



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Technical Manual Addendum

Version 2.6 Patch 20
May 2016

Office of Information Technology
Division of Information Resource Management

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Preface

The purpose of this addendum is to provide technical information about the Third Party Billing (ABM) package, specifically for the FEIR report and to update the Data Dictionaries. Refer to the technical manual released with Version 2.6 for all other technical documentation.

ORIENTATION

This addendum provides detailed information for the FEIR report, as well as an updated Data Dictionary listing.

1.0 Introduction

ABM version 2.6 patch 20 contains updates to the FEIR report to better capture inpatient data to reconcile to the Cost Report. This addendum documents the report to better educate the users on what data is present on the report.

This addendum also includes a complete Data Dictionary listing.

2.0 FEIR Facility EHR Incentive Report

ABMM >>RPTP>>MURP>>FEIR

In ABM version 2.6 patch 6, a report was added to the Third Party Billing System under the Meaningful Use Reports option. This report is to assist the user in determining how their facility may qualify for the Meaningful Use Incentive by giving counts of visits divided into several categories, including bed days for inpatient stays. The report can be run by fiscal year, a user-defined date range, or a look back period, and the ability to get both inpatient and outpatient data or just inpatient data.

The FEIR report had small edits done in patches 7. In patch 11 the 'F or H' prompt was added. Patch 12 made a few edits to further enhance the H option. Patches 15 and 20 are to make corrections to bugs and add a few more enhancements to the report to make it more reconcilable for the site.

This report does not provide statistics that determine Meaningful Use eligibility in the

Medicare or Medicaid Incentive Program

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p6          |
+          Facility EHR Incentive Report          +
|          INDIAN HEALTH CENTER          |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: USER,TEST                                     4-APR-2011 12:58 PM

This report will calculate the number of Covered Inpatient days for Medicare,
Medicaid and Private Insurance. Outpatient All-Inclusive Rate (AIR) bills are
counted. A report can be selected to view the bills used in the calculations.

Select one of the following:
          F          FISCAL YEAR
          D          DATE RANGE
          L          LOOKBACK DATE

Run report by FISCAL YEAR, DATE RANGE, or LOOKBACK DATE: FISCAL YEAR//
Select REPORT DATE Fiscal year: (1960-2100): 2011// 2010

Select one of the following:
          F          FACILITY EHR INCENTIVE REPORT (COST REPORT)
          H          HOSPITAL CALCULATION MU INCENTIVE REPORT

Select the type of report to run: HOSPITAL CALCULATION MU INCENTIVE REPORT

Select one of the following:
          S          SUMMARY
          D          DETAIL
          B          BOTH

SUMMARY, DETAIL, or BOTH: SUMMARY// BOTH

```

```
There will be two outputs, one for SUMMARY and one for DETAIL.  
The first one should be a terminal or a printer.  
The second forces an HFS file because it could be a large file.
```

```
Enter DEVICE: HOME//  Virtual
```

Figure 2-1: The Facility EHR Incentive Report

To access the report:

1. At the Third Party Billing Main Menu, type **RPTP** and press Enter.
2. At the “Reports Menu Option” prompt, type **MURP** and press Enter.
3. At the “MEANINGFUL USE REPORTS Option” prompt, type **FEIR** and press Enter.
4. At the “Run report by FISCAL YEAR, DATE RANGE, or LOOKBACK DATE:” prompt type in the **Fiscal Year, Date Range, or LOOKBACK DATE** and press Enter. The Default is Fiscal Year.
 - a. If FISCAL YEAR is selected, a fiscal year must be entered (no month/day). For the fiscal year entered, the start date will be 10/1. The end date will be 9/30.
 - b. If DATE RANGE is selected, a precise start and end date for the report must be entered.
 - c. If LOOKBACK DATE is selected, a precise end date must be entered. The start date will be calculated backwards from this date to find the start date.
5. The next prompt is to select from F for FACILITY EHR INCENTIVE REPORT (COST REPORT) or H for HOSPITAL CALCULATION MU INCENTIVE REPORT. The F option reports inpatient and outpatient data. The H option reports inpatient data only. Options F and H will be described in further detail in Sections 2.1.1 and 2.1.2.
6. Regardless of the type of date or content selected, you will be prompted for what type of output you want. You must select from Summary, Detail, or Both.
 - a. **SUMMARY** provides counts divided by category, and within each category by inpatient and outpatient. It is recommended to be displayed on the screen or printed to a printer.

- b. **DETAIL** will contain the specific visits that made up the counts on the summary report. Due to the potential size of the file, the file is written to the Host File Server (HFS). You will be prompted for a pathname and filename. Press Enter to accept the displayed pathname, or type the name of the path where the file will be stored. You may need to confirm with your RPMS administrator that the correct permissions have been assigned to this directory in order to write the report here. It is helpful to create a filename that will be meaningful to you when searching the directory for the file. It is also recommended to type **.txt** at the end of the filename. This will allow the file to be opened as a text file.
 - c. **BOTH** will print both a Summary and Detailed report. You will get two device prompts, one for the summary and one for the detail. See above for specifics on summary versus detail.
7. The summary report is complete when (SUMMARY REPORT COMPLETE) is displayed. The detail report is complete when DONE is displayed. The detail file can then be retrieved from the directory (from the path indicated above), saved onto your computer, and imported into an Excel spreadsheet.

2.1 Report Logic

The report logic for options F and H are different. They started out the same but changes were made to the H option to meet addition needs for inpatient reporting, including adding more insurer type categories and adding more inpatient categories to further break down the numbers being reported. The next two sections will go through each option and what the logic does.

2.1.1 Option H

The first phase of option H is looking through the 3P Bills. It looks for bills with a service date in between the start and end dates calculated above. For each bill it will look at the visits and find the PARENT VISIT LINK for that visit.

The second phase looks through the 3P Claims that haven't been billed yet. It uses the same logic as the 3P Bill phase. It is understood that what is on the claim and what ultimately gets approved on the bill could vary some.

The third and final phase is to look through the visits that didn't generate a claim at all. We look at the first insurer the patient has and use that to figure out the bill type and visit type, and use those three items to figure out the insurer category and the inpatient/outpatient category in order to report the visit. If no eligibility is found at all the visit will go into the Visits w/no Eligibility because we can't figure out inpatient/outpatient without the bill type and visit type which requires an insurer.

Service Category

For a visit to show on the report at all, the service category must be one of the following:

- H – Hospitalization
- I – In Hospital
- A – Ambulatory
- S – Day Surgery
- R – Nursing Home
- O - Observation

Everything else is skipped for this report.

Note: Service Category Telemedicine will soon be generating claims. This section will need to be reviewed to see where Telemedicine falls into this report, if at all.

Service Dates

If the visit is a hospitalization the discharge date must be between the start and end dates selected for the report. If the visit is NOT a hospitalization the visit/admit date must be within the start and end dates.

Swing Bed

From the V Hospitalization file, if either the ADMITTING SERVICE or DISCHARGE SERVICE is SWING BED this visit is flagged as a swing bed visit for categorizing of the visit later in the logic.

Sorting Bills based on PARENT VISIT LINK

From here, it will find all bills associated with the parent visit. It retrieves the BILL TYPE and VISIT TYPE fields for each bill. The H option only considers bills with:

- a bill type of 121 or
- a visit type of 111 or
- a visit type that has the UB-92 BILL TYPE field set to 111

Bills that meet all of the above criteria will be sorted by VISIT TYPE, then BILL TYPE. Ideally this will give a list of bills with the inpatient bills on top, followed by the ancillary bills. The point of this is we are looking for the first payment made on the 111 Inpatient bill or the 121 Ancillary bill. We are only going to count the visit one time on the report so we want to make sure we are finding the inpatient paid bill if there is one and counting that.

Searching through sorted bills

Using the above list, we get the first bill and gather data.

- The patient is checked to make sure it isn't DEMO,PATIENT.
- If the active insurer has an insurer type of K we check to see if it was entered as a Medicaid insurer or as a Private insurer, so we can determine Kidscare Title XIX versus Kidscare Title XXI.
- If the Admission Type is NEWBORN and the covered days are less than 3 days, the visit is flagged as a newborn visit for categorizing later in the logic. NEWBORN stays with 3 or more days should be counted as Adult & Ped stays.
- It goes to A/R and looks through all the transactions posted to this bill, looking for a PAYMENT or a PAYMENT CREDIT.
- If a PAYMENT or PAYMENT CREDIT is found this is the bill that will be used for the FEIR report calculations. All other bills will be skipped.
- If this bill doesn't have a PAYMENT or PAYMENT CREDIT, it will check the next bill and the next, until it has exhausted the list of bills for this visit.
- If it gets through the whole list and doesn't find a paid bill, it will go back to the top of the list and use the very first bill on the list and count the visit based on that bill's information.

Note: If the report gets this far the visit will be counted somewhere on the report using either the first paid bill or the first inpatient/ancillary bill.

Insurer Category

The insurer category started with the insurer type for the active insurer on the bill. The insurer types are sorted into the following categories:

| Category | Insurer Type |
|--|---|
| Medicare | R-Medicare FI MD- Medicare Part D MH-Medicare HMO |
| Medicaid | D-Medicaid FI |
| Medicare/Medicaid | This is where the patient has BOTH R-Medicare FI and D-Medicaid FI |
| Private Insurance | H – HMO P – Private F – Fraternal Organization |
| Private Insurance Primary/ Medicaid Secondary | This is where the patient has BOTH P-Private and D-Medicaid FI |
| Kidscare XIX | K-CHIP (Kidscare) and the eligibility entry is stored as a Medicaid insurer |

| Category | Insurer Type |
|-------------------------|--|
| Kidsicare XXI | K-CHIP (Kidsicare) and the eligibility entry is stored as a Private insurer. |
| VMBP | V- Veterans Administration |
| Other | W-Workmen's Comp C- Champus N- Non Ben (Non-Indian) I- Indian Patient T-3P Liability G- Guarantor FLP- FLP133 Percent MMC- MCR Managed Care MC- MCR Part C SEP- State Exchange Plan TSI- Tribal Self Insured |
| Visits W/No Eligibility | This is where the patient has no eligibility and no claim was created. |
| Grand Total All Visits | This is a grand total of all categories |

IP/OP Category

For the inpatient/outpatient category on the report the following criteria is used. As soon as one criterion is met, it stops checking and counts the visit in that category.

Note: There are several categories for outpatient. They were left in place for several reasons (to maintain all the logic in the correct order and because this section of code is used for both reports) but the outpatient categories will NOT print on the H option summary or detail reports.

- Inpatient Swingbed Discharge if:
 - the service category is Hospitalization or In Hospital and
 - it was identified as SWINGBED or
 - the bill type is 18# and the visit type is NOT 999 count as Inpatient Swingbed discharge.
- Inpatient Discharge if:
 - service category is Hospitalization or In Hospital and
 - It was NOT identified as newborn and
 - the bill type is 11#, and the visit type is 111.
- Inpatient Newborn Discharge if:
 - Service category is Hospitalization or In Hospital and

- It was identified as newborn and
- The bill type is 11# and the visit type is 111.
- Inpatient Pro Fee if:
 - service category is Hospitalization or In Hospital and
 - the bill type is 11#, and the visit type is 999.
- Outpatient All-Inclusive Rate if:
 - service category is *neither* Hospitalization and In Hospital and
 - the bill type is 13# or 85# or 73# and visit type is 131 and
 - all-inclusive rate is set up for that DOS.
- Outpatient Itemized if:
 - service category is *neither* Hospitalization and In Hospital and
 - bill type is 13# or 85# or 73# and the visit type is 131 and
 - no all-inclusive rate is set up for that DOS.
- Outpatient Pro Fee if:
 - service category is *neither* Hospitalization and In Hospital and
 - bill type is 13# or 85# or 73#, and the visit type is 999.
- Inpatient Ancillary Discharge if:
 - service category is Hospitalization or In Hospital and
 - bill type is 12#.
- Inpatient Pro Fee if:
 - service category is Hospitalization or In Hospital and
 - bill type is *not* 11#.
- Outpatient All-Inclusive Rate if:
 - an all-inclusive rate is set up for that DOS.
- Outpatient Itemized if:
 - this is setup as a default. If it gets this far without meeting any of the above criteria, it will be considered outpatient itemized.

Summary

For option H, you will see three columns. Billed is where we have submitted a bill but no payment has been received. Paid is where a payment or a payment credit has been posted to the bill. Total includes Billed and Paid, as well as any visits that haven't generated claims or claims that haven't been billed yet.

=====

HOSPITAL CALCULATION MU INCENTIVE REPORT
For Date Range: 01/01/2010 to 12/31/2015

JAN 19, 2016@12:39:13 Page 1

| Billing Location: INDIAN HOSP | | | |
|---|--------|------|-------|
| ===== | | | |
| | Billed | Paid | Total |
| ----- | | | |
| -- M E D I C A R E -- | | | |
| # MEDICARE IP Adult & Ped Discharges | 4 | 1 | 7 |
| # MEDICARE IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # MEDICARE IP Adult & Ped Bed Days | 10 | 4 | 24 |
| # MEDICARE IP Newborn Discharges | 0 | 0 | 0 |
| # MEDICARE IP Newborn Bed Days | 0 | 0 | 0 |
| -- M E D I C A I D -- | | | |
| # MEDICAID IP Adult & Ped Discharges | 1 | 1 | 5 |
| # MEDICAID IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # MEDICAID IP Adult & Ped Bed Days | 1 | 2 | 8 |
| # MEDICAID IP Newborn Discharges | 0 | 0 | 0 |
| # MEDICAID IP Newborn Bed Days | 0 | 0 | 0 |
| -- M E D I C A R E / M E D I C A I D -- | | | |
| # MCR/MCD IP Adult & Ped Discharges | 0 | 0 | 1 |
| # MCR/MCD IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # MCR/MCD IP Adult & Ped Bed Days | 0 | 0 | 2 |
| # MCR/MCD IP Newborn Discharges | 0 | 0 | 0 |
| # MCR/MCD IP Newborn Bed Days | 0 | 0 | 0 |
| -- P R I V A T E I N S U R A N C E -- | | | |
| # PRIVATE IP Adult & Ped Discharges | 3 | 1 | 7 |
| # PRIVATE IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # PRIVATE IP Adult & Ped Bed Days | 5 | 3 | 25 |
| # PRIVATE IP Newborn Discharges | 0 | 0 | 0 |
| # PRIVATE IP Newborn Bed Days | 0 | 0 | 0 |
| -- P V T I N S P R I M A R Y / M E D I C A I D S E C O N D A R Y -- | | | |
| # PRI/MCD IP Adult & Ped Discharges | 0 | 0 | 0 |
| # PRI/MCD IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # PRI/MCD IP Adult & Ped Bed Days | 0 | 0 | 0 |
| # PRI/MCD IP Newborn Discharges | 0 | 0 | 0 |
| # PRI/MCD IP Newborn Bed Days | 0 | 0 | 0 |
| -- K I D S C A R E T I T L E X I X -- | | | |
| # KIDSCARE XIX IP Adult & Ped Discharges | 0 | 0 | 0 |
| # KIDSCARE XIX IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # KIDSCARE XIX IP Adult & Ped Bed Days | 0 | 0 | 0 |
| # KIDSCARE XIX IP Newborn Discharges | 0 | 0 | 0 |
| # KIDSCARE XIX IP Newborn Bed Days | 0 | 0 | 0 |
| -- K I D S C A R E T I T L E X X I -- | | | |
| # KIDSCARE XXI IP Adult & Ped Discharges | 0 | 0 | 0 |
| # KIDSCARE XXI IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # KIDSCARE XXI IP Adult & Ped Bed Days | 0 | 0 | 0 |
| # KIDSCARE XXI IP Newborn Discharges | 0 | 0 | 0 |
| # KIDSCARE XXI IP Newborn Bed Days | 0 | 0 | 0 |
| -- V E T E R A N S M E D I C A L B E N P R O G -- | | | |
| # VMBP IP Adult & Ped Discharges | 0 | 0 | 0 |
| # VMBP IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # VMBP IP Adult & Ped Bed Days | 0 | 0 | 0 |
| # VMBP IP Newborn Discharges | 0 | 0 | 0 |
| # VMBP IP Newborn Bed Days | 0 | 0 | 0 |
| -- O T H E R -- | | | |

| | | | |
|---|----|----|----|
| # OTHER IP Adult & Ped Discharges | 0 | 1 | 3 |
| # OTHER IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # OTHER IP Adult & Ped Bed Days | 0 | 3 | 8 |
| # OTHER IP Newborn Discharges | 0 | 0 | 0 |
| # OTHER IP Newborn Bed Days | 0 | 0 | 0 |
| -- V I S I T S W / N O E L I G I B I L I T Y -- | | | |
| # VISIT W/NO ELIG IP Adult & Ped Discharges | 0 | 0 | 1 |
| # VISIT W/NO ELIG IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # VISIT W/NO ELIG IP Adult & Ped Bed Days | 0 | 0 | 5 |
| # VISIT W/NO ELIG IP Newborn Discharges | 0 | 0 | 0 |
| # VISIT W/NO ELIG IP Newborn Bed Days | 0 | 0 | 0 |
| -- G R A N D T O T A L A L L V I S I T S -- | | | |
| # ALL IP Adult & Ped Discharges | 8 | 4 | 24 |
| # ALL IP Ancil. Adult & Ped Dischrgrs | 0 | 0 | 0 |
| # ALL IP Adult & Ped Bed Days | 16 | 12 | 72 |
| # ALL IP Newborn Discharges | 0 | 0 | 0 |
| # ALL IP Newborn Bed Days | 0 | 0 | 0 |
| (SUMMARY REPORT COMPLETE): | | | |

Detail

The detail provides the exact visits and supporting information that is used to generate the summary report. The report is an '^' delimited file that should be imported into Excel where it can be sorted, filtered, and totaled as needed.

Columns on the detail include:

- Insurer Category
- IP/OP Category
- Insurer
- Insurer Type
- Bill Number
- Admit Date
- Discharge Date
- Amount Billed
- Payment
- Covered Days
- Non-covered Days
- Visit Date/Time
- Visit Location

2.1.2 Option F

Option F goes through the 3P Bills only. It looks for bills with a service date in between the start and end dates calculated above. For each bill it will look at the visits and find the PARENT VISIT LINK for that visit. It uses this PARENT VISIT LINK visit and finds all the bills associated with it and sorts these bills by visit type, then bill type. The report uses either the first paid bill it finds, or if there is no payment, the first bill sorted by visit type/bill type. There is NO exclusion done here for bill type or visit type, so all bills will be sorted into this list, as opposed to H where only inpatient and ancillary were reviewed.

Swingbed

Swingbed was not added to the F option of this report.

Newborn

Newborn works the same as the H option except for the fact that all newborns are counted here, no matter the length of stay.

Insurer Categories

The insurer type groups work the same as above with a few exceptions:

- Kidscare is grouped into one category instead of being divided into Title XIX and Title XXI.
- Private/Medicaid doesn't report.
- Medicare/Medicaid doesn't report.

IP/OP Category

The same logic from above is used on this report with a few exceptions:

- The Ancillary categories don't report.
- The swingbed categories don't report.

This table shows how the service categories are considered for the report.

| Inpatient | Outpatient | Ignored for this report |
|---------------------|------------------|----------------------------------|
| Hospitalization (H) | Ambulatory (A) | Chart Review (C) |
| In Hospital (I) | Day Surgery (S) | Telecommunications (T) |
| | Nursing Home (R) | Not Found (N) |
| | Observation (O) | Daily Hospitalization Data (D) |
| | | Ancillary Package Daily Data (X) |
| | | Event (Historical) (E) |

| Inpatient | Outpatient | Ignored for this report |
|-----------|------------|-------------------------|
| | | Telemedicine (M) |

For the F option you will see one column. It reports a count that is either the first paid or the first billed for each visit.

```

=====
FACILITY EHR INCENTIVE REPORT                               JAN 28,2016@15:46:30   Page 1
For Date Range: 01/01/2010 to 01/28/2016
Billing Location: INDIAN HOSP
=====
# Discharges
-----
-- M E D I C A R E --
# Paid MEDICARE IP Discharges                               5
# Paid MEDICARE IP Newborn Discharges                      0
# Paid MEDICARE IP Charges                                  3
# Paid MEDICARE IP Bed Days                                14
# Paid MEDICARE IP Newborn Bed Days                       0
# Paid MEDICARE IP Bed Days Charges                       5
# Paid MEDICARE OP All-Inclusive                           24
# Paid MEDICARE OP Charges                                 21
# Paid MEDICARE OP Itemized                                8

-- M E D I C A I D --
# Paid MEDICAID IP Discharges                               2
# Paid MEDICAID IP Newborn Discharges                      0
# Paid MEDICAID IP Charges                                  1
# Paid MEDICAID IP Bed Days                                3
# Paid MEDICAID IP Newborn Bed Days                       0
# Paid MEDICAID IP Bed Days Charges                       1
# Paid MEDICAID OP All-Inclusive                           36
# Paid MEDICAID OP Charges                                 0
# Paid MEDICAID OP Itemized                                14

-- P R I V A T E   I N S U R A N C E   --
# Paid PRIVATE IP Discharges                               4
# Paid PRIVATE IP Newborn Discharges                      0
# Paid PRIVATE IP Charges                                  2
# Paid PRIVATE IP Bed Days                                8
# Paid PRIVATE IP Newborn Bed Days                       0
# Paid PRIVATE IP Bed Days Charges                       2
# Paid PRIVATE OP All-Inclusive                           2
# Paid PRIVATE OP Charges                                  1
# Paid PRIVATE OP Itemized                                87

-- K I D S C A R E / C H I P --
# Paid KIDSCARE/CHIP IP Discharges                        0
# Paid KIDSCARE/CHIP IP Newborn Discharges                0
# Paid KIDSCARE/CHIP IP Charges                           0
# Paid KIDSCARE/CHIP IP Bed Days                          0
# Paid KIDSCARE/CHIP IP Newborn Bed Days                  0
# Paid KIDSCARE/CHIP IP Bed Days Charges                  0
# Paid KIDSCARE/CHIP OP All-Inclusive                      0
# Paid KIDSCARE/CHIP OP Charges                            0
# Paid KIDSCARE/CHIP OP Itemized                          6

-- V E T E R A N S   M E D I C A L   B E N   P R O G   --
# Paid VMBP IP Discharges                                  0
    
```

| | |
|------------------------------------|---|
| # Paid VMBP IP Newborn Discharges | 0 |
| # Paid VMBP IP Charges | 0 |
| # Paid VMBP IP Bed Days | 0 |
| # Paid VMBP IP Newborn Bed Days | 0 |
| # Paid VMBP IP Bed Days Charges | 0 |
| # Paid VMBP OP All-Inclusive | 0 |
| # Paid VMBP OP Charges | 0 |
| # Paid VMBP OP Itemized | 0 |
| -- O T H E R -- | |
| # Paid OTHER IP Discharges | 1 |
| # Paid OTHER IP Newborn Discharges | 0 |
| # Paid OTHER IP Charges | 0 |
| # Paid OTHER IP Bed Days | 3 |
| # Paid OTHER IP Newborn Bed Days | 0 |
| # Paid OTHER IP Bed Days Charges | 0 |
| # Paid OTHER OP All-Inclusive | 0 |
| # Paid OTHER OP Charges | 0 |
| # Paid OTHER OP Itemized | 4 |
| (SUMMARY REPORT COMPLETE): | |

Figure 2-2: The Summary Report

3.0 Data Dictionaries

This section contains lists and descriptions of table files, file lists, and dictionary fields.

3.1 Table Files

Table files and their appropriate dictionary field details are listed below.

File:3P FEE TABLE FILE Global: ^ABMDFEE File#: 9002274.01

```
.01        SCHEDULE NUMBER (RNJ3,0X), [0;1]
.02        TITLE (RF), [0;2]
.03        ADJUSTMENT FACTOR (NJ5,2), [0;3]
.04        OWNER (facility) (P9999999.06'), [0;4]
.05        FEE TABLE EFFECTIVE DATE (D), [0;5]
1         UPDATED (Multiple-9002274.011), [1;0]
          .01    UPDATED (D), [0;1]
          .02    UPDATED BY (P200'), [0;2]
          .03    PERCENTILE (NJ3,0), [0;3]
          .04    INCREASE/DECREASE (S), [0;4]
          .05    PERCENT INCREASE/DECREASE (NJ6,2), [0;5]
          .06    ASC PAYMENT GROUP CHANGES (S), [0;6]

11        SURGICAL (CPT CODE) (Multiple-9002274.0111), [11;0]
.01    SURGICAL (CPT CODE) (M*P81'X), [0;1]
.02    CHARGE (RNJ8,2), [0;2]
.03    LAST UPDATE (D), [0;3]
.04    FOLLOW UP DAYS (NJ3,0), [0;4]
          1    EFFECTIVE DATE (Multiple-9002274.1111), [1;0]
              .01    EFFECTIVE DATE (D), [0;1]
              .02    GLOBAL CHARGE (NJ10,2), [0;2]
              .03    TECHNICAL CHARGE (NJ10,2), [0;3]
              .04    PROFESSIONAL CHARGE (NJ10,2), [0;4]
              .05    LAST UPDATED (D), [0;5]
              .06    UPDATED BY (P200'), [0;6]

11    MODIFIERS (Multiple-9002274.011111), [11;0]
.01    MODIFIERS (MP9002274.07'X), [0;1]
.02    UNITS (NJ5,1), [0;2]
.03    CHARGE (NJ8,2), [0;3]
.04    DESCRIPTION (F), [0;4]

13        HCPCS CODE (Multiple-9002274.0113), [13;0]
.01    HCPCS CODE (M*P81'X), [0;1]
.02    CHARGE (NJ8,2), [0;2]
.03    LAST UPDATE (D), [0;3]
          1    EFFECTIVE DATE (Multiple-9002274.1131), [1;0]
              .01    EFFECTIVE DATE (D), [0;1]
              .02    GLOBAL CHARGE (NJ10,2), [0;2]
              .03    TECHNICAL CHARGE (NJ10,2), [0;3]
              .04    PROFESSIONAL CHARGE (NJ10,2), [0;4]
              .05    LAST UPDATED (D), [0;5]
              .06    UPDATED BY (P200'), [0;6]

15        RADIOLOGY (CPT CODE) (Multiple-9002274.0115), [15;0]
.01    RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
.02    CHARGE (RNJ7,2), [0;2]
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.03 LAST UPDATE (D), [0;3]
    1 EFFECTIVE DATE (Multiple-9002274.1151), [1;0]
      .01 EFFECTIVE DATE (D), [0;1]
      .02 GLOBAL CHARGE (NJ10,2), [0;2]
      .03 TECHNICAL CHARGE (NJ10,2), [0;3]
      .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]
      .05 LAST UPDATED (D), [0;5]
      .06 UPDATED BY (P200'), [0;6]
    11 MODIFIER (Multiple-9002274.011511), [11;0]
.01 MODIFIER (MP9002274.07'X), [0;1]
.02 UNITS (NJ3,0), [0;2]
.03 CHARGE (RNJ7,2), [0;3]
.04 DESCRIPTION (F), [0;4]

17 LABORATORY (CPT CODE) (Multiple-9002274.0117), [17;0]
    .01 LABORATORY (CPT CODE) (M*P81'X), [0;1]
    .02 CHARGE (RNJ7,2), [0;2]
    .03 LAST UPDATE (D), [0;3]
1 EFFECTIVE DATE (Multiple-9002274.1171), [1;0]
    .01 EFFECTIVE DATE (D), [0;1]
    .02 GLOBAL CHARGE (NJ10,2), [0;2]
    .03 TECHNICAL CHARGE (NJ10,2), [0;3]
    .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]
    .05 LAST UPDATED (D), [0;5]
    .06 UPDATED BY (P200'), [0;6]
11 MODIFIER (Multiple-9002274.011711), [11;0]
.01 MODIFIER (MP9002274.07'X), [0;1]
.03 CHARGE (RNJ8,2), [0;3]
.04 DESCRIPTION (F), [0;4]

19 MEDICAL (CPT CODE) (Multiple-9002274.0119), [19;0]
.01 MEDICAL (CPT CODE) (M*P81'X), [0;1]
.02 CHARGE (RNJ7,2), [0;2]
.03 LAST UPDATE (D), [0;3]
    1 EFFECTIVE DATE (Multiple-9002274.1191), [1;0]
      .01 EFFECTIVE DATE (D), [0;1]
      .02 GLOBAL CHARGE (NJ10,2), [0;2]
      .03 TECHNICAL CHARGE (NJ10,2), [0;3]
      .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]
      .05 LAST UPDATED (D), [0;5]
      .06 UPDATED BY (P200'), [0;6]

21 DENTAL (ADA CODE) (Multiple-9002274.0121), [21;0]
.01 DENTAL (ADA CODE) (MP9999999.31'X), [0;1]
.02 CHARGE (RNJ7,2), [0;2]
.03 FREE TXT CODE (F), [0;3]
.04 LAST UPDATE (D), [0;4]
    1 EFFECTIVE DATE (Multiple-9002274.1211), [1;0]
      .01 EFFECTIVE DATE (D), [0;1]
      .02 GLOBAL CHARGE (NJ9,2), [0;2]
      .03 TECHNICAL CHARGE (NJ9,2), [0;3]
      .04 PROFESSIONAL CHARGE (NJ9,2), [0;4]
      .05 LAST UPDATED (D), [0;5]
      .06 UPDATED BY (P200'), [0;6]

23 ANESTHESIA (CPT CODE) (Multiple-9002274.0123), [23;0]
.01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
.02 CHARGE (RNJ7,2), [0;2]
.03 LAST UPDATE (D), [0;3]
    1 EFFECTIVE DATE (Multiple-9002274.1231), [1;0]
      .01 EFFECTIVE DATE (D), [0;1]

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        .02 GLOBAL CHARGE (NJ10,2), [0;2]
        .03 TECHNICAL CHARGE (NJ10,2), [0;3]
        .04 PROFESSIONAL CHARGE (NJ10,2), [0;4]
        .05 LAST UPDATED (D), [0;5]
        .06 UPDATED BY (P200'), [0;6]

25      DRUG (Multiple-9002274.0125), [25;0]
.01    DRUG (MP50'X), [0;1]
.02    PRICE PER DISPENSE UNIT (NJ11,5), [0;2]
.03    LAST UPDATE (D), [0;3]
       1    EFFECTIVE DATE (Multiple-9002274.1251), [1;0]
         .01 EFFECTIVE DATE (D), [0;1]
         .02 PRICE PER DISPENSE UNIT (NJ9,2), [0;2]
         .05 LAST UPDATED (D), [0;5]
         .06 UPDATED BY (P200'), [0;6]

31      REVENUE CODE (Multiple-9002274.0131), [31;0]
.01    REVENUE CODE (MP9999999.72'X), [0;1]
.02    CHARGE (RNJ7,2), [0;2]
.03    LAST UPDATE (D), [0;3]
       1    EFFECTIVE DATE (Multiple-9002274.1311), [1;0]
         .01 EFFECTIVE DATE (D), [0;1]
         .02 GLOBAL CHARGE (NJ9,2), [0;2]
         .03 TECHNICAL CHARGE (NJ9,2), [0;3]
         .04 PROFESSIONAL CHARGE (NJ9,2), [0;4]
         .05 LAST UPDATED (D), [0;5]
         .06 UPDATED BY (P200'), [0;6]

32      CHARGE MASTER (Multiple-9002274.0132), [32;0]
.01    CHARGE MASTER (MP9002274.75X), [0;1]
.02    CHARGE (NJ8,2), [0;2]
.03    LAST UPDATE (D), [0;3]
       1    EFFECTIVE DATE (Multiple-9002274.1321), [1;0]
         .01 EFFECTIVE DATE (D), [0;1]
         .02 GLOBAL CHARGE (NJ9,2), [0;2]
         .03 TECHNICAL CHARGE (NJ9,2), [0;3]
         .04 PROFESSIONAL CHARGE (NJ9,2), [0;4]
         .05 LAST UPDATED (D), [0;5]
         .06 UPDATED BY (P200'), [0;6]

33      CONVERSION FACTORS (Multiple-9002274.0133), [33;0]
.01    YEAR (MNJ4,0X), [0;1]
.02    MEDICAL CONVERSION FACTOR (NJ7,2), [0;2]
.03    SURGICAL CONVERSION FACTOR (NJ7,2), [0;3]
.04    ANESTHESIA CONVERSION FACTOR (NJ7,2), [0;4]
.05    RADIOLOGY CONVERSION FACTOR (NJ7,2), [0;5]
.06    LABORATORY CONVERSION FACTOR (NJ7,2), [0;6]

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File: 3P PCC VISIT BILLING STATUS Global: ^ABMDCS File#: 9002274.02

```

.001    STATUS NUM (NJ3,0), [ ]
.01     DESCRIPTION (RF), [0;1]

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File:3P CODES FILE Global: ^ABMDCODE(File#: 9002274.03

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.01     CODE (RFX), [0;1]
.02     CODE TYPE (RS), [0;2]
.03     DESCRIPTION (RFX), [0;3]

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.04      INACTIVE FLAG (S), [0;4]
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File: 3P ERROR CODE FILE Global: ^ABMDERR(File#: 9002274.04

```
.001     NUMBER (NJ3,0), [ ]
.01      ERROR (RF), [0;1]
.02      CORRECTIVE ACTION (F), [0;2]
.03      ERROR STATUS (S), [0;3]
.04      *DISPLAY ONLY WHEN IN ERROR (S), [0;4]
.05      RESTRICT LOCAL EDITING (S), [0;5]
11      REQUIRED BY INSURER (Multiple-9002274.411), [11;0]
.01      REQUIRED BY INSURER (P9999999.18'X), [0;1]
21      REQD FOR EXPORT FORM (Multiple-9002274.421), [21;0]
        .01 REQD FOR EXPORT FORM (P9002274.08'X), [0;1]
31      SITE (Multiple-9002274.0431), [31;0]
.01      SITE (P9999999.06'X), [0;1]
.03      ERROR STATUS (S), [0;3]
.04      DISPLAY ONLY WHEN IN ERROR (S), [0;4]
```

File: 3P PAGE 3 QUESTIONS Global: ^ABMQUES(File#: 9002274.05

```
.001     NUMBER (NJ3,0), [ ]
.01      NAME (RF), [0;1]
.02      DISPLAY LINE TAG (F), [0;2]
.03      DISPLAY ROUTINE (F), [0;3]
.04      EDIT LINE TAG (F), [0;4]
1       EDIT ROUTINE (F), [0;5]
```

File: 3P MODIFIERS Global: ^ABMDMOD(File#: 9002274.07

```
.01      CODE (RP9999999.88'), [0;1]
.02      *DESCRIPTION (FX), [0;2]
.03      CATEGORY (NJ5,0X), [0;3]
.04      UNIT VALUE (NJ5,2), [0;4]
```

File: 3P EXPORT MODE Global: ^ABMDEXP(File#: 9002274.08

```
.001     NUMBER (NJ4,0), [ ]
.01      FORMAT (RF), [0;1]
.02      LEFT MARGIN (NJ2,0), [0;2]
.03      TOP MARGIN (NJ2,0), [0;3]
.04      EXPORT ROUTINE (F), [0;4]
.05      ALIGNMENT ROUTINE (F), [0;5]
.06      DENTAL SCREEN (S), [0;6]
.07      DESCRIPTION (F), [0;7]
.08      QUESTIONS (F), [0;8]
.09      STATUS (S), [0;9]
.11      CHARGE SUMMARY ROUTINE (F), [1;1]
.12      ONLY APPLIES TO (S), [1;2]
.13      CONTAINS MULTIPLE BILLS (S), [1;3]
.14      PRINT ON PLAIN PAPER (S), [1;4]
.15      EXPORT TYPE (S), [1;5]
.17      TEST? (S), [1;7]
1       PAGE 9 REMARKS (Multiple-9002274.081), [2;0]
        .01 PAGE 9 REMARKS (WL), [0;1]
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File: 3P INSURER Global: ^ABMNINS(DUZ(2), File#: 9002274.09

```

.01     INSURER (RP9999999.18'X), [0;1]
.02     EMC SUBMITTER ID (F), [0;2]
.03     EMC PASSWORD (F), [0;3]
.04     EMC TEST INDICATOR (F), [0;4]
.05     USE PLAN NAME? (S), [0;5]
.06     GROUP NUMBER (F), [0;6]
.07     AUTO SEND? (S), [0;7]
.08     72 HOUR RULE (S), [0;8]
.09     NPI USAGE (S), [0;9]
.11     TRIBAL SELF-INSURED? (S), [0;11]
.12     ICD-10 EFFECTIVE DATE (RD), [0;12]
.13     DECIMAL IN 1500 BOX 21 (DX) (S), [0;13]
1      VISIT TYPE (Multiple-9002274.091), [1;0]
.01     VISIT TYPE (MP9002274.8'X), [0;1]
.02     PROCEDURE CODING METHOD (S), [0;2]
.03     REVENUE CODE (*P9999999.72'), [0;3]
.04     MODE OF EXPORT (P9002274.08'), [0;4]
.05     FEE SCHEDULE (P9002274.01'), [0;5]
.06     MULTIPLE FORMS? (S), [0;6]
.07     BILLABLE STATUS (S), [0;7]
.08     INSURER ASSIGNED NUMBER (F), [0;8]
.09     REVENUE DESCRIPTION (F), [0;9]
.11     UB92 BILL TYPE (*P9002274.03'), [0;11]
.12     ITEMIZED UB-92? (S), [0;12]
           .125 PRINT MEDS ON TWO LINES? (S), [0;26]
.13     AUTO APPROVE? (S), [0;13]
.14     START BILLING DATE (D), [0;14]
.15     HCFA FIELD 24K (S), [0;15]
.16     CPT CODE (P81'), [0;16]
.17     BLOCK 29 (S), [0;17]
.18     UB RELATIONSHIP CODE (S), [0;18]
.19     EMC SUBMITTER ID (F), [0;19]
.2      BLOCK 33 PIN# (S), [0;20]
.21     SEND PARAMETER (P9999999.93'), [0;21]
.22     STOP BILLING DATE (D), [0;22]
.23     AUTO-SPLIT THIS ENTRY (S), [0;23]
.24     RX IN FL44? (S), [0;24]
.25     REPORTING PURPOSES ONLY (S), [0;25]
           5      HISTORY OF FEE SCHEDULES (Multiple-9002274.915), [5;0]
                 .01     FEE SCHEDULE (P9002274.01'), [0;1]
                 .02     LAST UPDATED (D), [0;2]
                 .03     UPDATED BY (P200'), [0;3]
           11     START DATE (Multiple-9002274.09111), [11;0]
.01     START DATE (D), [0;1]
.02     RATE ($) (RNJ7,2), [0;2]
.03     STOP DATE (D), [0;3]
           12     REPLACE INSURER EFFECTIVE DATE (Multiple-9002274.09112),
[12;0]
.01     REPLACE INSURER EFFECTIVE DATE (D), [0;1]
.02     END DATE (D), [0;2]
.03     REPLACEMENT INSURER (P9002274.09'X), [0;3]
.04     REPLACEMENT VISIT TYPE (P9002274.8'), [0;4]
18     SUBPART NPI (P4'), [1;8]
101    EMC REFERENCE ID (P9002274.11), [1;1]
102    X12 TRADING PARTNER NAME (F), [1;2]
103    DME GROUP NUMBER/NAME (F), [1;3]
104    DME CONTRACTOR (S), [1;4]
105    CLIA# REQ'D FOR ALL VISITS? (S), [1;5]
106    WHICH CLIA SHOULD PRINT? (S), [1;6]

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107 DASH IN BLOCK 1A? (S), [1;7]
    109 ICD PX ON CLAIM (S), [1;9]
    111 CONTRACT CODE TYPE (S), [1;11]
    112 CONTRACT CODE (F), [1;12]
    113 CONTRACT CODE REQ'D (S), [1;13]
    114 ADD ZERO FEES (S), [1;14]
    115 UB-04 FORM LOCATOR 38 (S), [1;15]
    116 4 OR 8 DXS ON 1500 (S), [1;16]
    117 INCLUDE SERVICE FACILITY LOC (S), [1;17]
    118 CONT OR TOTAL EACH 1500 PAGE (S), [1;18]
    119 PHYS. OR MAIL. ADDR ON ADA (S), [1;19]
    120 UB FORM LOCATOR 44 BLANK? (S), [1;20]
2     FORM LOCATOR OVERRIDE (Multiple-9002274.092), [2;0]
.01  FORM LOCATOR OVERRIDE (MF), [0;1]
.02  MODE OF EXPORT (FORM) (RP9002274.08'), [0;2]
.03  FORM LINE (RNJ2,0), [0;3]
.04  LINE PIECE (RNJ2,0), [0;4]
.045 VISIT TYPE (P9002274.8'), [0;6]
.05  DATA VALUE (Fa), [0;5]
.06  VISIT TYPE (P9002274.8'), [0;6]
2.5   837 SEGMENT OVERRIDE (Multiple-9002274.0925), [2.5;0]
    .01 837 SEGMENT OVERRIDE (MF), [0;1]
    .02 MODE OF EXPORT (FORM) (RP9002274.08'), [0;2]
    .03 LOOP (RF), [0;3]
    .04 SEGMENT (RF), [0;4]
    .05 ELEMENT (F), [0;5]
    .06 VISIT TYPE (P9002274.8'), [0;6]
    .07 DATA VALUE (F), [0;7]
    .08 SEND/DON'T SEND (S), [0;8]
3     PROVIDER (Multiple-9002274.093), [3;0]
.01  PROVIDER (MP200'X), [0;1]
.02  PIN # (F), [0;2]
3.5   837 PROV QUALIFIER/NUMBERS (Multiple-9002274.0935), [3.5;0]
    .01 837 PROV QUALIFIER/NUMBERS (S), [0;1]
    .02 PROVIDER (Multiple-9002274.09351), [1;0]
        .01 PROVIDER (P200'), [0;1]
        .02 STATE (LICENSE NUMBER) (P5'), [0;2]
4     LAB CPT/HCPCS REQ'ING RESULTS (Multiple-9002274.094), [4;0]
    .01 LAB CPT/HCPCS REQ'ING RESULTS (*P81'), [0;1]
    .02 REQ'D FOR INSURER? (S), [0;2]
5     CPTS REQ'ING NARRATIVE (Multiple-9002274.0905), [5;0]
    .01 CPTS REQ'ING NARRATIVE (P81'), [0;1]
    .02 REQ'D FOR INSURER (S), [0;2]

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File: 3P RECEIVER Global: ^ABMRECVR(File#: 9002274.095

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.01  CLEARINGHOUSE (RFX), [0;1]
.02  INTERCHANGE SENDER ID (ISA06) (F), [0;2]
.03  RECEIVER ID (ISA08/GS03) (F), [0;3]
.04  APPLICATION SENDER CODE (GS02) (F), [0;4]
.05  INTERCHANGE ID QUAL (ISA07) (S), [0;5]
.06  SEPARATE LOCATIONS? (S), [0;6]
1     INSURERS (Multiple-9002274.0951), [1;0]
    .01 INSURERS (P9999999.18'X), [0;1]
    .02 PAYER ID (NM109) (F), [0;2]
    .03 RECEIVER NAME (F), [0;3]

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File: 3P DENTAL RECODE Global: ^ABMDREC(File#: 9002274.1

```
.01 TABLE NAME (INSURER) (RP9999999.18'X), [0;1]
.02 CODE PREFIX (S), [0;2]
1 CODES (Multiple-9002274.101), [1;0]
.01 IHS CODE (MFX), [0;1]
.02 REMAP TO CODE (FX), [0;2]
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File: 3P EMC REFERENCE ID Global: ^ABMREFID File#: 9002274.11

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.01 ID QUALIFIER (RF), [0;1]
.02 DESCRIPTION (F), [0;2]
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File: 3P EXP LOCAL MOD Global: ^ABMEXLM(File#: 9002274.2

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.01 NAME (RF), [0;1]
.02 INSURER (P9999999.18'), [0;2]
.03 EXPORT MODE (P9002274.08'), [0;3]
.04 RECORD (F), [0;4]
.05 FIELD (NJ3,0), [0;5]
.06 LINE LABEL (F), [0;6]
.07 ROUTINE (F), [0;7]
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File: 3P CLAIM DATA Global: ^ABMDCLM(DUZ(2), File#: 9002274.3

```
.001 CLAIM NUMBER (NJ8,0), [ ]
.01 PATIENT (P9000001'), [0;1]
.02 ENCOUNTER DATE (RD), [0;2]
.021 ICD INDICATOR (S), [0;21]
.022 MANUAL,SPLIT CLAIM (S), [0;22]
.03 VISIT LOCATION (RP9999999.06'), [0;3]
.04 CLAIM STATUS (S), [0;4]
.05 NUMBER ERRORS FOUND (NJ3,0), [0;5]
.06 CLINIC (P40.7'), [0;6]
.07 VISIT TYPE (RP9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.09 QUESTIONS ANSWERED (S), [0;9]
.1 DATE LAST EDITED (D), [0;10]
.11 SUPER BILL # (F), [0;11]
.12 BILL TYPE (NJ3,0), [0;12]
.1211 PATIENT WEIGHT (LBS) (NJ3,0), [12;11]
.1212 TYPE OF TRANSPORT (S), [12;12]
.1213 TRANSPORTED TO/FOR (S), [12;13]
.1214 POINT OF PICKUP MODIFIER (S), [12;14]
.1215 MEDICAL NECESSITY IND (S), [12;15]
.1216 DEST MODIFIER (S), [12;16]
.122 POINT OF PICKUP ORIGIN (F), [12;2]
.123 POINT OF PICKUP ADDRESS (F), [12;3]
.124 POINT OF PICKUP CITY (F), [12;4]
.125 POINT OF PICKUP STATE (P5'), [12;5]
.126 POINT OF PICKUP ZIP (FX), [12;6]
.127 DESTINATION (V), [12;7]
.128 COVERED MILEAGE (NJ4,0), [12;8]
.129 NON-COVERED MILEAGE (NJ3,0), [12;9]
.13 BILLING LOCATION (P9999999.06'), [0;13]
.14 MODE OF EXPORT (P9002274.08'), [0;14]
.15 AUTO APPROVE DATE (D), [0;15]
.16 HOSPITAL LOCATION (P44'), [0;16]
.17 DATE CREATED (D), [0;17]
.18 PENDING STATUS (P9002274.33'), [0;18]
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.19     PENDING STATUS UPDATER (P200'), [0;19]
.41     NO CORRESPONDING CPT (S), [4;1]
.42     PCC EDITED W/O CLM UPDATE (S), [4;2]
.43     NUMBER X-RAYS INCLUDED (NJ2,0), [4;3]
.44     ORTHODONTIC RELATED (S), [4;4]
.45     ORTHODONTIC PLACEMENT DATE (D), [4;5]
.46     PROSTHESIS INCLUDED (S), [4;6]
.47     PRIOR PLACEMENT DATE (D), [4;7]
.48     CASE NUMBER (F), [4;8]
.49     RESUBMISSION (CONTROL) NUMBER (F), [4;9]
.51     ADMISSION TYPE (*P9002274.03'XO), [5;1]
.511    REFERRAL NUMBER (F), [5;11]
.512    PRIOR AUTHORIZATION NUMBER (F), [5;12]
.52     ADMISSION SOURCE/NEWBORN CODE (*P9002274.03'OX), [5;2]
.525    NEWBORN DAYS (NJ2,0), [5;10]
.53     DISCHARGE STATUS (*P9002274.03'XO), [5;3]
.54     PRO APPROVAL CODE (*P9002274.03'OX), [5;4]
.55     PRO APPROVED STAY FROM (DX), [5;5]
.56     PRO APPROVED STAY THRU (DX), [5;6]
.57     PROF COMP DAYS (NJ3,0X), [5;7]
.58     PRO AUTHORIZATION NUMBER (F), [5;8]
.59     ADMITTING DIAGNOSIS (P80'), [5;9]
.61     ADMISSION DATE (D), [6;1]
.62     ADMISSION HOUR (NJ2,0), [6;2]
.63     DISCHARGE DATE (DX), [6;3]
.64     DISCHARGE HOUR (NJ2,0), [6;4]
.66     NON-COVERED DAYS (NJ3,0), [6;6]
.67     CO-INSURANCE DAYS (NJ2,0), [6;7]
.68     LIFETIME RESERVE DAYS (NJ2,0), [6;8]
.69     NUMBER OF OUTPATIENT VISITS (NJ2,0), [6;9]
.71     SERVICE DATE FROM (DX), [7;1]
.711    RELEASE OF INFORMATION DATE (D), [7;11]
.712    ASSIGNMENT OF BENEFITS DATE (D), [7;12]
.713    PROPERTY/CASUALTY CLAIM NUMBER (F), [7;13]
.714    HEARING/VISION RX DATE (D), [7;14]
.715    START DISABILITY DATE (D), [7;15]
.716    END DISABILITY DATE (D), [7;16]
.717    DATE LAST WORKED (D), [7;17]
.718    DATE AUTH TO RETURN TO WORK (D), [7;18]
.719    ASSUMED CARE DATE (D), [7;19]
.72     SERVICE DATE TO (DX), [7;2]
.721    RELINQUISHED CARE DATE (D), [7;21]
.722    PROP/CASUALTY DT 1ST CONTACT (D), [7;22]
.723    PATIENT PAID AMOUNT (NJ9,2), [7;23]
.724    SPINAL MANIPULATION COND CODE (S), [7;24]
.725    PROP/CASUAL PATIENT ID (S), [7;25]
.726    PROP/CASUAL PATIENT NUMBER (F), [7;26]
.727    ACUTE MANIFESTATION DATE (D), [7;27]
.73     COVERED DAYS (NJ3,0X), [7;3]
.74     RELEASE OF INFORMATION (S), [7;4]
.75     ASSIGNMENT OF BENEFITS (S), [7;5]
.76     PINTS OF BLOOD FURNISHED (NJ2,0), [7;6]
.77     PINTS OF BLOOD REPLACED (NJ2,0), [7;7]
.78     PINTS OF BLOOD NOT REPLACED (NJ2,0), [7;8]
.79     BLOOD DEDUCTIBLE PINTS (NJ1,0), [7;9]
.81     OUTSIDE LAB CHARGES (NJ8,2), [8;1]
.816    ACCIDENT STATE (P5'), [8;16]
.82     INJURY DATE (D), [8;2]
.821    VISION CONDITION INFO (S), [8;21]
.822    VISION CERT. CONDITION IND (S), [8;22]
.823    INITIAL TREATMENT DATE (D), [8;23]

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.824 EXP35 FL 17 PROVIDER NAME (FX), [8;24]
.825 EXP35 FL17 PROVIDER TYPE (S), [8;25]
.826 EXP35 FL17 PROVIDER NPI (FX), [8;26]
.83 ACCIDENT TYPE (S), [8;3]
.84 ACCIDENT HOUR (NJ2,0), [8;4]
.85 EMERGENCY (Y/N) (S), [8;5]
.855 *EMERGENCY ROOM SUR-CHARGE (NJ6,2), [8;10]
.857 E-CODE (P80'X), [8;12]
.858 E-CODE (2) (P80'X), [8;19]
.859 E-CODE (3) (P80'X), [8;20]
.86 DATE OF FIRST SYMPTOM (D), [8;6]
.87 DATE OF FIRST CONSULTATION (D), [8;7]
.88 REFERRING PHYSICIAN (FX), [8;8]
.884 REFERRING PHYS ID QUALIFIER (S), [8;18]
.885 REFER PHYSICIAN ID NO. (F), [8;11]
.886 REFER PHYSICIAN PERSON CLASS (P8932.1'), [8;13]
.887 REFER PHYSICIAN PROVIDER CLASS (P7'), [8;14]
.888 REFER PHYSICIAN TAXONOMY CODE (P9002274.95'), [8;15]
.889 REFER PROV NPI (FX), [8;17]
.89 DATE OF SIMILIAR SYMPTOM (D), [8;9]
.91 EMPLOYMENT RELATED (Y/N) (S), [9;1]
.911 DATE LAST SEEN (D), [9;11]
.912 SUPERVISING PROV(FL19) (F), [9;12]
.913 DATE OF LAST X-RAY (D), [9;13]
.914 HOMEBOUND INDICATOR (S), [9;14]
.915 HOSPICE EMPLOYED PROVIDER (S), [9;15]
.916 DELAYED REASON CODE (*P9002274.03'), [9;16]
.918 ORAL IMAGES (NJ2,0), [9;18]
.919 MODEL(S) (NJ2,0), [9;19]
.92 DATE ABLE TO WORK (D), [9;2]
.921 OTHER DENTAL CHARGES (NJ8,2), [9;21]
.922 IN-HOUSE CLIA# (F), [9;22]
.923 REFERENCE LAB CLIA# (P9002274.35'), [9;23]
.93 UNABLE TO WORK FROM DATE (D), [9;3]
.94 UNABLE TO WORK THRU DATE (D), [9;4]
.95 PARTIAL DISABILITY FROM DATE (D), [9;5]
.96 PARTIAL DISABILITY TO DATE (D), [9;6]
.97 *REVENUE CODE (P9999999.72'), [9;7]
.98 *REVENUE CHARGE (NJ7,2), [9;8]
.99 PRE-PAYMENT AMOUNT (NJ7,2), [9;9]
8.5 VISION CONDITION INDICATORS (Multiple-9002274.3085), [8.5;0]
.01 VISION CONDITION INDICATORS (MS), [0;1]
10 HCFA 1500-B LINE 19 (F), [10;1]
11 PCC Visit (Multiple-9002274.3011), [11;0]
.01 PCC VISIT (M*P9000010'X), [0;1]
.02 VISIT STATUS (S), [0;2]
13 Insurer (Multiple-9002274.3013), [13;0]
.01 INSURER (MP9999999.18'X), [0;1]
.011 REPLACEMENT INSURER (P9999999.18'), [0;11]
.013 VETERANS (VAMB) ELIGIBLE (NJ7,0), [0;13]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 STATUS (RS), [0;3]
.04 MEDICARE MULTIPLE (NJ6,0), [0;4]
.05 RAILROAD MULTIPLE (NJ6,0), [0;5]
.06 MEDICAID ELIG POINTER (*P9000004'), [0;6]
.07 MEDICAID MULTIPLE (NJ4,0), [0;7]
.08 PRIVATE INSURANCE MULTIPLE (NJ6,0), [0;8]
.09 MANUALLY ADDED INSURER (S), [0;9]
11 COVERAGE TYPE (Multiple-9002274.301311), [11;0]
.01 COVERAGE TYPE (M*P9999999.65'X), [0;1]
14 MED NECESSITY COND (Multiple-9002274.314), [14;0]

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.01 MED NECESSITY COND (P9002274.34'), [0;1]
15     APC Visit (Multiple-9002274.3015), [15;0]
.01 APC Visit (P1800018'X), [0;1]
17     Diagnosis (Multiple-9002274.3017), [17;0]
.01 DIAGNOSIS (M*P80'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 PROVIDER'S NARRATIVE (R*P9999999.27), [0;3]
.04 E-CODE (P80'), [0;4]
.05 PRESENT ON ADMISSION INDICATOR (S), [0;5]
     .06 ICD INDICATOR (S), [0;6]
     .07 EXTERNAL CAUSE 2 (P80'X), [0;7]
     .08 EXTERNAL CAUSE 3 (P80'X), [0;8]
     .09 PLACE OF OCCURRENCE (P80'X), [0;9]
     11 SNOMED CONCEPT ID (F), [1;1]
     12 SNOMED PREFERRING TERM (CJ60), [ ; ]
     13 SNOMED DESCRIPTION ID (F), [1;3]
     14 SNOMED DESC ID PERFERRED TERM (CJ60), [ ; ]
     15 PRIMARY SNOMED (F), [1;5]
     16 PRIMARY SNOMED PREFERRED TERM (CJ60), [ ; ]
     21 DUAL CODING ICD-9 CODE (P80'), [2;1]
     22 DUAL CODING ICD-9 NARRATIVE (CJ60), [ ; ]
     23 DUAL CODING CAUSE (E-CODE) (P80'), [2;3]
     24 DUAL CODING CAUSE (E-CODE) #2 (P80'), [2;4]
     25 DUAL CODING CAUSE (E-CODE) #3 (P80'), [2;5]
     26 PLACE OF OCCURRENCE (E849) (P80'X), [2;6]
19     ICD Procedure (Multiple-9002274.3019), [19;0]
.01 ICD Procedure (MP80.1'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 DATE of SERVICE (RD), [0;3]
.04 PROVIDER'S NARRATIVE (R*P9999999.27), [0;4]
     .06 ICD INDICATOR (S), [0;6]
.17 DATA SOURCE (F), [0;17]
     11 SNOMED CT (F), [1;1]
     12 SNOMED CT PREFERRED TERM (CJ60), [ ; ]
     21 DUAL CODING ICD-9 PROCEDURE (P80.1'), [2;1]
     22 DUAL CODING ICD-9 DX CODE (P80'), [2;2]
21     Surgical Procedure (Multiple-9002274.3021), [21;0]
.01 SURGICAL (M*P81'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 REVENUE CODE (P9999999.72'), [0;3]
.04 CORRESPONDING DIAGNOSIS (F), [0;4]
.05 SERVICE FROM DATE/TIME (RD), [0;5]
.06 PROVIDER NARRATIVE (R*P9999999.27), [0;6]
.07 UNIT CHARGE (RNJ8,20), [0;7]
.08 AUTO ICD-CORRELATOR UNRESOLVED (S), [0;8]
.09 MODIFIER (FX), [0;9]
.11 SECOND MODIFIER (FX), [0;11]
.12 THIRD MODIFIER (FX), [0;12]
.13 UNITS (NJ3,0), [0;13]
.14 *PROVIDER (P200'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
     .18 SERVICE LINE PROVIDER (Multiple-9002274.302118), [P;0]
.01 SERVICE LINE PROVIDER (MP200'X), [0;1]
.02 TYPE (S), [0;2]
.19 SERVICE TO DATE/TIME (D), [0;19]
     22 CPT NARRATIVE (F), [2;2]
23     Pharmacy (Multiple-9002274.3023), [23;0]
.01 MEDICATION (MP50'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]

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.03 UNITS (RNJ5,0), [0;3]
.04 UNIT COST (RNJ15,5), [0;4]
.05 DISPENSE FEE (NJ6,2), [0;5]
.06 PRESCRIPTION (F), [0;6]
.07 IV ADDITIVE (P52.6'), [0;7]
.08 IV SOLUTION (P52.7'), [0;8]
.09 IV NARRATIVE (F), [0;9]
.1 *NON-RX PROVIDER (P200'), [0;10]
.11 NON-RX DAYS SUPPLY (NJ3,0), [0;11]
.12 NON-RX REFILL NUMBER (NJ2,0), [0;12]
.13 CORRESPONDING DIAGNOSIS (F), [0;13]
.14 SERVICE FROM DATE/TIME (D), [0;14]
.15 IV TYPE (S), [0;15]
.16 TIMES DISPENSED (NJ3,0), [0;16]
.17 DATA SOURCE (F), [0;17]
    .18 SERVICE LINE PROVIDER (Multiple-9002274.302318), [P;0]
.01 SERVICE LINE PROVIDER (MP200'X), [0;1]
.02 TYPE (S), [0;2]
.19 NEW/REFILL CODE (NJ2,0), [0;19]
.2 DAYS SUPPLY (NJ3,0), [0;20]
.21 NON-RX PHARMACIST (P200'), [0;21]
.22 RX FILE POINTER (P52'), [0;22]
.23 *PRESCRIBER (P200'), [0;23]
.24 NDC (F), [0;24]
.25 DATE WRITTEN (D), [0;25]
.26 DATE DISCONTINUED (D), [0;26]
.27 RETURNED TO STOCK (D), [0;27]
.28 SERVICE TO DATE/TIME (D), [0;28]
.29 CPT CODE (P81'), [0;29]
    .31 MODIFIER (FX), [2;3]
    .32 SECOND MODIFIER (FX), [2;4]
    .33 THIRD MODIFIER (FX), [2;5]
    22 CPT NARRATIVE (F), [3;2]
25 REVENUE CODE (Multiple-9002274.3025), [25;0]
.01 REVENUE CODE (P9999999.72'), [0;1]
.02 UNITS (RNJ3,0), [0;2]
.03 UNIT CHARGE (RNJ7,20), [0;3]
.04 DATE/TIME (D), [0;4]
.07 CPT CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
    15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
    22 CPT NARRATIVE (F), [2;2]
27 Medical Procedure (Multiple-9002274.3027), [27;0]
.01 MEDICAL (CPT) (M*P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (NJ3,0), [0;3]
.04 UNIT CHARGE (NJ8,20), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.1 *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
    .18 SERVICE LINE PROVIDER (Multiple-9002274.302718), [P;0]
.01 SERVICE LINE PROVIDER (P200'X), [0;1]
.02 TYPE (S), [0;2]
    15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]

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22  CPT NARRATIVE (F), [2;2]

33      Dental (Multiple-9002274.3033), [33;0]
.01  DENTAL (ADA CODE) (P9999999.31'), [0;1]
.02  REVENUE CODE (*P9999999.72'), [0;2]
.03  DENTAL (CPT CODE) (*P81'), [0;3]
.04  CORRESPONDING DIAGNOSIS (F), [0;4]
.05  OPERATIVE SITE (P9002010.03'), [0;5]
.06  SURFACE (FX), [0;6]
.07  DATE of SERVICE (RD), [0;7]
.08  CHARGE (RNJ7,20), [0;8]
.09  UNITS (NJ2,0), [0;9]
.11  AREA OF ORAL CAVITY (S), [0;11]
.12  TOOTH SYSTEM (S), [0;12]
.17  DATA SOURCE (F), [0;17]
      .18  SERVICE LINE PROVIDER (Multiple-9002274.303318), [P;0]
            .01  SERVICE LINE PROVIDER (P200'), [0;1]
            .02  TYPE (S), [0;2]
35      Radiology (Multiple-9002274.3035), [35;0]
.01  RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
.02  REVENUE CODE (*P9999999.72'X), [0;2]
.03  UNITS (RNJ2,0), [0;3]
.04  UNIT CHARGE (RNJ7,20), [0;4]
.05  MODIFIER (FX), [0;5]
.06  SECOND MODIFIER (FX), [0;6]
.07  THIRD MODIFIER (FX), [0;7]
.08  CORRESPONDING DIAGNOSIS (F), [0;8]
.09  SERVICE FROM DATE/TIME (D), [0;9]
.1  *PROVIDER (P200'), [0;10]
.12  SERVICE TO DATE/TIME (D), [0;12]
.15  HCFA POS (*P9002274.03'), [0;15]
.16  HCFA TOS (*P9002274.03'), [0;16]
.17  DATA SOURCE (F), [0;17]
      .18  SERVICE LINE PROVIDER (Multiple-9002274.303518), [P;0]
            .01  SERVICE LINE PROVIDER (MP200'X), [0;1]
            .02  TYPE (S), [0;2]
            22  CPT NARRATIVE (F), [2;2]

37      Laboratory (Multiple-9002274.3037), [37;0]
.01  LABORATORY (CPT CODE) (M*P81'X), [0;1]
.02  REVENUE CODE (*P9999999.72'), [0;2]
.03  UNITS (RNJ2,0), [0;3]
.04  UNIT CHARGE (RNJ7,20), [0;4]
.05  SERVICE FROM DATE/TIME (D), [0;5]
.06  MODIFIER (FX), [0;6]
.07  SECOND MODIFIER (FX), [0;7]
.08  THIRD MODIFIER (FX), [0;8]
.09  CORRESPONDING DIAGNOSIS (F), [0;9]
.11  *PROVIDER (P200'), [0;11]
.12  SERVICE TO DATE/TIME (D), [0;12]
.13  IN-HOUSE CLIA# (F), [0;13]
.14  REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15  HCFA POS (*P9002274.03'), [0;15]
.16  HCFA TOS (*P9002274.03'), [0;16]
.17  DATA SOURCE (F), [0;17]
      .18  SERVICE LINE PROVIDER (Multiple-9002274.303718), [P;0]
            .01  SERVICE LINE PROVIDER (MP200'X), [0;1]
            .02  TYPE (S), [0;2]
            .19  TYPE OF TEST RESULT (S), [0;19]
            .21  TEST RESULT (NJ4,1), [0;21]
            .22  TEST DATE (D), [0;22]

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                22 CPT NARRATIVE (F), [2;2]
39      Anesthesia (Multiple-9002274.3039), [39;0]
.01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'X), [0;2]
.03 TIME CHARGE (NJ8,2X), [0;3]
.04 BASE CHARGE (RNJ7,20), [0;4]
.06 MODIFIER (FX), [0;6]
.07 START DATE/TIME (D), [0;7]
.08 STOP DATE/TIME (D), [0;8]
.09 OBSTETRICAL? (S), [0;9]
.1 CORRESPONDING DIAGNOSIS (F), [0;10]
.11 *PROVIDER (P200'), [0;11]
.12 UNITS (NJ3,0), [0;12]
.13 UNIT CHARGE (NJ8,2), [0;13]
.14 SECOND MODIFIER (FX), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
        .18 SERVICE LINE PROVIDER (Multiple-9002274.303918), [P;0]
.01 SERVICE LINE PROVIDER (MP200'X), [0;1]
.02 TYPE (S), [0;2]
.19 THIRD MODIFIER (FX), [0;19]
                22 CPT NARRATIVE (F), [2;2]
41      Providers (Multiple-9002274.3041), [41;0]
.01 PROVIDER (MP200'X), [0;1]
.02 TYPE (RS), [0;2]
.03 OLD NAME FROM FILE 16 (F), [0;3]
43      Misc. Services (Multiple-9002274.3043), [43;0]
.01 MISC. SERVICE (CPT) (M*P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ7,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
        .18 SERVICE LINE PROVIDER (Multiple-9002274.304318), [P;0]
.01 SERVICE LINE PROVIDER (MP200'X), [0;1]
.02 TYPE (S), [0;2]
        11 QTY/LENGTH MEDICAL NECESSITY (NJ15,0), [1;1]
        12 MONETARY AMT/DME RENTAL PRICE (NJ18,2), [1;2]
        13 MONETARY AMT/DME PURCH. PRICE (NJ18,2), [1;3]
        14 FRQ CODE/RENTAL UNIT PRICE IND (S), [1;4]
        15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
        22 CPT NARRATIVE (F), [2;2]
45      Charge Master (Multiple-9002274.3045), [45;0]
.01 ITEM (MP9002274.75'), [0;1]
.02 CHARGE DATE (D), [0;2]
.03 QUANTITY (NJ3,0), [0;3]
.04 UNIT PRICE (NJ8,2), [0;4]
.05 REVENUE CODE (P9999999.72'), [0;5]
.06 CORRESPONDING DX (F), [0;6]

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.07 HCPCS CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
    22 CPT NARRATIVE (F), [2;2]
47     AMBULANCE SERVICE (Multiple-9002274.3047), [47;0]
.01 AMBULANCE SERVICE (P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ7,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
    .18 SERVICE LINE PROVIDER (Multiple-9002274.304718), [P;0]
        .01 SERVICE LINE PROVIDER (P200'X), [0;1]
        .02 TYPE (S), [0;2]
    22 CPT NARRATIVE (F), [2;2]
51     Occurance Code (Multiple-9002274.3051), [51;0]
.01 OCCURANCE (M*P9002274.03'), [0;1]
.02 OCCURANCE DATE (RD), [0;2]
53     Condition Code (Multiple-9002274.3053), [53;0]
.01 CONDITION CODE (M*P9002274.03'X), [0;1]
55     Value Codes (Multiple-9002274.3055), [55;0]
.01 VALUE CODES (M*P9002274.03'), [0;1]
.02 AMOUNT (RNJ9,20), [0;2]
57     Occurance Span Code (Multiple-9002274.3057), [57;0]
.01 OCCURANCE SPAN CODE (M*P9002274.03'), [0;1]
.02 FROM DATE (RD), [0;2]
.03 TO DATE (RD), [0;3]
59     Special Program Code (Multiple-9002274.3059), [59;0]
.01 SPECIAL PROGRAM CODE (M*P9002274.03'X), [0;1]
.02 EPSDT REFERRAL? (S), [0;2]
.03 REFERRAL REASON (Multiple-9002274.305901), [1;0]
.01 REFERRAL REASON (S), [0;1]
61     REMARKS (Multiple-9002274.3061), [61;0]
.01 REMARKS (WL), [0;1]
63     Dates of Similiar Symptoms (Multiple-9002274.3063), [63;0]
.01 Dates of Similiar Symptoms (MD), [0;1]
65     ACTIVE BILLS (Multiple-9002274.3065), [65;0]
.01 ACTIVE BILLS (P9002274.4'X), [0;1]
67     DATE STMT WAS PRINTED (Multiple-9002274.3067), [67;0]
.01 PT STMT MESSAGE (D), [0;1]
.02 USER WHO PRINTED STMT (P200'), [0;2]
.03 STMT NOTE (F), [0;3]
69     OPEN/CLOSED STATUS DATE (Multiple-9002274.3069), [69;0]
    .01 OPEN/CLOSED STATUS DATE (D), [0;1]
    .02 USER (P200'), [0;2]
    .03 STATUS (S), [0;3]
    .04 CLOSED REASON (RP9002274.301'), [0;4]
71     MODE OF EXPORT PAGE 8A (P9002274.08'), [70;1]
72     MODE OF EXPORT PAGE 8B (P9002274.08'), [70;2]
73     MODE OF EXPORT PAGE 8C (P9002274.08'), [70;3]
74     MODE OF EXPORT PAGE 8D (P9002274.08'), [70;4]
75     MODE OF EXPORT PAGE 8E (P9002274.08'), [70;5]
76     MODE OF EXPORT PAGE 8F (P9002274.08'), [70;6]

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77      MODE OF EXPORT PAGE 8G (P9002274.08'), [70;7]
78      MODE OF EXPORT PAGE 8H (P9002274.08'), [70;8]
79      MODE OF EXPORT PAGE 8I (P9002274.08'), [70;9]
80      MODE OF EXPORT PAGE 8J (P9002274.08'), [70;10]
411     RESUBMISSION (CONTROL) NOTE (F), [4;11]
412     PT STMT MESSAGE (F), [4;12]
413     ORTHO TRTMT MTHS REMAINING (NJ2,0), [4;13]
710     CLAIM ATTACHMENTS (Multiple-9002274.3071), [71;0]
        .01 CLM ATTCH REPORT TYPE CODE (*P9002274.03'), [0;1]
        .02 REPORT TRANS CODE (RS), [0;2]
        .03 ATTACHMENT CONTROL NUMBER (F), [0;3]
924     SUPERVISING PROVIDER (F), [9;24]
925     SUPERVISING PRV NPI (FX), [9;25]
1217    ORIGINAL MSP REASON (F), [12;17]
1218    AMBULANCE PATIENT COUNT (NJ3,0), [12;18]

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**File: 3P CLOSED CLAIM REASONS Global: ^ABMCLCLM(
File#: 9002274.301**

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.001    NUMBER (NJ10,0), [ ]
.01     REASON (RF), [0;1]

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**File: 3P CANCEL CLAIM REASONS Global: ^ABMCCLMR(
File#: 9002274.31**

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.001    ENTRY NUMBER (NJ6,0), [ ]
.01     REASON (RF), [0;1]

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**File: 3P CANCELLED CLAIM DATA Global: ^ABMDCCLMS(DUZ(2)
File#: 9002274.32**

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.001    CLAIM NUMBER (NJ10,0), [ ]
.01     PATIENT (RP9000001'), [0;1]
.02     ENCOUNTER DATE (D), [0;2]
.03     VISIT LOCATION (P9999999.06'), [0;3]
.04     CLAIM STATUS (S), [0;4]
.05     NUMBER ERRORS FOUND (NJ3,0), [0;5]
.06     CLINIC (P40.7'), [0;6]
.07     VISIT TYPE (P9002274.8'), [0;7]
.08     ACTIVE INSURER (P9999999.18'), [0;8]
.1      DATE LAST EDITED (D), [0;10]
.114    CANCELLING OFFICIAL (P200'), [1;4]
.115    DATE/TIME CANCELLED (D), [1;5]
.118    CANCEL REASON (P9002274.31'), [1;8]
.12     BILL TYPE (NJ3,0), [0;12]
.13     BILLING LOCATION (P9999999.06'), [0;13]
.14     EXPORT MODE (P9002274.08'), [0;14]
.17     DATE CREATED (D), [0;17]
11      PCC VISIT (Multiple-9002274.3211), [11;0]
.01     PCC VISIT (P9000010'), [0;1]
.02     VISIT STATUS (S), [0;2]
41      PROVIDER (Multiple-9002274.3241), [41;0]
.01     PROVIDER (P200'), [0;1]
.02     TYPE (S), [0;2]
.03     OLD NAME FROM FILE (F), [0;3]

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File: 3P CLAIM PENDING STATUS Global: ^ABMPSTAT(File#: 9002274.33

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.001 STATUS NUMBER (NJ4,0), [ ]
.01 STATUS (RF), [0;1]
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File: 3P CONDITION INDICATORS Global: ^ABMCNDIN(File#: 9002274.34

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.01 NUMBER (RNJ2,0X), [0;1]
.02 DESCRIPTION (F), [0;2]
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File: 3P REFERENCE LAB LOCATIONS Global: ^ABMRLABS(File#: 9002274.35

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.01 VENDOR NAME (RP9999999.11'), [0;1]
.02 CLIA# (RF), [0;2]
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File: 3P CPT TABLE Global: ^ABMDCPT(File#: 9002274.37

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.01 LEVEL (RF), [0;1]
2 TYPE (RF), [0;2]
3 SUBTYPE (F), [0;3]
4 CPT LOW (NJ5,0), [0;4]
5 CPT HIGH (NJ5,0), [0;5]
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File: 3P BILL Global: ^ABMDBILL(DUZ(2) File#: 9002274.4

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.01 BILL NUMBER (RFI), [0;1]
.02 BILL TYPE (FXa), [0;2]
.021 ICD INDICATOR (S), [0;21]
.022 MANUAL,SPLIT CLAIM (S), [0;22]
.03 VISIT LOCATION (*P9999999.06'), [0;3]
.04 BILL STATUS (S), [0;4]
.05 PATIENT (P9000001'), [0;5]
.06 EXPORT MODE (P9002274.08'), [0;6]
.07 VISIT TYPE (P9002274.8'), [0;7]
.08 ACTIVE INSURER (P9999999.18'), [0;8]
.09 PROCEDURE CODING METHOD (S), [0;9]
.1 CLINIC (P40.7'), [0;10]
.11 CHART REVIEWED (Y/N) (S), [1;1]
.111 BILL CANCELLED BY (P200'), [1;11]
.112 BILL CANCELLATION DATE (D), [1;12]
.113 REASON FOR CANCELLATION (P9002274.47'), [1;13]
.114 MASTER TAX ID# (F), [1;14]
.115 OTHER BILL IDENTIFIER (F), [1;15]
.12 REVIEWING OFFICIAL (P200'), [1;2]
.1211 PATIENT WEIGHT (LBS) (NJ3,0), [12;11]
.1212 TYPE OF TRANSPORT (S), [12;12]
.1213 TRANSPORTED TO/FOR (S), [12;13]
.1214 POINT OF PICKUP MODIFIER (S), [12;14]
.1215 MEDICAL NECESSITY IND (S), [12;15]
.1216 DEST MODIFIER (S), [12;16]
.122 POINT OF PICKUP ORIGIN (F), [12;2]
.123 POINT OF PICKUP ADDRESS (F), [12;3]
.124 POINT OF PICKUP CITY (F), [12;4]
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.125 POINT OF PICKUP STATE (P5'), [12;5]
.126 POINT OF PICKUP ZIP (FX), [12;6]
.127 DESTINATION (V), [12;7]
.128 COVERED MILEAGE (NJ3,0), [12;8]
.129 NON-COVERED MILEAGE (NJ3,0), [12;9]
.13 DATE REVIEWED (D), [1;3]
.14 APPROVING OFFICIAL (P200'), [1;4]
.15 DATE/TIME APPROVED (D), [1;5]
.16 EXPORT STATUS (S), [1;6]
.17 EXPORT NUMBER (P9002274.6'), [1;7]
.175 EXPORT NUMBER RE-EXPORT (Multiple-9002274.4074), [74;0]
      .01 EXPORT NUMBER RE-EXPORT (P9002274.6'), [0;1]
      .02 STATUS (S), [0;2]
      .03 GROUP CONTROL NUMBER (NJ6,0), [0;3]
.18 DATE TX'ED TO AR (P9002274.9'), [1;8]
.19 BILLING LOCATION (P9999999.06'), [1;9]
.21 BILL AMOUNT (NJ9,2), [2;1]
.22 INSURER TYPE (S), [2;2]
.23 GROSS AMOUNT (NJ9,2), [2;3]
.24 REBILL WRITE-OFF (S), [2;4]
.25 *UNCOLLECTED BALANCE (NJ8,2), [2;5]
.26 A/R BILL LOCATION (F), [2;6]
.27 ORIGINAL BILL AMOUNT (NJ9,2), [2;7]
.28 FLAT RATE AMOUNT (NJ8,2), [2;8]
.29 LINE ITEM CONTROL# - FLAT RATE (F), [2;9]
.43 NUMBER X-RAYS INCLUDED (NJ2,0), [4;3]
.44 ORTHODONTIC RELATED (S), [4;4]
.45 ORTHODONTIC PLACEMENT DATE (D), [4;5]
.46 PROTHESIS INCLUDED (S), [4;6]
.47 PRIOR PLACEMENT DATE (D), [4;7]
.48 CASE NUMBER (F), [4;8]
.49 RESUBMISSION (CONTROL) NUMBER (Fa), [4;9]
.51 ADMISSION TYPE (*P9002274.03'), [5;1]
.511 REFERRAL NUMBER (F), [5;11]
.512 PRIOR AUTHORIZATION NUMBER (F), [5;12]
.52 ADMISSION SOURCE/NEWBORN CODE (*P9002274.03'), [5;2]
.525 NEWBORN DAYS (NJ2,0), [5;10]
.53 DISCHARGE STATUS (*P9002274.03'), [5;3]
.54 PSRO APPROVAL CODE (*P9002274.03'), [5;4]
.55 PSRO APPROVED STAY FROM (D), [5;5]
.56 PSRO APPROVED STAY THRU (D), [5;6]
.57 PROF COMP DAYS (NJ3,0), [5;7]
.58 PRO AUTHORIZATION NUMBER (F), [5;8]
.59 ADMITTING DIAGNOSIS (P80'), [5;9]
.61 ADMISSION DATE (DX), [6;1]
.62 ADMISSION HOUR (NJ2,0), [6;2]
.63 DISCHARGE DATE (DX), [6;3]
.64 DISCHARGE HOUR (NJ2,0), [6;4]
.66 NON-COVERED DAYS (NJ3,0), [6;6]
.67 CO-INSURANCE DAYS (NJ2,0), [6;7]
.68 LIFETIME RESERVE DAYS (NJ2,0), [6;8]
.69 NUMBER OF OUTPATIENT VISITS (NJ2,0), [6;9]
.71 SERVICE DATE FROM (DX), [7;1]
.711 RELEASE OF INFORMATION DATE (D), [7;11]
.712 ASSIGNMENT OF BENEFITS DATE (D), [7;12]
.713 PROPERTY/CASUALTY CLAIM NUMBER (F), [7;13]
.714 HEARING/VISION RX DATE (D), [7;14]
.715 START DISABILITY DATE (D), [7;15]
.716 END DISABILITY DATE (D), [7;16]
.717 DATE LAST WORKED (D), [7;17]
.718 DATE AUTH TO RETURN TO WORK (D), [7;18]

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.719    ASSUMED CARE DATE (D), [7;19]
.72     SERVICE DATE TO (D), [7;2]
.721    RELINQUISHED CARE DATE (D), [7;21]
.722    PROP/CASUALTY DT 1ST CONTACT (D), [7;22]
.723    PATIENT PAID AMOUNT (NJ9,2), [7;23]
.724    SPINAL MANIPULATION COND CODE (S), [7;24]
.725    PROP/CASUAL PATIENT ID (S), [7;25]
.726    PROP/CASUAL PATIENT NUMBER (F), [7;26]
.727    ACUTE MANIFESTATION DATE (D), [7;27]
.73     COVERED DAYS (NJ3,0), [7;3]
.74     RELEASE OF INFORMATION (S), [7;4]
.75     ASSIGNMENT OF BENEFITS (S), [7;5]
.76     PINTS OF BLOOD FURNISHED (NJ2,0), [7;6]
.77     PINTS OF BLOOD REPLACED (NJ2,0), [7;7]
.78     PINTS OF BLOOD NOT REPLACED (NJ2,0), [7;8]
.79     BLOOD DEDUCTIBLE PINTS (NJ1,0), [7;9]
.81     OUTSIDE LAB CHARGES (NJ8,2), [8;1]
.816    ACCIDENT STATE (P5'), [8;16]
.82     INJURY DATE (D), [8;2]
.821    VISION CONDITION INFO (S), [8;21]
.822    VISION CERT. CONDITION IND (S), [8;22]
.823    INITIAL TREATMENT DATE (D), [8;23]
.824    EXP35 FL 17 PROVIDER NAME (FX), [8;24]
.825    EXP35 FL17 PROVIDER TYPE (S), [8;25]
.826    EXP35 FL17 PROVIDER NPI (FX), [8;26]
.83     ACCIDENT TYPE (S), [8;3]
.84     ACCIDENT HOUR (NJ2,0), [8;4]
.85     EMERGENCY (Y/N) (S), [8;5]
.855    EMERGENCY ROOM SUR-CHARGE (NJ6,2), [8;10]
.857    E-CODE (P80'X), [8;12]
.858    E-CODE (2) (P80'X), [8;19]
.859    E-CODE (3) (P80'X), [8;20]
.86     DATE OF FIRST SYMPTOM (D), [8;6]
.87     DATE OF FIRST CONSULTATION (D), [8;7]
.88     REFERRING PHYSICIAN (FX), [8;8]
.884    REFERRING PHYS ID QUALIFIER (S), [8;18]
.885    REFER PHYSICIAN ID NO. (F), [8;11]
.886    REFER PHYSICIAN PERSON CLASS (P8932.1'), [8;13]
.887    REF PHYSICIAN PROVIDER CLASS (P7'), [8;14]
.888    REFER PHYSICIAN TAXONOMY CODE (P9002274.95'), [8;15]
.889    REFER PROV NPI (FX), [8;17]
.89     DATE OF SIMILIAR SYMPTOM (D), [8;9]
.91     EMPLOYMENT RELATED (Y/N) (S), [9;1]
.911    DATE LAST SEEN (D), [9;11]
.912    SUPERVISING PROV(FL19) (F), [9;12]
.913    DATE OF LAST X-RAY (D), [9;13]
.914    HOMEBOUND INDICATOR (S), [9;14]
.915    HOSPICE EMPLOYED PROVIDER (S), [9;15]
.916    DELAYED REASON CODE (*P9002274.03'), [9;16]
.918    ORAL IMAGES (NJ2,0), [9;18]
.919    MODEL(S) (NJ2,0), [9;19]
.92     DATE ABLE TO WORK (D), [9;2]
.921    OTHER DENTAL CHARGES (NJ8,2), [9;21]
.922    IN-HOUSE CLIA# (F), [9;22]
.923    REFERENCE LAB CLIA# (P9002274.35'), [9;23]
.93     TOTAL DISABILITY FROM DATE (D), [9;3]
.94     TOTAL DISABILITY TO DATE (D), [9;4]
.95     PARTIAL DISABILITY FROM DATE (D), [9;5]
.96     PARTIAL DISABILITY TO DATE (D), [9;6]
.97     *REVENUE CODE (P9999999.72'), [9;7]
.98     *REVENUE CHARGE (NJ7,2), [9;8]

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.99     PRE-PAYMENT AMOUNT (NJ7,2), [9;9]
3      PAYMENT (Multiple-9002274.403), [3;0]
.001   PAYMENT NUMBER (NJ2,0), [ ]
.01    PAYMENT DATE (D), [0;1]
.02    AMOUNT (RNJ8,2), [0;2]
.03    DEDUCTIBLE AMOUNT (NJ7,2), [0;3]
.04    CO-INSURANCE AMOUNT (NJ7,2), [0;4]
.05    DENIAL REASON (*P9002274.7'), [0;5]
.06    WRITE OFF (NJ8,2), [0;6]
.07    NON-COVERED (NJ8,2), [0;7]
.08    IMPORTED FROM AO TRK (S), [0;8]
.09    PENALTY AMOUNT (NJ8,2), [0;9]
.1     PAYMENTS FROM A/R (NJ8,2), [0;10]
.11    PREVIOUS PAYMENTS FROM 3PB (NJ8,2), [0;11]
.12    GROUPER ALLOWANCE (NJ9,2), [0;12]
.13    REFUND (NJ8,2), [0;13]
.14    PAYMENT ADJUSTMENTS FROM A/R (NJ8,2), [0;14]
.15    ADJUSTMENT CATEGORY (P90052.01'), [0;15]
.16    ADJUSTMENT TYPE (P90052.02'), [0;16]
.17    STD ADJUSTMENT REASON (P90056.06'), [0;17]
      .18 INCLUDE AMT IN BILL BALANCE? (S), [0;18]
8.5    VISION CONDITION INDICATORS (Multiple-9002274.4085), [8.5;0]
      .01 VISION CONDITION INDICATORS (MS), [0;1]
10     HCFA 1500-B LINE 19 (F), [10;1]
11     PCC Visit (Multiple-9002274.4011), [11;0]
.01    PCC VISIT (M*P9000010'X), [0;1]
.02    VISIT STATUS (S), [0;2]
13     Insurer (Multiple-9002274.4013), [13;0]
.01    INSURER (MP9999999.18'X), [0;1]
.011   REPLACEMENT INSURER (P9999999.18'), [0;11]
      .013 VETERANS (VAMB) ELIGIBLE (NJ7,0), [0;13]
.02    PRIORITY (NJ2,0), [0;2]
.03    STATUS (S), [0;3]
.04    MEDICARE MULTIPLE (NJ6,0), [0;4]
.05    RAILROAD MULTIPLE (NJ6,0), [0;5]
.06    MEDICAID ELIG POINTER (*P9000004'), [0;6]
.07    MEDICAID MULTIPLE (NJ4,0), [0;7]
.08    PRIVATE INSURANCE MULTIPLE (NJ6,0), [0;8]
      .12 CLAIM CHECK OR REMIT DATE (D), [0;12]
11     COVERAGE TYPE (Multiple-9002274.401311), [11;0]
.01    COVERAGE TYPE (M*P9999999.65'X), [0;1]
14     MED NECESSITY COND (Multiple-9002274.414), [14;0]
.01    MED NECESSITY COND (P9002274.34'), [0;1]
15     APC Visit (Multiple-9002274.4015), [15;0]
.01    APC Visit (P1800018'X), [0;1]
17     Diagnosis (Multiple-9002274.4017), [17;0]
.01    DIAGNOSIS (M*P80'X), [0;1]
.02    PRIORITY ORDER (NJ2,0), [0;2]
.03    PROVIDER'S NARRATIVE (RP9999999.27), [0;3]
      .04 E-CODE (P80'), [0;4]
.05    PRESENT ON ADMISSION INDICATOR (S), [0;5]
      .06 ICD INDICATOR (S), [0;6]
      .07 EXTERNAL CAUSE 2 (P80'X), [0;7]
      .08 EXTERNAL CAUSE 3 (P80'X), [0;8]
      .09 PLACE OF OCCURRENCE (P80'X), [0;9]
11     SNOMED CONCEPT ID (F), [1;1]
12     SNOMED PREFERRED TERM (CJ60), [ ; ]
13     SNOMED DESCRIPTION ID (F), [1;3]
14     SNOMED DESC ID PREFERRED TERM (CJ60), [ ; ]
15     PRIMARY SNOMED (F), [1;5]
16     PRIMARY SNOMED PREFERRED TERM (CJ60), [ ; ]

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21 DUAL CODING ICD-9 CODE (P80'), [2;1]
22 DUAL CODING ICD-9 NARRATIVE (CJ60), [ ; ]
23 DUAL CODING CAUSE (E-CODE) (P80'), [2;3]
24 DUAL CODING CAUSE (E-CODE) #2 (P80'), [2;4]
25 DUAL CODING CAUSE (E-CODE) #3 (P80'), [2;5]
26 PLACE OF OCCURRENCE (E849) (P80'X), [2;6]

19 ICD Procedure (Multiple-9002274.4019), [19;0]
.01 ICD Procedure (MP80.1'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 DATE of SERVICE (RD), [0;3]
.04 PROVIDER'S NARRATIVE (RP9999999.27), [0;4]
    .06 ICD INDICATOR (S), [0;6]
    .17 DATA SOURCE (F), [0;17]
    11 SNOMED CT (F), [1;1]
    12 SNOMED CT PREFERRED TERM (CJ60), [ ; ]
    21 DUAL CODING ICD-9 PROCEDURE (P80.1'), [2;1]
    22 DUAL CODING ICD-9 DX CODE (P80'), [2;2]
21 Med/Surg Procedure (Multiple-9002274.4021), [21;0]
.01 SURGICAL (M*P81'X), [0;1]
.02 PRIORITY ORDER (NJ2,0), [0;2]
.03 REVENUE CODE (P9999999.72'), [0;3]
.04 CORRESPONDING DIAGNOSIS (F), [0;4]
.05 SERVICE FROM DATE/TIME (RD), [0;5]
.06 PROVIDER NARRATIVE (RP9999999.27), [0;6]
.07 UNIT CHARGE (RNJ8,20), [0;7]
.08 AUTO ICD-CORRELATOR UNRESOLVED (S), [0;8]
.09 MODIFIER (FX), [0;9]
.11 SECOND MODIFIER (FX), [0;11]
.12 THIRD MODIFIER (FX), [0;12]
.13 UNITS (NJ3,0), [0;13]
.14 *PROVIDER (P200'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402118), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
.19 SERVICE TO DATE/TIME (D), [0;19]
    21 LINE ITEM CONTROL NUMBER (F), [2;1]
    22 CPT NARRATIVE (F), [2;2]
23 Pharmacy (Multiple-9002274.4023), [23;0]
.01 MEDICATION (MP50'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ5,0), [0;3]
.04 UNIT COST (RNJ10,5), [0;4]
.05 DISPENSE FEE (NJ6,2), [0;5]
.06 PRESCRIPTION (F), [0;6]
.07 IV ADDITIVE (P52.6'), [0;7]
.08 IV SOLUTION (P52.7'), [0;8]
.09 IV NARRATIVE (F), [0;9]
.1 NON-RX PROVIDER (P200'), [0;10]
.11 NON-RX DAYS SUPPLY (NJ3,0), [0;11]
.12 NON-RX REFILL NUMBER (NJ2,0), [0;12]
.13 CORRESPONDING DIAGNOSIS (F), [0;13]
.14 SERVICE FROM DATE/TIME (D), [0;14]
.15 IV TYPE (S), [0;15]
.16 TIMES DISPENSED (NJ3,0), [0;16]
.17 DATA SOURCE (FX), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402318), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]

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.02 TYPE (S), [0;2]
.19 NEW/REFILL CODE (NJ2,0), [0;19]
.2 DAYS SUPPLY (NJ3,0), [0;20]
.21 NON-RX PHARMACIST (P200'), [0;21]
.22 RX FILE POINTER (P52'), [0;22]
.24 NDC (F), [0;24]
.25 DATE WRITTEN (D), [0;25]
.26 DATE DISCONTINUED (D), [0;26]
.27 RETURNED TO STOCK (D), [0;27]
.28 SERVICE TO DATE/TIME (D), [0;28]
.29 CPT CODE (P81'), [0;29]
    .31 MODIFIER (FX), [2;3]
    .32 SECOND MODIFIER (FX), [2;4]
    .33 THIRD MODIFIER (FX), [2;5]
    21 LINE ITEM CONTROL NUMBER (F), [2;1]
    22 CPT NARRATIVE (F), [3;2]
25 Revenue Code (Multiple-9002274.4025), [25;0]
.01 REVENUE CODE (MP9999999.72'X), [0;1]
.02 UNITS (RNJ3,0), [0;2]
.03 UNIT CHARGE (RNJ7,20), [0;3]
.04 OR START DATE/TIME (D), [0;4]
.05 OR STOP TIME (D), [0;5]
.06 OR TIME CHARGE (NJ8,2), [0;6]
.07 CPT CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
    15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;15]
    21 LINE ITEM CONTROL NUMBER (F), [2;1]
    22 CPT NARRATIVE (F), [2;2]
27 Medical Procedures (Multiple-9002274.4027), [27;0]
.01 MEDICAL (CPT) (M*P81'X), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (NJ3,0), [0;3]
.04 UNIT CHARGE (NJ6,20), [0;4]
.05 MODIFIER (P9002274.07'X), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.1 *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.402718), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
    15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
    21 LINE ITEM CONTROL NUMBER (F), [2;1]
    22 CPT NARRATIVE (F), [2;2]
33 Dental (Multiple-9002274.4033), [33;0]
.01 DENTAL (ADA CODE) (MP9999999.31'), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 DENTAL (CPT CODE) (*P81'), [0;3]
.04 CORRESPONDING DIAGNOSIS (F), [0;4]
.05 OPERATIVE SITE (P9002010.03'), [0;5]
.06 SURFACE (FX), [0;6]
.07 DATE of SERVICE (RD), [0;7]
.08 CHARGE (RNJ7,20), [0;8]
.09 UNITS (NJ2,0), [0;9]
.11 AREA OF ORAL CAVITY (S), [0;11]
.12 TOOTH SYSTEM (S), [0;12]

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.17 DATA SOURCE (F), [0;17]
      .18 SERVICE LINE PROVIDER (Multiple-9002274.403318), [P;0]
          .01 SERVICE LINE PROVIDER (P200'), [0;1]
          .02 TYPE (S), [0;2]
              21 LINE ITEM CONTROL NUMBER (F), [2;1]
35      Radiology (Multiple-9002274.4035), [35;0]
.01 RADIOLOGY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'X), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,20), [0;4]
.05 MODIFIER (FX), [0;5]
.06 SECOND MODIFIER (FX), [0;6]
.07 THIRD MODIFIER (FX), [0;7]
.08 CORRESPONDING DIAGNOSIS (F), [0;8]
.09 SERVICE FROM DATE/TIME (D), [0;9]
.1  *PROVIDER (P200'), [0;10]
.12 SERVICE TO DATE/TIME (D), [0;12]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.403518), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
      21 LINE ITEM CONTROL NUMBER (F), [2;1]
      22 CPT NARRATIVE (F), [2;2]
37      Laboratory (Multiple-9002274.4037), [37;0]
.01 LABORATORY (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 UNITS (RNJ2,0), [0;3]
.04 UNIT CHARGE (RNJ7,20), [0;4]
.05 SERVICE FROM DATE/TIME (D), [0;5]
.06 MODIFIER (FX), [0;6]
.07 SECOND MODIFIER (FX), [0;7]
.08 THIRD MODIFIER (FX), [0;8]
.09 CORRESPONDING DIAGNOSIS (F), [0;9]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.403718), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
.19 TYPE OF TEST RESULT (S), [0;19]
.21 TEST RESULT (NJ4,1), [0;21]
      .22 TEST DATE (D), [0;22]
          21 LINE ITEM CONTROL NUMBER (F), [2;1]
          22 CPT NARRATIVE (F), [2;2]
39      Anesthesia (Multiple-9002274.4039), [39;0]
.01 ANESTHESIA (CPT CODE) (M*P81'X), [0;1]
.02 REVENUE CODE (*P9999999.72'), [0;2]
.03 TIME CHARGE (NJ8,2), [0;3]
.04 BASE CHARGE (RNJ7,20), [0;4]
.05 DATE/TIME (D), [0;5]
.06 MODIFIER (FX), [0;6]
.07 START DATE/TIME (D), [0;7]
.08 STOP DATE/TIME (D), [0;8]
.09 OBSTETRICAL? (S), [0;9]
.1  CORRESPONDING DIAGNOSIS (F), [0;10]

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.11 *PROVIDER (P200'), [0;11]
.12 UNITS (NJ3,0), [0;12]
.13 UNIT CHARGE (NJ8,2), [0;13]
.14 SECOND MODIFIER (FX), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.403918), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
.19 THIRD MODIFIER (F), [0;19]
    21 LINE ITEM CONTROL NUMBER (F), [2;1]
    22 CPT NARRATIVE (F), [2;2]
41    Providers (Multiple-9002274.4041), [41;0]
.01 PROVIDER (MP200'), [0;1]
.02 TYPE (RS), [0;2]
.03 OLD NAME FROM FILE 16 (F), [0;3]
43    Misc. Services (Multiple-9002274.4043), [43;0]
.01 MISC. SERVICE (CPT) (MP81'), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ6,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]
.11 *PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
.18 SERVICE LINE PROVIDER (Multiple-9002274.404318), [P;0]
.01 SERVICE LINE PROVIDER (MP200'), [0;1]
.02 TYPE (S), [0;2]
    11 QTY/LENGTH MEDICAL NECESSITY (NJ15,0), [1;1]
    12 MONETARY AMT/DME RENTAL PRICE (NJ18,2), [1;2]
    13 MONETARY AMT/DME PURCH. PRICE (NJ18,2), [1;3]
    14 FRQ CODE/RENTAL UNIT PRICE IND (S), [1;4]
    15 IMMUNIZATION LOT/BATCH NUMBER (F), [1;5]
    21 LINE ITEM CONTROL NUMBER (F), [2;1]
    22 CPT NARRATIVE (F), [2;2]
45    Charge Master (Multiple-9002274.4045), [45;0]
.01 ITEM (MP9002274.75'), [0;1]
.02 CHARGE DATE (D), [0;2]
.03 QUANTITY (NJ3,0), [0;3]
.04 UNIT PRICE (NJ8,2), [0;4]
.05 REVENUE CODE (P9999999.72'), [0;5]
.06 CORRESPONDING DX (F), [0;6]
.07 HCPCS CODE (P81'), [0;7]
.17 DATA SOURCE (F), [0;17]
    21 LINE ITEM CONTROL NUMBER (F), [2;1]
    22 CPT NARRATIVE (F), [2;2]
47    AMBULANCE SERVICE (Multiple-9002274.4047), [47;0]
.01 AMBULANCE SERVICE (P81'), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 UNITS (RNJ3,0), [0;3]
.04 UNIT CHARGE (RNJ7,2), [0;4]
.05 MODIFIER (FX), [0;5]
.06 CORRESPONDING DIAGNOSIS (F), [0;6]
.07 SERVICE FROM DATE/TIME (D), [0;7]

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.08 SECOND MODIFIER (FX), [0;8]
.09 THIRD MODIFIER (FX), [0;9]
.11 PROVIDER (P200'), [0;11]
.12 SERVICE TO DATE/TIME (D), [0;12]
.13 IN-HOUSE CLIA# (F), [0;13]
.14 REFERENCE LAB CLIA# (P9002274.35'), [0;14]
.15 HCFA POS (*P9002274.03'), [0;15]
.16 HCFA TOS (*P9002274.03'), [0;16]
.17 DATA SOURCE (F), [0;17]
      .18 SERVICE LINE PROVIDER (Multiple-9002274.404718), [P;0]
            .01 SERVICE LINE PROVIDER (P200'), [0;1]
            .02 TYPE (S), [0;2]
            21 LINE ITEM CONTROL NUMBER (F), [2;1]
            22 CPT NARRATIVE (F), [2;2]
51 Occurance Code (Multiple-9002274.4051), [51;0]
.01 OCCURANCE (M*P9002274.03'), [0;1]
.02 OCCURANCE DATE (RD), [0;2]
53 Condition Code (Multiple-9002274.4053), [53;0]
.01 CONDITION CODE (M*P9002274.03'X), [0;1]
55 Value Codes (Multiple-9002274.4055), [55;0]
.01 VALUE CODES (M*P9002274.03'), [0;1]
.02 AMOUNT (RNJ9,20), [0;2]
57 Occurance Span Code (Multiple-9002274.4057), [57;0]
.01 OCCURANCE SPAN CODE (M*P9002274.03'), [0;1]
.02 FROM DATE (RD), [0;2]
.03 TO DATE (RD), [0;3]
59 Special Program Code (Multiple-9002274.4059), [59;0]
.01 SPECIAL PROGRAM CODE (M*P9002274.03'X), [0;1]
.02 EPSDT REFERRAL? (S), [0;2]
.03 REFERRAL REASON (Multiple-9002274.405901), [1;0]
.01 REFERRAL REASON (S), [0;1]
61 REMARKS (Multiple-9002274.4061), [61;0]
.01 REMARKS (MF), [0;1]
65 ACTIVE BILLS (Multiple-9002274.4065), [65;0]
.01 ACTIVE BILLS (MP9002274.4'X), [0;1]
67 DATE STMT WAS PRINTED (Multiple-9002274.4067), [67;0]
.01 DATE STMT WAS PRINTED (D), [0;1]
.02 USER WHO PRINTED STMT (P200'), [0;2]
.03 STMT NOTE (F), [0;3]
69 UFMS TRANSMISSION DATE (Multiple-9002274.469), [69;0]
.01 UFMS TRANSMISSION DATE (P9002274.46'), [0;1]
.02 UFMS INVOICE NUMBER (F), [0;2]
.03 EXCLUDED FROM EXPORT (S), [0;3]
73 POS REJECTIONS (Multiple-9002274.4073), [73;0]
      .01 POS REJECTION CODE (FX), [0;1]
      .02 POS REJECTION REASON (F), [0;2]
      .03 REJECTION DATE (D), [0;3]
121 MSP REASON (S), [12;1]
411 RESUBMISSION (CONTROL) NOTE (Fa), [4;11]
412 PT STMT MESSAGE (F), [4;12]
413 ORTHO TRTMT MTHS REMAINING (NJ2,0), [4;13]
710 CLAIM ATTACHMENTS (Multiple-9002274.4071), [71;0]
      .01 CLM ATTCH REPORT TYPE CODE (P9002274.03'), [0;1]
      .02 REPORT TRANS CODE (S), [0;2]
      .03 ATTACHMENT CONTROL NUMBER (F), [0;3]
924 SUPERVISING PROVIDER (F), [9;24]
925 SUPERVISING PRV NPI (FX), [9;25]
1217 ORIGINAL MSP REASON (F), [12;17]
1218 AMBULANCE PATIENT COUNT (NJ3,0), [12;18]

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**File: 3P UFMS INSURER TYPE/BUDGET ACTIVITY Global: ^ABMUITBA
File#: 9002274.41**

```
.01     INSURER TYPE (RS), [0;1]
.02     BUDGET ACTIVITY (F), [0;2]
.03     EFFECTIVE DATE (D), [0;3]
.04     END DATE (D), [0;4]
.05     AREA (P9999999.21'), [0;5]
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**File: 3P UFMS CLINIC/COST CENTER Global: ^ABMUCTCC(
File#: 9002274.42**

```
.01     CLINIC CODE (RF), [0;1]
.02     CLINIC DESCRIPTION (F), [0;2]
.03     COST CENTER (F), [0;3]
.04     EFFECTIVE DATE (D), [0;4]
.05     END DATE (D), [0;5]
.06     COST CENTER DESCRIPTION (F), [0;6]
```

File: 3P UFMS EXCLUSION TABLE Global: ^ABMUXCLD(File#: 9002274.44

```
.01     LOCATION (RP9999999.06'X), [0;1]
.02     EFFECTIVE DATE (Multiple-9002274.441), [1;0]
.01     EFFECTIVE DATE (MD), [0;1]
.02     END DATE (D), [0;2]
.03     CLINIC (P40.7'), [0;3]
.04     INSURER TYPE (S), [0;4]
```

**File: 3P UFMS CASHIERING SESSIONS Global: ^ABMUCASH(
File#: 9002274.45**

```
.01     LOCATION (RP9999999.06'X), [0;1]
.02     USER (Multiple-9002274.4502), [10;0]
.01     USER (P200'X), [0;1]
.02     SIGN IN DATE (Multiple-9002274.45102), [20;0]
.01     SIGN IN DATE (DX), [0;1]
.02     SESSION NUMBER (NJ9,0), [0;2]
.03     SIGN OUT DATE (D), [0;3]
.04     SESSION STATUS (S), [0;4]
.05     SESSION TOTAL BILLS (F), [0;5]
.06     SESSION TOTAL AMOUNT (NJ12,2), [0;6]
.07     RECONCILED DATE (D), [0;7]
.08     TRANSMITTED DATE (D), [0;8]
.09     REOPENED DATE (D), [0;9]
.11     BENEFICIARY CLAIM/BILL COUNT (F), [0;11]
11     BUDGET ACTIVITY (Multiple-9002274.4510211), [11;0]
.01     BUDGET ACTIVITY (S), [0;1]
1     CANCELLED CLAIMS (Multiple-9002274.45102111), [1;0]
.01     CANCELLED CLAIMS (F), [0;1]
.02     DUZ(2) (P9999999.06'), [0;2]
.03     IEN (NJ9,0), [0;3]
2     APPROVED BILLS (Multiple-9002274.45102112), [2;0]
.01     APPROVED BILLS (F), [0;1]
.02     DUZ(2) (P9999999.06'), [0;2]
.03     IEN (NJ11,0), [0;3]
3     CANCELLED BILLS (Multiple-9002274.45102113), [3;0]
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.01 CANCELLED BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]
12 REQUEUED BILLS (Multiple-9002274.4510212), [12;0]
.01 REQUEUED BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]
13 REQUEUED BATCHES (Multiple-9002274.4510213), [13;0]
.01 REQUEUED BATCHES (P9002274.46'), [0;1]
.03 POS CLAIMS (Multiple-9002274.4503), [20;0]
.01 POS CLAIMS (F), [0;1]
.02 SIGN IN DATE (Multiple-9002274.45302), [20;0]
.01 SIGN IN DATE (DX), [0;1]
.03 SIGN OUT DATE (D), [0;3]
.04 SESSION STATUS (S), [0;4]
.05 SESSION TOTAL BILLS (F), [0;5]
.06 SESSION TOTAL AMOUNT (NJ11,0), [0;6]
.07 RECONCILED DATE (D), [0;7]
.08 TRANSMITTED DATE (D), [0;8]
.09 REOPENED DATE (D), [0;9]
11 BUDGET ACTIVITY (Multiple-9002274.4530211), [11;0]
.01 BUDGET ACTIVITY (S), [0;1]
.02 APPROVED BILLS (Multiple-9002274.45302112), [2;0]
.01 APPROVED BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]

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File: 3P UFMS EXPORTS Global: ^ABMUTXMT(File#: 9002274.46

```

.001 EXPORT NUMBER (NJ12,0), [ ]
.01 EXPORT DATE (RD), [0;1]
.02 FILE NAME (F), [0;2]
.03 EXPORTING PERSON (P200'), [0;3]
.04 LOCATION (P9999999.06'), [0;4]
1 USER (Multiple-9002274.461), [1;0]
.01 USER (P200'), [0;1]
.02 SIGN IN DATE (Multiple-9002274.46102), [2;0]
.01 SIGN IN DATE (D), [0;1]
3 RE-EXPORTS (Multiple-9002274.461023), [3;0]
.01 RE-EXPORTS (P9002274.46'), [0;1]
11 BUDGET ACTIVITY (Multiple-9002274.461211), [11;0]
.01 BUDGET ACTIVITY (S), [0;1]
2 BILLS (Multiple-9002274.4612112), [2;0]
.01 BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]
.04 BILL AMOUNT (NJ14,2), [0;4]
.05 EXCLUDED FROM EXPORT (S), [0;5]
2 POS CLAIMS (Multiple-9002274.462), [2;0]
.01 POS CLAIMS (F), [0;1]
.02 SIGN IN DATE (Multiple-9002274.46202), [2;0]
.01 SIGN IN DATE (D), [0;1]
11 BUDGET ACTIVITY (Multiple-9002274.462211), [11;0]
.01 BUDGET ACTIVITY (S), [0;1]
.02 BILLS (Multiple-9002274.4622112), [2;0]
.01 BILLS (F), [0;1]
.02 DUZ(2) (P9999999.06'), [0;2]
.03 IEN (NJ11,0), [0;3]
.04 BILL AMOUNT (NJ14,2), [0;4]

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File: 3P CANCEL BILL REASONS Global: ^ABMCBILR(File#: 9002274.47

| | |
|------|---------------------|
| .001 | NUMBER (NJ6,0), [] |
| .01 | REASON (RF), [0;1] |

File: 3P PARAMETERS Global: ^ABMDPARM(DUZ(2) File#: 9002274.5

| | |
|------|---|
| .01 | FACILITY (RP9999999.06'X), [0;1] |
| .02 | *EMERGENCY ROOM FEE (RNJ6,2), [0;2] |
| .03 | OP RX DISPENSE FEE (RNJ5,2), [0;3] |
| .04 | UB-82 LEFT MARGIN (NJ2,0), [0;4] |
| .05 | UB-82 TOP MARGIN (NJ2,0), [0;5] |
| .06 | HCFA-1500 LEFT MARGIN (NJ2,0), [0;6] |
| .07 | HCFA-1500 TOP MARGIN (NJ2,0), [0;7] |
| .08 | SUPERVISORY APPROVAL REQ'D (S), [0;8] |
| .09 | CURRENT DEFAULT FEE SCHEDULE (RP9002274.01'), [0;9] |
| .11 | LABEL LEFT MARGIN (NJ2,0), [0;11] |
| .12 | LABEL TOP MARGIN (NJ2,0), [0;12] |
| .13 | REQUIRE FORCED QUEUEING (S), [0;13] |
| .14 | DISPLAY LONG ICD/CPT NARRATIVE (S), [0;14] |
| .15 | SETUP COMPLETED (S), [0;15] |
| .16 | BACKBILLING LIMIT (MONTHS) (RNJ2,0), [0;16] |
| .17 | HCFA 1500 - BLCK 31 (S), [0;17] |
| .18 | BILL ALL PATIENTS (S), [0;18] |
| .185 | SHOW BENE PAT ALL BILLS? (S), [0;10] |
| .19 | INIT BACK BILL DATE (D), [0;19] |
| .21 | DATE LAST VISIT-ELIG CHK (D), [2;1] |
| .22 | AO EXPORT MODE (S), [2;2] |
| .23 | FACILITY TO RECEIVE PAYMENT (RP9999999.06'a), [2;3] |
| .24 | BILL NUMBER SUFFIX (F), [2;4] |
| .25 | PROMPT FOR MODIFIERS (S), [2;5] |
| .26 | PRINTABLE NAME OF PAYMENT SITE (Fa), [2;6] |
| .27 | AUTO SET LEVEL OF SERVICE (S), [2;7] |
| .28 | INACTIVE DAYS BEFORE PURGE (NJ3,0), [2;8] |
| .29 | DEFAULT HCFA-1500 (S), [2;9] |
| .3 | UB-92 Form Locator 38 (S), [2;10] |
| .31 | INSTALL LEVEL (NJ2,0), [3;1] |
| .311 | DEFAULT DENTAL CODE PREFIX (S), [3;11] |
| .312 | VA STATION NUMBER (F), [3;12] |
| .313 | VA CONTRACT NUMBER (F), [3;13] |
| .32 | DEFAULT DENTAL FORM (*P9002274.08'), [3;2] |
| .33 | APPEND HRN TO BILL NUMBER (S), [3;3] |
| .34 | EMC FILE PREFERENCE (S), [3;4] |
| .35 | EXPORT INSURER TYPES (FX), [3;5] |
| .36 | PLACE OF SERVICE CODE (*P9002274.03'), [3;6] |
| .37 | HCFA-1500 SIGNATURE (P200'), [3;7] |
| .38 | UB-92 SIGNATURE (P200'), [3;8] |
| .39 | EMC MM DOMAIN (P4.2'), [3;9] |
| .41 | IV DISPENSE FEE ADMIXTURE (NJ6,2), [4;1] |
| .411 | IN-HOUSE DEFAULT CLIA# (F), [4;11] |
| .412 | REFERENCE LAB DEFAULT CLIA# (P9002274.35'), [4;12] |
| .42 | IV DISPENSE FEE PIGGYBACK (NJ6,2), [4;2] |
| .43 | IV DISPENSE FEE HYPERAL (NJ6,2), [4;3] |
| .44 | IV DISPENSE FEE SYRINGE (NJ6,2), [4;4] |
| .45 | IV DISPENSE FEE CHEMOTHERAPY (NJ6,2), [4;5] |
| .46 | INPATIENT RX DISPENSE FEE (NJ6,2), [4;6] |
| .47 | DEFAULT EMC PATH (FX), [4;7] |
| .48 | ORPHAN LAG TIME (NJ3,0), [4;8] |
| .49 | USE A/R PARENT/SATELLITE? (S), [4;9] |
| .51 | MEDICARE B (S), [5;1] |

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.52 UNCODED DX LAG TIME (DAYS) (NJ3,0), [5;2]
.53 ISA08 VALUE (S), [5;3]
.54 MAMMOGRAPHY CERTIFICATION (F), [5;4]
6 DISPLAY UNBILLABLE INSURER(S) (Multiple-9002274.56), [6;0]
.01 DISPLAY UNBILLABLE INSURER(S) (MP9999999.18'X), [0;1]
11 CLAIM PAGE(s) TO BE SKIPPED (Multiple-9002274.511), [11;0]
.01 CLAIM PAGE(s) TO BE SKIPPED (MSX), [0;1]
15 DEFAULT UNBILLABLE CLINICS (Multiple-9002274.515), [15;0]
.01 DEFAULT UNBILLABLE CLINICS (MP40.7'X), [0;1]
17 DFLT INVALID PRV DISCIPLINES (Multiple-9002274.517), [17;0]
.01 DFLT INVALID PRV DISCIPLINES (MP7'X), [0;1]
19 INSURERS W/O 837 PRV SEGMENT (Multiple-9002274.519), [19;0]
.01 INSURERS W/O 837 PRV SEGMENT (P9999999.18'X), [0;1]
211 STATEMENT HEADER PRINT (F), [2;11]
212 USE NPI OF (*P4'X), [2;12]
213 USE POA INDICATOR? (S), [2;13]
214 PRINT STATEMENT DATE (S), [2;14]
413 UFMS DIRECTORY (F), [4;13]
414 UFMS EXPORT (S), [4;14]
415 UFMS CASHIERING (S), [4;15]
416 UFMS DISPLAY DEFAULT NUMBER (NJ3,0), [4;16]
417 UFMS USE ASUFAC OF (P9999999.06'X), [4;17]

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File: 3P MU PARAMETERS Global: ^ABMMUPRM(File#: 9002274.55

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.01 PATIENT VOLUME (RF), [0;1]
.02 SETUP COMPLETE (S), [0;2]
1 FQHC/RHC FACILITIES (Multiple-9002274.551), [1;0]
.01 FQHC/RHC FACILITIES (MP9999999.06'), [0;1]
.02 FQHC facility led by a PA (S), [0;2]
2 PROVIDER CLASS (Multiple-9002274.552), [2;0]
.01 PROVIDER CLASS (MP7'O), [0;1]

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File: 3P TX STATUS Global: ^ABMDTXST(DUZ(2), File#: 9002274.6

```

.001 EXPORT NUMBER (NJ9,0), [ ]
.01 EXPORT DATE (RDI), [0;1]
.02 EXPORT MODE (P9002274.08'), [0;2]
.03 INSURER TYPE (S), [0;3]
.04 INSURER (P9999999.18'), [0;4]
.05 BILLING CLERK (P200'), [0;5]
.06 DATE TRANSMITTED TO AREA (D), [0;6]
.07 LABELS PRINTED (S), [0;7]
.08 TRANSMITTAL PRINTED (S), [0;8]
.09 NUMBER OF FORMS (NJ4,0), [0;9]
.11 TOTAL CHARGES (NJ9,2), [1;1]
.12 NUMBER OF INSURERS (NJ3,0), [1;2]
.13 MULTIPLE PROVIDERS? (S), [1;3]
.14 EMC FILE NAME (F), [1;4]
.15 BILL TYPE (NJ3,0), [1;5]
.16 GROUP CONTROL NUMBER (NJ6,0), [1;6]
.17 TRANS SET CONTROL# (ST02) (NJ4,0), [1;7]
1 BILLS (Multiple-9002274.61), [2;0]
.01 BILLS (MP9002274.4'X), [0;1]
.02 ATTENDING PROVIDER (P200'), [0;2]
.03 SUBSCRIBER (F), [0;3]
3 SUBMISSION DATE (Multiple-9002274.63), [3;0]
.01 SUBMISSION DATE (D), [0;1]
.02 GROUP CONTROL NUMBER (NJ6,0), [0;2]

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.03 STATUS (S), [0;3]
.04 USER (P200'), [0;4]
.05 REASON (F), [0;5]
.06 TRANS SET CONTROL NUM (ST02) (NJ1,0), [0;6]
.07 3P RECEIVER (P9002274.095'), [0;7]
```

File: 3P DENIAL REASONS Global: ^ABMDDENI(File#: 9002274.7

```
.01 REASON (RF), [0;1]
.02 TYPE OF INSURER (RS), [0;2]
.03 CODE (FX), [0;3]
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File: 3P CHARGE MASTER Global: ^ABMCM(File#: 9002274.75

```
.01 ITEM DESCRIPTION (RF), [0;1]
.02 REVENUE CODE (P9999999.72'), [0;2]
.03 HCPCS CODE (P81'), [0;3]
.04 UPC (F), [0;4]
.05 OTHER IDENTIFIER (F), [0;5]
.06 START DATE (D), [0;6]
.07 STOP DATE (D), [0;7]
.08 COST CENTER (P9999999.58'), [0;8]
```

File: 3P VISIT TYPE Global: ^ABMDTVYP(File#: 9002274.8

```
.001 NUMBER (NJ3,0), [ ]
.01 NAME (RF), [0;1]
.02 UB-92 BILL TYPE (S), [0;2]
1 CLINIC (Multiple-9002274.81), [1;0]
.01 CLINIC (MP40.7'), [0;1]
2 AUTO-LINK TO PCC (Multiple-9002274.82), [2;0]
.01 AUTO-LINK TO PCC (S), [0;1]
.02 DELETE FROM ORIGINAL CLAIM (*S), [0;2]
```

File: 3P PROVIDER TAXONOMY Global: ^ABMPTAX(File#: 9002274.95

```
.01 TAXONOMY CODE (RF), [0;1]
.02 PROVIDER CLASS CODE (F), [0;2]
.03 PERSON CLASS (P8932.1'X), [0;3]
.04 PROV CLASS CODE 2 (F), [0;4]
.05 PROV CLASS CODE 3 (F), [0;5]
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