

4010 and 4010A1 835 ERA

Flat File Spread Sheet

RECORD ONE

Record 01

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10	Header	ISA	06	M	Pg. B.4
						Header	GS	02	M	
2	PAYEE CHAIN ID NUMBER	X15	L	11	25	Header	ISA	08	M	Pg. B.5
						Header	GS	03	M	
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					This line sequence number will be utilized to appropriately sequence records 50 and 51.
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	PRODUCTION / TEST INDICATOR (P or T)	X1	L	126	126	Header	ISA	15	M	Pg. B.6
14	DATA INDICATOR	X1	L	127	127	Header	BPR	01	M	Pg. 45
15	PAYEE PAYMENT AMOUNT	S9(9)V99	R	128	138	Header	BPR	02	M	Pg. 46
16	DEBIT/CREDIT FLAG (C)	X1	L	139	139	Header	BPR	03	M	Pg. 46
17	PAYMENT METHOD CODE	X3	L	140	142	Header	BPR	04	M	Pg. 46
18	PAYMENT FORMAT CODE (CCP)	X3	L	143	145	Header	BPR	05	S	Pg. 47
19	SENDER DFI ID NUMBER QUALIFIER (01)	X2	R	146	147	Header	BPR	06	S	Pg. 48
20	FI BANK ID NUMBER	X12	L	148	159	Header	BPR	07	S	Pg. 48
21	ACOUNT NUMBER QUALIFIER (DA)	X2	L	160	161	Header	BPR	08	S	Pg. 48
22	FI BANK ACCT NUMBER	X17	L	162	178	Header	BPR	09	S	Pg. 49
23	FEDERAL TAX IDENTIFICATION NO. and ORIGINATING PAYER IDENTIFIER	X10	L	179	188	Header	BPR / TRN	10 / 03	S / R	Pg. 49 and 53
24	RECEIVER DFI ID NUMBER QUALIFIER (01)	X2	R	189	190	Header	BPR	12	S	Pg. 49
25	RECEIVING BANK ABA NO.	X12	L	191	202	Header	BPR	13	S	Pg. 50
26	PAYEE BANK ACCT NO QUALIFIER	X3	L	203	205	Header	BPR	14	S	Pg. 50
27	PAYEE BANK ACCT NUMBER	X17	L	206	222	Header	BPR	15	S	Pg. 50
28	CHECK/EFT/RA DATE (CCYYMMDD)	9(8)	R	223	230	Header	BPR	16	M	Pg. 50
29	TRACE TYPE CODE (1)	X1	L	231	231	Header	TRN	1	M	Pg. 52
30	CHECK/EFT TRACE NUMBER	X15	L	232	246	Header	TRN	2	M	Pg. 53
31	REMITTANCE ADVICE NUMBER	X15	L	247	261	Header	TRN	2	M	Pg. 53
32	PRODUCTION DATE QUALIFIER (405)	X3	L	262	264	Header	DTM	1	M	Pg. 60
33	PAYER CYCLE DATE (CCYYMMDD)	9(8)	R	265	272	Header	DTM	2	M	Pg. 61
34	ORIGINATING COMPANY SUPPLEMENTAL CODE	X9	L	273	281	Header	BPR/TRN	11/04	S/S	Pg. 49 and 53
35	FILLER	X119	L	312	400					

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Flat File Spread Sheet
Record 10

RECORD TEN

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	PAYER ENTITY IDENTIFIER CODE (PR)	X2	L	126	127	1000A	N1	01	M	Pg. 62
14	INTERMEDIARY NAME	X35	L	128	162	1000A	N1	02	S	Pg. 63
15	NATIONAL PLAN ID QUALIFIER (XV)	X2	L	163	164	1000A	N1	03	S	Pg. 63
16	NATIONAL PLAN ID	X15	L	165	179	1000A	N1	04	S	Pg. 63
17	PAYER ADDRESS	X35	L	180	214	1000A	N3	01	M	Pg. 64
18	ADDITIONAL ADDRESS INFO	X25	L	215	239	1000A	N3	02	S	Pg. 64
19	PAYER CITY	X25	L	240	264	1000A	N4	01	M	Pg. 65
20	PAYER STATE	X2	L	265	266	1000A	N4	02	M	Pg. 65
21	PAYER ZIP CODE	X9	L	267	275	1000A	N4	03	M	Pg. 65
22	ADDITIONAL PAYER IDENTIFICATION QUALIFIER (2U)	X2	L	276	277	1000A	REF	01	M	Pg. 67
23	ADDITIONAL PAYER IDENTIFICATION NUMBER	X15	L	278	292	1000A	REF	02	M	Pg. 68
24	FILLER	X108	L	293	400					

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Flat File Spread Sheet

RECORD FIFTEEN

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	Record 15 LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	PAYEE ENTITY CODE QUALIFIER (PE)	X2	L	126	127	1000B	N1	01	M	Pg. 72
14	PAYEE NAME	X35	L	128	162	1000B	N1	02	S	Pg. 73
15	PAYEE ID QUALIFIER (FI / XX)	X2	L	163	164	1000B	N1	03	R	Pg. 73
16	PAYEE HCFA NPI	X15	L	165	179	1000B	N1	04	M	Pg. 73
17	PAYEE ADDRESS	X35	L	180	214	1000B	N3	01	M	Pg. 74
18	ADDITIONAL ADDRESS INFO	X25	L	215	239	1000B	N3	02	S	Pg. 74
19	PAYEE CITY	X25	L	240	264	1000B	N4	01	M	Pg. 75
20	PAYEE STATE	X2	L	265	266	1000B	N4	02	M	Pg. 75
21	PAYEE ZIP CODE	X9	L	267	275	1000B	N4	03	M	Pg. 76
22	PAYEE COUNTRY CODE	X3	L	276	278	1000B	N4	04	S	Pg. 76
23	PAYEE ADDITIONAL ID QUALIFIER (TJ)	X2	L	279	280	1000B	REF	01	M	Pg. 77
24	PAYEE TAX ID NUMBER	X15	L	281	295	1000B	REF	02	M	Pg. 78
25	PAYEE ADDITIONAL ID QUALIFIER (PQ)	X2	L	296	297	1000B	REF	01	M	Pg. 77
26	MEDICARE PAYEE NUMBER	X15	L	298	312	1000B	REF	02	M	Pg. 78
27	FILLER	X88	L	313	400					

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Flat File Spread Sheet

RECORD TWENTY

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	Record 20 LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40	2000	TS3	01	M	Pg. 81
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48	2000	TS3	03	M	Pg. 81
5	FACILITY TYPE CODE (TT)	X2	L	49	50	2000	TS3	02	M	Pg. 81
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	ASSIGNED NUMBER (TTYMM) (SEE NOTE)	9(6)	R	126	131	2000	LX	01	M	Pg. 79
14	TOTAL CLAIM COUNT	9(6)	R	132	137	2000	TS3	04	M	Pg. 81
15	TOTAL SUBMITTED CHARGES	S9(9)V99	R	138	148	2000	TS3	05	M	Pg. 82
16	TOTAL COVERED CHARGES	S9(9)V99	R	149	159	2000	TS3	06	S	Pg. 82
17	TOTAL NON COVERED CHGS	S9(9)V99	R	160	170	2000	TS3	07	S	Pg. 82
18	TOTAL DENIED CHARGES	S9(9)V99	R	171	181	2000	TS3	08	S	Pg. 82
19	TOTAL PAYEE PAYMENT	S9(9)V99	R	182	192	2000	TS3	09	S	Pg. 82
20	TOTAL INTEREST AMOUNT	S9(9)V99	R	193	203	2000	TS3	10	S	Pg. 82
21	TOTAL CONTRACTUAL ADJ (A2)	S9(9)V99	R	204	214	2000	TS3	11	S	Pg. 82
22	TOTAL GRH REDUCTION	S9(9)V99	R	215	225	2000	TS3	12	S	Pg. 83
23	TOTAL MSP PAYER AMT	S9(9)V99	R	226	236	2000	TS3	13	S	Pg. 83
24	TOTAL BLOOD DEDUCTIBLE	S9(9)V99	R	237	247	2000	TS3	14	S	Pg. 83
25	TOTAL NON LAB CHRG AMT	S9(9)V99	R	248	258	2000	TS3	15	S	Pg. 83
26	TOTAL COINSURANCE AMT	S9(9)V99	R	259	269	2000	TS3	16	S	Pg. 83
27	TOTAL HCPCS RPT'D CHRG	S9(9)V99	R	270	280	2000	TS3	17	S	Pg. 83
28	TOTAL HCPCS ALLOWABLE (FEE)	S9(9)V99	R	281	291	2000	TS3	18	S	Pg. 83
29	TOTAL DEDUCTIBLE AMT	S9(9)V99	R	292	302	2000	TS3	19	S	Pg. 84
30	TOTAL PROF COMP AMT	S9(9)V99	R	303	313	2000	TS3	20	S	Pg. 84
31	TOTAL MSP PAT LIAB MET	S9(9)V99	R	314	324	2000	TS3	21	S	Pg. 84
32	TOTAL PATIENT REIMB AMT	S9(9)V99	R	325	335	2000	TS3	22	S	Pg. 84
33	TOTAL PIP CLAIMS COUNT	9(6)	R	336	341	2000	TS3	23	S	Pg. 84
34	TOTAL PIP ADJ AMOUNT	S9(9)V99	R	342	352	2000	TS3	24	S	Pg. 84
35	FILLER	X48	L	353	400					
NOTE: THE ASSIGNED NUMBER IS CONSTRUCTED AS FOLLOWS:										
THE FIRST TWO POSITIONS CONTAIN THE FACILITY CODE (TT)										
THE REMAINDER CONTAINS THE YEAR AND MONTH (YYMM)										

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Flat File Spread Sheet

RECORD TWENTY-ONE

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	Record 21 LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	TOTAL DRG AMOUNT	S9(9)V99	R	126	136	2000	TS2	01	S	Pg. 86
14	TOTAL FED SPECIFIC AMT	S9(9)V99	R	137	147	2000	TS2	02	S	Pg. 86
15	TOTAL HSP SPECIFIC AMT	S9(9)V99	R	148	158	2000	TS2	03	S	Pg. 86
16	TOTAL DSH AMOUNT	S9(9)V99	R	159	169	2000	TS2	04	S	Pg. 86
17	TOTAL CAPITAL AMOUNT	S9(9)V99	R	170	180	2000	TS2	05	S	Pg. 86
18	TOTAL IME AMOUNT	S9(9)V99	R	181	191	2000	TS2	06	S	Pg. 87
19	TOTAL OUTLIER DAY COUNT	9(6)	R	192	197	2000	TS2	07	S	Pg. 87
20	TOTAL OUTLIER AMOUNT	S9(9)V99	R	198	208	2000	TS2	08	S	Pg. 87
21	TOTAL COST OUTLIER AMT	S9(9)V99	R	209	219	2000	TS2	09	S	Pg. 87
22	TOTAL AVG DRG LGNTH STAY	9(6)	R	220	225	2000	TS2	10	S	Pg. 87
23	TOTAL DISCHARGE COUNT	9(6)	R	226	231	2000	TS2	11	S	Pg. 87
24	TOTAL COST RPT DAY COUNT	9(6)	R	232	237	2000	TS2	12	S	Pg. 87
25	TOTAL COVERED DAY COUNT	9(6)	R	238	243	2000	TS2	13	S	Pg. 88
26	TOTAL N-CVD DAY COUNT	9(6)	R	244	249	2000	TS2	14	S	Pg. 88
27	TOTAL MSP PASS THRU AMT	S9(9)V99	R	250	260	2000	TS2	15	S	Pg. 88
28	AVERAGE DRG WEIGHT	S9(3)V9999	R	261	267	2000	TS2	16	S	Pg. 88
29	TOTAL PPS CAP FSP DRG AMT	S9(9)V99	R	268	278	2000	TS2	17	S	Pg. 88
30	TOTAL PPS CAP HSP DRG AMT	S9(9)V99	R	279	289	2000	TS2	18	S	Pg. 88
31	TOTAL PPS DSH DRG AMT	S9(9)V99	R	290	300	2000	TS2	19	S	Pg. 88
32	FILLER	X100	L	301	400					
NOTE: TS201 IS REQUIRED IF THE SEGMENT IS USED.										

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Flat File Spread Sheet

RECORD THIRTY

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	Record 30 LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER?NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105	2100	CLP	07	S	Pg. 93
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	PATIENT CONTROL NUMBER	X20	L	126	145	2100	CLP	01	M	Pg. 89
14	CLAIM STATUS CODE	X2	L	146	147	2100	CLP	02	M	Pg. 90
15	CLAIM SUBMITTED CHARGES	S9(9)V99	R	148	158	2100	CLP	03	M	Pg. 91
16	CLAIM REIMBURSEMENT AMT	S9(9)V99	R	159	169	2100	CLP	04	M	Pg. 91
17	CLAIM FILING INDICATOR (MA)	X2	L	170	171	2100	CLP	06	M	Pg. 92
18	FACILITY TYPE CODE (1ST & 2ND POSITION OF TOB)	X2	L	172	173	2100	CLP	08	S	Pg. 93
19	CLAIM FREQUENCY CODE (3RD POSITION OF TOB)	X1	L	174	174	2100	CLP	09	S	Pg. 93
20	DRG CODE	X4	L	175	178	2100	CLP	11	S	Pg. 93
21	DRG WEIGHT	S9(3)V9999	R	179	185	2100	CLP	12	S	Pg. 93
22	DISCHARGE FRACTION	S9(4)V999	R	186	192	2100	CLP	13	S	Pg. 94
23	PIP INDICATOR	X1	L	193	193					Used for the Standard Paper Remit
24	MSP INDICATOR	X1	L	194	194					Used for the Standard Paper Remit
25	PER DIEM RATE	S9(4)V999	R	195	201					Used for the Standard Paper Remit
26	CAPITAL CODE	X1	L	202	202					Used for the Standard Paper Remit
27	NON COVERED CHARGES	S9(9)V99	R	203	213					Used for the Standard Paper Remit
28	DENIED CHARGES	S9(9)V99	R	214	224					Used for the Standard Paper Remit
29	FILLER	X176	L	225	400					

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Flat File Spread Sheet
Record 31**

RECORD THIRTY-ONE

Note: Record Repeat of 49.

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	CLAIM ADJ GROUP CODE - 1	X2	L	126	127	2100	CAS	01	M	Pg. 97
14	CLAIM ADJ REASON CODE -1	X3	L	128	130	2100	CAS	02	M	Pg. 97
15	ADJUSTMENT AMOUNT - 1	S9(7)V99	R	131	139	2100	CAS	03	M	Pg. 97
16	ADJUSTMENT QUANTITY - 1	S9(5)	R	140	144	2100	CAS	04	S	Pg. 98
17	CLAIM ADJ REASON CODE - 2	X3	L	145	147	2100	CAS	05	S	Pg. 98
18	ADJUSTMENT AMOUNT - 2	S9(7)V99	R	148	156	2100	CAS	06	S	Pg. 98
19	ADJUSTMENT QUANTITY - 2	S9(5)	R	157	161	2100	CAS	07	S	Pg. 98
20	CLAIM ADJ REASON CODE - 3	X3	L	162	164	2100	CAS	08	S	Pg. 98
21	ADJUSTMENT AMOUNT - 3	S9(7)V99	R	165	173	2100	CAS	09	S	Pg. 99
22	ADJUSTMENT QUANTITY - 3	S9(5)	R	174	178	2100	CAS	10	S	Pg. 99
23	CLAIM ADJ REASON CODE - 4	X3	L	179	181	2100	CAS	11	S	Pg. 99
24	ADJUSTMENT AMOUNT - 4	S9(7)V99	R	182	190	2100	CAS	12	S	Pg. 99
25	ADJUSTMENT QUANTITY - 4	S9(5)	R	191	195	2100	CAS	13	S	Pg. 99
26	CLAIM ADJ REASON CODE - 5	X3	L	196	198	2100	CAS	14	S	Pg. 100
27	ADJUSTMENT AMOUNT - 5	S9(7)V99	R	199	207	2100	CAS	15	S	Pg. 100
28	ADJUSTMENT QUANTITY - 5	S9(5)	R	208	212	2100	CAS	16	S	Pg. 100
29	CLAIM ADJ REASON CODE - 6	X3	L	213	215	2100	CAS	17	S	Pg. 100
30	ADJUSTMENT AMOUNT - 6	S9(7)V99	R	216	224	2100	CAS	18	S	Pg. 100
31	ADJUSTMENT QUANTITY - 6	S9(5)	R	225	229	2100	CAS	19	S	Pg. 101
32	CLAIM ADJ GROUP CODE - 2	X2	L	230	231	2100	CAS	01	M	Pg. 97
33	CLAIM ADJ REASON CODE - 1	X3	L	232	234	2100	CAS	02	M	Pg. 97
34	ADJUSTMENT AMOUNT - 1	S9(7)V99	R	235	243	2100	CAS	03	M	Pg. 97
35	ADJUSTMENT QUANTITY - 1	S9(5)	R	244	248	2100	CAS	04	S	Pg. 98
36	CLAIM ADJ REASON CODE - 2	X3	L	249	251	2100	CAS	05	S	Pg. 98
37	ADJUSTMENT AMOUNT - 2	S9(7)V99	R	252	260	2100	CAS	06	S	Pg. 98
38	ADJUSTMENT QUANTITY - 2	S9(5)	R	261	265	2100	CAS	07	S	Pg. 98
39	CLAIM ADJ REASON CODE - 3	X3	L	266	268	2100	CAS	08	S	Pg. 98
40	ADJUSTMENT AMOUNT - 3	S9(7)V99	R	269	277	2100	CAS	09	S	Pg. 99
41	ADJUSTMENT QUANTITY - 3	S9(5)	R	278	282	2100	CAS	10	S	Pg. 99
42	CLAIM ADJ REASON CODE - 4	X3	L	283	285	2100	CAS	11	S	Pg. 99
43	ADJUSTMENT AMOUNT - 4	S9(7)V99	R	286	294	2100	CAS	12	S	Pg. 99
44	ADJUSTMENT QUANTITY - 4	S9(5)	R	295	299	2100	CAS	13	S	Pg. 99
45	CLAIM ADJ REASON CODE - 5	X3	L	300	302	2100	CAS	14	S	Pg. 100
46	ADJUSTMENT AMOUNT - 5	S9(7)V99	R	303	311	2100	CAS	15	S	Pg. 100
47	ADJUSTMENT QUANTITY - 5	S9(5)	R	312	316	2100	CAS	16	S	Pg. 100
48	CLAIM ADJ REASON CODE - 6	X3	L	317	319	2100	CAS	17	S	Pg. 100
49	ADJUSTMENT AMOUNT - 6	S9(7)V99	R	320	328	2100	CAS	18	S	Pg. 100
50	ADJUSTMENT QUANTITY - 6	S9(5)	R	329	333	2100	CAS	19	S	Pg. 101
51	FILLER	X67		334	400					

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Flat File Spread Sheet
Record 40

RECORD FORTY

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75	2100	NM1	03	M	
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVISE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	PATIENT IDENTIFIER CODE (QC)	X3	L	126	128	2100	NM1	01	M	Pg. 102
14	PATIENT TYPE CODE (1)	X1	L	129	129	2100	NM1	02	M	Pg. 103
15	PATIENT LAST NAME	X25	L	130	154	2100	NM1	03	M	Pg. 103
16	PATIENT FIRST NAME	X15	L	155	169	2100	NM1	04	M	Pg. 103
17	PATIENT MIDDLE NAME	X15	L	170	184	2100	NM1	05	S	Pg. 103
18	PATIENT # ID CODE (HN = HIC)	X2	L	185	186	2100	NM1	08	S	Pg. 103
19	PATIENT IDENTIFIER (HIC #)	X20	L	187	206	2100	NM1	09	S	Pg. 104
20	CORRECTED PATIENT ID CODE (74)	X3	L	207	209	2100	NM1	01	M	Pg. 108
21	CORRECTED PATIENT ID ENTITY TYPE QUALIFIER	X1	L	210	210	2100	NM1	02	M	Pg. 109
22	PATIENT # ID CODE (C/NEW HIC) (C)	X2	L	211	212	2100	NM1	08	S	Pg. 109
23	CORRECTED PATIENT ID (HIC #)	X20	L	213	232	2100	NM1	09	S	Pg. 110
24	FILLER	X168	L	233	400					

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Flat File Spread Sheet

Record 41

RECORD FORTY-ONE

FIELD NO. FIELD NAME

PIC

L/R

FROM

TO

LOOP ID

SEGMENT

ELEMENT

RQMT

COMMENTS

1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	COB NAME QUALIFIER (TT)	X2	L	126	127	2100	NM1	01	M	Pg. 114
14	COB ENTITY TYPE (2)	X1	L	128	128	2100	NM1	02	M	Pg. 115
15	COB CARRIER NAME	X35	L	129	163	2100	NM1	03	M	Pg. 115
16	COB IDENTIFICATION NUMBER QUALIFIER (PI / XV)	X2	L	164	165	2100	NM1	08	M	Pg. 115
17	COB CARRIER ID NUMBER	X15	L	166	180	2100	NM1	09	M	Pg. 115, Default this field to 00 if a number is not known.
18	CORRECTED PRIORITY PAYER NAME QUALIFIER (PR) - 1	X2	L	181	182	2100	NM1	01	M	Pg. 116
19	CORRECTED PRIORITY PAYER NAME ENTITY TYPE QUALIFIER (2) - 1	X1	L	183	183	2100	NM1	02	M	Pg. 117
20	CORRECTED PRIORITY PAYER NAME - 1	X35	L	184	218	2100	NM1	03	M	Pg. 117
21	CORRECTED PRIORITY PAYER NUMBER QUALIFIER (PI / XV) - 1	X2	L	219	220	2100	NM1	08	M	Pg. 117
22	CORRECTED PRIORITY PAYER NUMBER - 1	X15	L	221	235	2100	NM1	09	M	Pg. 117, Default this field to 00 if a number is not known.
23	CORRECTED PRIORITY PAYER NAME QUALIFIER (PR) - 2	X2	L	236	237	2100	NM1	01	M	Pg. 116
24	CORRECTED PRIORITY PAYER NAME ENTITY TYPE QUALIFIER (2) - 2	X1	L	238	238	2100	NM1	02	M	Pg. 117
25	CORRECTED PRIORITY PAYER NAME - 2	X35	L	239	273	2100	NM1	03	M	Pg. 117
26	CORRECTED PRIORITY PAYER NUMBER QUALIFIER (PI/XV) - 2	X2	L	274	275	2100	NM1	08	M	Pg. 117
27	CORRECTED PRIORITY PAYER NUMBER - 2	X15	L	276	290	2100	NM1	09	M	Pg. 117, Default this field to 00 if a number is not known.
28	FILLER	X110	L	291	400					

Note: Corrected Priority Payer information will be populated when a claim was submitted as primary and CWF returned it as secondary

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Flat File Spread Sheet
Record 42

RECORD FORTY-TWO

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	COVERED DAYS/VISITS (VALUE = ZEROES)	S9(3)	R	126	128	2100	MIA	01	R	Pg. 119
14	PPS OPERATING OUTLIER	S9(7)V99	R	129	137	2100	MIA	02	S	Pg. 119
15	LIFETIME PSYCH DAY COUNT	S9(3)	R	138	140	2100	MIA	03	S	Pg. 119
16	CLAIM DRG AMOUNT	S9(7)V99	R	141	149	2100	MIA	04	S	Pg. 120
17	CLAIM PAYMENT REMARK CD	X5	L	150	154	2100	MIA	05	S	Pg. 120
18	CLAIM DSH AMOUNT	S9(7)V99	R	155	163	2100	MIA	06	S	Pg. 120
19	CLAIM MSP PASS THRU AMT	S9(7)V99	R	164	172	2100	MIA	07	S	Pg. 120
20	CLAIM PPS CAPITAL AMOUNT	S9(7)V99	R	173	181	2100	MIA	08	S	Pg. 120
21	PPS CAPITAL FSP DRG AMT	S9(7)V99	R	182	190	2100	MIA	09	S	Pg. 120
22	PPS CAPITAL HSP DRG AMT	S9(7)V99	R	191	199	2100	MIA	10	S	Pg. 120
23	PPS CAPITAL DSH DRG AMT	S9(7)V99	R	200	208	2100	MIA	11	S	Pg. 121
24	OLD CAPITAL AMOUNT	S9(7)V99	R	209	217	2100	MIA	12	S	Pg. 121
25	PPS CAPITAL IME AMOUNT	S9(7)V99	R	218	226	2100	MIA	13	S	Pg. 121
26	PPS OPER HSP SPEC DRG AMT	S9(7)V99	R	227	235	2100	MIA	14	S	Pg. 121
27	COST REPORT DAY COUNT	S9(3)	R	236	238	2100	MIA	15	S	Pg. 121
28	PPS OPER FSP SPEC DRG AMT	S9(7)V99	R	239	247	2100	MIA	16	S	Pg. 121
29	CLAIM PPS OUTLIER AMOUNT	S9(7)V99	R	248	256	2100	MIA	17	S	Pg. 121
30	CLAIM INDIRECT TEACHING	S9(7)V99	R	257	265	2100	MIA	18	S	Pg. 122
31	NON PAY PROF COMP AMT	S9(7)V99	R	266	274	2100	MIA	19	S	Pg. 122
32	CLAIM PAYMENT REMARK CD	X5	L	275	279	2100	MIA	20	S	Pg. 122
33	CLAIM PAYMENT REMARK CD	X5	L	280	284	2100	MIA	21	S	Pg. 122
34	CLAIM PAYMENT REMARK CD	X5	L	285	289	2100	MIA	22	S	Pg. 122
35	CLAIM PAYMENT REMARK CD	X5	L	290	294	2100	MIA	23	S	Pg. 122
36	PPS CAPITAL EXCEPTION AMT	S9(7)V99	R	295	303	2100	MIA	24	S	Pg. 122
37	FILLER	X97	L	304	400					

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Flat File Spread Sheet
Record 43

RECORD FORTY-THREE

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	REIMBURSEMENT RATE	S9(4)V999	R	126	132	2100	MOA	01	S	Pg. 124
14	CLAIM HCPCS ALLOWED AMT	S9(7)V99	R	133	141	2100	MOA	02	S	Pg. 124
15	CLAIM PAYMENT REMARK CD	X5	L	142	146	2100	MOA	03	S	Pg. 124
16	CLAIM PAYMENT REMARK CD	X5	L	147	151	2100	MOA	04	S	Pg. 124
17	CLAIM PAYMENT REMARK CD	X5	L	152	156	2100	MOA	05	S	Pg. 124
18	CLAIM PAYMENT REMARK CD	X5	L	157	161	2100	MOA	06	S	Pg. 125
19	CLAIM PAYMENT REMARK CD	X5	L	162	166	2100	MOA	07	S	Pg. 125
20	CLAIM ESRD PAYMENT AMT	S9(7)V99	R	167	175	2100	MOA	08	S	Pg. 125
21	NON PAY PROF COMP AMT	S9(7)V99	R	176	184	2100	MOA	09	S	Pg. 125
22	FILLER	X216	L	185	400					

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Flat File Spread Sheet

Record 44

RECORD FORTY-FOUR

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	MEDICAL RECORD NUMBER QUALIFIER (EA)	X2	L	126	127	2100	REF	01	M	Pg. 126
14	MEDICAL RECORD NUMBER	X25	L	128	152	2100	REF	02	M	Pg. 127
15	CLAIM RECEIVED DATE QUALIFIER (050)	X3	L	153	155	2100	DTM	01	M	Pg. 131
16	CLAIM RECEIVED DATE (CCYYMMDD)	9(8)	R	156	163	2100	DTM	02	M	Pg. 131
17	CLAIM STMTNT START DATE QUALIFIER (232)	X3	L	164	166	2100	DTM	01	M	Pg. 131
18	CLAIM STATEMENT START DATE (CCYYMMDD)	9(8)	R	167	174	2100	DTM	02	M	Pg. 131
19	CLAIM STMTNT END DATE QUALIFIER (233)	X3	L	175	177	2100	DTM	01	M	Pg. 131
20	CLAIM STATEMENT END DATE (CCYYMMDD)	9(8)	R	178	185	2100	DTM	02	M	Pg. 131
21	PER DIEM AMT I/P ONLY QUALIFIER (DY)	X2	L	186	187	2100	AMT	01	M	Pg. 135
22	PER DIEM AMT INPATIENT ONLY	S9(7)V99	R	188	196	2100	AMT	02	R	Pg. 136
23	NEGATIVE REIMBURSEMENT QUALIFIER (NL)	X2	L	197	198	2100	AMT	01	R	Pg. 135
24	NEGATIVE REIMBURSEMENT	S9(7)V99	R	199	207	2100	AMT	02	R	Pg. 136
25	HEMOPHILIA ADD-ON AMT QUALIFIER (ZK)	X2	L	208	209	2100	AMT	01	R	Pg. 135
26	HEMOPHILIA ADD-ON AMOUNT	S9(7)V99	R	210	218	2100	AMT	02	R	Pg. 136
27	PATIENT PAID AMOUNT QUALIFIER (F5)	X2	L	219	220	2100	AMT	01	R	Pg. 135
28	PATIENT PAID AMOUNT	S9(7)V99	R	221	229	2100	AMT	02	R	Pg. 136
29	INTEREST AMOUNT QUALIFIER (I)	X1	L	230	230	2100	AMT	01	R	Pg. 135
30	INTEREST AMOUNT	S9(7)V99	R	231	239	2100	AMT	02	R	Pg. 136
31	OUTLIER AMOUNT QUALIFIER (ZZ)	X2	L	240	241	2100	AMT	01	R	Pg. 135
32	OUTLIER AMOUNT	S9(7)V99	R	242	250	2100	AMT	02	R	Pg. 136
33	TOTAL COVERED CHARGES QUALIFIER (AU)	X2	L	251	252	2100	AMT	01	R	Pg. 135
34	TOTAL COVERED CHARGES	S9(7)V99	R	253	261	2100	AMT	02	R	Pg. 136
35	NEW TECHNOLOGY ADD-ON AMT QUALIFIER (Z)	X(2)	L	263	264	2100	AMT	01	R	Pg. 135
36	NEW TECHNOLOGY ADD-ON AMOUNT	S9(7)V99	R	265	273	2100	AMT	02	R	Pg. 136
37	COVERED DAYS QUALIFIER (CA)	X2	L	274	275	2100	QTY	01	R	Pg. 137
38	COVERED DAYS	S9(3)	R	276	278	2100	QTY	02	R	Pg. 138
39	NON COVERED DAYS QUALIFIER (NA)	X2	L	279	280	2100	QTY	01	R	Pg. 137
40	NON COVERED DAYS	S9(4)	R	281	284	2100	QTY	02	R	Pg. 138
41	LIFE TIME RESERVED DAYS QUALIFIER (LA)	X2	L	285	286	2100	QTY	01	R	Pg. 137
42	LIFE TIME RESERVED DAYS	S9(3)	R	287	289	2100	QTY	02	R	Pg. 138
43	COINSURANCE DAYS QUALIFIER (CD)	X2	L	290	291	2100	QTY	01	R	Pg. 137
44	COINSURANCE DAYS	S9(3)	R	292	294	2100	QTY	02	R	Pg. 138
45	HEMOPHILIA ADD-ON UNITS QUALIFIER (ZK)	X2	L	295	296	2100	QTY	01	R	Pg. 137
46	HEMOPHILIA ADD-ON UNITS	S9(7)	R	297	303	2100	QTY	02	R	Pg. 138
47	OUTLIER DAYS QUALIFIER (OU)	X2	L	304	305	2100	QTY	01	R	Pg. 137

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Flat File Spread Sheet
Record 50

RECORD FIFTY

Note: Record Repeat of 999

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	PROCESSED HCPC CODE QUALIFIER (HC/NU/ZZ)	X2	L	126	127	2110	SVC	01-1	M	Pg. 140
14	PROCESSED REVENUE/HCPC/HIPPS CODE	X5	L	128	132	2110	SVC	01-2	M	Pg. 141
15	PROCESSED NDC CODE QUALIFIER (N4)	X2	L	133	134	2110	SVC	01-1	M	Pg. 140
16	PROCESSED NDC CODE	X15	L	135	149	2110	SVC	01-2	M	Pg. 141
17	PROCESSED MODIFIER	X2	L	150	151	2110	SVC	01-3	S	Pg. 141
18	PROCESSED MODIFIER	X2	L	152	153	2110	SVC	01-4	S	Pg. 141
19	PROCESSED MODIFIER	X2	L	154	155	2110	SVC	01-5	S	Pg. 141
20	PROCESSED MODIFIER	X2	L	156	157	2110	SVC	01-6	S	Pg. 141
21	SUBMITTED CHARGES	S9(7)V99	R	158	166	2110	SVC	02	M	Pg. 142
22	LINE ITEM PAID AMOUNT	S9(7)V99	R	167	175	2110	SVC	03	M	Pg. 142
23	REVENUE CODE	X4	L	176	179	2110	SVC	04	S	Pg. 142
24	COVERED UNITS	S9(6)	R	180	185	2110	SVC	05	S	Pg. 142
25	SUBMITTED HCPC CODE QUALIFIER (HC)	X2	L	186	187	2110	SVC	06-1	M	Pg. 143
26	SUBMITTED HCPC CODE	X5	L	188	192	2110	SVC	06-2	M	Pg. 144
27	SUBMITTED NDC CODE QUALIFIER (N4)	X2	L	193	194	2110	SVC	06-1	M	Pg. 143
28	SUBMITTED NDC CODE	X15	L	195	209	2110	SVC	06-2	M	Pg. 144
29	SUBMITTED MODIFIER	X2	L	210	211	2110	SVC	06-3	S	Pg. 144
30	SUBMITTED MODIFIER	X2	L	212	213	2110	SVC	06-4	S	Pg. 144
31	SUBMITTED MODIFIER	X2	L	214	215	2110	SVC	06-5	S	Pg. 144
32	SUBMITTED MODIFIER	X2	L	216	217	2110	SVC	06-6	S	Pg. 144
33	SUBMITTED UNITS OF SERVICE	S9(6)	R	218	223	2110	SVC	07	S	Pg. 145
34	SERVICE DATE QUALIFIER (472)	X3	L	224	226	2110	DTM	01	M	Pg. 147
35	SERVICE DATE (CCYYMMDD)	9(8)	R	227	234	2110	DTM	02	M	Pg. 147
36	ASC/APC/HIPPS NUMBER QUALIFIER (1S/RB)	X2	L	235	236	2110	REF	01	M	Pg. 154
37	ASC/APC/HIPPS NUMBER	X10	L	237	246	2110	REF	02	M	Pg. 155
38	ASC/HIPPS RATE	X10	L	247	256	2110	REF	02	M	Pg. 155
39	PER DIEM AMOUNT QUALIFIER (DY)	X2	L	257	258	2110	AMT	01	M	Pg. 158
40	PER DIEM AMOUNT	S9(7)V99	R	259	267	2110	AMT	02	M	Pg. 159
41	ACTUAL ALLOWED (including ASC/APC/HIPPS) AMOUNT QUALIFIER (B6)	X2	L	268	269	2110	AMT	01	M	Pg. 158
42	ACTUAL ALLOWED (including ASC/APC/HIPPS) AMOUNT	S9(7)V99	R	270	278	2110	AMT	02	M	Pg. 159
43	REMARKS CODE QUALIFIER (HE)	X2	L	279	280	2110	LQ	01	M	Pg. 162

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Flat File Spread Sheet

Record 50

RECORD FIFTY

Note: Record Repeat of 999

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
44	REF REMARK CODE 1	X5	L	281	285	2110	LQ	02	S	Pg. 163
45	REMARKS CODE QUALIFIER (HE)	X2	L	286	287	2110	LQ	01	M	Pg. 162
46	REF REMARK CODE 2	X5	L	288	292	2110	LQ	02	S	Pg. 163
47	REMARKS CODE QUALIFIER (HE)	X2	L	293	294	2110	LQ	01	M	Pg. 162
48	REF REMARK CODE 3	X5	L	295	299	2110	LQ	02	S	Pg. 163
49	REMARKS CODE QUALIFIER (HE)	X2	L	300	301	2110	LQ	01	M	Pg. 162
50	REF REMARK CODE 4	X5	L	302	306	2110	LQ	02	S	Pg. 163
51	REMARKS CODE QUALIFIER (HE)	X2	L	307	308	2110	LQ	01	M	Pg. 162
52	REF REMARK CODE 5	X5	L	309	313	2110	LQ	02	S	Pg. 163
53	REMARKS CODE QUALIFIER (HE)	X2	L	314	315	2110	LQ	01	M	Pg. 162
54	REF REMARK CODE 6	X5	L	316	320	2110	LQ	02	S	Pg. 163
55	REMARKS CODE QUALIFIER (HE)	X2	L	321	322	2110	LQ	01	M	Pg. 162
56	REF REMARK CODE 7	X5	L	323	327	2110	LQ	02	S	Pg. 163
57	REMARKS CODE QUALIFIER (HE)	X2	L	328	329	2110	LQ	01	M	Pg. 162
58	REF REMARK CODE 8	X5	L	330	334	2110	LQ	02	S	Pg. 163
59	REMARKS CODE QUALIFIER (HE)	X2	L	335	336	2110	LQ	01	M	Pg. 162
60	REF REMARK CODE 9	X5	L	337	341	2110	LQ	02	S	Pg. 163
61	FILLER	X59	L	342	400					

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Flat File Spread Sheet

Record 51

RECORD FIFTY-ONE Line Level CAS

Note: Record Repeat of 99

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	LOOP ID	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	GROUP CODE	X2	L	126	127	2110	CAS	01	M	Pg. 150
14	LINE ADJ REASON CODE - 1	X3	L	128	130	2110	CAS	02	M	Pg. 150
15	ADJUSTMENT AMOUNT - 1	S9(7)V99	R	131	139	2110	CAS	03	M	Pg. 150
16	ADJUSTMENT QUANTITY - 1	S9(5)	R	140	144	2110	CAS	04	S	Pg. 150
17	LINE ADJ REASON CODE - 2	X3	L	145	147	2110	CAS	05	S	Pg. 151
18	ADJUSTMENT AMOUNT - 2	S9(7)V99	R	148	156	2110	CAS	06	S	Pg. 151
19	ADJUSTMENT QUANTITY - 2	S9(5)	R	157	161	2110	CAS	07	S	Pg. 151
20	LINE ADJ REASON CODE - 3	X3	L	162	164	2110	CAS	08	S	Pg. 151
21	ADJUSTMENT AMOUNT - 3	S9(7)V99	R	165	173	2110	CAS	09	S	Pg. 151
22	ADJUSTMENT QUANTITY - 3	S9(5)	R	174	178	2110	CAS	10	S	Pg. 152
23	LINE ADJ REASON CODE - 4	X3	L	179	181	2110	CAS	11	S	Pg. 152
24	ADJUSTMENT AMOUNT - 4	S9(7)V99	R	182	190	2110	CAS	12	S	Pg. 152
25	ADJUSTMENT QUANTITY - 4	S9(5)	R	191	195	2110	CAS	13	S	Pg. 152
26	LINE ADJ REASON CODE - 5	X3	L	196	198	2110	CAS	14	S	Pg. 152
27	ADJUSTMENT AMOUNT - 5	S9(7)V99	R	199	207	2110	CAS	15	S	Pg. 153
28	ADJUSTMENT QUANTITY - 5	S9(5)	R	208	212	2110	CAS	16	S	Pg. 153
29	LINE ADJ REASON CODE - 6	X3	L	213	215	2110	CAS	17	S	Pg. 153
30	ADJUSTMENT AMOUNT - 6	S9(7)V99	R	216	224	2110	CAS	18	S	Pg. 153
31	ADJUSTMENT QUANTITY - 6	S9(5)	R	225	229	2110	CAS	19	S	Pg. 153
32	FILLER	X171	L	230	400					

RECORD SIXTY
4010 and 4010A1 835 ERA
Note: Repeat Greater than One
Flat File Spread Sheet

FIELD NO.	FIELD NAME	PIC	L/R	FROM	TO	RECORD	SEGMENT	ELEMENT	RQMT	COMMENTS
1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40	Summary	PLB	01	M	Pg. 165
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48	Summary	PLB	02	M	Pg. 165
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	PAYEE ADJ REASON CODE - 1	X2	L	126	127	Summary	PLB	03-1	M	Pg. 165 - 170
14	PAYEE ADJ IDENTIFIER CD - 1	X5	L	128	132	Summary	PLB	03-2	S	Pg. 165 - 170
15	PAYEE ADJ AMOUNT - 1	S9(9)V99	R	133	143	Summary	PLB	4	M	Pg. 170
16	PAYEE ADJ REASON CODE - 2	X2	L	144	145	Summary	PLB	05-1	S	Pg. 170
17	PAYEE ADJ IDENTIFIER CD - 2	X5	L	146	150	Summary	PLB	05-2	S	Pg. 170
18	PAYEE ADJ AMOUNT - 2	S9(9)V99	R	151	161	Summary	PLB	06	S	Pg. 170
19	PAYEE ADJ REASON CODE - 3	X2	L	162	163	Summary	PLB	07-1	S	Pg. 171
20	PAYEE ADJ IDENTIFIER CD - 3	X5	L	164	168	Summary	PLB	07-2	S	Pg. 171
21	PAYEE ADJ AMOUNT - 3	S9(9)V99	R	169	179	Summary	PLB	08	S	Pg. 171
22	PAYEE ADJ REASON CODE - 4	X2	L	180	181	Summary	PLB	09-1	S	Pg. 171
23	PAYEE ADJ IDENTIFIER CD - 4	X5	L	182	186	Summary	PLB	09-2	S	Pg. 171
24	PAYEE ADJ AMOUNT - 4	S9(9)V99	R	187	197	Summary	PLB	10	S	Pg. 171
25	PAYEE ADJ REASON CODE - 5	X2	L	198	199	Summary	PLB	11-1	S	Pg. 171
26	PAYEE ADJ IDENTIFIER CD - 5	X5	L	200	204	Summary	PLB	11-2	S	Pg. 172
27	PAYEE ADJ AMOUNT - 5	S9(9)V99	R	205	215	Summary	PLB	12	S	Pg. 172
28	PAYEE ADJ REASON CODE - 6	X2	L	216	217	Summary	PLB	13-1	S	Pg. 172
29	PAYEE ADJ IDENTIFIER CD - 6	X5	L	218	222	Summary	PLB	13-2	S	Pg. 172
30	PAYEE ADJ AMOUNT - 6	S9(9)V99	R	223	233	Summary	PLB	14	S	Pg. 172
31	Claim A/R Adjustment for Balancing	S9(9)V99	R	234	244					User for Standard Paper Remit
32	FILLER	X156	L	245	400					

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Flat File Spread Sheet

Record 99

RECORD NINETY-NINE

FIELD NO. FIELD NAME PIC L/R FROM TO LOOP ID SEGMENT ELEMENT RQMT COMMENTS

1	INTERMEDIARY NUMBER	X10	L	1	10					
2	PAYEE CHAIN ID NUMBER	X15	L	11	25					
3	PAYEE NUMBER/NPI (when effect)	X15	L	26	40					
4	FISCAL PERIOD END (CCYYMMDD)	9(8)	R	41	48					
5	FACILITY TYPE CODE (TT)	X2	L	49	50					
6	PATIENT LAST NAME	X25	L	51	75					
7	INTERNAL CONTROL NUMBER	X30	L	76	105					
8	REMITTANCE ADVICE INDICATOR	X1	L	106	106					This indicator will be set based in information in the financial master file per provider.
9	FILLER	X11	L	107	117					
10	LINE SEQUENCE NUMBER	X3	L	118	120					
11	RECORD TYPE	X2	L	121	122					
12	CLAIM SEQUENCE NUMBER	X3	L	123	125					
13	TOTAL PAYEE IN CHAIN	9(9)	R	126	134					
14	TOTAL RECORDS IN CHAIN	9(13)	R	135	147					
15	TOTAL PROV CHAIN PYMT TOTAL	S(9)V99	R	148	158					
16	PAYEE CHAIN ID NUMBER	X15	L	159	173					
17	INTERCHANGE CONTROL NUMBER	9(9)	R	174	182					
18	TOTAL RECORDS IN FILE	9(12)	R	183	194					
19	TOTAL PAYEE CHAINS IN FILE	9(4)	R	195	198					
20	FILLER	X202	L	199	400					