

SECTION 6 - NATIONAL STANDARD FORMAT

This section consists of two parts:

Electronic Media Claims National Standard Format
NSF Field Requirements - Selected Records

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT, pages 6.2 - 6.42

The fields for every NSF record are displayed in six columns:

FIELD NO	-	NSF field number within record
FIELD NAME	-	NSF field name
LENGTH	-	NSF defined field length
TYPE	-	NSF field characteristic
	X	Character, usually defined as A - Z and 0 - 9. Some fields allow special characters such as: / # , %. Refer to the NSF field definitions for specific valid values. Left justify, right blank fill character fields.
	N	Numeric, defined as 0 - 9. Initialize with zeros. Right justify, left zero fill numeric fields.

POSITIONS FROM - Beginning position for field

POSITIONS THRU - Ending position for field

NOTE: Date fields are edited by THIN as follows:

- Must be blank or contain a valid date
- Dates must be submitted in CCYYMMDD format

NSF FIELD REQUIREMENTS - SELECTED RECORDS, pages 6.43 - 6.45

This chart provides the National Standard Format field requirements for selected records, i.e., those records used to submit Medicare Part B, HMO Blue Medicaid, Blue Shield, Medicaid and clearinghouse commercial claims. This section is not intended to replace the sections devoted to these claim types. It is to be used as a supplement to Section 7 through Section 11.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD
 "SUBMITTER DATA"

RECORD TYPE: AA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "AA0"	3	X	01	03
02.0	SUB ID	16	X	04	19
03.0	RESERVED (AA0-03.0)	9	X	20	28
04.0	SUBMISSION TYPE	6	X	29	34
05.0	SUBMISSION NO	6	X	35	40
06.0	SUB NAME	33	X	41	73
07.0	SUB ADDR1	30	X	74	103
08.0	SUB ADDR2	30	X	104	133
09.0	SUB CITY	20	X	134	153
10.0	SUB STATE	2	X	154	155
11.0	SUB ZIP	9	X	156	164
12.0	SUB REGION	5	X	165	169
13.0	SUB CONTACT	33	X	170	202
14.0	SUB PHONE	10	X	203	212
15.0	CREATION DATE	8	X	213	220
16.0	SUBMISSION TIME	6	X	221	226
17.0	RECEIVER ID	16	X	227	242
18.0	RECEIVER TYPE CODE	1	X	243	243
19.0	VERSION CODE-NATIONAL	5	N	244	248
20.0	VERSION CODE-LOCAL	5	N	249	253
21.0	TEST/PROD IND	4	X	254	257
22.0	PASSWORD	8	X	258	265
23.0	RETRANSMISSION STATUS	1	X	266	266
24.0	ORIGINAL SUB ID	16	X	267	282
25.0	VENDOR APP CAT	1	X	283	283
26.0	VENDOR SOFTWARE VER	5	X	284	288
27.0	VENDOR SOFTWARE UPDATE	2	X	289	290
28.0	COB FILE IND	1	X	291	291
29.0	PROCESS FROM DATE	8	X	292	299
30.0	PROCESS THRU DATE	8	X	300	307
31.0	ACKNOWLEDGMENT REQUEST	1	X	308	308
32.0	DATE OF RECEIPT	8	X	309	316
33.0	FILLER-NATIONAL	4	X	317	320

Version 003.01 Changes:

Fields 28.0 through 32.0 are new.

Filler - National is redefined from positions 291-292 to 317-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD
 "PROVIDER DATA 1"

RECORD TYPE: BA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "BA0"	3	X	01	03
02.0	EMC PROV ID	15	X	04	18
03.0	BATCH TYPE	3	X	19	21
04.0	BATCH NO	4	N	22	25
05.0	BATCH ID	6	X	26	31
06.0	PROV TAX ID	9	X	32	40
07.0	RESERVED (BA0-07.0)	6	X	41	46
08.0	PROV TAX ID TYPE	1	X	47	47
09.0	NATIONAL PROV ID	15	X	48	62
10.0	PROV UPIN-USIN ID	6	X	63	68
11.0	RESERVED (BA0-11.0)	6	X	69	74
12.0	PROV MEDICAID NO	15	X	75	89
13.0	PROV CHAMPUS NO	15	X	90	104
14.0	PROV BLUE SHIELD NO	15	X	105	119
15.0	PROV COMMERCIAL NO	15	X	120	134
16.0	PROV NO 1	15	X	135	149
17.0	PROV NO 2	15	X	150	164
18.0	ORGANIZATION NAME	33	X	165	197
19.0	PROV LAST NAME	20	X	198	217
20.0	PROV FIRST NAME	12	X	218	229
21.0	PROV MI	1	X	230	230
22.0	PROV SPECIALTY	3	X	231	233
23.0	SPECIALTY LICENSE NO	15	X	234	248
24.0	STATE LICENSE NO	15	X	249	263
25.0	DENTIST LICENSE NO	15	X	264	278
26.0	ANESTHESIA LICENSE NO	15	X	279	293
27.0	PROV PARTICIPATE IND	1	X	294	294
28.0	FILLER-NATIONAL	26	X	295	320

Version 003.01 Changes:

Field 09.0 redefined from Prov Medicare Number to National Provider ID

Field 27.0 is a new field.

Filler - National is redefined from positions 294-306 to 294-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD
 "PROVIDER DATA 2"

RECORD TYPE: BA1

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "BA1"	3	X	01	03
02.0	EMC PROV ID	15	X	04	18
03.0	BATCH TYPE	3	X	19	21
04.0	BATCH NO	4	N	22	25
05.0	BATCH ID	6	X	26	31
06.0	PROV TYPE ORG	3	X	32	34
07.0	PROV SVC ADDR1	30	X	35	64
08.0	PROV SVC ADDR2	30	X	65	94
09.0	PROV SVC CITY	20	X	95	114
10.0	PROV SVC STATE	2	X	115	116
11.0	PROV SVC ZIP	9	X	117	125
12.0	PROV SVC PHONE	10	X	126	135
13.0	PROV PAY TO ADDR1	30	X	136	165
14.0	PROV PAY TO ADDR2	30	X	166	195
15.0	PROV PAY TO CITY	20	X	196	215
16.0	PROV PAY TO STATE	2	X	216	217
17.0	PROV PAY TO ZIP	9	X	218	226
18.0	PROV PAY TO PHONE	10	X	227	236
19.0	FILLER-NATIONAL	84	X	237	320

Version 003.01 Changes:

Filler - National is redefined from positions 237-278 to 237-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD
 "PATIENT DATA"

RECORD TYPE: CA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "CA0"	3	X	01	03
02.0	RESERVED (CA0-02.0)	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	PAT LAST NAME	20	X	23	42
05.0	PAT FIRST NAME	12	X	43	54
06.0	PAT MI	1	X	55	55
07.0	PAT GENERATION	3	X	56	58
08.0	PAT DATE OF BIRTH	8	X	59	66
09.0	PAT SEX	1	X	67	67
10.0	PAT TYPE OF RESIDENCE	1	X	68	68
11.0	PAT ADDR1	30	X	69	98
12.0	PAT ADDR2	30	X	99	128
13.0	PAT CITY	20	X	129	148
14.0	PAT STATE	2	X	149	150
15.0	PAT ZIP	9	X	151	159
16.0	PAT PHONE	10	X	160	169
17.0	PAT MARITAL STATUS	1	X	170	170
18.0	PAT STUDENT STATUS	1	X	171	171
19.0	PAT EMPLOYMENT STATUS	1	X	172	172
20.0	PAT DEATH IND	1	X	173	173
21.0	PAT DATE OF DEATH	8	X	174	181
22.0	OTHER INSURANCE IND	1	X	182	182
23.0	CLAIM EDITING IND	1	X	183	183
24.0	TYPE OF CLAIM IND	2	X	184	185
25.0	LEGAL REP IND	1	X	186	186
26.0	ORIGIN CODE	9	X	187	195
27.0	PAYOR CLM CONTROL NO	17	X	196	212
28.0	PROVIDER NUMBER	15	X	213	227
29.0	CLAIM ID NO	6	X	228	233
30.0	FILLER-NATIONAL	87	X	234	320

Version 003.01 Changes:

Filler - National is redefined from positions 234-253 to 234-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD
 "PATIENT DATA"

RECORD TYPE: CA1

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>POSITIONS</u>	
				<u>FROM</u>	<u>THRU</u>
01.0	RECORD ID "CA1"	3	X	01	03
02.0	RESERVED (CA1-02.0)	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	PURCHASE ORDER NO	10	X	23	32
05.0	TRIBE	3	N	33	35
06.0	RESIDENCY CODE	7	N	36	42
07.0	PAT HEALTH REC	6	N	43	48
08.0	AUTH FAC NUMBER	9	N	49	57
09.0	MULTI CLAIM IND	1	X	58	58
10.0	FILLER-NATIONAL	262	X	59	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM HEADER RECORD RECORD TYPE: CB0
 "LEGAL REPRESENTATIVE DATA"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "CB0"	3	X	01	03
02.0	RESERVED (CB0-02.0)	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	RESP PERSON LAST NAME	20	X	23	42
05.0	RESP PERSON FIRST NAME	12	X	43	54
06.0	RESP PERSON MI	1	X	55	55
07.0	RESP PERSON ADDR1	30	X	56	85
08.0	RESP PERSON ADDR2	30	X	86	115
09.0	RESP PERSON CITY	20	X	116	135
10.0	RESP PERSON STATE	2	X	136	137
11.0	RESP PERSON ZIP	9	X	138	146
12.0	RESP PERSON PHONE	10	X	147	156
13.0	FILLER-NATIONAL	164	X	157	320

Version 003.01 Changes:

Filler - National is redefined from positions 157-238 to 157-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION
 "PAYOR DATA 1"

RECORD TYPE: DA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "DA0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CLAIM FILING IND	1	X	23	23
05.0	SOURCE OF PAY	1	X	24	24
06.0	INSURANCE TYPE CODE	2	X	25	26
07.0	PAYOR ORGANIZATION ID	(5)	X	(27)	(31)
08.0	PAYOR CLAIM OFFICE NO	(4)	X	(32)	(35)
07-08	<i>Redefined as</i>				
	<i>NATIONAL PAYER ID</i>	9	X	27	35
09.0	PAYOR NAME	33	X	36	68
10.0	GROUP NO	20	X	69	88
11.0	GROUP NAME	33	X	89	121
12.0	PPO/HMO IND	1	X	122	122
13.0	PPO ID	15	X	123	137
14.0	PRIOR AUTH NO	15	X	138	152
15.0	ASSIGN OF BENEFITS	1	X	153	153
16.0	PAT SIGNATURE SOURCE	1	X	154	154
17.0	PAT REL TO INSURED	2	N	155	156
18.0	INSURED ID NO	25	X	157	181
19.0	INSURED LAST NAME	20	X	182	201
20.0	INSURED FIRST NAME	12	X	202	213
21.0	INSURED MI	1	X	214	214
22.0	INSURED GENERATION	3	X	215	217
23.0	INSURED SEX	1	X	218	218
24.0	INSURED DATE OF BIRTH	8	X	219	226
25.0	INSURED EMPL STATUS	1	X	227	227
26.0	SUPPLEMENTAL INS IND	1	X	228	228
27.0	INSURANCE LOCATION ID	7	X	229	235
28.0	MEDICAID ID NO	25	X	236	260
29.0	SUPPLEMENTAL PATIENT ID	25	X	261	285
30.0	ASSIGN 4081 IND	1	X	286	286
31.0	COB ROUTING IND	1	X	287	287
32.0	FILLER-NATIONAL	33	X	288	320

Version 003.01 Changes:

Fields 07.0 and 08.0 are combined to form new field, National Payer ID.

Fields 29.0, 30.0 and 31.0 are new fields.

Filler - National is redefined from positions 261-273 to 288-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION
 "PAYOR DATA 2"

RECORD TYPE: DA1

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "DA1"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	PAYOR ADDR1	30	X	23	52
05.0	PAYOR ADDR2	30	X	53	82
06.0	PAYOR CITY	20	X	83	102
07.0	PAYOR STATE	2	X	103	104
08.0	PAYOR ZIP	9	X	105	113
09.0	DISALLOWED COST CONT	7	N	114	120
10.0	DISALLOWED OTHER	7	N	121	127
11.0	ALLOWED AMOUNT	7	N	128	134
12.0	DEDUCTIBLE AMOUNT	7	N	135	141
13.0	COINSURANCE AMOUNT	7	N	142	148
14.0	PAYOR AMOUNT PAID	7	N	149	155
15.0	ZERO PAY IND	1	X	156	156
16.0	ADJUDICATION IND 1	2	X	157	158
17.0	ADJUDICATION IND 2	2	X	159	160
18.0	ADJUDICATION IND 3	2	X	161	162
19.0	CHAMPUS SPNSR BRANCH	1	X	163	163
20.0	CHAMPUS SPNSR GRADE	2	X	164	165
21.0	CHAMPUS SPNSR STATUS	1	X	166	166
22.0	INS CARD EFFECT DATE	8	X	167	174
23.0	INS CARD TERM DATE	8	X	175	182
24.0	BALANCE DUE	7	N	183	189
25.0	EOMB DATE1	8	X	190	197
26.0	EOMB DATE2	8	X	198	205
27.0	EOMB DATE3	8	X	206	213
28.0	EOMB DATE4	8	X	214	221
29.0	CLAIM RECEIPT DATE	8	X	222	229
30.0	AMT PAID TO BENE	9	N	230	238
31.0	BENE CHECK/EFT TRACE NO	15	X	239	253
32.0	BENE CHECK DATE	8	X	254	261
33.0	AMT PAID TO PROV	9	N	262	270
34.0	PROV CHECK/EFT TRACE NO	15	X	271	285
35.0	PROV CHECK DATE	8	X	286	293
36.0	INTEREST PAID	9	N	294	302
37.0	APPROVED AMT	9	N	303	311
38.0	CONTRACT AGREEMENT IND	1	X	312	312
39.0	FILLER-NATIONAL	8	X	313	320

Version 003.01 Changes:

Fields 25.0 through 38.0 are new fields.

Filler - National is redefined from positions 190-252 to 313-320.

Filler - Local has been deleted.

VERSION 003.01 - 07/01/1997

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION
"PAYOR DATA 3"

RECORD TYPE: DA2

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "DA2"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	INSURED ADDR1	30	X	23	52
05.0	INSURED ADDR2	30	X	53	82
06.0	INSURED CITY	20	X	83	102
07.0	INSURED STATE	2	X	103	104
08.0	INSURED ZIP	9	X	105	113
09.0	INSURED PHONE	10	X	114	123
10.0	INSURED RETIRE DATE	8	X	124	131
11.0	INSURED SPOUSE RETIRE	8	X	132	139
12.0	INSURED EMPLR NAME	33	X	140	172
13.0	INSURED EMPLR ADDR1	30	X	173	202
14.0	INSURED EMPLR ADDR2	30	X	203	232
15.0	INSURED EMPLR CITY	20	X	233	252
16.0	INSURED EMPLR STATE	2	X	253	254
17.0	INSURED EMPLR ZIP	9	X	255	263
18.0	EMPLOYEE ID NO	12	X	264	275
19.0	FILLER-NATIONAL	45	X	276	320

Version 003.01 Changes:

Fields 18.0 changed from Required to Conditional.

Filler - National is redefined from positions 276-300 to 276-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: INSURANCE INFORMATION
 "PAYOR DATA 4"

RECORD TYPE: DA3

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "DA3"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CLAIM REASON CODE1	6	X	23	28
05.0	DOLLAR AMOUNT1	7	N	29	35
06.0	CLAIM REASON CODE2	6	X	36	41
07.0	DOLLAR AMOUNT2	7	N	42	48
08.0	CLAIM REASON CODE3	6	X	49	54
09.0	DOLLAR AMOUNT3	7	N	55	61
10.0	CLAIM REASON CODE4	6	X	62	67
11.0	DOLLAR AMOUNT4	7	N	68	74
12.0	CLAIM REASON CODE5	6	X	75	80
13.0	DOLLAR AMOUNT5	7	N	81	87
14.0	CLAIM REASON CODE6	6	X	88	93
15.0	DOLLAR AMOUNT6	7	N	94	100
16.0	CLAIM REASON CODE7	6	X	101	106
17.0	DOLLAR AMOUNT7	7	N	107	113
18.0	CLAIM MESSAGE CODE1	5	X	114	118
19.0	CLAIM MESSAGE CODE2	5	X	119	123
20.0	CLAIM MESSAGE CODE3	5	X	124	128
21.0	CLAIM MESSAGE CODE4	5	X	129	133
22.0	CLAIM MESSAGE CODE5	5	X	134	138
23.0	CLAIM DETAIL LINE COUNT	2	X	139	140
24.0	CLAIM ADJUST IND	1	X	141	141
25.0	PROV ADJUST AMT	7	N	142	148
26.0	BENE ADJUST AMT	7	N	149	155
27.0	ORIG APPROVE AMT	7	N	156	162
28.0	ORIG PAID AMT	7	N	163	169
29.0	ORIG PAYOR CLM CONTROL NO	17	X	170	186
30.0	FILLER-NATIONAL	134	X	187	320

Version 003.01 Changes:

**New record to be used to supply prior adjudication status information.
 Currently not utilized by any approved THIN payers.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD

RECORD TYPE: EA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "EA0"	3	X	01	03
02.0	RESERVED (EA0-02.0)	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	EMPL RELATED IND	1	X	23	23
05.0	ACCIDENT IND	1	X	24	24
06.0	SYMPTOM IND	1	X	25	25
07.0	ACCIDENT/SYMPTOM DATE	8	X	26	33
08.0	EXT CAUSE OF ACCIDENT	5	X	34	38
09.0	RESPONSIBILITY IND	1	X	39	39
10.0	ACCIDENT STATE	2	X	40	41
11.0	ACCIDENT HOUR	2	X	42	43
12.0	ABUSE IND	1	X	44	44
13.0	RELEASE OF INFO IND	1	X	45	45
14.0	RELEASE OF INFO DATE	8	X	46	53
15.0	SAME/SIMILAR SYMP IND	1	X	54	54
16.0	SAME/SIMILAR SYMP DT	8	X	55	62
17.0	DISABILITY TYPE	1	X	63	63
18.0	DISABILITY-FROM DATE	8	X	64	71
19.0	DISABILITY-TO DATE	8	X	72	79
20.0	REFER PROV NPI	15	X	80	94
21.0	REFER PROV UPIN	15	X	95	109
22.0	REFER PROV TAX TYPE	1	X	110	110
23.0	REFER PROV TAX ID	9	X	111	119
24.0	REFER PROV LAST	20	X	120	139
25.0	REFER PROV FIRST	12	X	140	151
26.0	REFER PROV MI	1	X	152	152
27.0	REFER PROV STATE	2	X	153	154
28.0	ADMISSION DATE-1	8	X	155	162
29.0	DISCHARGE DATE-1	8	X	163	170
30.0	LAB IND	1	X	171	171
31.0	LAB CHARGES	7	N	172	178
32.0	DIAGNOSIS CODE-1	5	X	179	183
33.0	DIAGNOSIS CODE-2	5	X	184	188
34.0	DIAGNOSIS CODE-3	5	X	189	193
35.0	DIAGNOSIS CODE-4	5	X	194	198
36.0	PROV ASSIGN IND	1	X	199	199
37.0	PROV SIGNATURE IND	1	X	200	200
38.0	PROV SIGNATURE DATE	8	X	201	208
39.0	FACILITY/LAB NAME	33	X	209	241
40.0	DOCUMENTATION IND	1	X	242	242
41.0	TYPE OF DOCUMENTATION	1	X	243	243

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD
 "CLAIM DATA"

RECORD TYPE: EA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
42.0	FUNCTNL STATUS CODE	2	X	244	245
43.0	SPECIAL PROGRAM IND	2	X	246	247
44.0	CHAMPUS NONAVAIL IND	1	X	248	248
45.0	SUPV PROV IND	1	X	249	249
46.0	SUB/RESUBMISSION CODE	2	X	250	251
47.0	RESUB REFERENCE NO	15	X	252	266
48.0	DATE LAST SEEN	8	X	267	274
49.0	DATE DOCUMENT SENT	8	X	275	282
50.0	HOMEBOUND IND	1	X	283	283
51.0	BLOOD UNITS PAID	3	X	284	286
52.0	BLOOD UNITS REMAINING	3	X	287	289
53.0	CPO PROV NUMBER	6	X	290	295
54.0	IDE NUMBER	15	X	296	310
55.0	FILLER-NATIONAL	10	X	311	320

Version 003.01 Changes:

Field 20.0 redefined from Referring Provider UPIN to Referring Provider NPI.

Field 21.0 redefined from Reserved to Referring Provider UPIN for a length of 15,
 Referring Provider Tax Type for a length of 01 and Referring Provider Tax
 ID for a length of 09.

Fields 22.0 through 48.0 have been changed to 24.0 through 50.0. Positions and
 names did not change with the following exception.

Field 46.0 renamed from Resubmission Code to Submission/Resubmission Code.

Fields 51.0 through 54.0 are new fields.

Filler - National is redefined from positions 284-293 to 311-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD
 "CLAIM DATA"

RECORD TYPE: EA1

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "EA1"	3	X	01	03
02.0	RESERVED (EA1-02.0)	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	FACILITY/LAB NPI	15	X	23	37
05.0	RESERVED (EA1-05.0)	15	X	38	52
06.0	FACILITY/LAB ADDR1	30	X	53	82
07.0	FACILITY/LAB ADDR2	30	X	83	112
08.0	FACILITY/LAB CITY	20	X	113	132
09.0	FACILITY/LAB STATE	2	X	133	134
10.0	FACILITY/LAB ZIP CODE	9	X	135	143
11.0	MEDICAL RECORD NO	17	X	144	160
12.0	RETURN TO WORK DATE	8	X	161	168
13.0	CONSULT/SURGERY DATE	8	X	169	176
14.0	ADMISSION DATE-2	8	X	177	184
15.0	DISCHARGE DATE-2	8	X	185	192
16.0	SUPV PROV NPI	15	X	193	207
17.0	RESERVED (EA1-17.0)	15	X	208	222
18.0	SUPV PROV LAST	20	X	223	242
19.0	SUPV PROV FIRST	12	X	243	254
20.0	SUPV PROV MI	1	X	255	255
21.0	SUPV PROV STATE	2	X	256	257
22.0	EMT/PARAMEDIC LAST	20	X	258	277
23.0	EMT/PARAMEDIC FIRST	12	X	278	289
24.0	EMT/PARAMEDIC MI	1	X	290	290
25.0	DATE CARE ASSUMED	8	X	291	298
26.0	DIAGNOSIS CODE-5	5	X	299	303
27.0	DIAGNOSIS CODE-6	5	X	304	308
28.0	DIAGNOSIS CODE-7	5	X	309	313
29.0	DIAGNOSIS CODE-8	5	X	314	318
30.0	FILLER-NATIONAL	2	X	319	320

Version 003.01 Changes:

Field 04.0 is redefined from Facility/Laboratory ID to Facility/Laboratory NPI.

**Field 16.0 is redefined from Supervising Provider ID to Supervising Provider
 National Provider ID.**

Fields 25.0 through 29.0 are new.

Filler - National is redefined from positions 291-305 to 319-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD

RECORD TYPE: EA2

“EARLY PERIODIC SCREENING DIAGNOSTIC TESTING
(EPSDT)”

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "EA2"	3	X	01	03
02.0	RESERVED (EA2-02.0)	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	SCREENING TYPE	1	X	23	23
05.0	MED HIST OBTAIN PERF	1	X	24	24
06.0	MED HIST OBTAIN FIND	1	X	25	25
07.0	PHYSICAL EXAM PERF	1	X	26	26
08.0	PHYSICAL EXAM FIND	1	X	27	27
09.0	VISION ASSESS PERF	1	X	28	28
10.0	VISION ASSESS FIND	1	X	29	29
11.0	HEARING ASSESS PERF	1	X	30	30
12.0	HEARING ASSESS FIND	1	X	31	31
13.0	DENTAL ASSESS PERF	1	X	32	32
14.0	DENTAL ASSESS FIND	1	X	33	33
15.0	DEVELOP ASSESS PERF	1	X	34	34
16.0	DEVELOP ASSESS FIND	1	X	35	35
17.0	NUT ASSESS PERF	1	X	36	36
18.0	NUT ASSESS FIND	1	X	37	37
19.0	CARD ASSESS PERF	1	X	38	38
20.0	CARD ASSESS FIND	1	X	39	39
21.0	GEN/UR ASSESS PERF	1	X	40	40
22.0	GEN/UR ASSESS FIND	1	X	41	41
23.0	DIABETES ASSESS PERF	1	X	42	42
24.0	DIABETES ASSESS FIND	1	X	43	43
25.0	OTH. SYS. ASSESS PERF	1	X	44	44
26.0	OTH. SYS. ASSESS FIND	1	X	45	45
27.0	OTH. SYS. ASSESS DESC	20	X	46	65
28.0	HBG/HCT LAB TEST PERF	1	X	66	66
29.0	HBG/HCT LAB TEST FIND	1	X	67	67
30.0	URINALY LAB TST PERF	1	X	68	68
31.0	URINALY LAB TST FIND	1	X	69	69
32.0	SICKLE CELL LAB PERF	1	X	70	70
33.0	SICKLE CELL LAB FIND	1	X	71	71
34.0	BLOOD LEAD LAB PERF	1	X	72	72
35.0	BLOOD LEAD LAB FIND	1	X	73	73
36.0	TINE TEST PERF	1	X	74	74
37.0	TINE TEST FIND	1	X	75	75
38.0	OTHER TEST 1 PERF	1	X	76	76
39.0	OTHER TEST 1 FIND	1	X	77	77
40.0	OTHER TEST 1 DESC	20	X	78	97

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD

RECORD TYPE: EA2

“EARLY PERIODIC SCREENING DIAGNOSTIC TESTING
(EPSDT)”

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
41.0	OTHER TEST 2 PERF	1	X	98	98
42.0	OTHER TEST 2 FIND	1	X	99	99
43.0	OTHER TEST 2 DESC	20	X	100	119
44.0	TREATMENT ITEM NO 1	2	X	120	121
45.0	TREATMENT ITEM NO 2	2	X	122	123
46.0	TREATMENT ITEM NO 3	2	X	124	125
47.0	TREATMENT ITEM NO 4	2	X	126	127
48.0	TREATMENT ITEM NO 5	2	X	128	129
49.0	TREATMENT ITEM NO 6	2	X	130	131
50.0	TREATMENT ITEM NO 7	2	X	132	133
51.0	TREATMENT ITEM NO 8	2	X	134	135
52.0	TREATMENT ITEM NO 9	2	X	136	137
53.0	TREATMENT ITEM NO 10	2	X	138	139
54.0	TREATMENT ITEM NO 11	2	X	140	141
55.0	TREATMENT ITEM NO 12	2	X	142	143
56.0	TREATMENT ITEM NO 13	2	X	144	145
57.0	TREATMENT ITEM NO 14	2	X	146	147
58.0	TREATMENT ITEM NO 15	2	X	148	149
59.0	TREATMENT ITEM NO 16	2	X	150	151
60.0	TREATMENT STAT NO1 IN	2	X	152	153
61.0	TREATMENT STAT NO2 IN	2	X	154	155
62.0	TREATMENT STAT NO3 IN	2	X	156	157
63.0	TREATMENT STAT NO4 IN	2	X	158	159
64.0	TREATMENT STAT NO1 DE	2	X	160	161
65.0	TREATMENT STAT NO2 DE	2	X	162	163
66.0	TREATMENT STAT NO3 DE	2	X	164	165
67.0	TREATMENT STAT NO4 DE	2	X	166	167
68.0	TREATMENT STAT NO1 NR	2	X	168	169
69.0	TREATMENT STAT NO2 NR	2	X	170	171
70.0	TREATMENT STAT NO3 NR	2	X	172	173
71.0	TREATMENT STAT NO4 NR	2	X	174	175
72.0	REFERRAL ITEM NO 1	2	X	176	177
73.0	REFERRAL ITEM NO 2	2	X	178	179
74.0	REFERRAL ITEM NO 3	2	X	180	181
75.0	REFERRAL ITEM NO 4	2	X	182	183
76.0	REFERRAL ITEM NO 5	2	X	184	185
77.0	REFERRAL ITEM NO 6	2	X	186	187
78.0	REFERRAL ITEM NO 7	2	X	188	189
79.0	REFERRAL ITEM NO 8	2	X	190	191

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM RECORD

RECORD TYPE: EA2

“EARLY PERIODIC SCREENING DIAGNOSTIC TESTING
(EPSDT)”

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>POSITIONS</u>	
				<u>FROM</u>	<u>THRU</u>
80.0	IMMUN POLIO GIVEN	1	X	192	192
81.0	IMMUN POLIO NOT	1	X	193	193
82.0	IMMUN DPT/TD GIVEN	1	X	194	194
83.0	IMMUN DPT/TD NOT	1	X	195	195
84.0	IMMUN MEAS GIVEN	1	X	196	196
85.0	IMMUN MEAS NOT	1	X	197	197
86.0	IMMUN MUMPS GIVEN	1	X	198	198
87.0	IMMUN MUMPS NOT	1	X	199	199
88.0	IMMUN RUBELLA GIVEN	1	X	200	200
89.0	IMMUN RUBELLA NOT	1	X	201	201
90.0	IMMUN HIB GIVEN	1	X	202	202
91.0	IMMUN HIB NOT	1	X	203	203
92.0	IMMUN OTHER GIVEN	1	X	204	204
93.0	IMMUN OTHER DESC	20	X	205	224
94.0	FILLER-NATIONAL	96	X	225	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "ROOT SEGMENT"

RECORD TYPE: FA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "FA0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	SVC FROM DATE	8	X	40	47
06.0	SVC TO DATE	8	X	48	55
07.0	PLACE OF SVC	2	X	56	57
08.0	TYPE OF SVC CODE	2	X	58	59
09.0	HCPCS PROCEDURE CODE	5	X	60	64
10.0	HCPCS MODIFIER 1	2	X	65	66
11.0	HCPCS MODIFIER 2	2	X	67	68
12.0	HCPCS MODIFIER 3	2	X	69	70
13.0	LINE CHARGES	7	N	71	77
14.0	DIAG CODE POINTER1	1	X	78	78
15.0	DIAG CODE POINTER2	1	X	79	79
16.0	DIAG CODE POINTER3	1	X	80	80
17.0	DIAG CODE POINTER4	1	X	81	81
18.0	UNITS OF SVC	4	N	82	85
19.0	ANESTHESIA/OXYGEN MIN	4	N	86	89
20.0	EMERGENCY IND	1	X	90	90
21.0	COB IND	1	X	91	91
22.0	HPSA IND	1	X	92	92
23.0	RENDERING PROV NPI	15	X	93	107
24.0	REFERRING PROV NPI	15	X	108	122
25.0	REFERRING PROV STATE	2	X	123	124
26.0	PUR SVC IND	1	X	125	125
27.0	DISALLOWED COST CONT	7	N	126	132
28.0	DISALLOWED OTHER	7	N	133	139
29.0	REVIEW BY CODE IND	1	X	140	140
30.0	MULTI PROCEDURE IND	1	X	141	141
31.0	MAMMOGRAPHY CERT NO	10	X	142	151
32.0	CLASS FINDINGS	9	X	152	160
33.0	PODIATRY SVC COND	3	X	161	163
34.0	CLIA ID NO	15	X	164	178
35.0	PRIMARY PAID AMOUNT	7	N	179	185
36.0	HCPCS MODIFIER 4	2	X	186	187
37.0	PROVIDER SPECIALTY	3	X	188	190
38.0	PODIATRY THERAPY IND	1	X	191	191
39.0	PODIATRY THERAPY TYPE	1	X	192	192
40.0	HOSPICE EMPLOYED PROV IND	1	X	193	193

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "ROOT SEGMENT"

RECORD TYPE: FA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
41.0	HGB/HCT DATE	8	X	194	201
42.0	HGB RESULT	3	N	202	204
43.0	HCT RESULT	2	N	205	206
44.0	PATIENT WEIGHT	3	N	207	209
45.0	EPO DOSAGE	3	N	210	212
46.0	SERUM CREATINE DATE	8	X	213	220
47.0	CREATINE RESULT	3	N	221	223
48.0	OBLIGATED ACCEPT AMT	7	N	224	230
49.0	DRUG DISCOUNT AMT	7	N	231	237
50.0	TYPE OF UNITS IND	1	X	238	238
51.0	APPROVED AMT	7	N	239	245
52.0	PAID AMT	7	N	246	252
53.0	BENE LIABILITY AMT	7	N	253	259
54.0	BALANCE BILL LIMIT CHG	7	N	260	266
55.0	LIMIT CHARGE PRCNT	7	N	267	273
56.0	PERFORM PROV PHONE	10	X	274	283
57.0	PERFORM PROV TAX TYPE	1	X	284	284
58.0	PERFORM PROV TAX ID	9	X	285	293
59.0	PERFORM PROV ASSIGN IND	1	X	294	294
60.0	PRETRANSPLANT INDICATOR	1	X	295	295
61.0	ICD-10-PCS	7	X	296	302
62.0	UNIVERSAL PRODUCT CODE	14	X	303	316
63.0	DIAG CODE POINTER5	1	X	317	317
64.0	DIAG CODE POINTER6	1	X	318	318
65.0	DIAG CODE POINTER7	1	X	319	319
66.0	DIAG CODE POINTER8	1	X	320	320

Version 003.01 Changes:

Field 23.0 is redefined from Rendering Provider ID to Rendering Provider NPI.

Field 24.0 is redefined from Referring Provider ID to Referring Provider NPI.

Fields 50.0 through 66.0 are new fields.

Filler - National has been deleted.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "MEDICAL SEGMENT"

RECORD TYPE: FBO

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "FB0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	PUR SVC CHARGE	7	N	40	46
06.0	ALLOWED AMOUNT	7	N	47	53
07.0	DEDUCTIBLE AMOUNT	7	N	54	60
08.0	COINSURANCE AMOUNT	7	N	61	67
09.0	ORDERING PROV NPI	15	X	68	82
10.0	ORDERING PROV STATE	2	X	83	84
11.0	PUR SVC PROV NPI	15	X	85	99
12.0	PUR SVC STATE	2	X	100	101
13.0	PEN GRAMS OF PROTEIN	4	N	102	105
14.0	PEN CALORIES	4	N	106	109
15.0	NATIONAL DRUG CODE	11	X	110	120
16.0	NATIONAL DRUG UNITS	7	N	121	127
17.0	PRESCRIPTION NO	15	X	128	142
18.0	PRESCRIPTION DATE	8	X	143	150
19.0	PRESCRIPT NO OF MOS	2	N	151	152
20.0	SPEC PRICING IND	1	X	153	153
21.0	COPAY STATUS IND	1	X	154	154
22.0	EPSDT IND	1	X	155	155
23.0	FAMILY PLANNING IND	1	X	156	156
24.0	DME CHARGE IND	1	X	157	157
25.0	HPSA FACILITY ID	15	X	158	172
26.0	HPSA FACILITY ZIP	9	X	173	181
27.0	PUR SVC NAME	33	X	182	214
28.0	PUR SVC ADDR1	30	X	215	244
29.0	PUR SVC ADDR2	30	X	245	274
30.0	PUR SVC CITY	20	X	275	294
31.0	PUR SVC ZIP	9	X	295	303
32.0	PUR SVC PHONE	10	X	304	313
33.0	DRUG DAYS SUPPLY	3	N	314	316
34.0	PAYMENT TYPE IND	1	X	317	317
35.0	FILLER-NATIONAL	3	X	318	320

Version 003.01 Changes:

Field 11.0 is redefined from Purchase Service Prov ID to Purchase Service Prov NPI.

Field 33.0 increased length by 1 position.

Field 34.0 is a new field.

Filler - National is redefined from positions 317-318 to 318-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "MEDICAL SEGMENT"

RECORD TYPE: FB1

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "FB1"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	PLACE OF SVC NAME	33	X	40	72
06.0	ORDERING PROV LAST	20	X	73	92
07.0	ORDERING PROV FIRST	12	X	93	104
08.0	ORDERING PROV MI	1	X	105	105
09.0	ORDERING PROV UPIN	15	X	106	120
10.0	REFERRING PROV LAST	20	X	121	140
11.0	REFERRING PROV FIRST	12	X	141	152
12.0	REFERRING PROV MI	1	X	153	153
13.0	REFERRING PROV UPIN	15	X	154	168
14.0	RENDERING PROV LAST	20	X	169	188
15.0	RENDERING PROV FIRST	12	X	189	200
16.0	RENDERING PROV MI	1	X	201	201
17.0	RENDERING PROV UPIN	15	X	202	216
18.0	SUPV PROV LAST	20	X	217	236
19.0	SUPV PROV FIRST	12	X	237	248
20.0	SUPV PROV MI	1	X	249	249
21.0	SUPV PROV NPI	15	X	250	264
22.0	SUPV PROV UPIN	15	X	265	279
23.0	FILLER-NATIONAL	41	X	280	320

Version 003.01 Changes:

Fields 21.0 is redefined from Supervising Provider ID to Supervising Provider NPI.

Filler - National is redefined from positions 280-299 to 280-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "MEDICAL SEGMENT"

RECORD TYPE: FB2

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "FB2"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	PROV TYPE IND A	2	X	40	41
06.0	PROV A ADDR 1	30	X	42	71
07.0	PROV A ADDR 2	30	X	72	101
08.0	PROV A CITY	20	X	102	121
09.0	PROV A STATE	2	X	122	123
10.0	PROV A ZIP	9	X	124	132
11.0	PROV TYPE IND B	2	X	133	134
12.0	PROV B ADDR 1	30	X	135	164
13.0	PROV B ADDR 2	30	X	165	194
14.0	PROV B CITY	20	X	195	214
15.0	PROV B STATE	2	X	215	216
16.0	PROV B ZIP	9	X	217	225
17.0	PROV TYPE IND C	2	X	226	227
18.0	PROV C ADDR 1	30	X	228	257
19.0	PROV C ADDR 2	30	X	258	287
20.0	PROV C CITY	20	X	288	307
21.0	PROV C STATE	2	X	308	309
22.0	PROV C ZIP	9	X	310	318
23.0	FILLER-NATIONAL	2	X	319	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL

RECORD TYPE: FB3

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "FB3"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	REASON CODE1	6	X	40	45
06.0	DOLLAR AMOUNT1	7	N	46	52
07.0	REASON CODE2	6	X	53	58
08.0	DOLLAR AMOUNT2	7	N	59	65
09.0	REASON CODE3	6	X	66	71
10.0	DOLLAR AMOUNT3	7	N	72	78
11.0	REASON CODE4	6	X	79	84
12.0	DOLLAR AMOUNT4	7	N	85	91
13.0	REASON CODE5	6	X	92	97
14.0	DOLLAR AMOUNT5	7	N	98	104
15.0	REASON CODE6	6	X	105	110
16.0	DOLLAR AMOUNT6	7	N	111	117
17.0	REASON CODE7	6	X	118	123
18.0	DOLLAR AMOUNT7	7	N	124	130
19.0	FILLER-NATIONAL	190	X	131	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "DENTAL SEGMENT"

RECORD TYPE: FD0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "FD0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	TOOTH CODE NUMBER 1	2	X	40	41
06.0	TOOTH SURFACE(S) 1	5	X	42	46
07.0	TOOTH CODE NUMBER 2	2	X	47	48
08.0	TOOTH SURFACE(S) 2	5	X	49	53
09.0	TOOTH CODE NUMBER 3	2	X	54	55
10.0	TOOTH SURFACE(S) 3	5	X	56	60
11.0	TOOTH CODE NUMBER 4	2	X	61	62
12.0	TOOTH SURFACE(S) 4	5	X	63	67
13.0	INITIAL PLACE IND	1	X	68	68
14.0	PRIOR PLACE DATE	8	X	69	76
15.0	IMPRESS/PRESRIPT DT	8	X	77	84
16.0	REPLACEMENT REASON	1	X	85	85
17.0	ORTHO TREAT IND	1	X	86	86
18.0	TREATMENT LENGTH	2	X	87	88
19.0	DATE APPL INSERTED	8	X	89	96
20.0	DATE APPL REMOVED	8	X	97	104
21.0	RESERVED (FD0-21.0)	10	X	105	114
22.0	DATE APPL REPLACED	8	X	115	122
23.0	MOS TREAT REMAINING	2	X	123	124
24.0	DT 1ST VISIT CUR SER	8	X	125	132
25.0	RESERVED (FD0-25.0)	10	X	133	142
26.0	PRE DETERMINATION ID	20	X	143	162
27.0	RESERVED (FD0-27.0)	10	X	163	172
28.0	MISSING PRIMARY TEETH	20	X	173	192
29.0	MISSING PERM TOOTH	2	X	193	194
30.0	MISSING PERM TOOTH	2	X	195	196
31.0	MISSING PERM TOOTH	2	X	197	198
32.0	MISSING PERM TOOTH	2	X	199	200
33.0	MISSING PERM TOOTH	2	X	201	202
34.0	MISSING PERM TOOTH	2	X	203	204
35.0	MISSING PERM TOOTH	2	X	205	206
36.0	MISSING PERM TOOTH	2	X	207	208
37.0	MISSING PERM TOOTH	2	X	209	210
38.0	MISSING PERM TOOTH	2	X	211	212
39.0	MISSING PERM TOOTH	2	X	213	214
40.0	MISSING PERM TOOTH	2	X	215	216

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "DENTAL SEGMENT"

RECORD TYPE: FDO

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
41.0	MISSING PERM TOOTH	2	X	217	218
42.0	MISSING PERM TOOTH	2	X	219	220
43.0	MISSING PERM TOOTH	2	X	221	222
44.0	MISSING PERM TOOTH	2	X	223	224
45.0	MISSING PERM TOOTH	2	X	225	226
46.0	MISSING PERM TOOTH	2	X	227	228
47.0	MISSING PERM TOOTH	2	X	229	230
48.0	MISSING PERM TOOTH	2	X	231	232
49.0	MISSING PERM TOOTH	2	X	233	234
50.0	MISSING PERM TOOTH	2	X	235	236
51.0	MISSING PERM TOOTH	2	X	237	238
52.0	MISSING PERM TOOTH	2	X	239	240
53.0	MISSING PERM TOOTH	2	X	241	242
54.0	MISSING PERM TOOTH	2	X	243	244
55.0	MISSING PERM TOOTH	2	X	245	246
56.0	MISSING PERM TOOTH	2	X	247	248
57.0	MISSING PERM TOOTH	2	X	249	250
58.0	MISSING PERM TOOTH	2	X	251	252
59.0	MISSING PERM TOOTH	2	X	253	254
60.0	MISSING PERM TOOTH	2	X	255	256
61.0	MISSING PERM TOOTH	2	X	257	258
62.0	QUADRANT	2	X	259	260
63.0	TOOTH POCKET MEASURE	2	X	261	262
64.0	FILLER-NATIONAL	58	X	263	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE LINE DETAIL
 "TPO SEGMENT"

RECORD TYPE: FE0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "FE0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	TPO ID NUMBER	9	X	40	48
06.0	TPO REFERENCE NUMBER	15	X	49	63
07.0	PRICING METHODOLOGY	2	X	64	65
08.0	ALLOWED AMOUNT	7	N	66	72
09.0	SAVINGS AMOUNT	7	N	73	79
10.0	APPROVED HCPCS	5	X	80	84
11.0	APPROVED UNITS	4	N	85	88
12.0	REJECTION MESSAGE	2	X	89	90
13.0	AUTHORIZATION NUMBER	20	X	91	110
14.0	POLICY COMPLIANCE CODE	2	X	111	112
15.0	EXCEPTION CODE	2	X	113	114
16.0	FILLER-NATIONAL	206	X	115	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: AMBULANCE CERT RECORD

RECORD TYPE: GA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GA0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	RESERVED (GA0-04.0)	17	X	23	39
05.0	PATIENTS WEIGHT	3	X	40	42
06.0	HOSPITAL ADMIT	1	X	43	43
07.0	TYPE OF TRANSPORT	1	X	44	44
08.0	BED CONFINED-BEFORE	1	X	45	45
09.0	BED CONFINED-AFTER	1	X	46	46
10.0	MOVED BY STRETCHER	1	X	47	47
11.0	UNCONSCIOUS/SHOCK	1	X	48	48
12.0	EMERGENCY SITUATION	1	X	49	49
13.0	PHYSICAL RESTRAINTS	1	X	50	50
14.0	VISIBLE HEMORRHAGING	1	X	51	51
15.0	TRANSPORTED TO/FOR	1	X	52	52
16.0	MEDICALLY NECESSARY	1	X	53	53
17.0	MILES	4	X	54	57
18.0	ORIGIN INFO	40	X	58	97
19.0	DESTINATION INFO	40	X	98	137
20.0	PURPOSE OF ROUND TRIP	80	X	138	217
21.0	PURPOSE OF STRETCHER	80	X	218	297
22.0	PATIENT DISCHARGED	1	X	298	298
23.0	PATIENT ADMITTED	1	X	299	299
24.0	SERVICES AVAILABLE	1	X	300	300
25.0	FILLER-NATIONAL	20	X	301	320

Version 003.01 Changes:**Filler - National is redefined from positions 301-307 to 301-320.****Filler - Local has been deleted.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CHIROPRACTIC CERT RECORD RECORD TYPE: GC0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GC0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	RESERVED (GC0-04.0)	17	X	23	39
05.0	INITIAL TREATMENT DATE	8	X	40	47
06.0	DATE OF LAST X-RAY	8	X	48	55
07.0	NO IN SERIES	7	X	56	62
08.0	LEVEL OF SUBLUXATION	7	X	63	69
09.0	TREATMENT MONTHS/YEARS	3	X	70	72
10.0	NO TREATMENTS - MONTH	2	X	73	74
11.0	NATURE OF CONDITION	1	X	75	75
12.0	DATE OF MANIFESTATION	8	X	76	83
13.0	COMPLICATION IND	1	X	84	84
14.0	SYMPTOMS DESCRIPTION	160	X	85	244
15.0	X-RAY IND	1	X	245	245
16.0	FILLER-NATIONAL	75	X	246	320

Version 003.01 Changes:**Filler - National is redefined from positions 246-282 to 246-320.****Filler - Local has been deleted.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GDO
 "DURABLE MEDICAL EQUIPMENT"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GDO"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CERTIFICATION TYPE	1	X	23	23
05.0	MEDICAL NECESSITY	2	X	24	25
06.0	PROGNOSIS	20	X	26	45
07.0	HCPCS PROCEDURE CODE	5	X	46	50
08.0	AMBULATORY	1	X	51	51
09.0	AMBULATION/THERAPY	1	X	52	52
10.0	CONFINED BED/CHAIR	1	X	53	53
11.0	ROOM CONFINED	1	X	54	54
12.0	AMBULATION/MOBILITY	1	X	55	55
13.0	BODY POSITIONING	1	X	56	56
14.0	RESPIRATORY/OTHER	1	X	57	57
15.0	BREATHING IMPAIRED	1	X	58	58
16.0	FREQ/IMMED CHANGES	1	X	59	59
17.0	OPERATE CONTROLS	1	X	60	60
18.0	SIDERAILS PART/BED	1	X	61	61
19.0	OWNS EQUIPMENT	1	X	62	62
20.0	MATTRESS/SIDERAILS	1	X	63	63
21.0	EQUIPMENT/ASSISTANCE	1	X	64	64
22.0	ORTHOPEDIC IMPAIR	1	X	65	65
23.0	PLANNED REGIMEN	1	X	66	66
24.0	DECUBITUS ULCERS	1	X	67	67
25.0	EQUIPMENT USE	1	X	68	68
26.0	INSULIN DEPENDENT	3	X	69	71
27.0	DIABETIC CONTROL	1	X	72	72
28.0	APNEA EPISODES	1	X	73	73
29.0	SURGERY ALTERNATIVE	1	X	74	74
30.0	TOTAL KNEE REPLACE	1	X	75	75
31.0	DATE SURGERY	8	X	76	83
32.0	DATE CPM	8	X	84	91
33.0	LYMPHEDEMA	1	X	92	92
34.0	ORDERING PROV LAST	20	X	93	112
35.0	ORDERING PROV FIRST	12	X	113	124
36.0	ORDERING PROV MI	1	X	125	125
37.0	ORDERING PROV ID	15	X	126	140
38.0	ORDERING PROV PHONE	10	X	141	150
39.0	DATE CERTIFICATION	8	X	151	158
40.0	CERTIFICATION ON FILE	1	X	159	159

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GDO
 “DURABLE MEDICAL EQUIPMENT”

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
40.0	CERTIFICATION ON FILE	1	X	159	159
41.0	DIAGNOSIS CODE-1	5	X	160	164
42.0	DIAGNOSIS CODE-2	5	X	165	169
43.0	DIAGNOSIS CODE-3	5	X	170	174
44.0	DIAGNOSIS CODE-4	5	X	175	179
45.0	NURSING HOME IND	1	X	180	180
46.0	NH FROM DATE	8	X	181	188
47.0	NH TO DATE	8	X	189	196
48.0	RESPIRATORY TRACT	1	X	197	197
49.0	SUPV OF EQUIPMENT USE	1	X	198	198
50.0	PROPEL/LIFT CHAIR	1	X	199	199
51.0	LEG ELEVATION	1	X	200	200
52.0	PATIENT WEIGHT	1	X	201	201
53.0	RECLINING WHEELCHAIR	1	X	202	202
54.0	MANUAL OPERATION	1	X	203	203
55.0	SIDE TRANSFER CHAIR	1	X	204	204
56.0	FILLER-NATIONAL	116	X	205	320

Version 003.01 Changes:

Filler - National is redefined from positions 205-258 to 205-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GD1
 "NARRATIVE INFORMATION FOR DME"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GD1"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	NARRATIVE	250	X	23	272
05.0	FILLER-NATIONAL	48	X	273	320

Version 003.01 Changes:

Filler - National is redefined from positions 273-296 to 273-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GE0
 "ENTERAL NUTRITION THERAPY"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GE0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CERTIFICATION TYPE	1	X	23	23
05.0	ONSET DT OF THERAPY	8	X	24	31
06.0	THERAPY DURATION	2	X	32	33
07.0	LAST CERT DATE	8	X	34	41
08.0	NO OF MONTHS CERT	2	X	42	43
09.0	DT LAST SEEN BY PHY	8	X	44	51
10.0	NON VISIT IND	1	X	52	52
11.0	PAT AGE	3	X	53	55
12.0	PAT HEIGHT	3	X	56	58
13.0	PAT WEIGHT	3	X	59	61
14.0	LEVEL OF CONS IND	1	X	62	62
15.0	AMBULATORY IND	1	X	63	63
16.0	OTHER FORMS OF NUTR IND	1	X	64	64
17.0	METHOD ADMIN IND	1	X	65	65
18.0	ADMIN TECH IND	1	X	66	66
19.0	TOTAL CAL PER DAY	4	N	67	70
20.0	PRODUCT NAME 1	15	X	71	85
21.0	CAL PER PRODUCT 1	4	N	86	89
22.0	HCPCS PROCEDURE CODE	5	X	90	94
23.0	HCPCS MODIFIER 1	2	X	95	96
24.0	HCPCS MODIFIER 2	2	X	97	98
25.0	ENTERAL FREQ FED 1	3	X	99	101
26.0	NARRATIVE FIELD	100	X	102	201
27.0	PRODUCT NAME 2	15	X	202	216
28.0	CAL PER PRODUCT 2	4	N	217	220
29.0	ENTERAL FREQ FED 2	3	X	221	223
30.0	FILLER-NATIONAL	97	X	224	320

Version 003.01 Changes:

Filler - National is redefined from positions 224-261 to 224-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GP0
 "PARENTERAL NUTRITION THERAPY"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GP0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CERTIFICATION TYPE	1	X	23	23
05.0	ONSET DT OF THERAPY	8	X	24	31
06.0	THERAPY DURATION	2	X	32	33
07.0	LAST CERT DATE	8	X	34	41
08.0	NO OF MONTHS CERT	2	X	42	43
09.0	DT LAST SEEN BY PHY	8	X	44	51
10.0	NON VISIT IND	1	X	52	52
11.0	PAT AGE	3	X	53	55
12.0	PAT HEIGHT	3	X	56	58
13.0	PAT WEIGHT	3	X	59	61
14.0	LEVEL OF CONS IND	1	X	62	62
15.0	AMBULATORY IND	1	X	63	63
16.0	OTHER FORMS OF NUTR IND	1	X	64	64
17.0	TYPE OF MIX IND	1	X	65	65
18.0	PARENTERAL FREQ FED	3	X	66	68
19.0	HCPCS PROCEDURE CODE	5	X	69	73
20.0	HCPCS MODIFIER 1	2	X	74	75
21.0	HCPCS MODIFIER 2	2	X	76	77
22.0	AMINO ACID NAME	15	X	78	92
23.0	AMINO ACID VOLUME	4	N	93	96
24.0	AMINO ACID CONC	5	X	97	101
25.0	AMINO ACID WEIGHT	4	N	102	105
26.0	DEXTROSE VOLUME	4	N	106	109
27.0	DEXTROSE CONC	5	X	110	114
28.0	LIPIDS VOLUME	4	N	115	118
29.0	LIPIDS CONC	5	X	119	123
30.0	LIPIDS FREQ	3	N	124	126
31.0	NARRATIVE FIELD	100	X	127	226
32.0	ADMIN TECH IND	1	X	227	227
33.0	FILLER-NATIONAL	93	X	228	320

Version 003.01 Changes:

Filler - National is redefined from positions 228-273 to 228-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD
 "DMEPOS ITEMS"

RECORD TYPE: GU0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GU0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CERTIFICATION TYPE	1	X	23	23
05.0	PLACE OF SERVICE	2	X	24	25
06.0	REPLACEMENT ITEM	1	X	26	26
07.0	HCPCS PROCEDURE CODE	5	X	27	31
08.0	HCPCS MODIFIER	2	X	32	33
09.0	WARRANTY REPLY	1	X	34	34
10.0	WARRANTY LENGTH	2	X	35	36
11.0	WARRANTY TYPE	1	X	37	37
12.0	DIAGNOSIS CODE-1	5	X	38	42
13.0	DIAGNOSIS CODE-2	5	X	43	47
14.0	DIAGNOSIS CODE-3	5	X	48	52
15.0	DIAGNOSIS CODE-4	5	X	53	57
16.0	PATIENT HEIGHT	2	N	58	59
17.0	PATIENT WEIGHT	3	N	60	62
18.0	DT LAST MEDICAL EXAM	8	X	63	70
19.0	INITIAL DATE	8	X	71	78
20.0	REV RECERT DATE	8	X	79	86
21.0	LENGTH OF NEED	2	N	87	88
22.0	DATE CERT SIGNED	8	X	89	96
23.0	ORDERING PROV PHONE	10	X	97	106
24.0	CERT ON FILE	1	X	107	107
25.0	CERT FORM NUMBER	4	N	108	111
26.0	REPLY ALN L01 N01	1	X	112	112
27.0	REPLY ALN L01 N02	1	X	113	113
28.0	REPLY ALN L01 N03	1	X	114	114
29.0	REPLY ALN L01 N04	1	X	115	115
30.0	REPLY ALN L01 N05	1	X	116	116
31.0	REPLY ALN L01 N06	1	X	117	117
32.0	REPLY ALN L01 N07	1	X	118	118
33.0	REPLY ALN L01 N08	1	X	119	119
34.0	REPLY ALN L01 N09	1	X	120	120
35.0	REPLY ALN L01 N10	1	X	121	121
36.0	REPLY ALN L01 N11	1	X	122	122
37.0	REPLY ALN L01 N12	1	X	123	123
38.0	REPLY ALN L01 N13	1	X	124	124
39.0	REPLY ALN L01 N14	1	X	125	125
40.0	REPLY ALN L01 N15	1	X	126	126

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD
 "DMEPOS ITEMS"

RECORD TYPE: GU0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
41.0	REPLY ALN L01 N16	1	X	127	127
42.0	REPLY ALN L01 N17	1	X	128	128
43.0	REPLY ALN L01 N18	1	X	129	129
44.0	REPLY ALN L01 N19	1	X	130	130
45.0	REPLY ALN L01 N20	1	X	131	131
46.0	REPLY ALN L01 N21	1	X	132	132
47.0	REPLY ALN L01 N22	1	X	133	133
48.0	REPLY ALN L01 N23	1	X	134	134
49.0	REPLY ALN L01 N24	1	X	135	135
50.0	REPLY ALN L05 N01	5	X	136	140
51.0	REPLY ALN L05 N02	5	X	141	145
52.0	REPLY ALN L05 N03	5	X	146	150
53.0	REPLY ALN L08 N01	8	X	151	158
54.0	REPLY ALN L08 N02	8	X	159	166
55.0	REPLY ALN L08 N03	8	X	167	174
56.0	REPLY ALN L08 N04	8	X	175	182
57.0	REPLY ALN L20 N01	20	X	183	202
58.0	REPLY ALN L60 N01	60	X	203	262
59.0	REPLY NUM L01 N01	1	N	263	263
60.0	REPLY NUM L01 N02	1	N	264	264
61.0	REPLY NUM L01 N03	1	N	265	265
62.0	REPLY NUM L04 N01	4	N	266	269
63.0	REPLY NUM L04 N02	4	N	270	273
64.0	REPLY NUM L04 N03	4	N	274	277
65.0	REPLY NUM L04 N04	4	N	278	281
66.0	REPLY NUM L04 N05	4	N	282	285
67.0	REPLY NUM L04 N06	4	N	286	289
68.0	REPLY NUM L04 N07	4	N	290	293
69.0	REPLY PCT L04 N01	4	N	294	297
70.0	REPLY PCT L04 N02	4	N	298	301
71.0	REPLY PCT L04 N03	4	N	302	305
72.0	FILLER - NATIONAL	15	X	306	320

Version 003.01 Changes:

Filler - National is redefined from positions 306-313 to 306-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX0
 "MEDICAL NECESSITY FOR OXYGEN"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GX0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	CERTIFICATION TYPE	1	X	23	23
05.0	OXYGEN SYSTEM	1	X	24	24
06.0	LENGTH OF NEED	2	X	25	26
07.0	EQUIPMENT TYPE 1	1	X	27	27
08.0	EQUIPMENT TYPE 2	1	X	28	28
09.0	EQUIPMENT REASON	64	X	29	92
10.0	PRESCRIBED FROM DATE	8	X	93	100
11.0	PRESCRIBED TO DATE	8	X	101	108
12.0	DATE PRESCRIBED	8	X	109	116
13.0	DATE EVALUATED	8	X	117	124
14.0	OXY FLOW RATE	3	N	125	127
15.0	FREQUENCY OF USE	2	X	128	129
16.0	DURATION	2	X	130	131
17.0	ARTERIAL BLOOD GAS 4LPM	3	N	132	134
18.0	OXIMETRY 4LPM	3	N	135	137
19.0	DATE TESTED 4LPM	8	X	138	145
20.0	INPATIENT/OUTPATIENT IND	1	X	146	146
21.0	FILLER	65	X	147	211
22.0	ARTERIAL BLOOD GAS	3	N	212	214
23.0	OXIMETRY	3	N	215	217
24.0	DATE TESTED	8	X	218	225
25.0	ENTITY PERF OXIMETRY TST	33	X	226	258
26.0	TEST CONDITIONS	1	X	259	259
27.0	CLINICAL FINDINGS	3	X	260	262
28.0	PORT OXY FLOW RATE	3	N	263	265
29.0	ORDERING PROV ID	15	X	266	280
30.0	ORDERING PROV PHONE	10	X	281	290
31.0	DIAGNOSIS CODE-1	5	X	291	295
32.0	DIAGNOSIS CODE-2	5	X	296	300
33.0	DIAGNOSIS CODE-3	5	X	301	305
34.0	DIAGNOSIS CODE-4	5	X	306	310
35.0	CERT ON FILE	1	X	311	311
36.0	DELIVERY SYSTEM TYPE	1	X	312	312
37.0	FILLER-NATIONAL	8	X	313	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX1
 "NARRATIVE INFORMATION FOR OXYGEN"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GX1 "	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	TEST RESULTS	90	X	23	112
05.0	MEDICAL FINDINGS	90	X	113	202
06.0	EXERCISE ROUTINE	90	X	203	292
07.0	FILLER-NATIONAL	28	X	293	320

Version 003.01 Changes:

Filler - National is redefined from positions 293-306 to 293-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CERTIFICATION RECORD RECORD TYPE: GX2
 "FACILITY INFORMATION FOR OXYGEN"

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "GX2"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	TEST FACILITY ADDR 1	30	X	23	52
05.0	TEST FACILITY ADDR 2	30	X	53	82
06.0	TEST FACILITY CITY	20	X	83	102
07.0	TEST FACILITY STATE	2	X	103	104
08.0	TEST FACILITY ZIP	9	X	105	113
09.0	PAT FACILITY NAME	33	X	114	146
10.0	PAT FACILITY ADDR 1	30	X	147	176
11.0	PAT FACILITY ADDR 2	30	X	177	206
12.0	PAT FACILITY CITY	20	X	207	226
13.0	PAT FACILITY STATE	2	X	227	228
14.0	PAT FACILITY ZIP	9	X	229	237
15.0	FILLER-NATIONAL	83	X	238	320

Version 003.01 Changes:

Filler - National is redefined from positions 238-279 to 238-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: NARRATIVE RECORD

RECORD TYPE: HA0

<u>FIELD NO.</u>	<u>FIELD NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>POSITIONS</u>	
				<u>FROM</u>	<u>THRU</u>
01.0	RECORD ID "HA0"	3	X	01	03
02.0	SEQUENCE NO	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	LINE ITEM CONTROL NO	17	X	23	39
05.0	EXTRA NARRATIVE DATA	281	X	40	320

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM TRAILER RECORD
 "RECORD SUMMARY"

RECORD TYPE: XA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "XA0"	3	X	01	03
02.0	RESERVED (XA0-02.0)	2	X	04	05
03.0	PAT CONTROL NO	17	X	06	22
04.0	RECORD CXX COUNT	2	N	23	24
05.0	RECORD DXX COUNT	2	N	25	26
06.0	RECORD EXX COUNT	2	N	27	28
07.0	RECORD FXX COUNT	2	N	29	30
08.0	RECORD GXX COUNT	2	N	31	32
09.0	RECORD HXX COUNT	2	N	33	34
10.0	CLAIM RECORD COUNT	3	N	35	37
11.0	RESERVED (XA0-11.0)	40	X	38	77
12.0	TOTAL CLAIM CHARGES	7	N	78	84
13.0	TOTAL DISAL COST CONT CHGS	7	N	85	91
14.0	TOTAL DISAL OTHER CHARGES	7	N	92	98
15.0	TOTAL ALLOWED AMOUNT	7	N	99	105
16.0	TOTAL DEDUCTIBLE AMOUNT	7	N	106	112
17.0	TOTAL COINSURANCE AMOUNT	7	N	113	119
18.0	TOTAL PAYOR AMOUNT PAID	7	N	120	126
19.0	PAT AMOUNT PAID	7	N	127	133
20.0	TOTAL PURCHASE SVC CHARGES	7	N	134	140
21.0	PROV DISCOUNT INFORMATION	16	X	141	156
22.0	REMARKS	103	X	157	259
23.0	FILLER-NATIONAL	61	X	260	320

Version 003.01 Changes:

Filler - National is redefined from positions 260-290 to 260-320.

Filler - Local has been deleted.

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD

RECORD TYPE: YA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "YA0"	3	X	01	03
02.0	EMC PROV ID	15	X	04	18
03.0	BATCH TYPE	3	X	19	21
04.0	BATCH NO	4	N	22	25
05.0	BATCH ID	6	X	26	31
06.0	PROV TAX ID	9	X	32	40
07.0	RESERVED (YA0-07.0)	6	X	41	46
08.0	BATCH SVC LINE COUNT	7	N	47	53
09.0	BATCH RECORD COUNT	7	N	54	60
10.0	BATCH CLAIM COUNT	7	N	61	67
11.0	BATCH TOTAL CHARGES	9	N	68	76
12.0	FILLER-NATIONAL	244	X	77	320

Version 003.01 Changes:**Filler - National is redefined from positions 77-197 to 77-320.****Filler - Local has been deleted.**

ELECTRONIC MEDIA CLAIMS NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD

RECORD TYPE: ZA0

FIELD NO.	FIELD NAME	LENGTH	TYPE	POSITIONS	
				FROM	THRU
01.0	RECORD ID "ZA0"	3	X	01	03
02.0	SUB ID	16	X	04	19
03.0	RESERVED (ZA0-03.0)	9	X	20	28
04.0	RECEIVER ID	16	X	29	44
05.0	FILE SVC LINE COUNT	7	N	45	51
06.0	FILE RECORD COUNT	7	N	52	58
07.0	FILE CLAIM COUNT	7	N	59	65
08.0	BATCH COUNT	4	N	66	69
09.0	FILE TOTAL CHARGES	11	N	70	80
10.0	FILE TOTAL PAID AMT	11	N	81	91
11.0	FILE TOTAL ALLOWED AMT	11	N	92	102
12.0	FILLER-NATIONAL	218	X	103	320

Version 003.01 Changes:**Fields 10.0 and 11.0 are new fields.****Filler - National is redefined from positions 81-200 to 103-320.****Filler - Local has been deleted.**

NSF FIELD REQUIREMENTS - SELECTED RECORDS

RECORDS																				
FIELD	A A 0	B A 0	B A 1	C A 0	C B 0	D A 0	D A 1	D A 2	E A 0	E A 1	F A 0	F B 0	F B 1	F D 0	G A 0	G C 0	H A 0	X A 0	Y A 0	Z A 0
01.0	R	R	R	R	C	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
02.0	R	R	R	O	C	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
03.0	O	C	C	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	C	R
04.0	R	R	R	R	C	R	C	C	R	C	C	C	C	C	O	O	C	R	R	C
05.0	R	O	O	R	C	R	C	C	R	C	R	C	C	C	C	C	C	R	O	R
06.0	C	C	C	O	O	C	C	C	C	C	R	C	C	C	C	C		R	C	R
07.0	C	O	C	C	C	C	C	C	C	C	R	C	C	C	C	C		R	R	R
08.0	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C		R	R	R
09.0	C	C	C	R	C	C	C	C	C	C	C	C	C	C	C	O		R	R	R
10.0	C	O	C	C	C	C	C	C	C	C	C	C	C	C	C	O		R	R	C
11.0	C	O	C	C	C	C	C	C	C	C	C	C	C	C	C	C		R	R	C
12.0	C	C	C	C	O	C	C	C	C	C	C	C	C	C	C	C		R	R	R
13.0	C	C	C	C	R	C	C	C	C	C	R	C	C	C	C	C		R		
14.0	C	C	C	C		C	C	C	C	C	R	C	C	C	C	C		R		
15.0	R	C	C	C		C	C	C	C	C	C	C	C	C	C	C		R		
16.0	C	C	C	O		C	C	C	C	C	C	C	C	C	C	R		R		
17.0	C	C	C	C		R	C	C	C	C	C	C	C	C	C			R		
18.0	C	C	C	C		R	C	C	C	C	C	C	C	C	C			R		
19.0	R	C	R	C		C	C	R	C	C	C	C	C	C	C			R		
20.0	C	C		C		C	C		C	C	C	C	C	C	C			R		
21.0	C	C		C		C	C		C	C	C	C	C	R	C			C		
22.0	C	C		C		O	C		C	C	C	C	C	C	C			O		
23.0	C	C		C		C	C		C	C	C	C	R	C	C			R		
24.0	C	C		C		C	R		C	C	C	C		C	C					
25.0	C	C		C		C	C		C	C	C	C		R	R					
26.0	C	C		C		C	C		C	C	C	C		C						
27.0	C	C		R		C	C		C	C	C	C		R						
28.0	C			C		C	C		C	C	C	C		C						
29.0	C			C		C	C		C	C	C	C		C						
30.0	C			R		C	C		C	R	C	C		C						
31.0	R					C	C		C		C	C		C						
32.0	C					R	C		R		C	C		C						
33.0	R						C		C		C	C		C						
34.0							C		C		C			C						
35.0							C		C		C			C						
36.0							C		C		C			C						
37.0							R		C		C			C						
38.0							C		C		C			C						
39.0							R		C		C			C						
40.0									C		C			C						
41.0									C		C			C						
42.0									C		C			C						
43.0									C		C			C						
44.0									C		C			C						
45.0									C		C			C						
46.0									C		C			C						
47.0									C		C			C						

RECORDS																				
FIELD	A A 0	B A 0	B A 1	C A 0	C B 0	D A 0	D A 1	D A 2	E A 0	E A 1	F A 0	F B 0	F B 1	F D 0	G A 0	G C 0	H A 0	X A 0	Y A 0	Z A 0
48.0									C		C			C						
49.0									C		C			C						
50.0									C		C			C						
51.0									C		C			C						
52.0									C		C			C						
53.0									C		C			C						
54.0									C		C			C						
55.0									R		C			C						
56.0											C			C						
57.0											C			C						
58.0											C			C						
59.0											C			C						
60.0											C			C						
61.0											C			C						
62.0											C			C						
63.0											C			C						
64.0											C			R						
65.0											C									
66.0											C									