Field No.	Description	Disp	Length	Table ID
202	Occurrence Code-4	762	2	C-23
203	Occurrence Date-4	764	7	C-16
204	Exception Code-1	771	4	
205	Exception Status-1	775	1	
206	Exception Clerk ID-1	776	3	
207	Exception Code-2	779	4	
208	Exception Status-2	783	1	
209	Exception Clerk ID-2	784	3	
210	Exception Code-3	787	4	
211	Exception Status-3	791	1	
212	Exception Clerk ID-3	792	3	
213	Exception Code-4	795	4	
214	Exception Status-4	799	1	
215	Exception Clerk ID-4	800	3	
216	Exception Code-5	803	4	
217	Exception Status-5	807	1	
218	Exception Clerk ID-5	808	3	
219	Exception Code-6	811	4	
220	Exception Status-6	815	1	
221	Exception Clerk ID-6	816	3	
222	Exception Code-7	819	4	
223	Exception Status-7	823	1	
224	Exception Clerk ID-7	824	3	
225	Exception Code-8	827	4	
226	Exception Status-8	831	1	
227	Exception Clerk ID-8	832	3	

Field No.	Description	Disp	Length	Table ID
228	Exception Code-9	835	4	
229	Exception Status-9	839	1	
230	Exception Clerk ID-9	840	3	
231	Exception Code-10	843	4	
232	Exception Status-10	847	1	
233	Exception Clerk ID-10	848	3	
234	Exception Code-11	851	4	
235	Exception Status-11	855	1	
236	Exception Clerk ID-11	856	3	
237	Exception Code-12	859	4	
238	Exception Status-12	863	1	
239	Exception Clerk ID-12	864	3	
240	Exception Code-13	867	4	
241	Exception Status-13	871	1	
242	Exception Clerk ID-13	872	3	
243	Exception Code-14	875	4	
244	Exception Status-14	879	1	
245	Exception Clerk ID-14	880	3	
246	Exception Code-15	883	4	
247	Exception Status-15	887	1	
248	Exception Clerk ID-15	888	3	
249	Exception Code-16	891	4	
250	Exception Status-16	895	1	
251	Exception Clerk ID-16	896	3	
252	Exception Code-17	899	4	
253	Exception Status-17	903	1	

Field No.	Description	Disp	Length	Table ID
254	Exception Clerk ID-17	904	3	
255	Exception Code-18	907	4	
256	Exception Status-18	911	1	
257	Exception Clerk ID-18	912	3	
258	Exception Code-19	915	4	
259	Exception Status-19	919	1	
260	Exception Clerk ID-19	920	3	
261	Exception Code-20	923	4	
262	Exception Status-20	927	1	
263	Exception Clerk ID-20	928	3	
264	Exception Code-21	931	4	
265	Exception Status-21	935	1	
266	Exception Clerk ID-21	936	3	
267	Exception Code-22	939	4	
268	Exception Status-22	943	1	
269	Exception Clerk ID-22	944	3	
270	Exception Code-23	947	4	
271	Exception Status-23	951	1	
272	Exception Clerk ID-23	952	3	
273	Exception Code-24	955	4	
274	Exception Status-24	959	1	
275	Exception Clerk ID-24	960	3	
276	Exception Code-25	963	4	
277	Exception Status-25	967	1	
278	Exception Clerk ID-25	968	3	
279	Exception Code-26	971	4	

Field No.	Description	Disp	Length	Table ID
280	Exception Status-26	975	1	
281	Exception Clerk ID-26	976	3	
282	Exception Code-27	979	4	
283	Exception Status-27	983	1	
284	Exception Clerk ID-27	984	3	
285	Exception Code-28	987	4	
286	Exception Status-28	991	1	
287	Exception Clerk ID-28	992	3	
288	Exception Code-29	995	4	
289	Exception Status-29	999	1	
290	Exception Clerk ID-29	1000	3	
291	Exception Code-30	1003	4	
292	Exception Status-30	1007	1	
293	Exception Clerk ID-30	1008	3	
294	Exception Code-31	1011	4	
295	Exception Status-31	1015	1	
296	Exception Clerk ID-31	1016	3	
297	Exception Code-32	1019	4	
298	Exception Status-32	1023	1	
299	Exception Clerk ID-32	1024	3	
300	Filler	1027	1	
301	EOB Code-1	1028	4	
302	EOB Code-2	1032	4	
303	Detail EOB Code-1	1036	4	
304	Detail EOB Code-2	1040	4	
305	Filler	1044	77	

Field No.	Description	Disp	Length	Table ID
306	Misc Provider Indicator-1	1121	1	C-146
307	Misc Provider Number-1*	1122	9	C-8
308	Misc Provider Indicator-2	1131	1	C-146
309	Misc Provider Number-2*	1132	9	C-8
310	Misc Provider Indicator-3	1141	1	C-146
311	Misc Provider Number-3*	1142	9	C-8
312	Misc Provider Indicator-4	1151	1	C-146
313	Misc Provider Number-4*	1152	9	C-8
314	Misc Provider Indicator-5	1161	1	C-146
315	Misc Provider Number-5*	1162	9	C-8
316	Misc Provider Indicator-6	1171	1	C-146
317	Misc Provider Number-6*	1172	9	C-8
318	Misc Provider Indicator-7	1181	1	C-146
319	Misc Provider Number-7*	1182	9	C-8
320	Misc Provider Indicator-8	1191	1	C-146
321	Misc Provider Number-8*	1192	9	C-8
322	Misc Provider Indicator-9	1201	1	C-146
323	Attending Provider Taxonomy	1202	9	C-8
324	Misc Provider Indicator-10	1211	1	C-146
325	Misc Provider Number-10*	1212	9	C-8
326	Revenue Covered Indicator	1221	1	
327	Revenue Code Type	1222	1	
328	Trans Revenue Code	1223	3	C-9
329	Original Revenue Code	1226	3	C-9
330	Service Units	1229	3	C-28
331	Cutback Units	1232	3	

Field No.	Description	Disp	Length	Table ID
332	Pas Cutback Units	1235	3	
333	Filler	1238	1	
334	Room Rate*	1239	7	C-34
335	Detail Submitted Unit Rate*	1246	7	
336	Detail Submitted Charge*	1253	13	
337	Detail Non-Covered Charge*	1266	9	
338	Detail Copay*	1275	7	
339	Filler	1282	7	
340	Detail Patient Liability*	1289	7	
341	Detail Other Cutback*	1296	9	
344	Detail Allowed Charge*	1305	9	C-10
345	Detail Paid*	1314	13	
346	Detail FFP Amount*	1327	9	
347	Claim Detail Number	1342	3	
348	Withheld Amount*	1345	10	
349	NPI Provider Number***	1355	10	
350	NPI Misc Provider Number-1	1365	10	C-146
351	NPI Misc Provider Number-2	1375	10	C-146
352	NPI Misc Provider Number-3	1385	10	C-146
353	NPI Misc Provider Number-4	1395	10	C-146
354	NPI Misc Provider Number-5	1405	10	C-146
355	NPI Misc Provider Number-6	1415	10	C-146
356	NPI Misc Provider Number-7	1425	10	C-146
357	NPI Misc Provider Number-8	1435	10	C-146
358	NPI Misc Provider Number-9	1445	10	C-146
359	NPI Misc Provider Number-10	1455	10	C-146



Field No.	Description	Disp	Length	Table ID
360	Code Set Code	1465	2	
361	Emergency Service Switch	1467	1	
362	Therapy Service Switch	1468	1	
363	Abortion Service Code*	1469	3	
364	Provider Taxonomy	1472	10	
365	Health Plan Payment Amount*	1482	11	
366	Payment Date	1493	7	C-16
367	Service Facility Name	1500	35	C-66
368	Allowed Charge Source	1535	2	
369	Attending Provider Taxonomy	1537	10	
370	Detail TPL Other Insurance*	1547	9	
371	Filler	1556	445	

## MEDICAL EXTRACT LAYOUT (VENDMED)

This record layout is used to supply the Health Plans with paid or to be paid FFS and Encounter medical claims for participants enrolled with the Health Plans.

\*Data is masked

\*\*Health Plan provider number applicable to participant at time of generation; used to send record to health plan

\*\*\*NPI Number is masked if encounter claim

Field No.	Description	Disp	Length	Table ID
01	Record Type (10)	1	2	
02	Layout Code	3	1	
03	Claim Type	4	1	
04	Region	5	2	C-92
05	Batch Date	7	5	C-92
06	Batch Number	12	3	C-92
07	Document Number	15	2	C-92

Field No.	Description	Disp	Length	Table ID
08	Medical Document Line Number	17	1	C-92
09	Filler	18	1	
10	Account Code	19	1	
11	Claim Status	20	1	
12	Submission Indicator	21	1	
13	Clerk Data Entry	22	3	
14	Clerk Action	25	3	
15	Split Claim Indicator	28	1	
16	True Claim ID	29	13	
17	Provider Number**	42	9	C-8
18	Provider Last Name (First Two Bytes)*	51	2	
19	Provider Type	53	2	
20	Provider Specialty Code	55	2	C-36
21	Provider County Code	57	3	
22	Misc Tran for Temp	60	1	
23	Provider BPST Indicator	61	1	
24	Current Participant ID	62	8	C-1
25	Original Participant ID	70	8	C-1
26	Participant Case Number	78	10	
27	Participant Last Name	88	2	
28	Filler	90	17	
29	Participant First Name	107	1	
30	Filler	108	11	
31	Participant Middle Initial	119	1	
32	Participant Birthdate	120	7	C-16
33	Participant Age	127	3	

Field No.	Description	Disp	Length	Table ID
34	Participant Sex Code	130	1	C-49
35	Participant Race Code	131	1	
36	Participant ME Code	132	2	C-45
37	Participant Match	134	1	
38	Participant County Code	135	3	
39	Participant Legal County	138	3	
40	Participant Level of Care	141	1	
41	Participant Money Pay Indicator	142	1	
42	Participant MCARE A Indicator	143	1	
43	Participant MCARE B Indicator	144	1	
44	Participant QMB Indicator	145	1	
45	Participant Lockin Indicator	146	1	
46	Participant TPL Main Indicator	147	1	C-63
47	TPL Applic Indicator-1	148	1	
48	TPL Applic Indicator-2	149	1	
49	TPL Applic Indicator-3	150	1	
50	TPL Applic Indicator-4	151	1	
51	TPL Applic Indicator-5	152	1	
52	Filler	153	9	
53	Override Location Code	162	2	
54	Current Location Code	164	2	
55	Current Date Entered Location	166	7	C-16
56	Previous Location Code	173	2	
57	Previous Date Entered Location	175	7	C-16
58	PA Number-CCYYJJJ	182	7	
59	PA Number Seq Num	189	5	

Field No.	Description	Disp	Length	Table ID
60	Entry Date	194	7	C-16
61	Suspended Date	201	7	C-16
62	Last Cycle Date	208	7	C-16
63	Date of Adjudication	215	7	C-16
64	Paid Date	222	7	C-16
65	Original Paid Date	229	7	C-16
66	First Date of Service	236	7	C-16
67	Last Date of Service	243	7	C-16
68	RA Number*	250	7	
69	Total Claim Charge*	257	13	C-10
70	Patient Liability*	270	7	
71	Calculated Participant Co-pay*	277	7	
72	TPL Other Insurance Amount*	284	11	
73	Net Claim Charge*	295	13	C-10
74	Reimbursement Amount*	308	13	
75	AR Amount*	321	9	
76	FFP Amount*	330	9	
77	TPL Received Amount*	339	9	
78	Mass Request Number	348	5	
79	Adjustment Reason	353	2	
80	Claim Credit Indicator	355	1	
81	ICN of Adjusted Claim	356	13	C-92
82	ICN of Credit	369	13	C-92
83	Number of Cycles	382	3	
84	ICN of Previous File	385	13	C-41
85	Category of Service	398	2	

Field No.	Description	Disp	Length	Table ID
86	Financial Indicator	400	1	
87	TPL Record Ind-1	401	3	
88	TPL Record Ind-2	404	3	
89	TPL Record Ind-3	407	3	
90	TPL Record Ind-4	410	3	
91	TPL Record Ind-5	413	3	
92	TPL Additional Records	416	1	
93	TPL Med Pulled Indicator	417	1	
94	Agency Code	418	1	
95	Rep Bypass Indicator	419	1	
96	EPSDT Indicator	420	1	
97	Family Plan Indicator	421	1	
98	Patient Account Number	422	20	C-31
99	Medicare HIB Number*	442	12	
100	Keyed MCARE Attachment Indicator	454	1	
101	Key TPL Indicator	455	1	
102	History Retention Indicator	456	1	
103	Keyed Family Planning Indicator	457	1	
104	Keyed EPSDT Indicator	458	1	
105	Accident Date	459	7	C-64
106	Accident Type	466	1	C-65
107	Screen Reason Code-1	467	3	
108	Screen Reason Code-2	470	3	
109	Screen Reason Code-3	473	3	
110	Screen Reason Code-4	476	3	
111	Screen Reason Code-5	479	3	

Field No.	Description	Disp	Length	Table ID
112	Screen Reason Code-6	482	3	
113	Treatment Due to Screen Code	485	1	
114	Admit Date	486	7	C-16
115	Discharge Date	493	7	C-16
116	Keyed Lab Indicator	500	1	
117	Facility Indicator	501	1	
118	Menstrual Cycle Date	502	7	C-16
119	Diagnosis Code-1	509	7	C-17
120	Diagnosis TPL Indicator-1	516	1	
121	Diagnosis Family Planning Indicator-1	517	1	
122	Diagnosis Code-2	518	7	C-17
123	Diagnosis TPL Indicator-2	525	1	
124	Diagnosis Family Planning Indicator-2	526	1	
125	Diagnosis Code-3	527	7	C-17
126	Diagnosis TPL Indicator-3	534	1	
127	Diagnosis Family Planning Indicator-3	535	1	
128	Diagnosis Code-4	536	7	C-17
129	Diagnosis TPL Indicator-4	543	1	
130	Diagnosis Family Planning Indicator-4	544	1	
131	Diagnosis Code-5	545	7	C-17
132	Diagnosis TPL Indicator-5	552	1	
133	Diagnosis Family Planning Indicator-5	553	1	
134	Exception Code-1	554	4	
135	Exception Status-1	558	1	
136	Exception Clerk ID-1	559	3	
137	Exception Code-2	562	4	

Field No.	Description	Disp	Length	Table ID
138	Exception Status-2	566	1	
139	Exception Clerk ID-2	567	3	
140	Exception Code-3	570	4	
141	Exception Status-3	574	1	
142	Exception Clerk ID-3	575	3	
143	Exception Code-4	578	4	
144	Exception Status-4	582	1	
145	Exception Clerk ID-4	583	3	
146	Exception Code-5	586	4	
147	Exception Status-5	590	1	
148	Exception Clerk ID-5	591	3	
149	Exception Code-6	594	4	
150	Exception Status-6	598	1	
151	Exception Clerk ID-6	599	3	
152	Exception Code-7	602	4	
153	Exception Status-7	606	1	
154	Exception Clerk ID-7	607	3	
155	Exception Code-8	610	4	
156	Exception Status-8	614	1	
157	Exception Clerk ID-8	615	3	
158	Exception Code-9	618	4	
159	Exception Status-9	622	1	
160	Exception Clerk ID-9	623	3	
161	Exception Code-10	626	4	
162	Exception Status-10	630	1	
163	Exception Clerk ID-10	631	3	

Field No.	Description	Disp	Length	Table ID
164	Exception Code-11	634	4	
165	Exception Status-11	638	1	
166	Exception Clerk ID-11	639	3	
167	Exception Code-12	642	4	
168	Exception Status-12	646	1	
169	Exception Clerk ID-12	647	3	
170	Exception Code-13	650	4	
171	Exception Status-13	654	1	
172	Exception Clerk ID-13	655	3	
173	Exception Code-14	658	4	
174	Exception Status-14	662	1	
175	Exception Clerk ID-14	663	3	
176	Exception Code-15	666	4	
177	Exception Status-15	670	1	
178	Exception Clerk ID-15	671	3	
179	Exception Code-16	674	4	
180	Exception Status-16	678	1	
181	Exception Clerk ID-16	679	3	
182	Exception Code-17	682	4	
183	Exception Status-17	686	1	
184	Exception Clerk ID-17	687	3	
185	Exception Code-18	690	4	
186	Exception Status-18	694	1	
187	Exception Clerk ID-18	695	3	
188	Exception Code-19	698	4	
189	Exception Status-19	702	1	



Field No.	Description	Disp	Length	Table ID
190	Exception Clerk ID-19	703	3	
191	Exception Code-20	706	4	
192	Exception Status-20	710	1	
193	Exception Clerk ID-20	711	3	
194	Exception Code-21	714	4	
195	Exception Status-21	718	1	
196	Exception Clerk ID-21	719	3	
197	Exception Code-22	722	4	
198	Exception Status-22	726	1	
199	Exception Clerk ID-22	727	3	
200	Exception Code-23	730	4	
201	Exception Status-23	734	1	
202	Exception Clerk ID-23	735	3	
203	Exception Code-24	738	4	
204	Exception Status-24	742	1	
205	Exception Clerk ID-24	743	3	
206	Exception Code-25	746	4	
207	Exception Status-25	750	1	
208	Exception Clerk ID-25	751	3	
209	Exception Code-26	754	4	
210	Exception Status-26	758	1	
211	Exception Clerk ID-26	759	3	
212	Exception Code-27	762	4	
213	Exception Status-27	766	1	
214	Exception Clerk ID-27	767	3	
215	Exception Code-28	770	4	

Field No.	Description	Disp	Length	Table ID
216	Exception Status-28	774	1	
217	Exception Clerk ID-28	775	3	
218	Exception Code-29	778	4	
219	Exception Status-29	782	1	
220	Exception Clerk ID-29	783	3	
221	Exception Code-30	786	4	
222	Exception Status-30	790	1	
223	Exception Clerk ID-30	791	3	
224	Exception Code-31	794	4	
225	Exception Status-31	798	1	
226	Exception Clerk ID-31	799	3	
227	Exception Code-32	802	4	
228	Exception Status-32	806	1	
229	Exception Clerk ID-32	807	3	
230	Filler	810	1	
231	EOB Code-1	811	4	
232	EOB Code-2	815	4	
233	Detail EOB Code-1	819	4	
234	Detail EOB Code-2	823	4	
235	Filler	827	77	
236	Misc Provider Indicator-1	904	1	C-146
237	Misc Provider Number-1*	905	9	C-8
238	Misc Provider Indicator-2	914	1	C-146
239	Misc Provider Number-2*	915	9	C-8
240	Misc Provider Indicator-3	924	1	C-146
241	Misc Provider Number-3*	925	9	C-8

Field No.	Description	Disp	Length	Table ID
242	Misc Provider Indicator-4	934	1	C-146
243	Misc Provider Number-4*	935	9	C-8
244	Misc Provider Indicator-5	944	1	C-146
245	Misc Provider Number-5*	945	9	C-8
246	Misc Provider Indicator-6	954	1	C-146
247	Misc Provider Number-6*	955	9	C-8
248	Misc Provider Indicator-7	964	1	C-146
249	Misc Provider Number-7*	965	9	C-8
250	Misc Provider Indicator-8	974	1	C-146
251	Misc Provider Number-8*	975	9	C-8
252	Misc Provider Indicator-9	984	1	C-146
253	Misc Provider Number-9*	985	9	C-8
254	Misc Provider Indicator-10	994	1	C-146
255	Misc Provider Number-10*	995	9	C-8
256	Detail Pulled Indicator	1004	1	
257	Place of Service	1005	2	
258	Detail First Date of Service	1007	7	C-16
259	Detail Last Date of Service	1014	7	C-16
260	Type of Service	1021	1	C-11
261	Procedure Code	1022	7	C-30
262	Procedure Modifier Price	1029	2	C-35
263	Procedure Modifier Information	1031	2	C-35
264	Procedure Modifier-3	1033	2	C-35
265	Procedure Modifier-4	1035	2	C-35
266	Detail History Retention Indicator	1037	1	
267	Duplicate Check Indicator	1038	1	

Field No.	Description	Disp	Length	Table ID
268	Detail Family Plan Indicator	1039	1	C-30
269	L3 PA Attachment Indicator	1040	1	C-35
270	Detail Keyed EPSDT Indicator	1041	1	C-35
271	Detail Code	1042	1	C-35
272	Detail Performing Physician*	1043	9	C-35
273	Detail Performing Physician Specialty Code*	1052	3	C-36
274	Detail Diagnosis Code	1054	8	C-17
275	Detail Diagnosis Treatment Ind	1061	7	
276	Detail EPSDT Indicator	1062	1	
277	Detail Participant TPL Ind-1	1063	1	
278	Detail Participant TPL Ind-2	1064	1	
279	Detail Participant TPL Ind-3	1065	1	
280	Detail Participant TPL Ind-4	1066	1	
281	Detail Participant TPL Ind-5	1067	1	
282	Detail Category of Service	1068	2	
283	Detail Category of Service MARS	1070	2	
284	Service Units	1072	5	C-28
285	Filler	1077	1	
286	L3 Procedure Charge*	1078	7	
287	L3 Specialty Charge*	1085	13	
288	Detail Submitted Charge*	1098	13	
289	Detail Copay*	1111	7	
290	Filler	1118	7	
291	Detail Patient Liability*	1125	7	
292	Detail Allowed Charge*	1132	13	C-10

Field No.	Description	Disp	Length	Table ID
293	Detail Paid Amount*	1145	13	C-61
294	Detail FFP Amount*	1158	9	
295	MC OP Revenue Code	1173	3	C-9
296	Temp Days Eligible	1176	2	
297	Claim Detail Number	1178	3	
298	Withheld Amount*	1181	10	
299	Detail Special Amount*	1191	7	
300	Detail Special Indicator	1198	1	
301	NPI Provider Number***	1199	10	
302	NPI Misc Provider Number-1	1209	10	C-146
303	NPI Misc Provider Number-2	1219	10	C-146
304	NPI Misc Provider Number-3	1229	10	C-146
305	NPI Misc Provider Number-4	1239	10	C-146
306	NPI Misc Provider Number-5	1249	10	C-146
307	NPI Misc Provider Number-6	1259	10	C-146
308	NPI Misc Provider Number-7	1269	10	C-146
309	NPI Misc Provider Number-8	1279	10	C-146
310	NPI Misc Provider Number-9	1289	10	C-146
311	NPI Misc Provider Number-10	1299	10	C-146
312	Code Set Code	1309	2	
313	Abortion Service Code*	1311	3	
314	Emergency Service	1314	1	
315	Provider Taxonomy	1315	10	
316	Primary Care Enhanced Amount*	1325	11	
317	Primary Care Enhanced Difference Amount*	1336	11	

Field No.	Description	Disp	Length	Table ID
318	Detail Primary Care Enhanced Amount*	1347	11	
319	Detail Primary Care Enhanced Difference Amount*	1358	11	
320	NCCI Modifier-1	1369	2	
321	NCCI Modifier-2	1371	2	
322	NCCI Modifier-3	1373	2	
323	NCCI Modifier-4	1375	2	
324	Health Plan Payment Amount*	1377	7	C-61
325	Health Plan Additional Payment*	1384	13	C-61
326	Payment Date	1397	7	C-16
327	Frequency Type	1404	1	
328	Service Facility Name	1405	35	C-66
329	Allowed Charge Source	1440	2	
330	Ordering Provider ID	1442	9	
331	Ordering Provider NPI	1451	10	
332	Detail TPL Other Insurance*	1461	9	
333	Filler	1470	531	

## OUTPATIENT EXTRACT LAYOUT (VENDOUTP)

This record layout is used to supply the Health Plans with paid or to be paid FFS and Encounter outpatient claims for participants enrolled with the Health Plans.

\*Data is masked

\*\*Health Plan provider number applicable to participant at time of generation; used to send record to health plan

\*\*\*NPI Number is masked if encounter claim

Field No.	Description	Disp	Length	Table ID
01	Record Type (10)	1	2	
02	Layout Code	3	1	

Field No.	Description	Disp	Length	Table ID
03	Claim Type	4	1	
04	ICN Region	5	2	C-92
05	ICN Batch Date	7	5	C-92
06	ICN Batch Number	12	3	C-92
07	ICN Document Number	15	2	C-92
08	ICN Document Line Number	17	1	C-92
09	Filler	18	1	
10	Account Code	19	1	
11	Claim Status	20	1	
12	Submission Ind	21	1	
13	Clerk Data Entry	22	3	
14	Clerk Action	25	3	
15	Split Claim Indicator	28	1	
16	True Claim ID	29	13	
17	Provider Number**	42	9	C-8
18	Provider Last Name (First Two Bytes)*	51	2	
19	Provider Type	53	2	
20	Provider Specialty Code	55	2	C-36
21	Provider County Code	57	3	
22	Misc Tran for Temp	60	1	
23	Provider BPST Indicator	61	1	
24	Current Participant ID	62	8	C-1
25	Original Participant ID	70	8	C-1
26	Participant Case Number	78	10	
27	Participant Last Name-2	88	2	
28	Filler	90	17	

Field No.	Description	Disp	Length	Table ID
29	Participant First Name-1	107	1	
30	Filler	108	11	
31	Participant Middle Initial	119	1	
32	Participant Birthdate	120	7	C-16
33	Participant Age	127	3	
34	Participant Sex Code	130	1	C-49
35	Participant Race Code	131	1	
36	Participant ME Code	132	2	C-45
37	Participant Match	134	1	
38	Participant County Code	135	3	
39	Participant Legal County	138	3	
40	Participant Level of Care	141	1	
41	Participant Money Pay Indicator	142	1	
42	Participant MCARE A Indicator	143	1	
43	Participant MCARE B Indicator	144	1	
44	Participant QMB Indicator	145	1	
45	Participant Lockin Indicator	146	1	
46	Participant TPL Main Indicator	147	1	C-63
47	TPL Applic Indicator-1	148	1	
48	TPL Applic Indicator-2	149	1	
49	TPL Applic Indicator-3	150	1	
50	TPL Applic Indicator-4	151	1	
51	TPL Applic Indicator-5	152	1	
52	Filler	153	9	
53	Override Location Code	162	2	
54	Current Location Code	164	2	



Field No.	Description	Disp	Length	Table ID
55	Current Date Entered Location	166	7	C-16
56	Previous Location Code	173	2	
57	Previous Date Entered Location	175	7	C-16
58	PA Number-CCYYJJJ	182	7	
59	PA Number Sequence Number	189	5	
60	Entry Date	194	7	C-16
61	Suspended Date	201	7	C-16
62	Last Cycle Date	208	7	C-16
63	Date of Adjudication	215	7	C-16
64	Paid Date	222	7	C-16
65	Original Paid Date	229	7	C-16
66	First Date of Service	236	7	C-16
67	Last Date of Service	243	7	C-16
68	RA Number*	250	7	
69	Total Claim Charge*	257	13	C-10
70	Patient Liability*	270	7	
71	Calculated Participant Co-pay*	277	7	
72	TPL Other Insurance Amount*	284	11	
73	Net Claim Charge*	295	13	C-10
74	Reimbursement Amount*	308	13	
75	AR Amount*	321	9	
76	FFP Amount*	330	9	
77	TPL Received Amount*	339	9	
78	Mass Request Number	348	5	
79	Adjustment Reason	353	2	
80	Claim Credit Indicator	355	1	

Field No.	Description	Disp	Length	Table ID
81	ICN of Adjusted Claim	356	13	C-92
82	ICN of Credit	369	13	C-92
83	Number of Cycles	382	3	
84	ICN of Previous File	385	13	C-41
85	Category of Service	398	2	
86	Financial Indicator	400	1	
87	TPL Record Ind-1	401	3	
88	TPL Record Ind-2	404	3	
89	TPL Record Ind-3	407	3	
90	TPL Record Ind-4	410	3	
91	TPL Record Ind-5	413	3	
92	TPL Additional Records	416	1	
93	TPL Med Pulled Indicator	417	1	
94	Agency Code	418	1	
95	Rep Bypass Indicator	419	1	
96	EPSDT Indicator	420	1	
97	Family Plan Indicator	421	1	
98	Patient Account Number	422	20	C-31
99	Medicare HIB Number*	442	12	
100	Keyed Medicare Attachment Indicator	454	1	
101	Keyed TPL Indicator	455	1	
102	History Retention Indicator	456	1	
103	Keyed Family Plan Indicator	457	1	
104	Keyed EPSDT Indicator	458	1	
105	Facility Type	459	1	
106	Class	460	1	

Field No.	Description	Disp	Length	Table ID
107	Frequency	461	1	
108	Percent Rate*	462	5	
109	Hospice Patient Status	467	2	
110	Condition Code-1	469	2	C-22
111	Condition Code-2	471	2	C-22
112	Condition Code-3	473	2	C-22
113	Condition Code-4	475	2	C-22
114	Condition Code-5	477	2	C-22
115	Condition Code-6	479	2	C-22
116	Condition Code-7	481	2	C-22
117	OPFRA Percent Rate*	483	5	
118	Diagnosis Code-1	488	7	C-17
119	Diagnosis TPL Ind-1	495	1	
120	Diagnosis Family Plan Ind-1	496	1	
121	Diagnosis Code-2	497	7	C-17
122	Diagnosis TPL Ind-2	504	1	
123	Diagnosis Family Plan Ind-2	505	1	
124	Diagnosis Code-3	506	7	C-17
125	Diagnosis TPL Ind-3	513	1	
126	Diagnosis Family Plan Ind-3	514	1	
127	Diagnosis Code-4	515	7	C-17
128	Diagnosis TPL Ind-4	522	1	
129	Diagnosis Family Plan Ind-4	523	1	
130	Diagnosis Code-5	524	7	C-17
131	Diagnosis TPL Ind-5	531	1	
132	Diagnosis Family Plan Ind-5	532	1	

Field No.	Description	Disp	Length	Table ID
133	Surgery Type of Service-1	533	1	C-11
134	Surgery Procedure Code-1	534	7	C-59
135	Surgery Procedure Mod Price-1	541	2	C-35
136	Surgery Procedure Mod Info-1	543	2	C-35
137	Date of Surgery-1	545	7	C-16
138	Keyed Surgery PA Attachment Ind-1	552	1	
139	L3 Surgery PA Attachment Ind-1	553	1	
140	Surgery Type of Service-2	554	1	C-11
141	Surgery Procedure Code-2	555	7	C-59
142	Surgery Procedure Mod Price-2	562	2	C-35
143	Surgery Procedure Mod Info-2	564	2	C-35
144	Date of Surgery-2	566	7	C-16
145	Keyed Surgery PA Attachment Ind-2	573	1	
146	L3 Surgery PA Attachment Ind-2	574	1	
147	Surgery Type of Service-3	575	1	C-11
148	Surgery Procedure Code-3	576	7	C-59
149	Surgery Procedure Mod Price-3	583	2	C-35
150	Surgery Procedure Mod Info-3	585	2	C-35
151	Date of Surgery-3	587	7	C-16
152	Keyed Surgery PA Attachment Ind-3	594	1	
153	L3 Surgery PA Attachment Ind-3	595	1	
154	Surgery Type of Service-4	596	1	C-11
155	Surgery Procedure Code-4	597	7	C-59
156	Surgery Procedure Mod Price-4	604	2	C-35
157	Surgery Procedure Mod Info-4	606	2	C-35
158	Date of Surgery-4	608	7	C-16

Field No.	Description	Disp	Length	Table ID
159	Keyed Surgery PA Attachment Ind-4	615	1	
160	L3 Surgery PA Attachment Ind-4	616	1	
161	Surgery Type of Service-5	617	1	C-11
162	Surgery Procedure Code-5	618	7	C-59
163	Surgery Procedure Mod Price-5	625	2	C-35
164	Surgery Procedure Mod Info-5	627	2	C-35
165	Date of Surgery-5	629	7	C-16
166	Keyed Surgery PA Attachment Ind-5	636	1	
167	L3 Surgery PA Attachment Ind-5	637	1	
168	Surgery Type of Service-6	638	1	C-11
169	Surgery Procedure Code-6	639	7	C-59
170	Surgery Procedure Mod Price-6	646	2	C-35
171	Surgery Procedure Mod Info-6	648	2	C-35
172	Date of Surgery-6	650	7	C-16
173	Keyed Surgery PA Attachment Ind-6	657	1	
174	L3 Surgery PA Attachment Ind-6	658	1	
175	Occurrence Code- 1	659	2	C-23
176	Occurrence Date - 1	661	7	C-16
177	Occurrence Code- 2	668	2	C-23
178	Occurrence Date - 2	670	7	C-16
179	Occurrence Code- 3	677	2	C-23
180	Occurrence Date - 3	679	7	C-16
181	Occurrence Code- 4	686	2	C-23
182	Occurrence Date - 4	688	7	C-16
183	Exception Code-1	695	4	
184	Exception Status-1	699	1	

Field No.	Description	Disp	Length	Table ID
185	Exception Clerk ID-1	670	3	
186	Exception Code-2	703	4	
187	Exception Status-2	707	1	
188	Exception Clerk ID-2	708	3	
189	Exception Code-3	711	4	
190	Exception Status-3	715	1	
191	Exception Clerk ID-3	716	3	
192	Exception Code-4	719	4	
193	Exception Status-4	723	1	
194	Exception Clerk ID-4	724	3	
195	Exception Code-5	727	4	
196	Exception Status-5	731	1	
197	Exception Clerk ID-5	732	3	
198	Exception Code-6	735	4	
199	Exception Status-6	739	1	
200	Exception Clerk ID-6	740	3	
201	Exception Code-7	743	4	
202	Exception Status-7	747	1	
203	Exception Clerk ID-7	748	3	
204	Exception Code-8	751	4	
205	Exception Status-8	755	1	
206	Exception Clerk ID-8	756	3	
207	Exception Code-9	759	4	
208	Exception Status-9	763	1	
209	Exception Clerk ID-9	764	3	
210	Exception Code-10	767	4	

Field No.	Description	Disp	Length	Table ID
211	Exception Status-10	771	1	
212	Exception Clerk ID-10	772	3	
213	Exception Code-11	775	4	
214	Exception Status-11	779	1	
215	Exception Clerk ID-11	780	3	
216	Exception Code-12	783	4	
217	Exception Status-12	787	1	
218	Exception Clerk ID-12	788	3	
219	Exception Code-13	791	4	
220	Exception Status-13	795	1	
221	Exception Clerk ID-13	796	3	
222	Exception Code-14	799	4	
223	Exception Status-14	803	1	
224	Exception Clerk ID-14	804	3	
225	Exception Code-15	807	4	
226	Exception Status-15	811	1	
227	Exception Clerk ID-15	812	3	
228	Exception Code-16	815	4	
229	Exception Status-16	819	1	
230	Exception Clerk ID-16	820	3	
231	Exception Code-17	823	4	
232	Exception Status-17	827	1	
233	Exception Clerk ID-17	828	3	
234	Exception Code-18	831	4	
235	Exception Status-18	835	1	
236	Exception Clerk ID-18	836	3	

Field No.	Description	Disp	Length	Table ID
237	Exception Code-19	839	4	
238	Exception Status-19	843	1	
239	Exception Clerk ID-19	844	3	
240	Exception Code-20	847	4	
241	Exception Status-20	851	1	
242	Exception Clerk ID-20	852	3	
243	Exception Code-21	855	4	
244	Exception Status-21	859	1	
245	Exception Clerk ID-21	860	3	
246	Exception Code-22	863	4	
247	Exception Status-22	867	1	
248	Exception Clerk ID-22	868	3	
249	Exception Code-23	871	4	
250	Exception Status-23	875	1	
251	Exception Clerk ID-23	876	3	
252	Exception Code-24	879	4	
253	Exception Status-24	883	1	
254	Exception Clerk ID-24	884	3	
255	Exception Code-25	887	4	
256	Exception Status-25	891	1	
257	Exception Clerk ID-25	892	3	
258	Exception Code-26	895	4	
259	Exception Status-26	899	1	
260	Exception Clerk ID-26	900	3	
261	Exception Code-27	903	4	



Field No.	Description	Disp	Length	Table ID
262	Exception Status-27	907	1	
263	Exception Clerk ID-27	908	3	
264	Exception Code-28	911	4	
265	Exception Status-28	915	1	
266	Exception Clerk ID-28	916	3	
267	Exception Code-29	919	4	
268	Exception Status-29	923	1	
269	Exception Clerk ID-29	924	3	
270	Exception Code-30	927	4	
271	Exception Status-30	931	1	
272	Exception Clerk ID-30	932	3	
273	Exception Code-31	935	4	
274	Exception Status-31	939	1	
275	Exception Clerk ID-31	940	3	
276	Exception Code-32	943	4	
277	Exception Status-32	947	1	
278	Exception Clerk ID-32	948	3	
279	Filler	951	1	
280	EOB Code-1	952	4	
281	EOB Code-2	956	4	
282	Detail EOB Code-1	960	3	
283	Detail EOB Code-2	964	3	
284	Filler	968	77	
285	Misc Provider Indicator-1	1045	1	C-146
286	Misc Provider Number-1*	1046	9	C-8
287	Misc Provider Indicator-2	1055	1	C-146

Field No.	Description	Disp	Length	Table ID
288	Misc Provider Number-2*	1056	9	C-8
289	Misc Provider Indicator-3	1065	1	C-146
290	Misc Provider Number-3*	1066	9	C-8
291	Misc Provider Indicator-4	1075	1	C-146
292	Misc Provider Number-4*	1076	9	C-8
293	Misc Provider Number-5	1085	1	C-146
294	Misc Provider Number-5*	1086	9	C-8
295	Misc Provider Indicator-6	1095	1	C-146
296	Misc Provider Number-6*	1096	9	C-8
297	Misc Provider Indicator-7	1105	1	C-146
298	Misc Provider Number-7*	1106	9	C-8
299	Misc Provider Indicator-8	1115	1	C-146
300	Misc Provider Number-8*	1116	9	C-8
301	Misc Provider Indicator-9	1125	1	C-146
302	Misc Provider Number-9*	1126	9	C-8
303	Misc Provider Indicator-10	1135	1	C-146
304	Misc Provider Number-10*	1136	9	C-8
305	Detail Pulled Indicator	1145	1	
306	Place of Service	1146	2	
307	Detail First Date of Service	1148	7	C-16
308	Detail Last Date of Service	1155	7	C-16
309	Type of Service	1162	1	C-11
310	Procedure Code	1163	7	C-30
311	Procedure Modifier Price	1170	2	C-35
312	Procedure Modifier Information	1172	2	C-35
313	Procedure Modifier-3	1174	2	C-35

Field No.	Description	Disp	Length	Table ID
314	Procedure Modifier-4	1176	2	C-35
315	Detail History Retention Indicator	1178	1	
316	Duplicate Check Indicator	1179	1	
317	Detail Family Plan Indicator	1180	1	
318	L3 PA Attachment Indicator	1181	1	
319	Detail Keyed EPSDT Indicator	1182	1	
320	Detail Code	1183	1	
321	Detail Performing Physician*	1184	9	
322	Detail Performing Physician Specialty Code*	1193	2	C-36
323	Detail Diagnosis Code	1195	7	C-17
324	Detail Diagnosis Treatment Ind	1202	1	
325	Detail EPSDT Indicator	1203	1	
326	Detail Participant TPL Ind-1	1204	1	
327	Detail Participant TPL Ind-2	1205	1	
328	Detail Participant TPL Ind-3	1206	1	
329	Detail Participant TPL Ind-4	1207	1	
330	Detail Participant TPL Ind-5	1208	1	
331	Detail Category of Service	1209	2	
332	Detail Category of Service MARS	1211	2	
333	Service Units	1213	5	C-28
334	Filler	1218	1	
335	L3 Procedure Charge*	1219	7	
336	L3 Specialty Charge*	1226	13	
337	Detail Submitted Charge*	1239	13	
338	Detail Copay*	1252	7	

Field No.	Description	Disp	Length	Table ID
339	Filler	1259	7	
340	Detail Patient Liability*	1266	7	
341	Detail Allowed Charge*	1273	13	C-10
342	Detail Paid Amount*	1286	13	C-61
343	Detail FFP Amount*	1299	9	
344	Filler	1308	6	
345	MC OP Revenue Code	1314	3	C-9
346	Temp Days Eligible	1317	2	
347	Claim Detail Number	1319	3	
348	Withheld Amount*	1322	10	
349	NPI Provider Number***	1332	10	
350	NPI Misc Provider Number-1	1342	10	C-146
351	NPI Misc Provider Number-2	1352	10	C-146
352	NPI Misc Provider Number-3	1362	10	C-146
353	NPI Misc Provider Number-4	1372	10	C-146
354	NPI Misc Provider Number-5	1382	10	C-146
355	NPI Misc Provider Number-6	1392	10	C-146
356	NPI Misc Provider Number-7	1402	10	C-146
357	NPI Misc Provider Number-8	1412	10	C-146
358	NPI Misc Provider Number-9	1422	10	C-146
359	NPI Misc Provider Number-10	1432	10	C-146
360	Code Set Code	1442	2	
361	Emergency Service Switch	1444	1	
362	Therapy Service Switch	1445	1	
363	Abortion Service Code*	1446	3	
364	Provider Taxonomy	1449	10	

Field No.	Description	Disp	Length	Table ID
365	NCCI Modifier-1	1459	2	
366	NCCI Modifier-2	1461	2	
367	NCCI Modifier-3	1463	2	
368	NCCI Modifier-4	1465	2	
369	Detail Health Plan Payment Amount*	1467	7	C-61
370	Health Plan Payment Amount*	1474	11	C-61
371	Detail Health Plan Additional Pay*	1485	13	C-61
372	Payment Date	1498	7	C-16
373	Service Facility Name	1505	35	C-66
374	Allowed Charge Source	1540	2	
375	Attending Provider Taxonomy	1542	10	
376	Detail TPL Other Insurance*	1552	9	
377	Filler	1561	440	

## PRIOR AUTHORIZATION EXTRACT LAYOUT (VENDPA)

This record layout is used to supply the Health Plans with approved prior authorizations for participants enrolled with the Health Plans.

\*Health Plan provider number applicable to participant at time of generation; used to send record to health plan

Field No.	Description	Disp	Length	Table ID
01	Original Participant ID	1	12	C-1
02	PA Number-CCYYJJ	13	7	C-16
03	PA Sequence Number	20	5	
04	Program Type	25	2	
05	Participant ID	27	12	C-1
06	Participant County Code	39	3	

Field No.	Description	Disp	Length	Table ID
07	Provider Number*	42	9	C-8
08	Type of Service	51	1	C-11
09	From Procedure Code	52	7	C-30
10	From Modifier Price	59	2	C-35
11	From Modifier Information	61	2	C-35
12	Procedure Modifier-3	63	2	C-35
13	Procedure Modifier-4	65	2	C-35
14	Units Requested	67	5	
15	Units Authorized	72	5	
16	Units Used	77	5	
17	Amount Requested	82	7	
18	Amount Authorized	89	7	
19	Amount Used	96	7	
20	Authorized From Date	103	7	C-16
21	Authorized Thru Date	110	7	C-16
22	Authorized Status	117	1	
23	Line Number	118	2	
24	NPI Provider Number	120	10	
25	Service Identifier	130	1	

## ADJUDICATION REJECTION LAYOUT

This record layout is used to notify the Health Plan of encounter claims that are initially accepted for processing, but are later rejected during Wipro's weekly batch processing cycle. All errors, up to 25, will be identified by a four-digit error code (C-85), and followed by a three-digit line number (000 that indicates a header level error, while 001-999 denotes a detail level error).

<b>Field Number</b>	<b>Description</b>	<b>Disp</b>	<b>Length</b>	<b>Table ID</b>
01	Provider Number	1	9	C-8
02	Participant ID	10	8	C-1
03	Claim Type	18	1	C-97
04	Patient Account Number	19	20	C-31
05	First Date of Service	39	8	C-16
06	Last Date of Service	47	8	C-16
07	Filler	55	20	
08	Error Code - 1	75	7	C-85
09	Related History ICN – 1,1	82	13	
10	Related History Line – 1,1	95	3	
11	Related History ICN – 1,2	98	13	
12	Related History Line – 1,2	111	3	
13	Related History ICN – 1,3	114	13	
14	Related History Line – 1,3	127	3	
15	Related History ICN – 1,4	130	13	
16	Related History Line – 1,4	143	3	
17	Related History ICN – 1,5	146	13	
18	Related History Line – 1,5	159	3	
19	Related History ICN – 1,6	162	13	
20	Related History Line – 1,6	175	3	
21	Related History ICN – 1,7	178	13	
22	Related History Line – 1,7	191	3	
23	Related History ICN – 1,8	194	13	

24	Related History Line – 1,8	207	3	
25	Related History ICN – 1,9	210	13	
26	Related History Line – 1,9	223	3	
27	Related History ICN – 1,10	226	13	
28	Related History Line – 1,10	239	3	
29	Error Code - 2	242	7	C-85
30	Related History ICN – 2,1	249	13	
31	Related History Line – 2,1	262	3	
32	Related History ICN – 2,2	265	13	
33	Related History Line – 2,2	278	3	
34	Related History ICN – 2,3	281	13	
35	Related History Line – 2,3	294	3	
36	Related History ICN – 2,4	297	13	
37	Related History Line – 2,4	310	3	
38	Related History ICN – 2,5	313	13	
39	Related History Line – 2,5	326	3	
40	Related History ICN – 2,6	329	13	
41	Related History Line – 2,6	342	3	
42	Related History ICN – 2,7	345	13	
43	Related History Line – 2,7	358	3	
44	Related History ICN – 2,8	361	13	
45	Related History Line – 2,8	374	3	
46	Related History ICN – 2,9	377	13	
47	Related History Line – 2,9	390	3	
48	Related History ICN – 2,10	393	13	



49	Related History Line – 2,10	406	3	
50	Error Code - 3	409	7	C-85
51	Related History ICN – 3,1	416	13	
52	Related History Line – 3,1	429	3	
53	Related History ICN – 3,2	432	13	
54	Related History Line – 3,2	445	3	
55	Related History ICN – 3,3	448	13	
56	Related History Line – 3,3	461	3	
57	Related History ICN – 3,4	464	13	
58	Related History Line – 3,4	477	3	
59	Related History ICN – 3,5	480	13	
60	Related History Line – 3,5	493	3	
61	Related History ICN – 3,6	496	13	
62	Related History Line – 3,6	509	3	
63	Related History ICN – 3,7	512	13	
64	Related History Line – 3,7	525	3	
65	Related History ICN – 3,8	528	13	
66	Related History Line – 3,8	541	3	
67	Related History ICN – 3,9	544	13	
68	Related History Line – 3,9	557	3	
69	Related History ICN – 3,10	560	13	
70	Related History Line – 3,10	573	3	
71	Error Code - 4	576	7	C-85
72	Related History ICN – 4,1	583	13	
73	Related History Line – 4,1	596	3	

74	Related History ICN – 4,2	599	13	
75	Related History Line – 4,2	612	3	
76	Related History ICN – 4,3	615	13	
77	Related History Line – 4,3	628	3	
78	Related History ICN – 4,4	631	13	
79	Related History Line – 4,4	644	3	
80	Related History ICN – 4,5	647	13	
81	Related History Line – 4,5	660	3	
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83	Related History Line – 4,6	676	3	
84	Related History ICN – 4,7	679	13	
85	Related History Line – 4,7	692	3	
86	Related History ICN – 4,8	695	13	
87	Related History Line – 4,8	708	3	
88	Related History ICN – 4,9	711	13	
89	Related History Line – 4,9	724	3	
90	Related History ICN – 4,10	727	13	
91	Related History Line – 4,10	740	3	
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93	Related History ICN – 5,1	750	13	
94	Related History Line – 5,1	763	3	
95	Related History ICN – 5,2	766	13	
96	Related History Line – 5,2	779	3	
97	Related History ICN – 5,3	782	13	
98	Related History Line – 5,3	795	3	

99	Related History ICN – 5,4	798	13	
100	Related History Line – 5,4	811	3	
101	Related History ICN – 5,5	814	13	
102	Related History Line – 5,5	827	3	
103	Related History ICN – 5,6	830	13	
104	Related History Line – 5,6	843	3	
105	Related History ICN – 5,7	846	13	
106	Related History Line – 5,7	859	3	
107	Related History ICN – 5,8	862	13	
108	Related History Line – 5,8	875	3	
109	Related History ICN – 5,9	878	13	
110	Related History Line – 5,9	891	3	
111	Related History ICN – 5,10	894	13	
112	Related History Line – 5,10	907	3	
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115	Related History Line – 6,1	930	3	
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123	Related History Line – 6,5	994	3	

124	Related History ICN – 6,6	997	13	
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133	Related History Line – 6,10	1074	3	
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184	Related History Line – 9,4	1479	3	
185	Related History ICN – 9,5	1482	13	
186	Related History Line – 9,5	1495	3	
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195	Related History ICN – 9,10	1562	13	
196	Related History Line – 9,10	1575	3	
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207	Related History Line – 10,5	1662	3	
208	Related History ICN – 10,6	1665	13	
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532	Related History Line – 25,10	4247	3	

### **File Transfer Trailer Layout**

This record is required to be present as the last record in every non-X12N 837 file that is transmitted to Wipro. It will also be present as the last record of each non-X12N 837 file transmitted to the Health Plans.

<b>Field Number</b>	<b>Description</b>	<b>Disp</b>	<b>Length</b>	<b>Table ID</b>
01	Record ID	1	1	C-70
02	Health Plan Provider Number	2	9	C-8
03	Date Stamp	11	8	C-16
04	Time Stamp	19	4	
05	Total Records	23	7	C-123

### **DATA DEFINITION TABLE**

The following pages correspond to the "TABLE ID" column in the previous file specifications. A description for specific fields is provided along with allowed values and defaults.

#### **C-1 PARTICIPANT ID**

The MO HealthNet participant identification number. Allowed characters are 0 through 9.

NOTE: Reference the participant's MO HealthNet card for the correct MO HealthNet identification number.

Default: None, this is a required field.

## **C-2 PARTICIPANT NAME**

### **HBM File**

Four separate fields are present to identify the first and last name along with the middle initial and a 3 digit suffix.

### **TPL File**

Three separate fields are present to identify the first and last name along with the middle initial.

### **Dental, Home Health, Inpatient, Medical, Outpatient, and Pharmacy Extract Files**

Three separate fields are present to identify the first two digits of the last name and the first digit of the first and middle names.

## **C-3 YES/NO INDICATORS**

When applicable, a "Y" should be placed in the field. Reference standards publications for additional information.

Default: Space for non-required fields.

## **C-4 PRESCRIPTION NUMBER**

The prescription number of the prescription filled or refilled. The only characters allowed are A through Z, 0 through 9, and hyphens. If less than 7 digits, left justify and fill the remaining positions to the right with spaces.

Default: None, this is a required field.

## **C-5 ENROLLMENT REASON CODES**

This table deleted; no longer applicable.

## **C-6 Enrollment Change Reason Codes**

This table deleted; no longer applicable.

## **C-7 PATIENT STATUS**

Enter the code that represents the condition under which the participant was discharged. Two digits must be entered.

- 01 Discharged/Transferred to Home
- 02 Discharged/Transferred to Hospital
- 03\* Discharged/Transferred to Skilled Nursing Facility (SNF)
- 04\* Discharged/Transferred to Intermediate Care Facility (ICF)
- 05 Discharged/Transferred to Another Type Facility
- 06 Discharged/Transferred to Care of Home Health Agency (HHA)
- 07 Left Against Medical Advice
- 08 Other
- 09\* Admitted to Hospital
- 20\* Deceased
- 21 Discharged/Transferred to Court/Law Enforcement
- 30 Still a Patient
- 40 Expired at Home
- 41\* Expired in a Medical Facility
- 42 Expired – Place Unknown
- 43 Discharged/transferred to a Federal Healthcare Facility
- 50\* Discharge from Hospice to Home
- 51\* Discharge from Hospice to Another Medical Facility
- 62 Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
- 63 Discharged/Transferred to a Medicare long-term care hospital (LTCH)
- 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
- 70 Discharged/Transferred to another type of health care institution

Required for Inpatient and Outpatient- Hospice claims only.

\*Valid for Hospice claims

### **C-8 PROVIDER NUMBER**

This is a required field in all record headings and contains the Health Plan's 9-digit MO HealthNet ID Number. Allowed characters in this field are 0 through 9.

#### **Provider Demographic File**

The Health Plan's MO HealthNet 10-digit atypical provider number should be sent.

Default: None, this is a required field.

## **Dental, Home Health, Inpatient, Medical, Outpatient, and Pharmacy Extract Files**

The MO HealthNet 9-digit provider number will be sent on the Pharmacy extract. The provider number field is masked on the Dental, Home Health, Inpatient, Medical, Outpatient, and Prior Authorization extract files. The billing provider number for these claim types is populated with the Health Plan provider number applicable to participant at time of generation in order to send to the extract to the appropriate health plan.

### **C-9 REVENUE CODE**

This field should be right justified, left zero filled. MO HealthNet utilizes four-byte revenue codes.

#### **INPATIENT**

Enter the four-digit code from 0100 to 0999 which represents the services that are billed on this particular line item. The combined total number of accommodation and ancillary services billed cannot exceed 999 lines per claim.

Accommodation revenue codes range from 0110 to 0219. Ancillary revenue codes range from 0250 to 0949.

Revenue codes are required for all Inpatient details.

#### **OUTPATIENT**

For Outpatient claims a procedure code is required only when the revenue code range for outpatient services is 0300 through 0319.

This revenue code range represents laboratory and radiology services.

All other outpatient services must be designated by revenue code. (Note: Including a procedure code for services other than lab and radiology will not cause the encounter to reject as long as the revenue code is also present).

### **C-10 CHARGES**

#### **Dental, Home Health, Inpatient, Medical, Outpatient, and Pharmacy Extract Files**

Total Claim Charge – Total amount billed by the provider for a claim.

Net Claim Charge – Amount remaining after the other insurance payment and the patient liability have been deducted from the total charge.

Allowed Charge – The allowed amount which is calculated by the system for the claim.



## **C-11 TYPE OF SERVICE**

### **Dental, Home Health, Inpatient, Medical, Outpatient, and Prior Authorization Extract Files**

The code used to indicate the type of service performed which is derived by the system for the claim. This code is internal to MHD and the Medicaid Management Information System (MMIS).

## **C-12 GROUP SEPARATOR**

This table deleted; no longer applicable.

## **C-13 CASE HEAD ID**

The number assigned to the participant's case head.

The first digit can have one of six values: C, D, G, K, R, or Z.

The last eight digits are a MO HealthNet DCN. It can either be the participant's DCN or the DCN of their guardian.

C - MAF (Medical Assistance for Families)

D - Federally Funded Foster Care/Adoption

G - Newborns

K – Children

R - Refugees, Pregnant Women

Z - State Funded Foster Care/Adoption

## **C-14 PLACE OF SERVICE**

- |    |   |
|----|---|
| 01 | Pharmacy                                      |
| 02 | Telehealth                                    |
| 03 | School  |
| 04 | Homeless Shelter                              |
| 05 | Indian Health Service Free-Standing Facility  |
| 06 | Indian Health Service Provider-Based Facility |
| 07 | Tribal 638 Free-Standing Facility             |
| 08 | Tribal 638 Provider-Based Facility            |
| 09 | Prison/Correctional Facility                  |

11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-In Health Clinic
19	Off Campus Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
49	Independent Clinic
50	Federally Qualified Health Center (FQHC)
51	Inpatient Psychiatric Facility
52	Psychiatric Facility - Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residence Substance Abuse Treatment Facility

56	Psychiatric Residential Treatment Facility
57	Non-Residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
97	Parochial/Private Schools
98	Schools
99	Other Unlisted Facility

## **C-15 PRESCRIBING PROVIDER NUMBER**

### **Pharmacy Claims**

The DEA number or the health plan ID number of the in-network prescribing physician. For out-of-network prescribing physicians, the appropriate pseudo number.

NOTE: The number used for in-network prescribing physicians must match the provider network master file. Pseudo numbers must only be used for out-of-network providers.

## **C-16 DATES**

**FILE TRANSFER TRAILER LAYOUT** - Dates are in CCYYMMDD format

**PROVIDER DEMOGRAPHIC LAYOUT** - Dates are in CCYYMMDD format

Provider Effective Start Date

Provider Effective Stop Date

**TPL LAYOUT** - Dates are in CCYYMMDD format

Insurance Begin Date

Insurance End Date

**HEALTH CARE HOME LAYOUT**- Dates are in CCYY-MM-DD format

Enrollment Begin Date

Enrollment End Date

**HBM BASELINE HEALTH DATA LAYOUT** – Dates are broken out into 4 separate fields to store the CC, YY, MM and DD.

**DENTAL, HOME HEALTH, INPATIENT, MEDICAL, OUTPATIENT, PHARMACY EXTRACT LAYOUT** – Dates are in CCYYDDD format where first four digits indicate year and remaining three digits indicate Julian day (for example, August 16, 1960 is indicated as 1960229).

Participant Birth Date

Current Location Date

Previous Location Date

If this is an "open ended" period with no stop date, the provider effective stop date must contain all zeroes.

## **C-17 DIAGNOSIS CODE**

Primary and Other Diagnosis Codes:

Any decimal point in the diagnosis code is implied and will not be included.

## **C-18 CAUSE OF CONDITION**

This table deleted; no longer applicable.

## **C-19 RENDERING PROVIDER NUMBER**

**Medical and Dental Extract Files:**

The masked nine-digit SSN/Employer Identification Number (EIN) of the physician who performed the billed service.

## **C-20 ATTENDING PHYSICIAN NUMBER OR ID, HOSPITAL EIN**

**Inpatient/Outpatient/Home Health Extract Files:**

The masked nine-digit MO HealthNet Participating Provider Number or the Health Plan Internal number of the attending physician. In some cases on an outpatient encounter, the attending physician is the physician who requested the outpatient service (i.e., lab, therapy, etc.).

This field must be left justified. Allowed characters are 0 through 9. Spaces are not allowed in the first nine positions of this field

## **C-21 CLAIM SEQUENCE NUMBER**

This table deleted; no longer applicable.

## **C-22 CONDITION CODES**

02 = Extended EPSDT

A1 = EPSDT/Health Children and Youth (HCY)

A4 = Family Planning

AJ = Payer Responsible for Co-payment

C1 = Approved as billed

C3 = Partial approved

CR = Catastrophic Related

D9 = Not Homebound

DR = Disaster Related

E1 = Encounter Behavioral Health

## **C-23 OCCURRENCE CODES**

These codes must be two bytes long. Not all Occurrence Codes listed below will apply to Managed Care Encounter Claims (i.e., infertility services or Medicare claims). Valid values:

01 Auto Accident

02 Auto Accident/No Default

03 Accident/Tort Liability

04 Accident/Employment Related

05 Other Accident

06 Crime Victim

09 Start of Infertility Treatment Cycle

10 Last Menstrual Period

11 Onset of Symptoms/Illness

- 12 Date of Onset for a Chronically Ill Individual
- 16 Date of Last Therapy
- 17 Date Outpt Occup Therapy Plan Estab/Last Reviewed
- 18 Date of Retirement Patient/Beneficiary
- 19 Date of Retirement Spouse
- 20 Guarantee of Payment Begin
- 21 UR/PSRO Notice Received
- 22 Date Active Care Ended
- 23 Benefits Exhausted
- 24 Date Insurance Denied
- 25 Date Benefits Terminated by Primary Payer
- 26 Date SNF Bed Available
- 27 Date Home Health Plan Established
- 28 Date Comp Outpt Rehab Plan Estab/Last Reviewed
- 29 Date Outpt Phys Therapy Plan Estab/Last Reviewed
- 30 Date Outpt Speech Therapy Plan Estab/Last Reviewed
- 31 Date Beneficiary Notified of Intent to Bill Accom
- 32 Date Beneficiary Notified Intent to Bill Proc/Treat
- 33 1st Day Mcare Coord Period ESRD Cov by EGHP
- 34 Date of Election of Extended Care Facilities
- 35 Physical Therapy
- 36 Date Inpt Hosp Discharge Cov Transplant Patients
- 37 Date Inpt Hosp Discharge Noncov Transplant Patient
- 38 Date Treatment Started for Home IV Therapy
- 39 Date Discharged on Continuous Course of IV Therapy
- 40 Scheduled Date of Admission
- 41 Date 1<sup>st</sup> Test for Pre-Admission Testing
- 42 Date of Discharge

43 Scheduled Date of Canceled Surgery  
44 Occupational Therapy  
45 Speech Therapy  
46 Date Treatment Started for Cardiac Rehabilitation  
47 Date Cost Outlier Status Begins  
50 Assessment Date  
51 Date of Last Kt/V Reading  
52 Medical Certification/Recertification Date  
54 Physician Follow-Up Date  
55 Date of Death  
56 Original Hospital Election or Revocation Date  
61 Hospital Discharge Date (HHA Only)  
62 Other Institutional Discharge Date  
A1 Birth Date - Insured A  
A2 Effective Date - Insured A Policy  
A3 Benefits Exhausted Payer A  
A4 Split Bill Date  
B1 Birth Date - Insured B  
B2 Effective Date - Insured B Policy  
B3 Benefits Exhausted Payer B  
C1 Birth Date - Insured C  
C2 Effective Date - Insured C Policy  
C3 Benefits Exhausted Payer C  
Default: Spaces for non-required fields.

## **C-24 RECORD CODE**

This table deleted; no longer applicable.

## **C-26 NATIONAL DRUG CODE (NDC)**

An eleven digit number identifying the drug dispensed. The field is 5-4-2 format.

Manufacture Code-The first 5-digits of the National Drug Code (NDC) for the drug which indicates the manufacturer (labeler) of the medication.

Drug Code/Name-Digits 6 thru 9 of the National Drug Code (NDC) of the drug, indicating the name of the drug.

Package Size-Digits 10 and 11 of the National Drug Code (NDC) for the drug which indicates the size of the package of the medication.

## **C-27 SOURCE OF PAY**

This table deleted; no longer applicable.

## **C-28 QUANTITY/UNITS**

Decimal Qty Dispensed – The number of drug items distributed. This quantity is given in a decimal (numeric) format.

Qty Dispensed – The number of drug items distributed.

Service Units – The number of units billed.

## **C-29 DAYS SUPPLY**

### **Pharmacy Claims**

The estimated number of days the dispensed amount represents. A days' supply greater than 365 is invalid.

Default: None, this is a required field.

## **C-30 PROCEDURE CODES**

Code identifying a given medical or surgical procedure. This is the base procedure code which does not include the type of service or modifiers.

## **C-31 PATIENT ACCOUNT NUMBER**

The participant's account number used by the doctor's office.

Valid values are spaces, hyphens, or letters or numbers.

## **C-32 DAYS COVERED/NOT COVERED**

### **Inpatient Extract File**



The number of days elapsed between the Covered Period From Date and the Covered Period Thru Date.

Default: Zeros if it does not apply.

### **C-33 PROVIDER/ORGANIZATION NAME**

This table deleted; no longer applicable.

### **C-34 ROOM RATE**

The masked amount charged per day for this specific room and revenue code.

## C-35 MODIFIERS

Enter up to four of the two digit modifiers if they apply to the service performed.

There are four modifier fields; each can hold two characters.

If a modifier field is used, it must be two characters long with a valid value of 0 through 9 and A through Z.

Default: Spaces for non-required fields.

### National Standard Format (NSF) Layout

The first three modifiers are grouped together on the FA0 record. The fourth modifier is identified as field 36.

### Universal Billing (UB) Layout

The first two modifiers are identified as fields 06 & 07. The last two modifiers, if needed, should be placed in the third, fourth, fifth and sixth positions of the filler identified as field 13.

## C-36 PROVIDER SPECIALTY CODE

A two-byte field used to identify the type of specialty a MO HealthNet provider can perform.

<b>CODE</b>	<b>Description</b>
01	General/Family Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology/Rhinology
05	Anesthesiology
06	State-Institution/Clinic
07	Dermatology
09	Proctology/Rectal and Colon Surgery
10	Preventive Medicine
11	Rehabilitation Center
12	Physical/Rehabilitative Medicine
13	Private Duty Nurse

<b>CODE</b>	<b>Description</b>
14	Neurology
15	Nurse-Midwife
16	OB - Gynecology
17	Neurological Surgery
18	Ophthalmology
19	Dentists (DMD and DDS)
20	Orthopedic Surgery
21	Speech Therapist
22	Pathology
23	Occupational Therapist
24	Reconstructive/Plastic Surgery
25	Air Ambulance
26	MRDD Waiver State Inst - Public
27	Psychiatry
28	Advanced Practice Nurse Prescriber
29	Nurse Practitioner
30	Radiology/Radiation Therapy
31	Nurse Practitioner - Other
32	Provisional Review
33	Cardio/Thoracic Surgery
34	Urology/Nephrology
35	Chiropractors
36	Nuclear Medicine
37	Pediatrics
38	Alcohol & Drug Rehabilitation – Public
39	Alcohol & Drug Rehabilitation – Private
40	Emergency Medicine

<b>CODE</b>	<b>Description</b>
41	Internal Medicine
42	Psychiatric Rehabilitation – Public
43	Psychiatric Rehabilitation – Private
44	Physical Therapist
45	Psychologist
46	QMB Only – Christian Science
47	QMB – MO HealthNet Unlisted
48	Podiatrist - Surgical Chiropody
50	Adult Day Care
51	Homemaker/Chore
52	Respite-In home
53	Respite-Institutional
54	Medical Supply Company
56	Mental Health Regional Centers
57	Hospice - Free Standing
58	Hospice - Provider Affiliated
59	Ambulance Service Supplier
60	County Public Health Clinics
61	Prenatal Services – Global
63	Portable X-Ray Supplier (Billing Independently)
64	Audiologist
65	For Profit Public Transportation
66	Nonprofit Public Transportation
67	Home Health Agency
68	Private Individual
69	Independent Laboratory

<b>CODE</b>	<b>Description</b>
70	Clinic
71	Dental Public Health
73	Oral Pathologist
74	Oral Surgeon
75	Prosthodontist
76	Personal Care Clinic
77	Volunteer Transportation
78	CRNA Services
79	Swing Bed Hospitals
80	Hospitals and Nursing Homes
81	Optician/Optomtrist
82	Certified Optometrist
83	Orthodontist
84	Pedodontist
85	Periodontist
86	Endodontist
87	Drug and Department Stores
88	LTC Pharmacy Control Dose Delivery Sys.
90	Case Management
91	E.P.S.D.T.
94	Pharmacology
95	MRDD Waiver Program - Private
96	Comprehensive Day Rehab
98	Other EPSDT
A0	DESE First Steps
A1	Rural Health Clinic Per Diem

<b>CODE</b>	<b>Description</b>
A2	Psychology - Social Worker
A3	Psychology - Professional Counselor
A4	Targeted Case Management - MRDD
A5	Targeted Case Mgt - MI State
A6	Targeted Case Mgt - MI Private
A7	Targeted Case Mgt – Children EPSDT
A9	TCM Other
AA	Anesthesiologist Assistants
AB	Provisional Licensed Assistance Behavior Analyst
AC	Autism Center
AE	Asthma Education
AH	Asthma In-Home Environmental Assessment
AP	Assistant Physician
AQ	Acupuncture
B1	Rural Health Clinic Percentage
B2	TCM Other
B3	Targeted Case Mgt - Foster Care
B5	Ambulatory Surgical Center
B6	Freestanding Birth Center
B7	Public Entity
B8	Local Health Department or Social Service Agency
B9	Hotel, Restaurant, or Oil Company
BA	Provisional Licensed Behavior Analyst
BT	Biopsychosocial Treatment of Obesity
C4	Cardiology

<b>CODE</b>	<b>Description</b>
C5	Brain Injury Waiver
C6	DHSS Consumer Directed PC
C7	Department of Mental Health (DMH) Personal Care
C8	FQHC Provider
C9	MHC - Clinic
CC	Certified Community Behavioral Health Clinics
D1	MHC - FQHC
D2	FSD Rehab Initiative Provider
D3	Telephone Reassurance
D4	Home Delivered Meals
D5	OHCDS - State
D6	OHCDS - Private
D7	Disease Management
D8	Dialysis Centers
D9	Non-Administrative Agent
DP	Diabetes Prevention
E1	Broker, Direct Service Program
E2	School Based Transportation
E3	Children's Therapeutic Day Treatment
E4	Fixed Wing Transport
E5	General Pharmacist
E6	Provisionally Licensed Psychologist
E7	Chronic Care Improvement Program
E8	Licensed Master Social Worker
E9	Provisional Licensed Professional Counselor

<b>CODE</b>	<b>Description</b>
EB	HBAI Certification/Provisional Licensed Psychologist
EH	Eligible Hospital
EP	Eligible Professional
ES	HBAI Certification for LCSW and LMSW
F1	Certified Diabetes Educator
F2	Licensed Dietician
F3	Registered Pharmacist
F4	DOH Certified Diabetes Educator
FT	Treatment Foster Care
G1	Augmentative Communication Device Evaluations
GW	Gateway To Better Health
H1	Independent Diagnostic Testing Facility
HC	Health Care Home Clinic Other than Administrative Site
HD	Health Care Home DMH
HF	Health Care Home FRA (Primary Care)
HI	Health Care Home IGT (Primary Care)
HM	Health Care Home DMH Disease Mgmt
HP	Health Care Home Primary Care
HS	Hearing Aid Specialist
IL	Financial Management Self-Directed
L1	Lead Assessment - Public
L2	Lead Assessment - Private
LA	Licensed Behavior Analyst
LB	Licensed Assistant Behavior Analyst
LP	ABA qualified Licensed Psychologist



<b>CODE</b>	<b>Description</b>
M1	Managed Care
MF	Licensed Marital and Family Therapist
MT	Provisionally Licensed Marital and Family Therapist
P1	Clinical Nurse Specialist
P2	Clinical Nurse Specialist – Psych
PA	Physician Assistant
RT	Residential Treatment
S1	Audiology
S2	Occupational, Physical, Speech Therapy
S3	Personal Care
S4	Private Duty Nursing
S5	Psychology/Counseling
SD	State Designee
SF	Structured Family Caregiving Waiver
SP	School Psychologist
T1	School Districts – IEP Therapy
TF	Psychiatric Residential Treatment Facility
VC	Invasive Mechanical Ventilation
Spaces	*Spaces are acceptable

### **C-37 INITIAL PLACEMENT INDICATOR**

This table deleted; no longer applicable.

### **C-38 TOOTH CODE NUMBER**

Enter the number or letter(s) that represents the tooth or teeth upon which the services were performed. You must enter two digits. If the tooth letter A-U is entered, it must be in the first position of the field followed by a space.

Primary Tooth Number A-U

Permanent Tooth Number 01-32

Supernumerary Tooth Number AS-TS, 34, 51-82

NOTE: Procedures done at a quadrant level (i.e., alveoplasties) should be billed using tooth number 1 for upper right quadrant, 9 for upper left, 17 for lower left, and 25 for lower right.

### **C-39 TOOTH SURFACE CODE**

Enter the letter that represents the surface(s) of the tooth upon which the services were performed. Left justify and fill the remaining left position with a space.

A—Whole Tooth

B —Bucial

D—Distal

F —Facial

I —Incisal

L —Lingual

M —Mesial

O —Occlusal

X—Labial

Default: Spaces for non-required fields.

## C-40 OFFICE OPEN/CLOSE TIME

The time for this day of the week the office opens and closes. If a time is not given, the office is assumed closed on this day of the week.

This field is in Military Time Format (HHMM)

Time Stamp for File Transfer Trailer Record is also in Military Time Format (HHMM).

## C-41 PREVIOUS ICN

For FFS billing, if date of service of the claim being filed is more than one year from the current date enter the Internal Control Number (ICN) originally assigned to this claim.

Default: Spaced for non-required fields.

## C-42

This has been intentionally left blank.

## C-44 CLAIM INDICATORS

This table deleted; no longer applicable.

## C-45 MO HEALTHNET ELIGIBILITY NOTIFICATION TABLE

ACTION	RECORD CREATED
Participant joins Health Plan	Enrollment generated.
Participant leaves Health Plan.	Disenrollment generated.
Participant is currently enrolled in Health Plan A, to be enrolled in Health Plan B with no stop date.	Disenrollment generated for Health Plan A and name of Health Plan B is sent in disenrollment record to help identify new health plan as part of transition of care.  Enrollment generated for Health Plan B and name of Health Plan A is sent in Enrollment record to help identify previous health plan as part of transition of care.
Participant is currently enrolled in Health Plan A, to be enrolled in Health Plan B with a stop date.	Disenrollment generated for Health Plan A and name of Health Plan B is sent in disenrollment record to help identify new health plan as part of transition of care.

<b>ACTION</b>	<b>RECORD CREATED</b>
	Enrollment generated for Health Plan B and name of Health Plan A is sent in Enrollment record to help identify previous health plan as part of transition of care.
Participant is re-enrolled back to the same Health Plan with no stop date.	Enrollment generated.
Participant is re-enrolled back to the same Health Plan with a stop date.	Enrollment generated. Disenrollment generated.
Participant is enrolled in a Health Plan with the start date equaling the stop date.	Nothing generated.
Participant's ME code changes.	ME change record generated.
Participant Address changes.	Address change record generated.
Participant Authorized Rep changes.	Authorized Rep change record generated.
Participant ME Code changes along with Authorized Rep/Address changes.	ME change record generated.
Participant Address changes along with Authorized Rep changes.	Authorized Rep change record generated.

ME code changes are not edited. Therefore, a change to an ME code that is not Managed Care generates an ME change record.

When a participant is re-enrolled back to the same Health Plan with no PCP information supplied, the enrollment generated contains the PCP information from the prior enrollment period if the participant is re-enrolled within 60 days of the prior disenrollment. If the participant is not re-enrolled within 60 days, the PCP information from the prior enrollment period is not carried over to the new enrollment.

The following tables contain the data that make up the 834 2300 loop HD04 – Plan Coverage Description.

## **ME CODES**

This is a two byte field that contains the participant's Medical Eligibility Code.

Valid values are:

- 01 Old Age Assistance (OAA)
- 02 Blind Pension (BP) (State-Only Funded)
- 03 Aid to the Blind (AB)

- 04 Permanently and Totally Disabled (PTD)
- 05 MO HealthNet for Families - Adult
- 06 MO HealthNet for Families – Child
- 07 Foster Care – Title IV-E
- 08 Child Welfare Services - Foster Care (State-Only Funded)
- 09 General Relief (GR) (State-Only Funded) (inactive)
- 10 Refugees Other than Cuban, Haitian, Russian Jew, Ethiopian
- 11 MO HealthNet - Old Age Assistance
- 12 MO HealthNet - Aid to the Blind
- 13 Permanently and Totally Disabled (PTD)
- 14 Supplemental Nursing Care - Old Age Assistance
- 15 Supplemental Nursing Care - Aid to the Blind
- 16 Supplemental Nursing Care Permanently and Totally Disabled (PTD)
- 17 Indo-Chinese - Aid for Families with Dependent Children (inactive)
- 18 MO HealthNet for Pregnant Woman (Section 1931)
- 19 Cuban Refugee
- 20 Cuban Refugee -Aid for dependent children (inactive)
- 21 Haitian Refugee
- 22 Haitian Refugee -Aid for dependent children (inactive)
- 23 MO HealthNet for Kids in Vendor Institution (Section 1931)
- 24 Russian Jew
- 25 Russian Jew-Aid for dependent children (inactive)
- 26 Ethiopian Refugee
- 27 Ethiopian Refugee - Aid for dependent children (inactive)
- 28 Department of Mental Health (DMH) Foster Care (Section 1931)
- 29 Division of Youth Services (DYS) Foster Care (Section 1931)
- 30 Juvenile Courts Foster Care (Section 1931)
- 31 Psyc- State (inactive)

- 32 Psyc – Private (inactive)
- 33 Missouri Children With Developmental Disabilities—DMH (Department of Mental Health)
- 34 Missouri Children With Developmental Disabilities—DSS (Division of Social Services)
- 35 Adoption Subsidy—IV-E (inactive)
- 36 Adoption Subsidy – Federal Financial Participation
- 37 Title XIX Homeless, Dependent, Neglected (State funding for Foster Care or adoption subsidy not Title IV-E eligible)
- 38 Independent Foster Care Children ages 18-25
- 39 Aid for Families with Dependent Children – KIDS (inactive)
- 40 MO HealthNet for Kids - Poverty
- 41 MO HealthNet for Kids in Vendor Institution - Poverty
- 42 ICF – Poverty (inactive)
- 43 Pregnant Woman - 60-Day Assistance (Section 1931) Criteria
- 44 Pregnant Woman - 60-Day Assistance - Poverty
- 45 Pregnant Woman - Poverty
- 46 Pregnant Women Refugee - Poverty (inactive)
- 47 Pregnant Woman - 60 Day Assistance- Refugee – Poverty (inactive)
- 48 Refugee - Poverty Children (inactive)
- 49 Department of Mental Health - Poverty
- 50 Division of Youth Services - Poverty
- 51 HDN - FC/Title XIX (Homeless, Dependent, Neglected (State funding for Foster Care or adoption subsidy not Title IV-E eligible)) Poverty (inactive)
- 52 Division of Youth Services - General Revenue (State-Only Funded)
- 53 AFDC- MHCP- C (inactive)
- 54 AFDC- MHCP- D (inactive)
- 55 Qualified Medicare Beneficiary (QMB) Only
- 56 Adoption Subsidy - Title IV-E
- 57 Child Welfare Services – Foster Care Adoption Subsidy (State-Only Funded)
- 58 Presumptive Eligibility – Subsidized

- 59 Presumptive Eligibility – Non Subsidized (State-Only Funded)
- 60 Newborn Only
- 61 MO HealthNet For Pregnant Women Health Initiative Fund (HIF)
- 62 MO HealthNet for Kids Health Initiative Fund (HIF)
- 63 FC—HIF (Foster Care-Health Initiative Fund (State Tobacco Settlement money)) (currently inactive—split into HIF codes 64-69) (inactive)
- 64 Group Home Health Initiative Fund (State Placement) (State-Only Funded)
- 65 Group Home Health Initiative Fund (Parent/Guardian Placement) (State-Only Funded)
- 66 Foster Care HDN – HIF
- 67 Dept of Mental Health Foster Care – HIF
- 68 Division of Youth Services Foster Care - HIF
- 69 Juvenile Court HIF
- 70 Juvenile Court Poverty
- 71 MO HealthNet for Kids - 134-150% Poverty, Age 1-5
- 72 MO HealthNet for Kids - 101-150% Poverty, Age 6-18
- 73 Children ages 1 thru 18; family income 151-185%
- 74 Children ages 0 thru 18; family income 186-225%
- 75 Children ages 0 thru 18; family income 226-300%
- 76 1115 Waiver, Adult, 0-300% Poverty, Extended Transitional Medical Assistance (inactive)
- 77 1115 Waiver, Adult, 0-125% Poverty, Non-Custodial Parent (inactive)
- 78 1115 Waiver, Adult, Non-Custodial Parent, Parents Fair Share (CSE - Child Support Enforcement) (inactive)
- 79 1115 Waiver, Adult, 0-100% Poverty, Custodial Parent (inactive)
- 80 Extended Women’s Health Services
- 81 Temporary Assignment Category
- 82 Missouri Rx (MoRx) – (Medicare Part D wrap-around benefits)
- 83 Breast or Cervical Cancer Control Project (BCCCP) - Presumptive
- 84 Breast or Cervical Cancer Control Project (BCCCP) – Regular
- 85 Ticket to Work Health Assurance - Premium

- 86 Ticket to Work Health Assurance – Non-Premium
- 87 Presumptive Eligibility Children
- 88 Voluntary Placement Agreement (FFS Only)
- 89 Uninsured Women’s Health Services
- 90 MH Crisis Prev, Young Adult, 0-150% Poverty, Behavioral Health Crisis
- 91 Gateway to Better Health Tier 1/2 joint coverage
- 92 Gateway to Better Health (0-133% FPL) Tier 2 coverage
- 93 Gateway to Better Health (134-200% FPL) Tier 2 coverage
- 94 Show-Me Healthy Babies (SMHB) PE (SMHB Presumptive Eligibility)
- 95 SMHB PW (SMHB Pregnant Women income above 196% and up to 300%)
- 96 SMHB UC (SMHB Unborn Children income 0% to 300%)
- 97 SMHB NB (SMHB Newborns)
- 98 SMHB Preg 60 (SMHB Post-Partum)
- 0F Foster Care Title IV-E (State-Only Funded)
- 4M MO HealthNet for Kids (Children’s Health Insurance Program(s) (CHIP) Fund)
- 5A Adoption/Guardianship Subsidy Title IV-E (State-Only Funded)
- 6S SMHB Newborns <=201% of FPL
- 9S SMHB Newborns >201% and <=305% FPL
- E2 Adult Expansion Group (AEG)

## **ASSIGNMENT TYPE**

Assignment type indicates how a participant was assigned to a Health Plan.

Valid values are:

C - Case Assigned

M - Member Assigned

A - Algorithm

R - Reassigned

S - Selection



N - Newborn

X - Previous Plan Assigned

Space - Assignment type not specified

Codes C, M, and A indicate the participant was auto assigned. Codes R, S, and N indicate the participant was not auto assigned.

## **DAY SPECIFIC ELIGIBILITY INDICATOR**

This field indicates if a participant has Day Specific Eligibility.

Valid values are:

Y - Has Day Specific Eligibility

N - Does not have Day Specific Eligibility

## **TRANSFER\DISENROLLMENT REASON CODE**

This code is a two byte code indicating the reason the participant left the Health Plan.

Valid values are:

### **TRANSFER CODES**

Accessibility:

11 - Transportation problems

12 - Requested provider is closer - more convenient

13 - Unsatisfactory coverage - Does not return calls

14 - Waiting time - Obtaining appointments

17 - Refused services

18 - Other accessibility

22 - Difficulty obtaining services

23 - Uncomfortable with surroundings or location

24 - Provider or staff attitude/courtesy - personality conflict with provider could not be resolved

25 - Needs another type of doctor - No specialist/provider available

Acceptability:

28 - Other acceptability

Quality of Care:

31 - Concern for patient - Treatment (medical) - Diagnosis

35 - Referral related

37 - Provider does not explain treatment plan/diagnosis

38 - Other quality of care

Other Transfer Reasons:

54 - Was backdated baby and wishes to transfer to provider of choice

55 - Provider requested disenrollment

90 - Transfer requested - no reason given

**ENROLLMENT ISSUE CODES**

Enrollment Broker Issues:

41 - Enrolled With Wrong Plan

42 - Auto Assigned in Error

43 - Plan Change Rejected by DP

44 - Received Incorrect Provider Network Information at Time of Enrollment

45 - Newborn Enrollment Correction

46 - Other Enrollment Broker Issue

Other Enrollment:

51 - Desired provider now participating (or did not understand desired provider was a participant)

52 - Was assigned and wishes to change to provider of choice

53 - Provider no longer participating

56 - Other enrollment Issue

**CLOSE CODES**

57 - SSI Opt out

59 - Waiver close

60 - Medicare Eligible

61 - TPL

- 62 - DSS Opt out
- 63 - Non-payment of premium
- 64 - Alternative Care Opt Out
- 65 - Aged Out
- 66 - Deceased
- 67 - Incarcerated
- 68 - Moved Out of Managed Care Area
- 69 - AC or YS Close or Placement Change
- 98 - SSI Ineligible
- 99 – Managed Care Ineligible

**OPEN CODES**

- 58 - SSI/DSS Opt In

**C-46 MO HEALTHNET ELIGIBILITY RECONCILIATION INFORMATION**

If the participant is enrolled with a health plan today or in the future, a participant reconciliation record is generated. In most cases, these records will be for two different health plans. However, it is possible for both enrollment periods to be with the same health plan. Therefore, multiple reconciliation records for the same participant could be generated on any given eligibility reconciliation file.

**C-47 FILE HEADER RECORD/PROCESSOR DATA**

This table deleted; no longer applicable.

**C-48 MULTIPLE PROVIDER BILLING FILE INDICATOR**

This table deleted; no longer applicable.

**C-49 SEX/GENDER INDICATOR**

Code indicating the sex of the patient.

- M      Male
- F      Female
- Blank    Undisclosed

## **C-50 PATIENT MARITAL STATUS**

This table deleted; no longer applicable.

## **C-51 EMPLOYMENT STATUS CODE**

This table deleted; no longer applicable.

## **C-52 CERTIFICATE/SOCSECNUMBER/HEALTH INSURANCE CLAIM/IDENTIFICATION NUMBER**

This table deleted; no longer applicable.

## **C-53 PAYER NAME**

This table deleted; no longer applicable.

## **C-54 FUNCTIONAL LIMITATION CODES**

This table deleted; no longer applicable.

## **C-55 ACTIVITIES PERMITTED CODES**

This table deleted; no longer applicable.

## **C-56 MENTAL STATUS CODES**

This table deleted; no longer applicable.

## **C-57 PROGNOSIS**

This table deleted; no longer applicable.

## **C-58 TYPE OF FACILITY**

This table deleted; no longer applicable.

## **C-59 SURGICAL PROCEDURE CODE**

For Inpatient Claims enter the procedure code that represents the service performed. If procedure code is entered, the surgical date field must also be completed.

Default: If a surgical procedure code does not apply to the claims then spaces may be placed in the field.

## **C-60 OCCURRENCE SPAN PRO/UR APPROVAL STAY DATES**

PRO/UR Approval Dates

From MMDDYY

Through MMDDYY

## **C-61 AMOUNT PAID**

### **Inpatient and Outpatient Extract Files**

This field is masked.

Amount Paid - Enter the total amount paid by the health plan to the provider of service. If the service is sub-contracted, enter the total amount paid by the health plan to the sub-contractor.

### **Medical and Dental Claims**

This field is masked.

Amount Paid - Enter the total amount paid by the health plan to the provider of service. If the service is sub-contracted, enter the total amount paid by the health plan to the sub-contractor.

NOTE: If a medical service is capitated and the health plan pays an additional FFS amount to the physician for EPSDT services, enter the "billed above amount" in FAO 48.

### **Pharmacy**

Amount Paid - The amount paid to the pharmacy or sub-contractor for each prescription (drug cost only). Please note that the pharmacy dispensing fee, if any, must not be included in this field. The amount paid field (#433) is for the drug cost only. Pharmacy dispensing fees, if any, are reported in field #438 (See C-143).

NOTE:

(1) If the service is capitated, the capitation indicator field must be completed with a "Y" and the amount paid field left blank.

(2) If the service was not capitated, the capitation indicator field must be completed with an "N" and the amount paid field completed. The actual amount paid by the health plan should be entered in this field. The amount entered must be net of any amounts paid by another insurance or third party.

## **C-62 BATCH TYPE**

This table deleted; no longer applicable.

## **C-63 OTHER INSURANCE INDICATOR**

A code which indicates the patient has other insurance which may or may not be reflected on this claim.  
Valid values are:

1 = Yes, patient has other insurance.

2 = Yes, patient has other insurance not reflected on this bill.

3 = No, patient does not have other insurance.

## **C-64 SYMPTOM INDICATOR**

An indicator as to whether the "Accident/Symptom Date" represents the date that symptoms were first experienced or the date of last menstrual period (LMP). Valid values are:

0 = No Symptom Date in EA0-07.0

1 = Date of first symptoms of illness

2 = Date of LMP

If code '2' is entered, then field #9 on the CA0 record must = 'F' (female).

## **C-65 ACCIDENT/SYMPTOM DATE**

The date of the accident or the date that patient first experienced symptoms of illness or the date of the last menstrual period (LMP).

## **C-66 FACILITY/LAB NAME**

The name of the Hospital, Nursing Facility, Laboratory or other facility where services being submitted on this claim were rendered.

## **C-67 LINE ITEM CONTROL NUMBER**

This table deleted; no longer applicable.

## **C-68 DIAGNOSIS CODE POINTER**

This table deleted; no longer applicable.

## **C-69 COMPOUND CODE**

An indicator identifying the prescription as a non-compound or as an ingredient of a compound prescription.

A value of '0' or '1' is used to indicate non-compound prescriptions or the FIRST ingredient of a compound prescription. A value of '2' is used to indicate any additional ingredients of a compound prescription.

### **C-70 RECORD ID**

This is a required field that contains the record type being submitted. Valid values are:

B - HBM Baseline Health Data Record

D - Demographic Reconciliation Record

L - TPL Lead (Sent by Health Plan)

P - PCP Transaction

T - TPL Update (Sent by Wipro)

V - Provider Transaction

Z - File Transfer Trailer Record

### **C-71 PROVIDER SSN/TAX ID NUMBER**

This field should contain the provider's Social Security Number or Employer Identification Number.

Allowed characters are 0 - 9.

### **TPL LAYOUT**

Enter the Policy Holders Social Security Number.

### **PCP/DEMOGRAPHIC LAYOUT**

Enter the assigned PCP number.

### **C-72 PROVIDER TAX CODE INDICATOR**

This is a required field which denotes if the tax number is a Social Security Number or an Employer Identification Number.

Valid values are:

S - Social Security Number

E - Employer Identification Number

### **C-73 RECORD ACTION**

This is a required field which denotes the action being taken.

Valid values are:

A - Add

D - Delete

R - Replace

## **C-74 PROVIDER NAME**

Four fields containing the full name of the contracted provider. The name is broken down as follows:

Provider Last Name

Provider First Name

Provider Middle Initial (optional)

Provider Title (optional)

If this is the name of an institution, and that name is longer than 13 characters (the length of the provider last name field), continue the name into the provider first name field.

## **C-75 PROVIDER ADDRESS**

This is a required field which contains the address of the contracted provider.

## **C-76 PROVIDER STREET**

This is an optional field which contains additional address information of the contracted provider.

## **C-77 PROVIDER CITY**

This is a required field which contains the city of the contracted provider.

## **C-78 PROVIDER STATE**

This is a required field which contains the two byte state abbreviation of the contracted provider.

## **C-79 PROVIDER ZIPCODE-5**

This is a required field which contains the five digit zip code of the contracted provider.

## **C-80 PROVIDER ZIPCODE-4**

This is an optional field which contains the four digit zip code of the contracted provider.



## **C-81 PROVIDER PHONE NUMBER**

This is an optional field which contains the phone number (including area code) of the contracted provider.

## **C-82 LICENSE NUMBER**

This is an optional field which contains the license number of the contracted provider.

## **C-83 LICENSE STATE**

This is an optional field which contains the two byte abbreviation of the state the contracted provider is licensed in.

## **C-84 LOCAL PUBLIC FUND INDICATOR**

This is field indicates whether or not the facility is receiving any local public fund.

Valid values are:

Y - YES

N - NO

BLANK

## **C-85 REJECTION CODES**

### **Provider Demographic Notification Rejection Codes**

The provider demographic notification rejection code is a field indicating an accepted (ACC) status code or an error code. If the field is in excess of 3 bytes, positions 1-3 are the error code (shown below). Positions 4-5 show either '00' for an error that occurs in the header portion of the record or a line number from '01' to '15' for an error that occurs in the 15 site locations of the Provider Demographic record. For the purposes of this table, 'nn' denotes the line number.

Note: On the Provider Demographic Record, any of the 15 site location occurrences that are unused must be all spaces.

Valid values are:

ACCnn Accepted Record (No errors detected)

M01nn Invalid Record Type--Must be V for Provider

M04nn Invalid SSN/Tax Code Indicator--Must be S or E

M05nn Invalid Action Type--Must be A, D, or R

- M10nn Invalid Gender--Must be M, F, or space
- M12nn Invalid License State--Must be valid state abbreviation or spaces
- M15nn Invalid Local Public Fund Indicator--Must be Y, N, or space
- M16nn Invalid Provider Category--must be 0-9 or A-I
- M17nn Invalid Provider Start Date--Must be valid date, spaces, or zeros
- M18nn Invalid Provider Stop Date--Must be valid date, spaces, zeros, or greater than Start Date
- M19nn Invalid MO HealthNet Provider Indicator--Must be Y, N, or space
- M20nn Invalid Provider Specialty Code--Must be one of the specialty codes from section C-36 PROVIDER SPECIALTY CODE
- M24nn Invalid Association Hospital ID - Must be numeric and greater than zero when any field in the Associated Hospital occurrence is other than spaces
- M28nn Invalid Established Patient Indicator--Must be Y, N, or space
- M30nn Invalid Number of Enrollees Accepted--Must be numeric and greater than zero
- M32nn Invalid OB/GYN Accepted Code--Must be 1, 2, 3, or space
- M54nn Invalid Address Line 1--Must be greater than spaces
- M56nn Invalid City--Must be greater than spaces
- M58nn Invalid State--Must be valid state abbreviation
- M60nn Invalid Zip-Code-5--Must be 5 numeric digits greater than zeros
- M62nn Invalid Zip-Code-4--Must be 4 numeric digits greater than zeros or spaces
- M64nn Invalid County Code--Must be a valid county code (See table)
- M66nn Invalid Phone Number--Must be 10 numeric digits or spaces
- M68nn Invalid Open Time--Must be greater than zero and less than 2401 or spaces
- M70nn Invalid Closed Time--Must be greater than zero and less than 2401 or spaces
- M72nn Invalid Low Age Range--Must be numeric
- M74nn Invalid High Age Range--Must be numeric
- M78nn Invalid Language Code--Must be Y, N, or space
- M82nn Invalid New Pregnancy Acceptance Code--Must be Y, N, or space
- M98nn 'Add' Record Type with Active Record Already on File

- M99nn Blank Location Segment Followed by Segment With Data
- P01 No Enrollment Found (Participant not enrolled with HP)
- P02 Invalid/Unknown PCP ID (PCP not found in HP member list)
- P03 Invalid PCP Effective Date
- P04 Date not in enrollment date range
- P05 PCP is out of network.
- P06 Invalid Value in the Out-of-Network field
- P10 Invalid NPI
- P11\* Duplicate PCP and NPI--Multiple NPIs cannot be assigned to the same PCP ID and Health Plan Number
- P15 Invalid Taxonomy Code
- P90nn Invalid Record Key--The provider number must be numeric, the SSN must be numeric and greater than zero, and the provider name must be greater than spaces
- P91nn Health Plan Provider number not on provider file
- P99nn Record Not Found for Replace or Delete

\* The below scenarios further describe reject code P11.

Record Submitted	Provider Record on File	Result
Record Action = Add Health Plan Number = 819999999 PCP Number = 000000001 NPI = 1234567890	Health Plan number = 819999999 PCP Number = 000000001 NPI = 1122334455	The record will reject for code P11 because the Health Plan/PCP Number combination is already on file for a different NPI. Only one instance of a Health Plan/PCP Number combination can exist on file.
Record Action = Add Health Plan Number = 819999999 PCP Number = 000000001 NPI = 1234567890 NOTE: The Health Plan/PCP Number combination submitted is not on file.	Health Plan number = 819999999 PCP Number = 000000002 NPI = 1234567890	The record will not reject for P11 because multiple records for the same NPI can exist for different PCP/Health Plan Number combinations.

## Encounter Claim Rejection Codes

The following error codes pertain specifically to encounter claims.

NOTE: Fatal errors are displayed in bold underline print.

- V01 ICN Void Claim Not Found. (Note: value includes trailing space 'V01 ')**
- 0001 Fails when the provider/claim type/Type of Bill is a mismatch.**
- 0002 Fails when the eligibility file shows the participant is ineligible on the date of service.**
- 0003 Fails when the billing provider number is not the health plan's 81 provider number.**
- 0006 Fails when the provider is not eligible on or during the dates of service.**
- 0007 Fails when the participant number is not entered, or is invalid (alpha characters, zeroes, less than 8 digits).**
- 0008 Fails when the participant I.D. is not on the eligibility file.**
- 0011 Fails when the participant is ineligible for a period within the dates of service due to date of death.**
- 0012 Fails when the participant is ineligible because the first date of service or last date of service is after the participant's date of death.**
- 0022 Fails when the primary diagnosis is equal to spaces or missing.**
- 0024 Fails when a claim has been received for a restricted service.**
- 0029 Fails when the primary surgical proc date is invalid, before the admit date or after the thru date. Also fails if a proc is present without a date. If occur code 42 is shown, that date is considered the discharge date. If a discharge date is present it will be used instead of the thru date.**
- 0030 Fails when the primary diagnosis code is not present or is inactive in the PDD file.**
- 0031 Fails when the second thru fifth header level diagnosis code is not present or is inactive on MO HealthNet's PDD file.**
- 0034 Fails when the admission date is missing, not all numeric or not valid.**
- 0035 Fails when the admission date is later than the from date of service.**
- 0037 Fails when admission type code is not present or is not a valid character.**
- 0041 Fails when the from date of service is missing, not all numeric or not valid.**
- 0043 Fails when the through date of service is missing, not all numeric, or invalid.**
- 0044 Fails when a presumptive participant ID is billed which is not on the presumptive participant file.**

- 0049 Fails when the sum of the covered and non-covered days is not equal to the total days billed.
- 0053 Fails when a detail from date of service is missing, not all numeric or not valid.**
- 0054 Fails when the through date of service is not all numeric or not valid.**
- 0057 Fails when the Inpatient through date of service is earlier than the from date of service.**
- 0060 Fails when a line item charge is missing, equal to zero, or has alpha characters.**
- 0065 Fails when a place of service code is not present or not a valid character.**
- 0067 Fails when the procedure code or procedure code/modifier combination is invalid.**
- 0095 Requires service facility to be on file and active. This applies to FFS zero pay services, encounter prospective payment service (PPS), and encounter zero pay services.**
- 0098 Q2 reporting modifier missing on Certified Community Behavioral Health Organization (CCBHO) claim line. CCBHO claims are identified by billing prov type 88 on FFS claims and service facility prov on CCBHO NPI table (btCNPI) for Managed Care (MC) encounter claims.**
- 0100 Fails when the units of service is equal to zero, blank, or invalid.**
- 0108 Fails when accommodation revenue code is not present or invalid.**
- 0118 Fails when the primary surgical procedure code is missing or not on file.**
- 0120 Fails when the NPI is invalid, the provider number is not on the provider master file, or does not match a pseudo out-of-network provider number.**
- 0121 Fails when the attending physician number is missing.**
- 0154 Fails when a diagnosis code for an abortion is billed.
- 0155 Fails when a procedure code for an abortion is billed.
- 0165 Fails when a tooth surface is missing or invalid.
- 0180 Fails when the covered days is not equal to the difference between the from and through date. If the patient status is "30" on inpatient claims, the through date is covered.
- 0182 Fails when the from and through dates are different and the number of units does not equal the number of days that have elapsed.
- 0227 Fails when an additional amount paid is submitted when the capitation indicator is N.**
- 0229 Fails if capitation indicator Y or N is missing or invalid.**

- 0230 Fails when amount is paid missing, invalid, or not greater than zero when the capitation indicator field is N and no TPL amount indicated.**
- 0231 Fails when an amount paid is submitted (greater than \$0.00) and the capitation indicator field is Y.**
- 0232 Fails when the date of payment is missing, invalid or greater than the current date when the capitation indicator is N.**
- 0233 Fails when the date of payment is submitted and the capitation indicator is Y.**
- 0300 Fails when a National Correct Coding Initiative (NCCI) comprehensive procedure code is billed by the same provider for same participant on same date of service as a corresponding NCCI component/comprehensive procedure code.
- 0351 Fails when another exception has posted to the claim that has been designated as a 'return encounter to health plan'. Every claim returned to the health will have exception 0351 on it.**
- 0352 Fails when the participant wasn't 21 on a sterilization surgery date.**
- 0363 Fails when encounter is received 2 years after Last Date of Service (LDOS). Note: Encounters must be submitted within 30 days of the day the health plan pays the claim and must be received within 2 years from LDOS. (At the most, 1 yr 11 months from LDOS to process and pay claim and 1 month to submit encounter to the state)**
- 0380 Fails on inpatient encounters when the admit date is not within any of the Health Plans contract period.**
- 0381 Fails when the participant is enrolled with a Program for All Inclusive Care for the Elderly (PACE) provider.**
- 0390 Fails when the participant is ineligible on the DOS due to incarceration status.**
- 0399 Fails when an encounter claim posts more than 25 exceptions.**
- 0400 Fails when the Medicare indicator on the claim was marked 'yes', the participant is older than 65, or the eligibility file indicates Medicare coverage for the participant. The procedure or service must also be covered by Medicare.
- 0408 Fails when the participant eligibility file indicates other insurance coverage and there is no indication of third party liability on the claim.
- 0410 Fails when the other insurance indicator is '2' (not applicable) and the participant has applicable insurance on file.
- 0411 Fails when the participant is ineligible for a portion of days within the dates of service.
- 0412 Fails when the other insurance indicator is '2' (not applicable) and the participant file indicates no insurance coverage.

- 0465 Fails when a diagnosis code is not allowed for the participant's sex.**
- 0466 Fails when a diagnosis code is not allowed for the participant's age.**
- 0481 Detail service missing when T1040 is billed for enc medical claim. Note: this exception will not be applicable until full implementation of the CCBHO demonstration.**
- 0497 Fails when the ICN of adjusted claims is missing or invalid.**
- 0499 Post when a NICU payment/diagnosis/revenue code is billed more than once for an individual DCN.
- 0501 Fails when a current claim is an exact duplicate of a claim in history or another current claim in the system.**
- 0503 Fails when a current claim is a suspect duplicate of a claim in history or another current claim in the system.**
- 0511 Fails when a kick payment delivery procedure/diagnosis is billed within 300 days of a previous delivery procedure/diagnosis.
- 0531 Fails when the billing provider type is 81 and the participant is not locked into a PHP (Provider type 81) at the time of service.**
- 0532 Fails when the participant is not a member of the billing health plan but enrolled in some other health plan at the time of service.**
- 0540 Fails when an Inpatient claim contains a missing or invalid Present on Admission (POA) indicator for at least one diagnosis code on the claim.**
- 0541 This claim has been flagged as a possible Health Care Acquired Condition.
- 0542 Fails when the revenue code on the line item of an outpatient claim is from 300-319 and no lab procedure code is present. Also fails when the procedure code on the line item of an outpatient claim is NOT from 80000-89999 and no revenue code is present. The appropriate procedure codes for lab services are 80048-89399, 36415, 36416, G0001 (DOS prior to January 1, 2005), or P3000.
- 0543 Fails when no accommodation revenue code is billed on an inpatient claim, but revenue codes 450, 459, 540-549 are billed as ancillaries. The claim should be rebilled as an outpatient claim because Emergency Room and Ambulance Services may only be billed as inpatient if the patient was admitted.**
- 0576 Fails when procedure codes Y9500-Y9504 are billed by a health plan.
- 0578 Fails when the number of units billed for procedure code Y9501 is less than 8.
- 0579 Fails when procedure Y9502 is billed with patient status of '03' or '04'.
- 0700 Fails when a procedure code is not allowed for a participant's sex.**

**0702 Fails when a procedure code is not allowed for a participant's age.**

**0706 Fails when a procedure code and a diagnosis code conflict.**

0878 Fails when all individual tests within a panel are billed with TOS I by the provider, for the same participant and on the same date of service.

**0959 Fails when a health plan who has carved out pharmacy submits a medical encounter claim with a physician injection code.**

**1017 Fails when habilitative service is billed for a participant not covered under the Medicaid Expansion program.**

**1022 Fails when a claim has been received for a restricted residential and aftercare/foster care treatment service.**

## **C-86 PCP START DATE**

This is the effective date for the assignment of a Primary Care Provider to a participant's lock-in record. This field is in CCYYMMDD format. Up to 30 occurrences are allowed on each lock-in record.

## **C-88 COUNTY CODES**

The county in which the participant maintains current residence.

Valid values are:

<b>CODE</b>	<b>COUNTY</b>
001	Adair
002	Andrew
003	Atchison
004	Audrain
005	Barry
006	Barton
007	Bates
008	Benton
009	Bollinger



010 Boone  
011 Buchanan  
012 Butler  
013 Caldwell  
014 Callaway  
015 Camden  
016 Cape Girardeau  
017 Carroll  
018 Carter  
019 Cass  
020 Cedar  
021 Chariton  
022 Christian  
023 Clark  
024 Clay  
025 Clinton  
026 Cole  
027 Cooper  
028 Crawford  
029 Dade  
030 Dallas  
031 Daviess  
032 DeKalb  
033 Dent  
034 Douglas  
035 Dunklin  
036 Franklin  
037 Gasconade

038	Gentry
039	Greene
040	Grundy
041	Harrison
042	Henry
043	Hickory
044	Holt
045	Howard
046	Howell
047	Iron
048	Jackson
049	Jasper
050	Jefferson
051	Johnson
052	Knox
053	Laclede
054	Lafayette
055	Lawrence
056	Lewis
057	Lincoln
058	Linn
059	Livingston
060	McDonald
061	Macon
062	Madison
063	Maries
064	Marion
065	Mercer

066	Miller
067	Mississippi
068	Moniteau
069	Monroe
070	Montgomery
071	Morgan
072	New Madrid
073	Newton
074	Nodaway
075	Oregon
076	Osage
077	Ozark
078	Pemiscot
079	Perry
080	Pettis
081	Phelps
082	Pike
083	Platte
084	Polk
085	Pulaski
086	Putnam
087	Ralls
088	Randolph
089	Ray
090	Reynolds
091	Ripley
092	St. Charles
093	St. Clair

094	St. Francois
095	Ste. Genevieve
096	St. Louis Co.
097	Saline
098	Schuyler
099	Scotland
100	Scott
101	Shannon
102	Shelby
103	Stoddard
104	Stone
105	Sullivan
106	Taney
107	Texas
108	Vernon
109	Warren
110	Washington
111	Wayne
112	Webster
113	Worth
114	Wright
115	St. Louis City
120	Nebraska
121	Iowa
122	Illinois
123	Kansas
124	Kentucky
125	Tennessee

126	Arkansas
128	Oklahoma
000	All other states
999	Unknown

### **C-89 LOCK-IN START DATE**

This table deleted; no longer applicable.

### **C-90 LOCK-IN STOP DATE**

This table deleted; no longer applicable.

### **C-91 DATE LAST CHANGED**

This table deleted; no longer applicable.

### **C-92 CLAIM ICN**

The Internal Control Number assigned to the claim by Wipro.

### **C-93 BIN - MO HEALTHNET**

This table deleted; no longer applicable.

### **C-94 VERSION NUMBER**

This table deleted; no longer applicable.

### **C-95 TRANSACTION CODE**

This table deleted; no longer applicable.

### **C-96 PROCESSOR NUMBER**

This table deleted; no longer applicable.

### **C-97 CLAIM TYPE**

This field indicates the claim type that has been submitted by the Health Plan. Valid values are:

- D - Drug
- H - Home Health
- L - Dental
- M - Medical
- I - Inpatient
- O - Outpatient
- V - Void

## **C-98 PROVIDER CATEGORY**

A one-digit alpha/numeric field indicating specific capabilities of a managed care provider. A blank in the provider category field will cause the record to be rejected. Valid values are:

**'0' - Hospitals** (General and Acute Care)

**'1' - Primary Care Provider** - A provider who maintains continuity of all assigned participants health care. Primary Care Provider are limited to nurse practitioners and licensed physicians in the following specialties: family and general practitioners, pediatricians, obstetricians and gynecologists (OB/GYN) and internists.

**'2' - Behavioral Health Provider** - An acute care hospital (for a psychiatric stay), private or state psychiatric hospital, Comprehensive Substance Treatment and Rehabilitation provider, licensed psychologist, licensed clinical social worker, licensed counselor, psychiatrist, psychiatric advance practice nurse or home health psychiatric nurse who provides mental health and/or substance abuse services. A Primary Care Provider cannot be coded as a Behavioral Health Provider.

**'3' - Pharmacies**

**'4' - OB-GYN**

**'5' - Dentists**

**'6' - Federally Qualified Health Centers\Rural Health Clinics**

**'7' - Local Health Departments**

**'8' - Occupational Therapy, Physical Therapy, Speech Therapy**

**'9' - PCP Clinic**

**A - Referral Specialty Provider**

**B - Durable Medical Equipment**

**C - Home Health Provider**

**D - Personal Care Provider**

**E - Nurse Midwife**

**F - School Based Clinic**

**G - Transportation**

**H - Comprehensive Substance Treatment and Rehabilitation Providers**

**I - Advanced Nurse Practitioners not designated as a PCP**

## **C-99 SORT CODE**

A one byte field used for sorting purposes only. The sort code identifies the records as:

A - Error Record

D - Error Summary Record

G - Provider Encounter Record

J - Provider Summary Record

M - Grand Total Summary Record

## **C-100 RECORD TYPE**

This table deleted; no longer applicable.

## **C-101 SUBMITTER NUMBER**

This table deleted; no longer applicable.

## **C-102 TOTAL COUNT**

This table deleted; no longer applicable.

## **C-103 FFS/ENCOUNTER INDICATOR**

This table deleted; no longer applicable.

## **C-104 ACCEPT/REJECT INDICATOR**

This table deleted; no longer applicable.

## **C-105 CLAIMS REJECTION MESSAGE**

This table deleted; no longer applicable.

## **C-106 SUMMARY RECORDS REJECTED**

This table deleted; no longer applicable.

## **C-107 SUMMARY RECORDS ACCEPTED**

This table deleted; no longer applicable.

## **C-108 SUMMARY CLAIMS REJECTED**

This table deleted; no longer applicable.

## **C-109 SUMMARY CLAIMS ACCEPTED**

This table deleted; no longer applicable.

## **C-110 GRAND TOTAL ERROR RECORDS**

This table deleted; no longer applicable.

## **C-111 GRAND TOTAL REJECTED RECORDS**

This table deleted; no longer applicable.

## **C-112 GRAND TOTAL RECORDS RECEIVED**

This table deleted; no longer applicable.

## **C-113 GRAND TOTAL ACCEPTED RECORDS**

This table deleted; no longer applicable.

## **C-114 GRAND TOTAL REJECTED CLAIMS**

This table deleted; no longer applicable.

## **C-115 GRAND TOTAL ACCEPTED CLAIMS**

This table deleted; no longer applicable.



## C-116 YES/NO QUESTION INDICATORS

A 'Y' in one of these fields indicates the answer to the associated question is YES. A 'N' in one of these fields indicates the answer to the associated question is NO. A ' ' (blank) in one of these fields indicates the answer to the associated question is UNKNOWN.

<b>Field Nos.</b>	<b>Question Asked</b>
39	Does the provider participate in the MO HealthNet Program? (Default to Blank which is a valid value)
52	Does the provider have Obstetric/Delivery privileges at this associated hospital? (Default to Blank which is a valid value)
65	Does the provider take established patients only? (Default to 'N'. A blank is a valid value but will default to a 'N')
*93	Is this location ADA (American Disabilities Act) accessible? (Default to Blank which is a valid value)
*109	Is this location TDD (Telecommunications Device for the Deaf) equipped? (Default to Blank which is a valid value)
*110	Does this location accept new pregnancies? (Default to 'Y'. A blank is a valid value but will default to a 'Y')
*111	Is this location equipped for medically fragile patients? (Default to Blank which is a valid value)

\*Field with an (\*) beside them denote the field number in the first occurrence of the possible 15 site locations.

## C-117 SITE LOCATION NUMBER

A unique number associated with this location defined by the provider.

This is a required field.

The first occurrence of 'site location' is the primary location. This will be the location used for potential official mailings to the provider.

## C-118 ASSOCIATED HOSPITAL ID NUMBER

The six digit 'Medicare Base ID Number' assigned to each hospital. This number can be obtained from the hospital.

This is a required field for each occurrence (1-5) if an Associated Hospital Name is present in that occurrence.

### **C-119 MANAGED CARE ENROLLEES ACCEPTED**

This field indicates the number accepted enrollees for the Primary Care Provider.

If Out Of Network Provider = N then Enrollees Accepted must be numeric and greater than zero.

If Out Of Network Provider = Y then Enrollees Accepted is not required.

### **C-120 OB/GYN INDICATOR**

This field indicates what type of OB/GYN services may be rendered at this location.

1 - Obstetrics Only

2 - Gynecology Only

3 - Both Obstetrics and Gynecology

If one of the above values is not applicable, leave the field blank.

### **C-121 LANGUAGE INDICATOR**

#### **Provider Demographic Layout:**

#### **Language Indicator**

A 'Y' indicates someone at this location speaks this language.

A 'N' indicates no one at this location speaks this language.

A 'blank' will be accepted but will default to a 'N'

Other Indicator - a 'Y' indicates a language other than those listed in fields 94-106\* is spoken at this location.

The language indicators are required fields.

Other Specify - The language indicated in field 86\*.

**\*This applies to the same fields on the possible 15 site locations. These field numbers apply to the first occurrence.**

#### **Eligibility Notification Layout:**

## **Participant Primary Language Indicator**

This indicates the participant's primary language. If more than one language is indicated by the participant (via the Health Benefits Manager (HBM)/Wipro), a hierarchy system will determine what value is in this field.

Hierarchy and valid values are:

'E' - English

'A' - ASL

'B' - Arabic

'C' - Chinese

'H' - Haitian

'J' - Japanese

'L' - Laotian

'M' - Cambodian

'N' - Romanian

'O' - Other

'P' - Polish

'R' - Russian

'S' - Spanish

'T' - Tagalog

'V' - Vietnamese

## **C-122 AGE RANGE LOW/HIGH**

The Age Range Low field is a two byte field indicating the lowest age patient this location will accept. Valid values are from 00-99. (Newborn = 00)

The Age Range High field is a three byte field indicating the highest age patient this location will accept. Valid values are from 000-999. (Newborn = 000).

These are required fields.

## **C-123 TOTAL RECORDS**

This field contains the total number of records within this particular file transfer. All record types will be included in this total (with the exception of the total record itself).

## **C-124**

This page was left blank intentionally.

## **C-125 TYPE OF PHONE NUMBER INDICATOR**

This table deleted; no longer applicable.

## **C-126 NABP NUMBER**

This table deleted; no longer applicable.

## **C-127 FQHC/RHC PROVIDERS**

This table deleted; no longer applicable.

## **C-129 POLICY HOLDER INFORMATION**

The last name, first name and middle initial of the policy holder. This is a required field for the TPL layout.

## **C-130 RELATIONSHIP CODE**

The code indicating the relationship of the policy holder to the participant. Valid values are:

00	Self
01	Spouse
04	Grandparent
05	Grandchild
07	Nephew/Niece
09	Adopted Child
10	Foster Child
15	Ward
17	Step Child
19	Child

20	Employee
21	Unknown
22	Handicap Depndt
23	Sponsor Depndt
24	Depndt Of Minor Dp
29	Significant Other
32	Mother
33	Father
34	Other Adult
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child No Financial Responsibility
53	Life Partner
G8	Other

EX: If the policyholder is the father of the participant, the relationship code would be “19”.

### **C-131 POLICY NUMBER**

The insurance policy number. This is a required field for the TPL layout. If the policy number is unknown, use the policyholder SSN.

### **C-132 INSURANCE COVERAGE CODE**

The code indicating the type of coverage. The valid values for this field are:

AC	Accident
AM	Ambulance
CA	Cancer
CC	Custodial Care

DE	Dental
DM	DME
HH	Home Health
HI	Hospital Inpatient
HO	Hospital Outpatient
HP	Hospice
IN	Hospital Indemnity
MA	Medicare Supplement Part A
MB	Medicare Supplement Part B
MD	Physician
MH	Medicare Replacement HMO
PS	Psychiatric
RX	Pharmacy
SC	Skilled Care Facility
SP	School Plan
SU	Surgical
VA	Veteran's Administration
VI	Vision

### **C-133 COURT ORDERED SWITCH**

Y (Yes) or N (No) indicates if the TPL policy is court ordered.

### **C-134 INSURANCE COMPANY NAME AND ADDRESS**

The name and address of the insurance company. This is a required field for the TPL layout.

### **C-135 GROUP NUMBER**

The insurer's group number.

### **C-136 COVERAGE BEGIN DATE**

The begin date for the coverage code. Format: CCYYMMDD

## **C-137 COVERAGE END DATE**

The end date for the coverage code. Format: CCYYMMDD

## **C-138 TPL LEAD SOURCE**

This field shows who filled out the form for the lead. This is a required field. This is left justified and blank filled. Valid values are:

- 1 – TPL-1
- 1C – TPL-1C (HMO)
- 4 – TPL-4
- 5 – HMS Identified
- 6 – Wipro (Enrollment Broker)
- 7 – Medicare Part C
- 8 – TPL-8
- 8C – TPL-8C
- 10 – Healthy Blue, Southwestern Region
- 11 – Healthy Blue, Central Region
- 12 – Healthy Blue, Eastern Region
- 13 – Healthy Blue, Western Region
- 16 – Home State Health Care, Central Region
- 17 – Home State Health Care, Eastern Region
- 18 – Home State Health Care, Western Region
- 20 – Home State Health Care, Southwestern Region
- 28 – United Healthcare, Southwestern Region
- 29 – United Healthcare, Central Region
- 30 – United Healthcare, Western Region
- 31 – United Healthcare, Eastern Region
- 32 – Home State Health, Southwestern Region
- 33 – Home State Health, Central Region
- 34 – Home State Health, Western Region
- 35 – Home State Health, Eastern Region
- 50 – Health Insurance

80 – MACSS

99 – IFOX Staff Identified

### **C-139 TPL REJECTION CODES**

This filler field is used to return up to 20 three-byte error codes when returning invalid or incomplete records to the Health Plan.

T01 - Invalid Participant ID

T02 - Missing Participant Name

T03 - Missing Policy Holder Name

T04 - Missing Policy Holder SSN

T05 - Missing Policy Number

T06 - Missing Insurance Company Name

T07 - Missing Insurance Company Street Address

T08 - Missing Insurance Company City

T09 - Missing Insurance Company State

T10 - Missing Insurance Company Zip Code

T11 - Invalid Lead Source

### **C-140 DATE OF PAYMENT**

This table deleted; no longer applicable.

### **C-141 OTHER INSURANCE AMOUNT**

This table deleted; no longer applicable.

### **C-142 CAPITATION INDICATOR**

This table deleted; no longer applicable.

### **C-143 DISPENSING FEE**

This table deleted; no longer applicable.

### **C-144 ADDITIONAL AMOUNT**



This table deleted; no longer applicable.

## C-145 NEMT REJECTION CODES

A field indicating an accepted status code or an error code. The following error codes pertain specifically to NEMT encounter claims submitted by the NEMT Broker.

NOTE: Fatal errors are displayed in bold underline print.

- V01 ICN Void Claim Not Found. (Note: value includes trailing space 'V01 ')**
- 0002 Fails when the eligibility file shows the participant is ineligible on the date of service.**
- 0006 Fails when the provider is not eligible on or during the dates of service.**
- 0007 Fails when the participant number is not entered, or is invalid (alpha characters, zeroes, less than 8 digits).**
- 0008 Fails when the participant I.D. is not on the eligibility file.**
- 0011 Fails when the participant is ineligible for a period within the dates of service due to date of death.**
- 0012 Fails when the participant is ineligible because the first date of service or last date of service is after the participant's date of death.**
- 0044 Fails when a presumptive participant ID is billed which is not on the presumptive participant file.**
- 0053 Fails when a detail from date of service is missing, not all numeric or not valid.**
- 0054 Fails when the through date of service is not all numeric or not valid.**
- 0060 Fails when a line item charge is missing, equal to zero, or has alpha characters.**
- 0067 Fails when the procedure code or procedure code/modifier combination is invalid.**
- 0100 Fails when the units of service is equal to zero, blank, or invalid.**
- 0138 Fails when the dates of service on the encounter are not equal. The first date of service and last date of service must equal.**
- 0139 Fails when an NEMT encounter is submitted and the procedure code is not a valid NEMT procedure code.**
- 0143 Fails when the NEMT broker bills for services for participants with a ME code not eligible for transportation.**
- 0225 Fails when the NEMT broker bills a NEMT encounter claim with a service date prior to the implementation date of the NEMT capitation program (November 5, 2005).**

- 0229 Fails if capitation indicator Y or N is missing or invalid.**
- 0230 Fails when amount is paid missing, invalid, or not greater than zero when the capitation indicator field is N and no TPL amount indicated.**
- 0231 Fails when an amount paid is submitted (greater than \$0.00) and the capitation indicator field is Y.**
- 0248 Fails when encounter submitted by NEMT for foster care ME code 38 and participant address is missing or invalid.
- 0270 Fails when the participant is enrolled with a Managed Care Health Plan.**
- 0271 Fails when the participant is enrolled with a Managed Care Health Plan. Contract Home State Health Plan (Eastern Region) (855-694-4663).**
- 0272 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Molina Healthcare (West Region) (866) 774-1476.**
- 0273 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Home State Health Plan (Southwestern Region) (855-694-4663).**
- 0274 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Molina HealthCare (Central Region) (314) 432-9300.**
- 0275 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Home State Health Plan (Western Region) (855-694-4663).**
- 0276 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Molina HealthCare (East Region) (314) 432-9300.**
- 0278 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Home State Health Plan (Central Region) (855-694-4663).**
- 0282 Fails when the participant is enrolled with a Managed Care Health Plan. Contact United Healthcare (Southwestern Region) (314) 592-7000.**
- 0284 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Healthy Blue (Southwestern Region) (833-405-9086).**
- 0285 Fails when the participant is enrolled with a Managed Care Health Plan. Contact United Healthcare (Eastern Region) (314) 592-7000.**
- 0286 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Healthy Blue (Eastern Region) (833-405-9086).**
- 0287 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Healthy Blue (Western Region) (833-405-9086).**

- 0288 Fails when the participant is enrolled with a Managed Care Health Plan. Contact Healthy Blue (Central Region) (833) 405-9086.**
- 0290 Fails when the participant is enrolled with a Managed Care Health Plan. Contact United Healthcare (Central Region) (314) 592-7000.**
- 0292 Fails when the participant is enrolled with a Managed Care Health Plan. Contact United Healthcare (Western Region) (314) 592-7000.**
- 0351 Fails when another exception has posted to the claim that has been designated as a 'return encounter to health plan'. Every claim returned to the health will have exception 0351 on it.**
- 0363 Fails when encounter is received 2 years after Last Date of Service (LDOS). Note: Encounters must be submitted within 30 days of the day the health plan pays the claim and must be received within 2 years from LDOS. (At the most, 1 yr 11 months from LDOS to process and pay claim and 1 month to submit encounter to the state).**
- 0378 NEMT participant is temporarily ineligible for NEMT services due to lockin to NEMT pseudo provider 654444405.**
- 0381 Fails when the participant is enrolled with a PACE provider.**
- 0399 Fails when a paid or denied claim posts more than 25 exceptions.**
- 0411 Fails when the participant is ineligible for a portion of days within the dates of service.
- 0497 Fails when the ICN of adjusted claims is missing or invalid.**
- 0501 Fails when a current claim is an exact duplicate of a claim in history or another current claim in the system.**
- 0694 Fails when transportation is billed with a combined total which exceeds 3 units per date of service.**
- 0702 Fails when a procedure code is not allowed for a participant's age.**
- 0706 Fails when a procedure code and a diagnosis code conflict.**
- 1270 Fails when the participant is enrolled with a MO HealthNet Managed Care Health Plan. Contact Home State Health Plan SMHK (Eastern Region) (877-236-1020.**
- 1271 Fails when the participant is enrolled with a MO HealthNet Managed Care Health Plan. Contact Home State Health Plan SMHK (Central Region) (877-236-1020.**
- 1272 Fails when the participant is enrolled with a MO HealthNet Managed Care Health Plan. Contact Home State Health Plan SMHK (Western Region) (877-236-1020.**
- 1273 Fails when the participant is enrolled with a MO HealthNet Managed Care Health Plan. Contact Home State Health Plan SMHK (Southwestern Region) (877-236-1020.**

### C-146 Miscellaneous Provider Indicator, Number, and NPI

The miscellaneous provider indicator corresponds with the same 1-10 indexed miscellaneous provider number and NPI. The following are the provider indicators and descriptions:

Ind	Description
A	Institutional Attending Provider
B	Managed Care NPI
C	Lockin Provider Number
D	MC Plus Provider Number
E	PCP Provider Number
G	Group Provider Number
I	Managed Care Provider EIN
J	FQHC/RHC Provider Number
L	Clinical Laboratory Improvement Amendments (CLIA) Provider Number
M	Medicare Provider Number
N	Hospice/Nursing Home Provider Number
P	Professional Performing Provider Number
R	Referring Provider Number
S	Second Referring Provider Number
T	Nursing Home Admitting Provider Number

### C-147 Out of Network Provider Indicator

This field indicates whether or not the provider is out of network. Valid values are:

Y – Yes

N – No

### C-148 NAIC

The National Association of Insurance Commissioners (NAIC) identification number.

## **C-149 Managed Care Provider Number**

The Health Plan assigned nine-digit Provider Number as submitted by the Health Plan on the provider demographic file for inclusion in the provider network. Allowed characters in this field are 0 through 9.