ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

NATIONAL VERSION 002.01 U

UPDATE ISSUE DATE - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

INTRODUCTION

The National Standard Format (NSF) for Electronic Remittance Notices (ERNs) is a "flat-file" data set for sending remittance notices to non-institutional health care providers. The data set is composed of required data elements as well as optional data elements. The data set is a set of record segments, each 320 positions in length. Payments accompanying the NSF ERNs are always credit transactions, meaning funds move from the payor (originator) to the payee (receiver). Note that the NSF ERN is not approved to move through the banking network (Automated Clearing House - ACH) at this time.

In very early versions of the NSF ERNs, a negative sign placed before an adjustment amount indicated a reduction to payment and a positive sign indicated an increase to payment. However, with the requirement that the NSF be consistent with the 835 Electronic Remittance Notice, signing of adjustments in records 450, 451, 500 and 700 is now as follows:

Positive signing of adjustments reduces payment.

Negative signing of adjustments increases payment.

Assigned and unassigned claims for each 200-07.0 "Billing" Provider Number must be sorted separately. Use the assignment indicator in 500-24.0 to sort the claims. Assigned claims should be sorted first, followed by unassigned claims.

Assigned claims should be written within a BATCH of 200 thru 800 records with a value of "1" written to 200-19.0. Unassigned claims should be written within a BATCH of 200 thru 800 records with a value of "0" written to 200-19.0.

The sorting and batching of assigned and unassigned claims is required for Medicare Part B claims.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD DESCRIPTIONS

Page

100 - File Header Record -- Receiver data 100.00

200 - Batch Header Record -- Provider data 200.00

400 - Claim Data Record -- Patient data 400.00

450 - Service Data - 1 Record -- Service Line Detail 450.00

451 - Service Data - 2 Record -- Service Line Detail 451.00

500 - Claim Trailer Record -- Claim Totals 500.00

700 - Batch Adjustment Record -- Adjustment Data..... 700.00

800 - Batch Trailer Record -- Batch (Provider) Totals 800.00

900 - File Trailer Record -- File Totals 900.00

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

FILE LAYOUT

```
-----------------100 - File Header Record ..........Receiver
|
|  --------------200 - Batch Header Record .........Provider
|  |
|  |  -----------400 - Claim Data Record ............Patient
|  |  |
|  |  |                                          Service Line
|  |  |                                             Number
|  |  |    |-----450 - Service Data - 1 Record       001
|  |  |    |-----451 - Service Data - 2 Record       001
|  |  |
|  |  |
|  |  |    |-----450 - Service Data - 1 Record       002
|  |  |    |-----451 - Service Data - 2 Record       002
|  |  |
|  |  |                                            thru
|  |  |    |-----450 - Service Data - 1 Record       nnn
|  |  |    |-----451 - Service Data - 2 Record       nnn
|  |  |
|  |  |
|  |  -----------500 - Claim Trailer Record ..........Totals
|  |
|  --------------700 - Batch Adjustment Record .......Provider
|  |
|  --------------800 - Batch Trailer Record ..........Totals
|
-----------------900 - File Trailer Record ...........Totals
```

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

The general instructions define the validation requirements for classes of fields as well as some standard abbreviations that are utilized.

ABBREVIATIONS:

Standard abbreviations used throughout the document:

ABBREVIATION	DESCRIPTION
ACCT	Account
ACCTS	Accounts
ACTL	Actual
ADDR	Address (street address)
AMT	Amount
ANES	Anesthesia
ASSIGN	Assignment
BT	Batch Trailer
CALC	Calculated
CLM	Claim
COMP	Complementary
CONT	Containment
CONTAIN	Containment
CT	Claim Trailer
EFT	Electronic Fund Transfer
EMC	Electronic Media Claims
FT	File Trailer
ID	Identifier OR Identification
IND	Indicator
INS	Insured
MI	Middle Initial
N/A	Not Applicable OR None
NO	Number
ORGNL	Original
PAT	Patient
PAY	Payment
PCT	Percent
PD	Paid
PHONE	Telephone
PREV	Previous
PROV	Provider
RECVBL	Receivable
RECVR	Receiver
RECS	Records

RED ..... Reduction
REQ ..... Requirement

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

Standard abbreviations (continued)

ABBREVIATION	DESCRIPTION
SERV	Service
SUB	Submitter
SVC	Service
SYMP	Symptom
TRANS	Transaction

DATA ELEMENT REQUIREMENT:

REQ codes:

R = required O = optional
C = conditional

VALIDATION REQUIREMENTS:

Some Data Element description pages state:

"See GENERAL INSTRUCTIONS for 'xxxxxxxxxxxxxxx' entry".

Where 'xxxxxxxxxxxxx' is one of the following data elements.

ELEMENT	PAGE #
ADDRESS	GIR.03
DATE	GIR.04
IDENTIFICATION NUMBERS	GIR.04
NAME 1 (INDIVIDUAL NAMES)	GIR.05
NAME 2 (COMPANY NAMES)	GIR.05
PATIENT CONTROL NUMBER	GIR.06
TELEPHONE	GIR.07

AMOUNTS GIR.07

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

ADDRESS:

ADDRESS-1 and ADDRESS-2:

a) ADDRESS-1 may not contain a blank in the first position.

b) If entered, ADDRESS-2 may not contain a blank in the first position.

c) Must contain at least one embedded blank.

d) May contain:
- A-Z
- 0-9
- forward slash (/)
- period (.)
- comma (,)
- number sign (#)
- ampersand (&)
- parentheses '()'
- percent sign (%) - for: "in care of"
- blank ( )

e) No other special characters are allowed.

CITY:

a) First position must not be blank.

b) May contain:
- A - Z
- period (.)
- comma (,)
- ampersand (&)
- blank ( )

c) No other special characters are allowed.

STATE: Must be a valid code from EXHIBIT 1.

ZIP:

a) Position 1-3 must be a code from EXHIBIT 1.
Position 4-5 must be numeric.
Position 6-9 is optional but must be numeric if entered.

b) If the STATE code is a foreign country, ZIP is not required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

DATE:

Format: CCYYMMDD

a) CC (century) must have a value of '19' or '20'.
exception: may have a value of '18', 19' or '20' for birth dates.

b) YY (year) must have a value of '00' through '99'.

c) MM (month) must have a value of '01' through '12'.

d) DD (day) must have a value of '01' through '31' dependent on MM.

MM (month) value	DD (day) value
01, 03, 05, 07, 08, 10, 12	01 through 31
04, 06, 09, 11	01 through 30
02	01 through 29 if YY is divisible by 4
02	01 through 28 if YY NOT divisible by 4

IDENTIFICATION NUMBERS:

a) If entered, first position may not be blank.

b) May contain: A - Z
0 - 9

c) No embedded blanks are allowed.

d) Special characters may be used at the discretion of the receiver/payor.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

NAME 1 (INDIVIDUAL NAMES):

LAST NAME and FIRST NAME

a) First position must be A-Z.

b) May contain: A-Z
hyphen (-)
blank ( )

c) No other special characters are allowed.

d) Titles such as 'Mr.', 'Dr.', 'Jr.' are not allowed.

e) Last name must be at least two (2) positions in length.
First name must be at least one (1) position in length.

MIDDLE INITIAL

a) Must contain A-Z or blank.

NAME 2 (COMPANY NAMES):

a) First position must be A-Z.

b) May contain: A-Z
period (.)
comma (,)
hyphen (-)
ampersand (&)
blank ( )
0-9

c) No other special characters are allowed.

d) Must be at least two (2) positions in length.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

PATIENT CONTROL NUMBER:

a) First position must not be blank.

b) May contain:
- A-Z
- 0-9
- forward slash (/)
- period (.)
- comma (,)
- hyphen (-)
- number sign (#)
- blank ( )

c) No other special characters are allowed.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

GENERAL INSTRUCTIONS

TELEPHONE:

a) Format: AAAXXXSSSS
AAA = area code
XXX = exchange
SSSS = station number

b) Must contain 0-9 only.

c) No special characters or blanks are allowed.

d) Valid area codes may be found in EXHIBIT 1.

AMOUNTS:

Dollar amount fields in the NSF ERN records must be signed fields, i.e., capable of expressing a positive or a negative value.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

FILE HEADER RECORD

RECORD TYPE: 100

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD TYPE: 100

LEVEL: FILE

PURPOSE: The first record of any file transmitted electronically, it contains information pertinent to the receiver of the remittance file.

REQUIREMENTS: A "100" record is required for every submission.

ORDER:

Preceding Record Type	Following Record Type
NONE	200

NOTES:

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD TYPE: 100

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	POSITIONS THRU
01.0	RECORD ID "100"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	RECEIVER ID	16	X	14	29
04.0	RESERVED (100-04.0)	9	X	30	38
05.0	SUBMITTER ID	16	X	39	54
06.0	RESERVED (100-06.0)	6	X	55	60
07.0	SUBMITTER NAME	33	X	61	93
08.0	FILE CREATION DATE	8	X	94	101
09.0	VERSION CODE-NATIONAL	5	N	102	106
10.0	FILLER-NATIONAL	214	X	107	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-01.0

DATA ELEMENT: Record Identifier "100" (RECORD ID "100")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Receiver Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "100".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-03.0

DATA ELEMENT: Receiver Identifier (RECEIVER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(16)	LEFT	SPACES	14	29	R

DEFINITION: Identifies the organization designated to receive this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-04.0

DATA ELEMENT: Reserved (100-04.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(09)	LEFT	SPACES	30	38	R

DEFINITION: Reserved, unused record space for expansion of Receiver ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-05.0

DATA ELEMENT: Submitter Identification (SUBMITTER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(16)	LEFT	SPACES	39	54	R

DEFINITION: Identifies the organization that created this remittance advice.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-06.0

DATA ELEMENT: Reserved (100-06.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(06)	LEFT	SPACES	55	60	R

DEFINITION: Reserved unused record space for expansion of Submitter ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-07.0

DATA ELEMENT: Submitter Name

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(33)	LEFT	SPACES	61	93	C

DEFINITION: The name of the submitter to which the receiver should direct inquiries regarding this file.

CODE VALUES: N/A

VALIDATION: Must be entered if required by receiver.

See GENERAL INSTRUCTIONS for "Name 2" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-08.0

DATA ELEMENT: File Creation Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(08)	LEFT	SPACES	94	101	C

DEFINITION: The Gregorian date on which this file was created.

CODE VALUES: N/A

VALIDATION: Must be entered if required by receiver.

See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-09.0

DATA ELEMENT: Version Code-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	9(03)V99	RIGHT	ZEROS	102	106	R

DEFINITION: A code indicating the specification version being used. This is restricted to National use.

CODE VALUES: N/A

VALIDATION: Format: 999V99
Must be entered.
Must be "00201".

REMARKS: This first three (3) digits BEFORE the implied decimal will indicate changes in record format or any new or deleted records. It is the VERSION of specifications. The last two (2) digits AFTER the implied decimal will indicate changes in editing. It is the UPDATE NUMBER of the specifications.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD "RECEIVER DATA" RECORD/FIELD: 100-10.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(214)	LEFT	SPACES	107	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

BATCH HEADER RECORD

RECORD TYPE: 200

"PROVIDER DATA"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE HEADER RECORD RECORD TYPE: 200

LEVEL: BATCH

PURPOSE: To identify and provide banking information for the receiver of payment for this batch.

REQUIREMENTS: A "200" record is required for every submission.

ORDER:

Preceding Record Type	Following Record Type
200 or 800	400

NOTES:

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD TYPE: 200

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "200"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SOURCE OF PAYMENT	1	X	14	14
04.0	EMC PROV ID	15	X	15	29
05.0	BATCH NO	4	N	30	33
06.0	PROVIDER NAME	33	X	34	66
07.0	PROVIDER NO	15	X	67	81
08.0	CHECK NO/EFT TRACE NO	15	X	82	96
09.0	CHECK/EFT ISSUE DATE	8	X	97	104
10.0	PAYOR PROCESS DATE	8	X	105	112
11.0	RECVR/PROV BANK ID NO	15	X	113	127
12.0	RECVR/PROV ACCT NO	15	X	128	142
13.0	SENDER/PAYOR BANK ID NO	15	X	143	157
14.0	SENDER/PAYOR ACCT NO	15	X	158	172
15.0	TRANS HANDLING CODE	1	X	173	173
16.0	PAYMENT METHOD CODE	3	X	174	176
17.0	PAYMENT FORMAT CODE	3	X	177	179
18.0	RECVR/PROV TYPE OF ACCT	2	X	180	181
19.0	ASSIGNED/UNASSIGNED INDICATOR	1	X	182	182
20.0	FILLER-NATIONAL	138	X	183	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-01.0

DATA ELEMENT: Record Identifier "200" (RECORD ID "200")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Provider Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "200".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-03.0

DATA ELEMENT: Source of Payment

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(01)	LEFT	SPACES	14	14	R

DEFINITION: A code identifying source of payment for this group of claims.

CODE VALUES:
A = SELF PAY
B = WORKER'S COMPENSATION
C = MEDICARE
D = MEDICAID
E = OTHER FEDERAL PROGRAM
F = COMMERCIAL INSURANCE COMPANY
G = BLUE CROSS / BLUE SHIELD
H = CHAMPUS / TRICARE
I = HMO
J = FEDERAL EMPLOYEE'S PROGRAM (FEP)
K = CENTRAL CERTIFICATION
L = SELF ADMINISTERED
M = FAMILY or FRIENDS
Z = OTHER

VALIDATION: Must be entered.

Must be a valid code from the above list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-04.0

DATA ELEMENT: EMC Provider Identifier (EMC PROV ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(15)	LEFT	SPACES	15	29	R

DEFINITION: The unique number assigned to the provider by the payor for EMC identification purposes.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-05.0

DATA ELEMENT: Batch Number (BATCH NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(04)	RIGHT	ZEROS	30	33	R

DEFINITION: A sequential number assigned to each batch of claims by the entity that generated this file.

CODE VALUES: 0001 through 9999.

VALIDATION: Must be entered.

Must be numeric.

First occurrence in a file must be 0001.

Subsequent occurrences within a file must be incremented by the value of 0001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-06.0

DATA ELEMENT: Provider Name

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(33)	LEFT	SPACES	34	66	O

DEFINITION: The name of the provider or organization receiving this batch of claims for payment.

CODE VALUES: N/A

VALIDATION: If entered, this field must contain the Organization's (Group's) name as it appears on the Payor's file.

See GENERAL INSTRUCTIONS for "Name 2" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-07.0

DATA ELEMENT: Provider Number (PROVIDER NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(15)	LEFT	SPACES	67	81	R

DEFINITION: The number assigned to the provider by the payor for identification purposes.

CODE VALUES: N/A

VALIDATION: Must be entered.

This field will contain the provider number as it appears on the payor's provider file.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: If multi-clinic, provider number would be same as EMC ID and breaks would be on detail line (450) for each provider ID. This is important to avoid excessive control breaks when sending remittance notices.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-08.0

DATA ELEMENT: Check Number / EFT Trace Number (CHECK NO/EFT TRACE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(15)	LEFT	SPACES	82	96	R

DEFINITION: The number of the check, EFT trace number or statement number (payment does not accompany remittance) issued to the provider for this batch of claims.

CODE VALUES: N/A

VALIDATION: Must be entered.

If multiple checks are being issued then multiple batches must be generated. If there is no statement voucher number issued on a non-payment paper remittance, zero-fill this field.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-09.0

DATA ELEMENT: Check/EFT Issue Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(08)	LEFT	SPACES	97	104	R

DEFINITION: The date the check or statement was issued or, for EFT, the effective entry date.

CODE VALUES: N/A

VALIDATION: Must be entered.

See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA"

RECORD/FIELD: 200-10.0

DATA ELEMENT: Payor Process Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(08)	LEFT	SPACES	105	112	C

DEFINITION: The date the payor generated the remittance advice.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Date" entry.

REMARKS: This date must be transmitted when an accompanying payment is generated on a different date than the remittance.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-11.0

DATA ELEMENT: Receiver/Provider Bank Identification Number (RECVR/PROV BANK ID NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	X(15)	LEFT	SPACES	113	127	C

DEFINITION: The American Banking Association Identification Number used to identify the receiving depository financial institution or provider's bank within the Federal Reserve System when an EFT is being sent.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: When sending payment electronically through a banking network, this number is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-12.0

DATA ELEMENT: Receiver/Provider Account Number (RECVR/PROV ACCT NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(15)	LEFT	SPACES	128	142	C

DEFINITION: The receiver's/provider's Bank Account Number into which these funds have been or will be deposited at the previously identified receiving depository financial institution.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: When sending payment electronically through a banking network, this number is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA"

RECORD/FIELD: 200-13.0

DATA ELEMENT: Sender/Payor Bank ID No

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	X(15)	LEFT	SPACES	143	157	C

DEFINITION: The American Banking Association Identification Number used to identify the sender's/payor's depository financial institution within the Federal Reserve System when an EFT is being sent.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: When sending payment electronically through a banking network, this number is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA"

RECORD/FIELD: 200-14.0

DATA ELEMENT: Sender/Payor Account Number (SENDER/PAYOR ACCT NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	X(15)	LEFT	SPACES	158	172	C

DEFINITION: Sender's/payor's bank account number from which funds have been or will be sent at the previously identified originating depository financial institution.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: When sending payment electronically through a banking network, this number is required. It is assumed payors will always be paying from a demand deposit type of account.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-15.0

DATA ELEMENT: Transaction Handling Code (TRANS HANDLING CODE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	X(01)	LEFT	SPACES	173	173	M

DEFINITION: This code designates how the payment and remittance will be transmitted relative to the banking network.

CODE VALUES:

C = Payment Accompanies Remittance
(Payment and remittance detail will be or have been moved together through the banking network.)

D = Make Payment Only
(Execute funds transfer only, and ignore any remittance detail (remittance is send directly between provider and payor)).

H = Notification Only
(Pass information only. Assume zero payment/prenotification remittance is moving through the banking network.)

I = Remittance Information Only
(The remittance detail is moving separately from the payment through the banking network.)

P = Prenotification of Future Transfers.
(Use code “P” if a bank requires that a prenote be sent prior to actual payment.)

VALIDATION: If entered, must be a valid code from the above list.

REMARKS: When sending payment electronically through a banking network, this field is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-16.0

DATA ELEMENT: Payment Method Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	X(03)	LEFT	SPACES	174	176	C

DEFINITION: This code identifies the method for the movement of payment.

CODE VALUES:
ACH = Automated Clearing House
BOP = Financial Institution Option
CHK = Check
NON = Non-Payment Data

VALIDATION: If entered, must be a valid code from the above list.

REMARKS: When sending payment electronically through a banking network, this field is required. All funds transfers are limited to U.S. dollar transactions.

Required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA"

RECORD/FIELD: 200-17.0

DATA ELEMENT: Payment Format Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	X(03)	LEFT	SPACES	177	179	C

DEFINITION: This code identifies the payment format in the ACH network.

CODE VALUES:
CCD = Cash Concentration/Disbursement
CCP = Cash Concentration Disbursement Plus Addenda
CTX = Corporate Trade Exchange

VALIDATION: If entered, field 200-16.0 must equal "ACH".

If entered, must be a valid code from the above list.

REMARKS: When sending payment electronically through the ACH network, this field is required.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA"

RECORD/FIELD: 200-18.0

DATA ELEMENT: Receiver/Provider Type of Account (RECVR/PROV TYPE OF ACCT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	X(02)	LEFT	SPACES	180	181	C

DEFINITION: This code indicates the type of bank account for the account into which payment is being made.

CODE VALUES: DA = Demand Deposit
SG = Savings

VALIDATION: If entered, must be a valid code from the above list.

REMARKS: When sending payment electronically through the ACH network, this field is required.

This field describes the type of bank account for the entry in field 200-12.0.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-19.0

DATA ELEMENT: Assigned/Unassigned Claim Indicator

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	X(1)	LEFT	SPACES	182	182	R

DEFINITION: Code used to sort claims into separate assigned and unassigned batches within the same remittance advice.

CODE VALUES: 1 = Assigned
0 = Unassigned

VALIDATION: N/A

REMARKS: Required for Medicare.

Use value of ‘1’ if the Batch of 200 thru 800 records contains assigned claims. Use value of ‘0’ if the Batch of 200 thru 800 records contains unassigned claims.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH HEADER RECORD "PROVIDER DATA" RECORD/FIELD: 200-20.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	X(138)	LEFT	SPACES	183	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

INTENTIONALLY LEFT BLANK SO THAT PRINTING FOR FRONT TO BACK COPIES WILL BE CORRECT FOR REMAINING PAGES

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

PATIENT CLAIM DATA RECORD

RECORD TYPE: 400

"PATIENT CLAIM DATA"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: CLAIM DATA RECORD RECORD TYPE: 400

LEVEL: CLAIM

PURPOSE: To identify patient information and claim-specific information.

REQUIREMENTS: Only one "400" record is allowed per claim.

ORDER:

Preceding Record Type	Following Record Type
200 or 500	450

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD TYPE: 400

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	POSITIONS THRU
01.0	RECORD ID "400"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	CHECK NO/EFT TRACER	15	X	31	45
05.0	CHECK/EFT ISSUE DATE	8	X	46	53
06.0	GROUP POLICY NO	20	X	54	73
07.0	INSURED ID NO	25	X	74	98
08.0	CORRECTED INS ID IND	1	X	99	99
09.0	INSURED LAST NAME	20	X	100	119
10.0	INSURED FIRST NAME	12	X	120	131
11.0	INSURED MI	1	X	132	132
12.0	EMPLOYEE ID	12	X	133	144
13.0	PATIENT LAST NAME	20	X	145	164
14.0	PATIENT FIRST NAME	12	X	165	176
15.0	PATIENT MI	1	X	177	177
16.0	PATIENT SEX	1	X	178	178
17.0	PATIENT BIRTH DATE	8	X	179	186
18.0	COMP INSURANCE FLAG	1	X	187	187
19.0	CLAIM STATUS	2	X	188	189
20.0	PAYOR PHONE NO	10	X	190	199
21.0	MEDICAL RECORD NO	17	X	200	216
22.0	PAYOR CLM CONTROL NO	17	X	217	233
23.0	CLAIM REMARK CODE1	5	X	234	238
24.0	CLAIM REMARK CODE2	5	X	239	243
25.0	CLAIM REMARK CODE3	5	X	244	248
26.0	CLAIM REMARK CODE4	5	X	249	253
27.0	CLAIM REMARK CODE5	5	X	254	258
28.0	CORRECTED PATIENT NAME	1	X	259	259
29.0	FILLER-NATIONAL	61	X	260	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-01.0

DATA ELEMENT: Record Identifier "400" (RECORD ID "400")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Patient Claim Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "400".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification Numbers" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-04.0

DATA ELEMENT: Check Number / EFT Tracer Number (CHECK NO/EFT TRACER)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(15)	LEFT	SPACES	31	45	R

DEFINITION: The number of the check, EFT tracer number or statement issued to the provider for this batch of claims.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must match the value entered in 200-08.0.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-05.0

DATA ELEMENT: Check/EFT Issue Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(08)	LEFT	SPACES	46	53	R

DEFINITION: The date the check or statement was issued.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-06.0

DATA ELEMENT: Group Policy Number (GROUP POLICY NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(20)	LEFT	SPACES	54	73	C

DEFINITION: Identification number assigned by the payor to the group plan through which the insurance is provided.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-07.0

DATA ELEMENT: Insured Identification Number (INSURED ID NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(25)	LEFT	SPACES	74	98	C

DEFINITION: Insured's unique identification number assigned by the payor.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-08.0

DATA ELEMENT: Corrected Insured Identification Indicator (CORRECTED INS ID IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(01)	LEFT	SPACES	99	99	C

DEFINITION: An indicator used to identify an Insured's identification number which was incorrectly submitted and subsequently changed.

CODE VALUES: C = Identification Number has been corrected.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA"

RECORD/FIELD: 400-09.0
400-10.0
400-11.0

DATA ELEMENT: Insured Last Name
Insured First Name
Insured Middle Initial (INSURED MI)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(20)	LEFT	SPACES	100	119	C
10.0	X(12)	LEFT	SPACES	120	131	C
11.0	X(01)	LEFT	SPACES	132	132	C

DEFINITION: The last and first name of the insured.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Name" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-12.0

DATA ELEMENT: Employee Identification (EMPLOYEE ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(12)	LEFT	SPACES	133	144	C

DEFINITION: The identification number assigned by the employer to the employee.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA"

RECORD/FIELD: 400-13.0
400-14.0
400-15.0

DATA ELEMENT: Patient Last Name
Patient First Name
Patient Middle Initial (PATIENT MI)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	X(20)	LEFT	SPACES	145	164	R
14.0	X(12)	LEFT	SPACES	165	176	R
15.0	X(01)	LEFT	SPACES	177	177	C

DEFINITION: The name of the individual to whom the services were provided.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for " Name 1" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-16.0

DATA ELEMENT: Patient Sex

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	X(01)	LEFT	SPACES	178	178	R

DEFINITION: Code indicating the sex of the patient.

CODE VALUES: M = Male
F = Female

VALIDATION: Must be entered.

Must be a valid code from the above list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-17.0

DATA ELEMENT: Patient Birth Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	X(08)	LEFT	SPACES	179	186	C

DEFINITION: The date the patient was born.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-18.0

DATA ELEMENT: Complementary Insurance Flag (COMP INSURANCE FLAG)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	X(01)	LEFT	SPACES	187	187	R

DEFINITION: A code which identifies complementary insurance action.

CODE VALUES: N = Claim not forwarded.
Y = Claim forwarded to complementary insurer.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-19.0

DATA ELEMENT: Claim Status

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	X(02)	LEFT	SPACES	188	189	C

DEFINITION: This is a code indicating the status of this claim as determined by the payor.

CODE VALUES: Assigned by the HCFA:

00 - Controlled Only
01 - Reversal, Previous Payment
02 - Returned, Unprocessable
05 - Claim Transferred
06 - Claim Transferred to Region A
07 - Claim Transferred to Region B
08 - Claim Transferred to Region C
09 - Claim Transferred to Region D
10 - In Process
20 - Development
30 - Medical & Utilization Review
40 - Services Review
50 - Reserved for Future Use
60 - Reply Resolution
70 - Complete, Paid
71 - Complete, Paid by Secondary
72 - Complete, Paid By Tertiary
80 - Complete, No Payment
90 - Complete, Rejected

Note - additional codes may be assigned by the payor.

Codes (03 - 04) are reserved by HCFA for Medicare.

VALIDATION: Must be entered if required by receiver.

REMARKS: Required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-20.0

DATA ELEMENT: Payor Phone Number (PAYOR PHONE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	X(10)	LEFT	SPACES	190	199	C

DEFINITION: The telephone number of the payor.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Telephone" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-21.0

DATA ELEMENT: Medical Record Number (MEDICAL RECORD NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	X(17)	LEFT	SPACES	200	216	C

DEFINITION: A number assigned by the provider to identify the patient's medical records.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification No."

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-22.0

DATA ELEMENT: Payor Claim Control Number (PAYOR CLM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	X(17)	LEFT	SPACES	217	233	R

DEFINITION: A number assigned by the payor to identify a claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA"

RECORD/FIELD: 400-23.0
400-24.0
400-25.0
400-26.0
400-27.0

DATA ELEMENT: Claim Remark Code1
Claim Remark Code2
Claim Remark Code3
Claim Remark Code4
Claim Remark Code5

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	X(5)	LEFT	SPACES	234	238	C
24.0	X(5)	LEFT	SPACES	239	243	C
25.0	X(5)	LEFT	SPACES	244	248	C
26.0	X(5)	LEFT	SPACES	249	253	C
27.0	X(5)	LEFT	SPACES	254	258	C

DEFINITION: Claim level informational message codes to convey appeal or other claim-specific information that does not involve a financial adjustment.

CODE VALUES: For Medicare use the current Medicare claim level remark codes.

VALIDATION: If entered, Medicare requires a valid claim level remark code.

REMARKS: Remark code messages are maintained by HCFA.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-28.0

DATA ELEMENT: Corrected Patient Name

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	X(01)	LEFT	SPACES	259	259	C

DEFINITION: An indicator used to identify that the patient’s name was incorrectly submitted and subsequently changed.

CODE VALUES: C = Patient’s Name has been corrected.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 400-29.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	X(61)	LEFT	SPACES	260	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

SERVICE DATA RECORD

RECORD TYPE: 450

"SERVICE DATA - 1"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD RECORD TYPE: 450

LEVEL: SERVICE

PURPOSE: To provide information related to the payment of medical services rendered to the patient by the provider.

REQUIREMENTS: This record is required for remittance notices.

ORDER:

Preceding Record Type	Following Record Type
400, 450, or 451	400, 450, 451, or 500

NOTES:

RECORD NAME: SERVICE DATA - 1 RECORD RECORD TYPE: 450

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "450"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	LINE ITEM CONTROL NO	17	X	31	47
05.0	SERVICE LINE NO	3	N	48	50
06.0	LINE ITEM STATUS CODE	2	X	51	52
07.0	SERVICE FROM DATE	8	X	53	60
08.0	SERVICE TO DATE	8	X	61	68
09.0	PAYOR RECEIPT DATE	8	X	69	76
10.0	RESERVED (450-10.0)	15	X	77	91
11.0	PLACE OF SERVICE	2	X	92	93
12.0	FILLER - NATIONAL	2	X	94	95
13.0	PROCEDURE CODE	5	X	96	100
14.0	HCPCS MODIFIER 1	2	X	101	102
15.0	HCPCS MODIFIER 2	2	X	103	104
16.0	HCPCS MODIFIER 3	2	X	105	106
17.0	UNITS OF SERVICE	4	N	107	110
18.0	SUBMITTED LINE CHARGE	7	N	111	117
19.0	DISALLOWED COST CONT	7	N	118	124
20.0	DISALLOWED/NONCOVERED	7	N	125	131
21.0	ALLOWED/CONTRACT AMT	7	N	132	138
22.0	DEDUCTIBLE AMOUNT	7	N	139	145
23.0	COINSURANCE AMOUNT	7	N	146	152
24.0	INTEREST AMOUNT	7	N	153	159
25.0	GRAMM-RUDMAN RED	7	N	160	166
26.0	AMT PD BY OTHER PAYOR	7	N	167	173
27.0	PROV ADJUSTMENT	7	N	174	180
28.0	CALC PAY TO PROV	7	N	181	187
29.0	CALC PAY TO PAYEE	7	N	188	194
30.0	PREV PAY TO PROV	7	N	195	201
31.0	PREV PAY TO PAYEE	7	N	202	208
32.0	ACTUAL PAY TO PROV	7	N	209	215
33.0	ACTUAL PAY TO PAYEE	7	N	216	222
34.0	PAYMENT LEVEL BY PCT	5	N	223	227
35.0	PPO/HMO IND	1	X	228	228
36.0	FACILITY/SUPPLIER ID	15	X	229	243
37.0	PERFORMING PROV ID	15	X	244	258
38.0	GROUP AND REASON CODE 1	6	X	259	264
39.0	GROUP AND REASON CODE 2	6	X	265	270
40.0	GROUP AND REASON CODE 3	6	X	271	276
41.0	GROUP AND REASON CODE 4	6	X	277	282
42.0	GROUP AND REASON CODE 5	6	X	283	288
43.0	GROUP AND REASON CODE 6	6	X	289	294
44.0	GROUP AND REASON CODE 7	6	X	295	300

45.0	PAYOR CLM CONTROL NO	17	X	301	317
46.0	HCPCS MODIFIER 4	2	X	318	319
47.0	FILLER-NATIONAL	1	X	320	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-01.0

DATA ELEMENT: Record Identifier "450" (RECORD ID "450")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Service Data -1 Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "450".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control Number" entry.

REMARKS: It must be returned on the electronic remittance to facilitate the provider's posting of line item adjudication information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-04.0

DATA ELEMENT: Line Item Control Number (LINE CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	31	47	C

DEFINITION: An identifier assigned by the submitter/provider to this line item.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If accepted by the payor it must be returned on the electronic remittance to facilitate the provider's posting of line item adjudication information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-05.0

DATA ELEMENT: Service Line Number (SERVICE LINE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(03)	RIGHT	ZEROS	48	50	R

DEFINITION: Identifies the line relative to other lines in a claim.

CODE VALUES: 001 through 999.

VALIDATION: Must be entered.

Must be numeric.

First occurrence in a claim must be 001.

Subsequent occurrences within a claim must be incremented by the value of 001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-06.0

DATA ELEMENT: Line Item Status Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(02)	LEFT	SPACES	51	52	C

DEFINITION: Line item status code.

CODE VALUES: 01 = Pended
02 = Claim/Line transferred to another payor.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD
"SERVICE DATA - 1"

RECORD/FIELD: 450-07.0
450-08.0

DATA ELEMENT: Service from Date
Service to Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(08)	LEFT	SPACES	53	60	R
08.0	X(08)	LEFT	SPACES	61	68	R

DEFINITION: The date the service was initiated and the date the service extends through. (CCYYMMDD)

CODE VALUES: N/A

VALIDATION: See General Instructions for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-09.0

DATA ELEMENT: Payor Receipt Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(08)	LEFT	SPACES	69	76	C

DEFINITION: The Gregorian date claim was received by payor.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Date" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-10.0

DATA ELEMENT: FILLER - NATIONAL

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	X(15)	LEFT	SPACES	77	91	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-11.0

DATA ELEMENT: Place of Service (PLACE OF SERVICE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	X(02)	LEFT	SPACES	92	93	R

DEFINITION: The code that identifies where the service was performed.

CODE VALUES:

00-10	Unassigned
11	Office
12	Home
13-20	Unassigned
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27-30	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35 -40	Unassigned
41	Ambulance - Land
42	Ambulance - Air or Water
43-49	Unassigned
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment

Center
57-59 Unassigned

page 450.12

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-11.0

DATA ELEMENT: Place of Service (PLACE OF SERVICE)

(CONTINUED)

60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
63-64	Unassigned
65	End Stage Renal Disease Treatment Facility
66-70	Unassigned
71	State or Local Public Health Clinic
72	Rural Health Clinic
73-	Unassigned
81	Independent Laboratory
82-98	Unassigned
99	Other Unlisted Facility

VALIDATION: A valid code from the above list must be entered.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-12.0

DATA ELEMENT: Filler - National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	X(02)	LEFT	SPACES	94	95	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-13.0

DATA ELEMENT: Procedure Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	X(05)	LEFT	SPACES	96	100	C

DEFINITION: This is the HCPCS(procedure)/CPT-4 code that describes the service as adjudicated by the payor.

CODE VALUES: HCPCS/CPT-4 code set.

VALIDATION: Must be entered, if required by this payor.

If entered, must be a valid procedure code.

If the National Drug Code (451-15.0) is NOT entered, this field is required.

REMARKS: This will be the same value as the "Original Procedure Code" (451-09.0) if the payor did not adjudicate the service under another value that the payor considered to be more appropriate.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1"

RECORD/FIELD: 450-14.0
450-15.0
450-16.0

DATA ELEMENT:
HCPCS Modifier 1 (MODIFIER 1)
HCPCS Modifier 2 (MODIFIER 2)
HCPCS Modifier 3 (MODIFIER 3)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	X(02)	LEFT	SPACES	101	102	C
15.0	X(02)	LEFT	SPACES	103	104	C
16.0	X(02)	LEFT	SPACES	105	106	C

DEFINITION: These codes identify special circumstances related to the performance of the service.

CODE VALUES: See current HCPCS Modifier codes.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-17.0

DATA ELEMENT: Units of Service

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	9(03)V9	RIGHT	ZEROS	107	110	C

DEFINITION: The number of services rendered in days or units.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: In order to capture fractional services, use the fourth position with an assumed decimal position.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-18.0

DATA ELEMENT: Submitted Line Charge

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(05)V99	RIGHT	ZEROS	111	117	R

DEFINITION: The submitted charges for this service.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Required for Medicare.
Total of all charges for the procedure billed on this line. Used in balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-19.0

DATA ELEMENT: Disallowed Cost Containment (DISALLOWED COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(05)V99	RIGHT	ZEROS	118	124	C

DEFINITION: The portion of line charges disallowed by the payor due to the failure of either the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract or PPO contract under which payment has been requested for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used in balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-20.0

DATA ELEMENT: Disallowed/Noncovered

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(05)V99	RIGHT	ZEROS	125	131	C

DEFINITION: The portion of line charges disallowed by the payor for reasons OTHER than the failure of the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract or PPO contract under which payment has been requested for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not Required for Medicare. Not used in balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-21.0

DATA ELEMENT: Allowed/Contract Amount (ALLOWED/CONTRACT AMT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	S9(05)V99	RIGHT	ZEROS	132	138	C

DEFINITION: The maximum amount determined by the payor as being "allowed" under the provisions of the contract prior to the determination of actual payment, for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Required for Medicare. This is the Medicare allowed amount. Used in balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-22.0

DATA ELEMENT: Deductible Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(05)V99	RIGHT	ZEROS	139	145	C

DEFINITION: This is the amount applied to the deductible by this payor, for this line.

The amount deducted, by the payor, from the allowed amount in order to meet the contract "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-23.0

DATA ELEMENT: Coinsurance Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(05)V99	RIGHT	ZEROS	146	152	C

DEFINITION: The amount deducted from this line, by the payor, from the allowed amount in order to meet the "coinsurance" provisions of the contract.

The amount applied toward the coinsurance by this payor.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-24.0

DATA ELEMENT: Interest Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(05)V99	RIGHT	ZEROS	153	159	C

DEFINITION: The interest applied to this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-25.0

DATA ELEMENT: Gramm-Rudman Reduction (GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	S9(05)V99	RIGHT	ZEROS	160	166	C

DEFINITION: The amount of any Gramm-Rudman reduction for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used in balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-26.0

DATA ELEMENT: Amount Paid by Other Payor (AMT PD BY OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	S9(05)V99	RIGHT	ZEROS	167	173	C

DEFINITION: The amount paid by other payor, for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required by Medicare. When other payor information is furnished for the entire claim, rather than for individual lines on the claim, use the same other payor line item payment amount as is calculated for use on the Medicare Summary Notice for this beneficiary and service. Used for line and claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-27.0

DATA ELEMENT: Provider Adjustment (PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	S9(05)V99	RIGHT	ZEROS	174	180	C

DEFINITION: The adjusted amount applied to this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used in balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-28.0

DATA ELEMENT: Calculated Payment to Provider (CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	S9(05)V99	RIGHT	ZEROS	181	187	C

DEFINITION: The amount calculated to be payable for this service.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Required for Medicare.

This is the computed sum of submitted line charges (450-18.0) less:

Deductible Amount (450-22.0)
Coinsurance Amount (450-23.0)
Amount Paid by Other Payor (450-26.0)
Actual Payment to Payee (450-33.0)
Dollar Amounts 1-5 (line Adjusts.) (451-10 - 451-14)
Dollar Amounts 6-7 (line Adjusts.) (451-22 - 451-23)

Used in line level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-29.0

DATA ELEMENT: Calculated Payment to Payee (CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	S9(05)V99	RIGHT	ZEROS	188	194	C

DEFINITION: The calculated payment to the payee (other than the provider) for this line.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used in balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-30.0

DATA ELEMENT: Previous Payment to Provider (PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	S9(05)V99	RIGHT	ZEROS	195	201	C

DEFINITION: The amount previously paid to provider for this line item.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare but may be reported for informational purposes. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-31.0

DATA ELEMENT: Previous Payment to Payee (PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
31.0	S9(05)V99	RIGHT	ZEROS	202	208	R

DEFINITION: The amount previously paid to the payee (other than the provider) for this service.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-32.0

DATA ELEMENT: Actual Payment to Provider (ACTUAL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
32.0	S9(05)V99	RIGHT	ZEROS	209	215	C

DEFINITION: The actual amount paid to the provider.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare but may be reported for information purposes only. Not used to balance for Medicare.

This is the computed sum of the calculated pay to provider less:

Late Filing Reduction (451-07.0)

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-33.0

DATA ELEMENT: Actual Payment to Payee (ACTUAL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
33.0	S9(05)V99	RIGHT	ZEROS	216	222	C

DEFINITION: The actual amount paid to the payee, other than the provider.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-34.0

DATA ELEMENT: Payment Level By Percent (PAYMENT LEVEL BY PCT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
34.0	9(4)V9	RIGHT	ZEROS	223	227	C

DEFINITION: Payment level (100%, 80%, 62.5%).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-35.0

DATA ELEMENT: Preferred Provider Organization/Health Maintenance Organization Indicator (PPO/HMO IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
35.0	X(01)	LEFT	SPACES	228	228	O

DEFINITION: An indicator than the provider has submitted the claim under a PPO/HMO agreement.

CODE VALUES: See payor's system documentation.

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-36.0

DATA ELEMENT: Facility/Supplier Identifier (FACILITY/SUPPLIER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
36.0	X(15)	LEFT	SPACES	229	243	C

DEFINITION: The identification number assigned to the facility or supplier.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-37.0

DATA ELEMENT: Performing Provider Identifier (PERFORMING PROV ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
37.0	X(15)	LEFT	SPACES	244	258	C

DEFINITION: The identification number assigned to the performing provider.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD
"SERVICE DATA - 1"

RECORD/FIELD: 450-38.0
450-39.0
450-40.0
450-41.0
450-42.0
450-43.0
450-44.0

DATA ELEMENT: Group and Reason Code 1
Group and Reason Code 2
Group and Reason Code 3
Group and Reason Code 4
Group and Reason Code 5
Group and Reason Code 6
Group and Reason Code 7

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
38.0	X(06)	LEFT	SPACES	259	264	C
39.0	X(06)	LEFT	SPACES	265	270	C
40.0	X(06)	LEFT	SPACES	271	276	C
41.0	X(06)	LEFT	SPACES	277	282	C
42.0	X(06)	LEFT	SPACES	283	288	C
43.0	X(06)	LEFT	SPACES	289	294	C
44.0	X(06)	LEFT	SPACES	295	300	C

DEFINITION: Claim adjustment reason codes. The codes show the reasons for any adjustments, such as denials or reductions in payment from the amount billed, that are made on this service and may have a financial effect.

CODE VALUES: For Medicare, use the American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12 835 claim adjustment (CAS) codes and applicable group code.

VALIDATION: N/A

REMARKS: Claim adjustment reason codes are maintained at www.wpc-edi.com. For Medicare, the first two positions contain the 835 group code which is part of the ANSI ASC X12 835 standard. The remaining positions contain the claim adjustment reason code, starting with the third position. When reporting reason codes, the corresponding adjustment amount in record 451 must be

reported.

page 450.38

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-45.0

DATA ELEMENT: Payor Claim Control Number (PAYOR CLM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
45.0	X(17)	LEFT	SPACES	301	317	R

DEFINITION: A number assigned by the payor to identify a claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-46.0

DATA ELEMENT: HCPCS Modifier 4 (Modifier 4)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
46.0	X(02)	LEFT	SPACES	318	319	R

DEFINITION: This code identifies special circumstances related to the performance of the service.

CODE VALUES: See current HCPCS modifier codes.

VALIDATION: N/A

REMARKS: Not used by Medicare at present.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 1 RECORD "SERVICE DATA - 1" RECORD/FIELD: 450-47.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
47.0	X(01)	LEFT	SPACES	320	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

INTENTIONALLY LEFT BLANK SO THAT PRINTING FOR FRONT TO BACK COPIES WILL BE CORRECT FOR REMAINING PAGES

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

SERVICE DATA RECORD

RECORD TYPE: 451

"SERVICE DATA - 2"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD RECORD TYPE: 451

LEVEL: SERVICE

PURPOSE: To provide information related to the payment of medical services rendered to the patient by the provider.

REQUIREMENTS: If required by the payor, this record must be submitted.

ORDER:

Preceding Record Type	Following Record Type
450	400, 450, or 500

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD RECORD TYPE: 451

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	POSITIONS THRU
01.0	RECORD ID "451"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	LINE ITEM CONTROL NO	17	X	31	47
05.0	SERVICE LINE NO	3	N	48	50
06.0	PAYOR CLM CONTROL NO	17	X	51	67
07.0	LATE FILING REDUCTION	7	N	68	74
08.0	AMOUNT PATIENT OWES	7	N	75	81
09.0	ORIGINAL PROC CODE	5	X	82	86
10.0	DOLLAR AMOUNT1	7	N	87	93
11.0	DOLLAR AMOUNT2	7	N	94	100
12.0	DOLLAR AMOUNT3	7	N	101	107
13.0	DOLLAR AMOUNT4	7	N	108	114
14.0	DOLLAR AMOUNT5	7	N	115	121
15.0	NATIONAL DRUG CODE	11	X	122	132
16.0	LINE REMARK CODE 1	5	X	133	137
17.0	LINE REMARK CODE 2	5	X	138	142
18.0	LINE REMARK CODE 3	5	X	143	147
19.0	LINE REMARK CODE 4	5	X	148	152
20.0	LINE REMARK CODE 5	5	X	153	157
21.0	LINE REMARK CODE DATE	8	X	158	165
22.0	DOLLAR AMOUNT6	7	N	166	172
23.0	DOLLAR AMOUNT7	7	N	173	179
24.0	AMOUNT PATIENT PAID	7	N	180	186
25.0	ORIGINAL UNITS OF SERVICE	4	N	187	190
26.0	FILLER-NATIONAL	130	X	191	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-01.0

DATA ELEMENT: Record Identifier "451" (RECORD ID "451")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Service Data - 2 Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "451".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control Number" entry.

REMARKS: If accepted by the payor it must be returned on the electronic remittance to facilitate the provider's posting of line item adjudication information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-04.0

DATA ELEMENT: Line Item Control Number (LINE CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(17)	LEFT	SPACES	31	47	C

DEFINITION: An identifier assigned by the submitter/provider to this line item.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If submitted, it must be returned on the electronic remittance to facilitate the provider's posting of line item adjudication information.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-05.0

DATA ELEMENT: Service Line Number (SERVICE LINE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(03)	RIGHT	ZEROS	48	50	R

DEFINITION: Identifies the line relative to other lines in a claim.

CODE VALUES: 001 through 999.

VALIDATION: Must be entered.

Must be numeric.

First occurrence in a claim must be 001.

Subsequent occurrences within a claim must be incremented by the value of 001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-06.0

DATA ELEMENT: Payor Claim Control Number (PAYOR CLAIM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(17)	LEFT	SPACES	51	67	R

DEFINITION: A number assigned by the payor to identify a claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-07.0

DATA ELEMENT: Late Filing Reduction

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	S9(05)99	RIGHT	ZEROS	68	74	C

DEFINITION: The amount deducted from the ACTUAL PAYMENT TO PROVIDER (450-32.0) by the payor because the claim was not filed within the payor's timely filing guidelines.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare as an informational data element. Not used in line level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-08.0

DATA ELEMENT: Amount Patient Owes

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	S9(05)99	RIGHT	ZEROS	75	81	C

DEFINITION: The portion of the charge for this service that is the patient's financial responsibility.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-09.0

DATA ELEMENT: Original Procedure Code (ORIGINAL PROC CODE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(05)	LEFT	SPACES	82	86	C

DEFINITION: The original HCPCS/CPT-4 code that was submitted by the provider to describe the service rendered.

CODE VALUES: HCPCS/CPT-4 code set.

VALIDATION: Must be entered if a HCPCS/CPT-4 code was submitted on the original claim.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD
"SERVICE DATA - 2"

RECORD/FIELD: 451-10.0
451-11.0
451-12.0
451-13.0
451-14.0

DATA ELEMENT: Dollar Amount1
Dollar Amount2
Dollar Amount3
Dollar Amount4
Dollar Amount5

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(05)V99	RIGHT	ZEROS	87	93	C
11.0	S9(05)V99	RIGHT	ZEROS	94	100	C
12.0	S9(05)V99	RIGHT	ZEROS	101	107	C
13.0	S9(05)V99	RIGHT	ZEROS	108	114	C
14.0	S9(05)V99	RIGHT	ZEROS	115	121	C

DEFINITION: The amount relating to the group and reason codes 1-5 on the 450 record (fields 450-38.0 - 450-42.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Use these fields when reporting adjustments that have an associated group and reason code on the 450 record. Do not include coinsurance, deductible, previous payment to provider, or any other amount as a group/reason code entry when there is a dedicated field in the NSF for that data. That would cause dual reporting and prevent balancing of the data. Used for line and claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 451-15.0

DATA ELEMENT: National Drug Code

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	X(11)	LEFT	SPACES	122	132	C

DEFINITION: This is the national drug identification number assigned by the Federal Drug Administration (FDA).

CODE VALUES: N/A

VALIDATION: If the Procedure Code on record 450, field 13.0 is blank AND the service was for prescription drugs, this field must be entered.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA"

RECORD/FIELD: 451-16.0
451-17.0
451-18.0
451-19.0
451-20.0

DATA ELEMENT: Line Remark Code 1
Line Remark Code 2
Line Remark Code 3
Line Remark Code 4
Line Remark Code 5

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	X(05)	LEFT	SPACES	133	137	C
17.0	X(05)	LEFT	SPACES	138	142	C
18.0	X(05)	LEFT	SPACES	143	147	C
19.0	X(05)	LEFT	SPACES	148	152	C
20.0	X(05)	LEFT	SPACES	153	157	C

DEFINITION: Remark codes used to convey service-specific information that does not involve a financial adjustment.

CODE VALUES: Use the current Medicare Line Level Remark Codes.

VALIDATION: If entered, Medicare requires a valid Remark code.

REMARKS: Remark codes are maintained by HCFA and must be used where applicable.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-21.0

DATA ELEMENT: Line Remark Code Date

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	X(08)	LEFT	SPACES	158	165	C

DEFINITION: The date that corresponds to a particular remark code message.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Date" entry.

REMARKS: For Medicare, this date will always correspond to Remark Code M16 when M16 applies.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-22.0

DATA ELEMENT: Dollar Amount 6

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(05)V99	RIGHT	ZEROS	166	172	C

DEFINITION: The amount relating to the group and reason code 6 on the 450 record (field 450-43.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Use these fields when reporting adjustments that have an associated group and reason code on the 450 record. Do not include coinsurance, deductible, previous payment to provider, or any other amount as a group/reason code entry when there is a dedicated field in the NSF for that data. That would cause dual reporting and prevent balancing of the data. Used for line and claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-23.0

DATA ELEMENT: Dollar Amount 7

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(05)V99	RIGHT	ZEROS	173	179	C

DEFINITION: The amount relating to the group and reason code 7 on the 450 record (field 450-44.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Use this field when reporting adjustments that have an associated group and reason code on the 450 record. Do not include coinsurance, deductible, previous payment to provider, or any other amount as a group/reason code entry when there is a dedicated field in the NSF for that data. That would cause dual reporting and prevent balancing of the data. Used for line and claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 451-24.0

DATA ELEMENT: Amount Patient Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(05)V99	RIGHT	ZEROS	180	186	C

DEFINITION: The portion of the charge for this service that the patient has paid.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not used in balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM DATA RECORD "PATIENT DATA" RECORD/FIELD: 451-25.0

DATA ELEMENT: Original Units of Service

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	9(03)V9	LEFT	SPACES	187	190	C

DEFINITION: The original units of service that was submitted by the provider (in days or units).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: In order to capture fractional services, use the fourth position with an assumed decimal point.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: SERVICE DATA - 2 RECORD "SERVICE DATA - 2" RECORD/FIELD: 451-26.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	X(130)	LEFT	SPACES	191	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

PATIENT CLAIM TRAILER RECORD

RECORD TYPE: 500

"CLAIM TRAILER RECORD"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD RECORD TYPE: 500

LEVEL: CLAIM

PURPOSE: To provide information related to the payment of of services rendered to the patient by the provider.

REQUIREMENTS: Only one "500" record is required per claim.

ORDER:

Preceding Record Type	Following Record Type
450 or 451	400 or 700

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD TYPE: 500

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	POSITIONS THRU
01.0	RECORD ID "500"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	PAT CONTROL NO	17	X	14	30
04.0	CT LINE ITEMS	3	N	31	33
05.0	CT SUBMITTED CHARGES	7	N	34	40
06.0	CT DISALLOW-COST CONT	7	N	41	47
07.0	CT DISALLOW/NONCOVER	7	N	48	54
08.0	CT ALLOWED	7	N	55	61
09.0	CT DEDUCTIBLE	7	N	62	68
10.0	CT COINSURANCE	7	N	69	75
11.0	CT INTEREST PAID	7	N	76	82
12.0	CT GRAMM-RUDMAN RED	7	N	83	89
13.0	CT AMT PAID BY OTHER PAYOR	7	N	90	96
14.0	CT PROV ADJUSTMENT	7	N	97	103
15.0	CT CALC PAY TO PROV	7	N	104	110
16.0	CT CALC PAY TO PAYEE	7	N	111	117
17.0	CT PREV PAY TO PROV	7	N	118	124
18.0	CT PREV PAY TO PAYEE	7	N	125	131
19.0	CT ACTL PAY TO PROV	7	N	132	138
20.0	CT ACTL PAY TO PAYEE	7	N	139	145
21.0	PAYOR CLM CONTROL NO	17	X	146	162
22.0	CT LATE FILING RED	7	N	163	169
23.0	CT AMT PATIENT OWES	7	N	170	176
24.0	CLM FILING IND	1	X	177	177
25.0	CARRIER/SUPPL INSURER NAME1	33	X	178	210
26.0	IDENTIFICATION NO1	15	X	211	225
27.0	CARRIER/SUPPL INSURER NAME2	33	X	226	258
28.0	IDENTIFICATION NO2	15	X	259	273
29.0	CT AMT PATIENT PAID	7	X	274	280
30.0	CLAIM ADJUSTMENT REASON CODE1	6	X	281	286
31.0	CLAIM ADJUSTMENT REASON CODE2	6	X	287	292
32.0	CLAIM ADJUSTMENT REASON CODE3	6	X	293	298
33.0	DOLLAR AMOUNT1	7	N	299	305
34.0	DOLLAR AMOUNT2	7	N	306	312
35.0	DOLLAR AMOUNT3	7	N	313	319
36.0	FILLER-NATIONAL	1	X	320	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-01.0

DATA ELEMENT: Record Identifier "500" (RECORD ID "500")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: The field used to identify the "Patient Claim Trailer Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "500".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Identification Number" only.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-03.0

DATA ELEMENT: Patient Control Number (PAT CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(17)	LEFT	SPACES	14	30	R

DEFINITION: A value assigned by the provider to identify the patient.

CODE VALUES: N/A

VALIDATION: See General Instructions for "Patient Control Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-04.0

DATA ELEMENT: CT Line Items

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	9(03)	RIGHT	ZEROS	31	33	R

DEFINITION: The number of "450" service line items for this patient.

CODE VALUES: 001 through 999.

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-05.0

DATA ELEMENT: CT Submitted Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	S9(05)V99	RIGHT	ZEROS	34	40	R

DEFINITION: The total submitted charges for the line items for this patient.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: This is the computed sum of all submitted lines charges (450-18.0). Required for Medicare. Used to balance at the claim level.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-06.0

DATA ELEMENT: CT Disallow-Cost Containment
(CT DISALLOW-COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	S9(05)V99	RIGHT	ZEROS	41	47	C

DEFINITION: The total of the line charges for this patient disallowed by the payor due to the failure of either the provider or insured to meet the cost containment provision of the insurance contract, managed care contract or PPO contract under which payment has been requested for this patient.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used in balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-07.0

DATA ELEMENT: CT Disallow/Noncover

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	S9(05)V99	RIGHT	ZEROS	48	54	C

DEFINITION: The total of the line charges for this patient disallowed by the payor for reasons other than the failure of the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract or PPO contract under which payment has been requested for this patient.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-08.0

DATA ELEMENT: CT Allowed

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	S9(05)V99	RIGHT	ZEROS	55	61	C

DEFINITION: The maximum amount determined by the payor as being "allowed" for the claim under the provisions of the contract prior to the determination of actual payment, for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-09.0

DATA ELEMENT: CT Deductible

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	S9(05)V99	RIGHT	ZEROS	62	68	C

DEFINITION: This is the amount applied to the deductible, by this payor, for this claim.

The amount deducted, by the payor, from the allowed amount in order to meet the contract "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-10.0

DATA ELEMENT: CT Coinsurance

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(05)V99	RIGHT	ZEROS	69	75	C

DEFINITION: The amount deducted from this claim, by the payor, from the allowed amount in order to meet the "co-insurance" provisions of the contract. The amount applied toward the coinsurance by this payor.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-11.0

DATA ELEMENT: CT Interest Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	S9(05)V99	RIGHT	ZEROS	76	82	C

DEFINITION: The claims processing timeliness (CPT) interest applied to this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare as an informational data element. Not used in claim level balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-12.0

DATA ELEMENT: CT Gramm-Rudman Reduction
(CT GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	S9(05)V99	RIGHT	ZEROS	83	89	C

DEFINITION: The amount applied to any Gramm-Rudman reduction for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. Used to balance at the claim level.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-13.0

DATA ELEMENT: CT Amount Paid by Other Payor
(CT AMT OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	S9(05)V99	RIGHT	ZEROS	90	96	C

DEFINITION: The amount paid by another payor, for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. (Medicare requires that this information be reported at the service level to correspond to Medicare Summary Notice reporting requirements. Not used for claim level balancing for Medicare.)

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-14.0

DATA ELEMENT: CT Provider Adjustment
(CT PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	S9(05)V99	RIGHT	ZEROS	97	103	C

DEFINITION: The adjusted amount applied to this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used in balancing for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-15.0

DATA ELEMENT: CT Calculated Payment to Provider
(CT CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	S9(05)V99	RIGHT	ZEROS	104	110	R

DEFINITION: The calculated payment to the provider, for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: This is the computed sum of claim submitted charges (500-05.0) less:

Deductible Amount (450-22)
Coinsurance Amount (450-23)
Amount Paid by Other Payor (450-26.0)
Actual Payment to Payee (450-33.0)
Dollar Amounts 1-5 (451-10 to 14)
Dollar Amounts 6-7 (451-22 to 23)
CT Gramm Rudman Reduction (500-12.0)
CT Previous Pay to Provider (500-17.0)
CT Previous Pay to Payee (500-18.0)
Dollar Amounts 1-3 (claim adjusts.) (500-33 - 500-35)

Required for Medicare. Used in claim and batch level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-16.0

DATA ELEMENT: CT Calculated Payment to Payee
(CT CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	S9(05)V99	RIGHT	ZEROS	111	117	C

DEFINITION: The calculated payment to the payee (other than the provider) for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-17.0

DATA ELEMENT: CT Previous Payment to Provider
(CT PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	S9(05)V99	RIGHT	ZEROS	118	124	C

DEFINITION: The amount previously paid to the provider for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. (Equivalent to OA-B13 entries in an 835.) Used in claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-18.0

DATA ELEMENT: CT Previous Payment to Payee
(CT PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(05)V99	RIGHT	ZEROS	125	131	C

DEFINITION: The amount previously paid to the payee (other than the provider) for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. Used for claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-19.0

DATA ELEMENT: CT Actual Payment to Provider
(CT ACTL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(05)V99	RIGHT	ZEROS	132	138	C

DEFINITION: The actual payment to the provider for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare but may be reported for informational purposes. Not used to balance for Medicare.

This is the computed sum of the CT Calculated Pay to Provider (500-15.0) less:

CT Late Filing Reduction (sum of all 451-07)

Plus: Interest Paid (500-11)

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-20.0

DATA ELEMENT: CT Actual Payment to Payee
(CT ACTL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(05)V99	RIGHT	ZEROS	139	145	C

DEFINITION: The actual payment to the payee (other than the provider) for this claim.
(Does not include any interest paid to the payee for this claim.)

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare, but may be reported for informational purposes. Not used to balance at the claim level for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-21.0

DATA ELEMENT: Payor Claim Control Number
(PAYOR CLM CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	X(17)	LEFT	SPACES	146	162	R

DEFINITION: A number assigned by the payor to identify a claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-22.0

DATA ELEMENT: CT Late Filing Reduction (CT LATE FILING RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(05)V99	RIGHT	ZEROS	163	169	C

DEFINITION: The total amount applied to the Late Filing Reduction for this claim.

CODE VALUES: N/A

VALIDATION: Must be the computed sum of all the LATE FILING REDUCTION (451-07.0) fields included on this claim.

REMARKS: Not required for Medicare. claim level for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-23.0

DATA ELEMENT: CT Amount Patient Owes

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(05)V99	RIGHT	ZEROS	170	176	C

DEFINITION: The total amount applied to the Amount Patient Owes for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. It must be the total amount for which the patient is responsible as computed within the adjudication process, accumulated using amounts associated with PR group codes. Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-24.0

DATA ELEMENT: Claim Filing Indicator (CLM FILING IND)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	X(01)	LEFT	SPACES	177	177	C

DEFINITION: A code indicating whether the provider accepted assignment.

CODE VALUES: 1 = Yes, accepted assignment
0 = No, did not accept assignment

VALIDATION: Must be entered if required by payor.

If entered, must be a valid code from above list.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-25.0

DATA ELEMENT: Carrier/Supplemental Insurer Name1

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	X(33)	LEFT	SPACES	178	210	C

DEFINITION: The name of the carrier or supplemental insurer to whom the claim was crossed over or transferred.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-26.0

DATA ELEMENT: Identification Number1 (IDENTIFICATION NO1)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	X(15)	LEFT	SPACES	211	225	C

DEFINITION: A unique number that identifies the organization in 500-25.

CODE VALUES: N/A

VALIDATION: See General Instruction for "Identification Number" entry.

REMARKS: This field should contain a unique number that identifies the organization in 500-25. The PlanID must be entered here when effective.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-27.0

DATA ELEMENT: Carrier/Supplemental Insurer Name2

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	X(33)	LEFT	SPACES	226	258	C

DEFINITION: The name of the carrier or supplemental insurer to whom the claim was crossed over or transferred.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-28.0

DATA ELEMENT: Identification Number2 (IDENTIFICATION NO2)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	X(15)	LEFT	SPACES	259	273	C

DEFINITION: A unique number that identifies the organization in 500-27.

CODE VALUES: N/A

VALIDATION: See General Instruction for "Identification Number" entry.

REMARKS: This field should contain a unique number that identifies the organization in 500-27. The PlanID must be entered here when effective.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-29.0

DATA ELEMENT: CT Amount Patient Paid (CT AMT PATIENT PAID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	S9(05)V99	RIGHT	ZEROS	274	280	C

DEFINITION: The total amount the patient has already paid for this claim.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not used to balance for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-30.0
500-31.0
500-32.0

DATA ELEMENT: Claim Adjustment Reason Code1
Claim Adjustment Reason Code2
Claim Adjustment Reason Code3

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	X(06)	LEFT	SPACES	281	286	R
31.0	X(06)	LEFT	SPACES	287	292	C
32.0	X(06)	LEFT	SPACES	293	298	C

DEFINITION: Claim adjustment reason codes. The codes show the reasons for any adjustments, such as denials or reductions in payment from the amount billed, that are made on claims and may have a financial effect.

CODE VALUES: For Medicare, use the American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12 835 claim adjustment (CAS) codes and applicable group code.

VALIDATION: At least one reason code must be shown at the claim level

REMARKS: laim adjustment reason codes are maintained www.wpc-edi.com. For Medicare, the first two positions contain the X12 835 group code which is part of the ANSI ASC X12 835 standard. The remaining positions contain the claim adjustment reason code, starting with the third position.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER

RECORD/FIELD: 500-33.0
500-34.0
500-35.0

DATA ELEMENT: Dollar Amount1
Dollar Amount2
Dollar Amount3

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
33.0	S9(05)V99	RIGHT	ZEROS	299	305	C
34.0	S9(05)V99	RIGHT	ZEROS	306	312	C
35.0	S9(05)V99	RIGHT	ZEROS	313	319	C

DEFINITION: Claim adjustment amount relating to the reason codes (fields 500-30.0, 500-31.0 and 500-32.0).

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare. Used in claim level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PATIENT CLAIM TRAILER RECORD/FIELD: 500-36.0
"CLAIM TRAILER RECORD"

DATA ELEMENT: FILLER-NATIONAL

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
36.0	X(01)	LEFT	SPACES	320	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

INTENTIONALLY LEFT BLANK SO THAT PRINTING FOR FRONT TO BACK COPIES WILL BE CORRECT FOR REMAINING PAGES

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

BATCH ADJUSTMENT RECORD

RECORD TYPE: 700

"PROVIDER ADJUSTMENT DATA RECORD"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: PROVIDER ADJUSTMENT DATA RECORD RECORD TYPE: 700

LEVEL: BATCH

PURPOSE: To provide adjustment summary information not attributable to a specific claim.

REQUIREMENTS: If required by the payor, this record(s) must be sent.

ORDER:

Preceding Record Type	Following Record Type
500 or 700	700 or 800

NOTES: Create a "700" record for each FCN you offset against.

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD TYPE: 700

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	POSITIONS THRU
01.0	RECORD ID "700"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SEQUENCE NO	4	N	14	17
04.0	HIC NO	25	X	18	42
05.0	PATIENT ACCT NO	17	X	43	59
06.0	PROVIDER ADJUSTMENT REASON	2	X	60	61
07.0	ADJUSTMENT AMOUNT	7	X	62	68
08.0	FINANCIAL CONTROL NO	17	X	69	85
09.0	FILLER-NATIONAL	235	X	86	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT DATA RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-01.0

DATA ELEMENT: Record Identifier "700" (RECORD ID "700")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: Field used to identify the "Batch Adjustment Data Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "700".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must match the "Payor Identification" value entered in field 200-02.0.

See General Instructions for "Identification Numbers" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT DATA RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-03.0

DATA ELEMENT: Sequence Number (SEQUENCE NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	9(04)	RIGHT	ZEROS	14	17	R

DEFINITION: Value to sequence the provider (batch level) adjustment record(s).

CODE VALUES: 0001 through 9999.

VALIDATION: Must be entered.

Must be numeric

First occurrence must be 0001. Subsequent occurrences must be incremented by the value 0001.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-04.0

DATA ELEMENT: Health Insurance Claim Number (HIC NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(25)	LEFT	SPACES	18	42	C

DEFINITION: The insured's unique identification number assigned by the payor, i.e., health insurance claim number, where the adjustment is related to a previously processed claim.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-05.0

DATA ELEMENT: Patient Account Number (PATIENT ACCT NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(17)	LEFT	SPACES	43	59	C

DEFINITION: The number assigned by the provider to identify the patient whose previously processed claim may have initiated an adjustment.

CODE VALUES: N/A

VALIDATION: See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-06.0

DATA ELEMENT: Provider Adjustment Reason (ADJUSTMENT REASON)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(02)	LEFT	SPACES	60	61	C

DEFINITION: A code that indicates the reason for the provider level adjustment.

CODE VALUES:
AJ = Adjustment
AP = Advance Payment
BF = Balance Forwarded
IL = IRS Levy
IN = Interest
LF = Late Filing Reduction
LP = Student Loan Repayment
OF = Offset
RF = Refund
RI = Reissue/Void
WH = IRS Withholding

VALIDATION: If entered, must be a valid code from the above list.

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-07.0

DATA ELEMENT: Adjustment Amount (ADJUSTMENT AMOUNT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	S9(5)V99	RIGHT	ZEROS	62	68	C

DEFINITION: Provider adjustment amount. The adjustment amount is to the total provider payment.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Do not replicate any adjustments at the provider level that are used in balancing at the line or the claim levels.

If 700-06.0 has a value of LF (Late Filing Reduction), the occurrence of this field would be the computed sum of all Late Filing Reduction (451-07.0).

If 700-06 has a value of:

- AJ, this will be the Adjustment Amount
- AP, this will be the Advance Payment
- BF, this will be the Balance Forwarded
- IL, this will be the IRS Levy Amount
- IN, this will be the total Interest Amount (CPT interest due to a provider and/or late refund interest due from a provider)
- LP, this will be the Student Loan Repayment
- OF, this will be the Offset Amount
- RF, this will be the Refund Amount
- RI, this will be the Reissue/Void Amount
- WH, this will be the IRS Withholding Amount

If applicable, required for Medicare.
Used in provider and batch level balancing.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-08.0

DATA ELEMENT: Financial Control Number (FINANCIAL CONTROL NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	X(17)	LEFT	SPACES	69	85	C

DEFINITION: The Financial Control Number (FCN) assigned by the payor to identify a specific financial transaction adjustment, such as identification of the previously overpaid claim for which an offset is being made in this transaction.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: If applicable, required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH ADJUSTMENT RECORD "PROVIDER ADJUSTMENT DATA" RECORD/FIELD: 700-09.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	X(235)	LEFT	SPACES	86	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

BATCH TRAILER RECORD

RECORD TYPE: 800

"BATCH TRAILER RECORD"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD TYPE: 800

LEVEL: BATCH

PURPOSE: The last record of any batch of remittance notices sent electronically to the provider. It contains information pertinent to balancing of each batch within a file.

REQUIREMENTS: An "800" record is required for each batch sent.

ORDER:

Preceding Record Type	Following Record Type
500 or 700	900 or 200

NOTES:

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD TYPE: 800

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	THRU
01.0	RECORD ID "800"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	SOURCE OF PAYMENT	1	X	14	14
04.0	EMC PROV ID	15	X	15	29
05.0	BATCH NO	4	N	30	33
06.0	BT CLAIM RECORDS	5	N	34	38
07.0	BT SERV DATA REC	5	X	39	43
08.0	BT SUBMITTED CHARGES	9	N	44	52
09.0	BT DISALLOW-COST CONT	9	N	53	61
10.0	BT DISALLOW/NONCOVER	9	N	62	70
11.0	BT ALLOWED	9	N	71	79
12.0	BT DEDUCTIBLE	9	N	80	88
13.0	BT COINSURANCE	9	N	89	97
14.0	BT INTEREST PAID	9	N	98	106
15.0	BT GRAMM-RUDMAN RED	9	N	107	115
16.0	BT AMT PD OTHER PAYOR	9	N	116	124
17.0	BT PROV ADJUSTMENT	9	N	125	133
18.0	BT CALC PAY TO PROV	9	N	134	142
19.0	BT CALC PAY TO PAYEE	9	N	143	151
20.0	BT PREV PAY TO PROV	9	N	152	160
21.0	BT PREV PAY TO PAYEE	9	N	161	169
22.0	BT ACTL PAY TO PROV	9	N	170	178
23.0	BT ACTL PAY TO PAYEE	9	N	179	187
24.0	BT LATE FILING RED	9	N	188	196
25.0	BT AMT PATIENT OWES	9	N	197	205
26.0	FILLER - NATIONAL	23	X	206	228
27.0	BT TOTAL PROV ADJ RECS	5	N	229	233
28.0	BT TOTAL PROV ADJ AMT	9	N	234	242
29.0	BT AMT PATIENT PAID	9	N	243	251
30.0	FILLER-NATIONAL	69	X	252	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-01.0

DATA ELEMENT: Record Identifier "800" (RECORD ID "800")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: The field used to identify the "Batch Trailer Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "800".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must match the "Payor Identification" value entered in field 200-02.0.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-03.0

DATA ELEMENT: Source of Payment

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(01)	LEFT	SPACES	14	14	R

DEFINITION: A code identifying source of payment for this group of claims.

CODE VALUES:
A = SELF PAY
B = WORKER'S COMPENSATION
C = MEDICARE
D = MEDICAID
E = OTHER FEDERAL PROGRAM
F = COMMERCIAL INSURANCE COMPANY
G = BLUE CROSS / BLUE SHIELD
H = CHAMPUS
I = HMO
J = FEDERAL EMPLOYEE'S PROGRAM (FEP)
K = CENTRAL CERTIFICATION
L = SELF ADMINISTERED
M = FAMILY or FRIENDS
Z = OTHER

VALIDATION: Must be entered.

Must be a valid code from the above list.

Must match the "Source of Payment" value entered in field 200-03.0.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-04.0

DATA ELEMENT: EMC Provider Identifier (EMC PROV ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(15)	LEFT	SPACES	15	29	R

DEFINITION: The unique number assigned to the provider by the payor for EMC identification purposes.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must match the "EMC Provider Identifier" value entered in field 200-04.0.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-05.0

DATA ELEMENT: Batch Number (BATCH NO)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	9(04)	RIGHT	ZEROS	30	33	R

DEFINITION: A sequential number assigned to each batch of claims by the entity that generated this file.

CODE VALUES: 0001 through 9999.

VALIDATION: Must be entered.

Must be numeric.

Must match the "Batch Number" value entered in field 200-05.0.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-06.0

DATA ELEMENT: BT Claim Records

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	9(05)	RIGHT	ZEROS	34	38	R

DEFINITION: The number of "400" patient claim data records in this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-07.0

DATA ELEMENT: BT Service Data Records (BT SERV DATA RECS)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	X(05)	RIGHT	ZEROS	39	43	R

DEFINITION: The number of "450" SERVICE DATA- 1 records in this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-08.0

DATA ELEMENT: BT Submitted Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	S9(07)V99	RIGHT	ZEROS	44	52	R

DEFINITION: The total submitted charges for the line items in this batch.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-09.0

DATA ELEMENT: BT Disallow-Cost Containment
(BT DISALLOW-COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	S9(07)V99	RIGHT	ZEROS	53	61	C

DEFINITION: The total of the line charges for this batch disallowed by the payor due to the failure of either the provider or insured to meet the cost containment provision of the insurance contract, managed care contract or PPO contract under which payment has been requested for the beneficiaries.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-10.0

DATA ELEMENT: BT Disallow/Noncover

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(07)V99	RIGHT	ZEROS	62	70	C

DEFINITION: The total of the line charges for this batch disallowed by the payor for reasons other than the failure of the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract or PPO contract under which payment has been requested.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-11.0

DATA ELEMENT: BT Allowed

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	S9(07)V99	RIGHT	ZEROS	71	79	C

DEFINITION: The maximum payment amount determined by the payor as being "allowed" under the provisions of the contract prior to the determination of the actual payment, for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-12.0

DATA ELEMENT: BT Deductible

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	S9(07)V99	RIGHT	ZEROS	80	88	C

DEFINITION: This is the amount applied to the deductible by this payor for this batch.

The amount deducted, by the payor, from the allowed amount in order to meet the contract "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-13.0

DATA ELEMENT: BT Coinsurance

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	S9(07)V99	RIGHT	ZEROS	89	97	C

DEFINITION: The amount deducted from this batch, by the payor, from the allowed amount in order to meet the "co-insurance" provisions of the contract.

The amount applied toward the coinsurance by this payor.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-14.0

DATA ELEMENT: BT Interest Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	S9(07)V99	RIGHT	ZEROS	98	106	C

DEFINITION: The total Claims Processing Timeliness interest paid.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 500.11 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-15.0

DATA ELEMENT: BT Gramm-Rudman Reduction
(BT GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	S9(07)V99	RIGHT	ZEROS	107	115	C

DEFINITION: The total amount of any Gramm-Rudman reduction, for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 500-12 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-16.0

DATA ELEMENT: BT Amount Paid Other Payor
(BT AMT PD OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	S9(07)V99	RIGHT	ZEROS	116	124	C

DEFINITION: The total amount paid by other payors for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 450-26 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-17.0

DATA ELEMENT: BT Provider Adjustment (BT PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	S9(07)V99	RIGHT	ZEROS	125	133	C

DEFINITION: The total adjusted amount applied to this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 700-07 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-18.0

DATA ELEMENT: BT Calculated Payment to Provider
(BT CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(07)V99	RIGHT	ZEROS	134	142	C

DEFINITION: The calculated total payment to the provider for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 500-15 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-19.0

DATA ELEMENT: BT Calculated Payment to Payee
(BT CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(07)V99	RIGHT	ZEROS	143	151	C

DEFINITION: The total calculated payments to the payees, (other than the provider), for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-20.0

DATA ELEMENT: BT Previous Payment to Provider
(BT PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(07)V99	RIGHT	ZEROS	152	160	C

DEFINITION: The amount previously paid to the provider for claims in this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 500-17 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-21.0

DATA ELEMENT: BT Previous Payment to Payee
(BT PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	S9(07)V99	RIGHT	ZEROS	161	169	C

DEFINITION: The amount previously paid to payees (other than the provider) for claims in this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 500-18 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-22.0

DATA ELEMENT: BT Actual Payment to Provider
(BT ACTL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(07)V99	RIGHT	ZEROS	170	178	C

DEFINITION: The actual payment to the provider for this batch, including adjustments reported in 700.07.

CODE VALUES: N/A

VALIDATION: This is the actual amount of the "Check Number / EFT Tracer Number" (200-02.0) issued to the "EMC Provider Identifier" (200-04.0 and 800-04.0) identified in this batch.

REMARKS: Required for Medicare.

This is the computed sum of all claim level calculated pay to provider (500-15.0) plus:

All adjustment amounts (700-07.0) associated with the following adjustment reasons (700-06):

AJ (negative-signed miscellaneous Adjustments)
AP (Advance Pay)
IN (Interest, Net of all 500.11 and of late refund interest)
OF (negative-signed Offsets)
RF (Refund)
RI (Reissue/Void)

Less:

All adjustment amounts (700-07.0) associated with the following adjustment reasons (700-06):

AJ (positive-signed miscellaneous Adjustments)
IL (IRS Levy)
LF (Late Filing Reduction, Sum of all 451-07)
LP (Student Loan Repay)

OF (positive-signed Offsets)
WH (IRS Withholding)

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-23.0

DATA ELEMENT: BT Actual Payment to Payee
(BT ACTL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(07)V99	RIGHT	ZEROS	179	187	C

DEFINITION: The actual payment to the payees (other than the provider) for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 500-20 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-24.0

DATA ELEMENT: BT Late Filing Reduction (BT LATE FILING RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(07)V99	RIGHT	ZEROS	188	196	C

DEFINITION: The total amount applied to the Late Filing Reduction for this batch.

CODE VALUES: N/A

VALIDATION: Must be the computed sum of all the CT LATE FILING REDUCTION (451-07.0) fields included in this batch.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-25.0

DATA ELEMENT: BT Amount Patient Owes (BT AMT PATIENT OWES)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	S9(07)V99	RIGHT	ZEROS	197	205	C

DEFINITION: The total amount of charges classified as patient financial responsibility for this batch.

CODE VALUES: N/A

VALIDATION: Must be the computed sum of all the CT AMOUNT PATIENT OWES (500-23.0) fields included in this batch.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-26.0

DATA ELEMENT: Filler - National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	X(23)	LEFT	SPACES	206	228	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-27.0

DATA ELEMENT: BT Total Provider Adjustment Records

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	9(05)	RIGHT	ZEROS	229	233	C

DEFINITION: The number of "700" provider adjustment data records in this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-28.0

DATA ELEMENT: BT Total Provider Adjustment Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	S9(07)V99	RIGHT	ZEROS	234	242	C

DEFINITION: The total provider adjustment amount.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 700-07 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-29.0

DATA ELEMENT: BT Amount Patient Paid (BT AMT PATIENT PAID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	S9(07)V99	RIGHT	ZEROS	243	251	C

DEFINITION: The total amount paid by the patient for this batch.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 500-29 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: BATCH TRAILER RECORD RECORD/FIELD: 800-30.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	X(69)	LEFT	SPACES	252	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

INTENTIONALLY LEFT BLANK SO THAT PRINTING FOR FRONT TO BACK COPIES WILL BE CORRECT FOR REMAINING PAGES

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

FILE TRAILER RECORD

RECORD TYPE: 900

"FILE TRAILER RECORD"

VERSION 002.01 - 09/01/1999

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD TYPE: 900

LEVEL: FILE

PURPOSE: The last record of any file of remittance notices sent electronically to the provider. It contains information pertinent to balancing of the file.

REQUIREMENTS: An "900" record is required.

ORDER:

Preceding Record Type	Following Record Type
800	NONE

NOTES:

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD TYPE: 900

FIELD NO.	FIELD NAME	FIELD LENGTH	TYPE	POSITIONS FROM	POSITIONS THRU
01.0	RECORD ID "900"	3	X	01	03
02.0	PAYOR ID	10	X	04	13
03.0	RECEIVER ID	16	X	14	29
04.0	RESERVED (900-04.0)	9	X	30	38
05.0	SUBMITTER ID	16	X	39	54
06.0	RESERVED (900-06.0)	6	X	55	60
07.0	FT BATCHES	5	N	61	65
08.0	FT PATIENT RECORDS	6	N	66	71
09.0	FT SUBMITTED CHARGES	11	N	72	82
10.0	FT DISALLOW-COST CONT	11	N	83	93
11.0	FT DISALLOW/NONCOVER	11	N	94	104
12.0	FT ALLOWED	11	N	105	115
13.0	FT DEDUCTIBLE	11	N	116	126
14.0	FT COINSURANCE	11	N	127	137
15.0	FT INTEREST PAID	11	N	138	148
16.0	FT GRAMM-RUDMAN RED	11	N	149	159
17.0	FT AMT PD OTHER PAYOR	11	N	160	170
18.0	FT PROV ADJUSTMENT	11	N	171	181
19.0	FT CALC PAY TO PROV	11	N	182	192
20.0	FT CALC PAY TO PAYEE	11	N	193	203
21.0	FT PREV PAY PROV	11	N	204	214
22.0	FT PREV PAY PAYEE	11	N	215	225
23.0	FT ACTL PAY TO PROV	11	N	226	236
24.0	FT ACTL PAY TO PAYEE	11	N	237	247
25.0	FT LATE FILING RED	11	N	248	258
26.0	FT AMT PATIENT OWES	11	N	259	269
27.0	FT AMT PATIENT PAID	11	N	270	280
28.0	FILLER	17	X	281	297
29.0	FT PROV ADJUST RECS	6	N	298	303
30.0	FT TOTAL PROV ADJ AMT	11	N	304	314
31.0	FILLER-NATIONAL	6	X	315	320

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-01.0

DATA ELEMENT: Record Identifier "900" (RECORD ID "900")

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
01.0	X(03)	LEFT	SPACES	01	03	R

DEFINITION: The field used to identify the "File Trailer Record".

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be "900".

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-02.0

DATA ELEMENT: Payor Identification (PAYOR ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
02.0	X(10)	LEFT	SPACES	04	13	R

DEFINITION: A unique number assigned to identify the entity that generated this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must match the "Payor Identification" value entered in field 100-02.0.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-03.0

DATA ELEMENT: Receiver Identification (RECEIVER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
03.0	X(16)	LEFT	SPACES	14	29	R

DEFINITION: Identifies the organization designated to receive this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must match the "Receiver Identification" value entered in field 100-03.0.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-04.0

DATA ELEMENT: Reserved (900-04.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
04.0	X(09)	LEFT	SPACES	30	38	R

DEFINITION: Reserved, unused record space for expansion of Receiver ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-05.0

DATA ELEMENT: Submitter Identification (SUBMITTER ID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
05.0	X(16)	LEFT	SPACES	39	54	R

DEFINITION: Identifies the organization that created this remittance file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must match the "Submitter Identification" value entered in field 100-05.0.

See GENERAL INSTRUCTIONS for "Identification Number" entry.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-06.0

DATA ELEMENT: Reserved (900-06.0)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
06.0	X(06)	LEFT	SPACES	55	60	R

DEFINITION: Reserved, unused record space for expansion of Submitter ID.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-07.0

DATA ELEMENT: FT Batches

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
07.0	9(05)	RIGHT	ZEROS	61	65	R

DEFINITION: The number of "200" batch records in this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-08.0

DATA ELEMENT: FT Patient Records

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
08.0	9(06)	RIGHT	ZEROS	66	71	R

DEFINITION: The total number of "400" claims in this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-09.0

DATA ELEMENT: FT Submitted Charges

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
09.0	S9(09)V99	RIGHT	ZEROS	72	82	R

DEFINITION: The total submitted charges for the line items in this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-10.0

DATA ELEMENT: FT Disallow-Cost Containment
(FT DISALLOW-COST CONT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
10.0	S9(09)V99	RIGHT	ZEROS	83	93	C

DEFINITION: The total of the line charges for this file disallowed by the payors due to the failure of either the provider or insured to meet the cost containment provision of the insurance contract, managed care contract or PPO contract under which payment has been requested for the beneficiaries.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-11.0

DATA ELEMENT: FT Disallow/Noncover

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
11.0	S9(09)V99	RIGHT	ZEROS	94	104	C

DEFINITION: The total of the line charges for this file disallowed by the payors for reasons other than the failure of the provider or insured to meet the cost containment provisions of the insurance contract, managed care contract or PPO contract under which payment has been requested.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-12.0

DATA ELEMENT: FT Allowed

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
12.0	S9(09)V99	RIGHT	ZEROS	105	115	C

DEFINITION: The maximum payment amount determined by the payors as being "allowed" under the provisions of the contract prior to the determination of the actual payment for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-11 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-13.0

DATA ELEMENT: FT Deductible

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
13.0	S9(09)V99	RIGHT	ZEROS	116	126	C

DEFINITION: This is the amount applied to the deductible by the payors for this file.

The amount deducted, by the payors, from the allowed amount in order to meet the contract "deductible" provisions.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-12 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-14.0

DATA ELEMENT: FT Coinsurance

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
14.0	S9(09)V99	RIGHT	ZEROS	127	137	C

DEFINITION: The amount deducted from this file, by the payors, from the allowed amount in order to meet the "co-insurance" provisions of the contract. The amount applied toward the coinsurance by the payors.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-13 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-15.0

DATA ELEMENT: FT Interest Paid

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
15.0	S9(09)V99	RIGHT	ZEROS	138	148	C

DEFINITION: The total Claims Processing Timeliness interest in this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-14 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-16.0

DATA ELEMENT: FT Gramm-Rudman Reduction (FT GRAMM-RUDMAN RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
16.0	S9(09)V99	RIGHT	ZEROS	149	159	C

DEFINITION: The total amount of any Gramm-Rudman reduction, for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-15 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-17.0

DATA ELEMENT: FT Amount Paid Other Payor
(FT AMT PD OTHER PAYOR)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
17.0	S9(09)V99	RIGHT	ZEROS	160	170	C

DEFINITION: The total amount paid by other payors for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-16 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-18.0

DATA ELEMENT: FT Provider Adjustment (FT PROV ADJUSTMENT)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
18.0	S9(09)V99	RIGHT	ZEROS	171	181	C

DEFINITION: The total adjusted amount applied to this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-17 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-19.0

DATA ELEMENT: FT Calculated Payment to Provider
(FT CALC PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
19.0	S9(09)V99	RIGHT	ZEROS	182	192	C

DEFINITION: The calculated total payments to the provider(s) for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-18 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-20.0

DATA ELEMENT: FT Calculated Payment to Payee
(FT CALC PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
20.0	S9(09)V99	RIGHT	ZEROS	193	203	C

DEFINITION: The total calculated payments to the payees (other than the provider[s]) for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Not required for Medicare.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-21.0

DATA ELEMENT: FT Previous Payment to Provider
(FT PREV PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
21.0	S9(09)V99	RIGHT	ZEROS	204	214	C

DEFINITION: The total amount previously paid to the provider(s) for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-20 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-22.0

DATA ELEMENT: FT Previous Payment to Payee
(FT PREV PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
22.0	S9(09)V99	RIGHT	ZEROS	215	225	C

DEFINITION: The total amount previously paid to payees (other than the provider[s]) for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-21 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-23.0

DATA ELEMENT: FT Actual Payment to Provider
(FT ACTL PAY TO PROV)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
23.0	S9(09)V99	RIGHT	ZEROS	226	236	C

DEFINITION: The total amount actually paid to the provider(s) for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-22 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-24.0

DATA ELEMENT: FT Actual Payment to Payee
(FT ACTL PAY TO PAYEE)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
24.0	S9(09)V99	RIGHT	ZEROS	237	247	C

DEFINITION: The total amount actually paid to payees (other than the provider[s]) for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-23 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-25.0

DATA ELEMENT: FT Late Filing Reduction (FT LATE FILING RED)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
25.0	S9(09)V99	RIGHT	ZEROS	248	258	C

DEFINITION: The total amount applied to the Late Filing Reduction for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-24 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-26.0

DATA ELEMENT: FT Amount Patient Owes (FT AMT PATIENT OWES)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
26.0	S9(09)V99	RIGHT	ZEROS	259	269	C

DEFINITION: The total amount of charges that is patient financial responsibility, for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-25 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-27.0

DATA ELEMENT: FT Amount Patient Paid (FT AMT PATIENT PAID)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
27.0	S9(09)V99	RIGHT	ZEROS	270	280	C

DEFINITION: The total amount the patients paid for this file.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: Total of all 800-29 entries.

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-28.0

DATA ELEMENT: Filler - National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
28.0	X(17)	LEFT	SPACES	281	297	R

DEFINITION: Unused record space reserved for National Use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-29.0

DATA ELEMENT: FT Provider Adjustment Records
(FT PROV ADJUST RECS)

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
29.0	9(06)	RIGHT	ZEROES	298	303	R

DEFINITION: The number of "700" provider adjustment records in this file.

CODE VALUES: N/A

VALIDATION: Must be entered.

Must be numeric.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-30.0

DATA ELEMENT: FT Total Provider Adjustment Amount

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
30.0	S9(09)V99	RIGHT	ZEROS	304	314	C

DEFINITION: The total provider adjustment amount not related to a specific service or claim for this file.

CODE VALUES: N/A

VALIDATION: This is the computed sum of all the "BT Total Provider Adjustment Amount" (800-28.0) fields in this file.

REMARKS: N/A

ELECTRONIC REMITTANCE NOTICES NATIONAL STANDARD FORMAT

RECORD NAME: FILE TRAILER RECORD RECORD/FIELD: 900-31.0

DATA ELEMENT: Filler-National

FIELD	COBOL PICTURE	JUSTIFY	INITIAL	FROM	THRU	REQ
31.0	X(06)	LEFT	SPACES	315	320	R

DEFINITION: Unused record space reserved for National use.

CODE VALUES: N/A

VALIDATION: N/A

REMARKS: N/A

END OF REMITTANCE .....