

INTERNET CONFIRMATION/ERROR LAYOUT

This record is used to notify the provider of the outcome of the Internet records submitted for the current cycle. Both accepted records and rejected records will be contained in this file for Fee for Service claims. This layout is also used for Managed Care Adjudication Confirmation files. Managed Care Health Plans will receive separate files for accepted and rejected records.

There are several reasons for not creating a claim: records missing, fields missing or invalid.

- Confirmation records will not populate the Error Message field.
- Error records will not populate the ICN (except for errors on Internet Credit records), claim type, billed amount, paid amount, reason code1, and reason code 2.

| FIELD NUMBER | DESCRIPTION | DISP | LENGTH |
|--------------|--------------------------------------|------|--------|
| 01 | ICN | 1 | 13 |
| 02 | Comma | 14 | 1 |
| 03 | Provider Number | 15 | 9 |
| 04 | Comma | 24 | 1 |
| 05 | Participant Number | 25 | 8 |
| 06 | Comma | 33 | 1 |
| 07 | Participant Name | 34 | 32 |
| 08 | Comma | 66 | 1 |
| 09 | Patient Account Nbr/Prescription Nbr | 67 | 20 |
| 10 | Comma | 87 | 1 |
| 11 | Claim Type | 88 | 1 |
| 12 | Comma | 89 | 1 |
| 13 | From Date of Service | 90 | 10 |
| 14 | Comma | 100 | 1 |
| 15 | Thru Date of Service | 101 | 10 |
| 16 | Comma | 111 | 1 |
| 17 | Billed Amount | 112 | 11 |
| 18 | Comma | 123 | 1 |
| 19 | Paid Amount | 124 | 11 |
| 20 | Comma | 135 | 1 |
| 21 | Claim Status | 136 | 1 |
| 22 | Comma | 137 | 1 |
| 23 | Reason Code 1 | 138 | 5 |
| 24 | Comma | 143 | 1 |
| 25 | Reason Code 2 | 144 | 5 |
| 26 | Comma | 149 | 1 |
| 27 | Error Message | 150 | 160 |
| 28 | Comma | 310 | 1 |

| | | | |
|----|---------------|-----|----|
| 29 | NPI | 311 | 10 |
| 30 | Comma | 321 | 1 |
| 31 | Taxonomy | 322 | 10 |
| 32 | Comma | 332 | 1 |
| 33 | Remark Code 1 | 333 | 5 |
| 34 | Comma | 338 | 1 |
| 35 | Remark Code 2 | 339 | 5 |
| 36 | Comma | 344 | 1 |

CLAIM TYPES

D—Drug

H—Home Health

I—Inpatient

L—Dental

M—Medical

N—Nursing Home

O—Outpatient

P—Capitation Payments

X—Crossover

CLAIMS STATUS CODES

B—In Process

C—Suspended

D—Suspended but Ready

E—Suspended to delete

F—to be suspended

G—Reversed claim

I—To be paid

K—To be denied

L—To be paid, credit balance

M—To be denied credit

N—Denied

P—Paid

S—Suspense transaction delete

T—TAC verified

X—Mini—Cycle adjudication

V—Claim voided