

|                                         |                                                           |
|-----------------------------------------|-----------------------------------------------------------|
| <b>CMS Manual System</b>                | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-20 One-Time Notification</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal: 863</b>                 | <b>Date: February 18, 2011</b>                            |
|                                         | <b>Change Request 7215</b>                                |

**NOTE: Transmittal 810, dated November 12, 2010 is being rescinded and replaced by Transmittal 863, dated February 18, 2011 CMS has changed the Effective Date to April 1, 2011 and the Implementation Date to April 4, 2011 for all Shared Systems.**

**SUBJECT: “Integrated Data Repository (IDR) Claims Sourcing from Shared System Implementation” Based on Further Conference Calls and Further Research**

**I. SUMMARY OF CHANGES:** The CMS has determined that it will use the Shared Systems claims data for fraud, waste and abuse detection.

**EFFECTIVE DATE: April 1, 2011**

**IMPLEMENTATION DATE: April 4, 2011**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|-----------------------------------------------|
| N/A          |                                               |

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

|             |                  |                         |                      |
|-------------|------------------|-------------------------|----------------------|
| Pub. 100-20 | Transmittal: 863 | Date: February 18, 2011 | Change Request: 7215 |
|-------------|------------------|-------------------------|----------------------|

**NOTE: Transmittal 810, dated November 12, 2010 is being rescinded and replaced by Transmittal 863, dated February 18, 2011. CMS has changed the Effective Date to April 1, 2011 and the Implementation Date to April 4, 2011 for all Shared Systems.**

**SUBJECT: “Integrated Data Repository (IDR) Claims Sourcing from Shared Systems – Implementation” Based on Further Conference Calls and Further Research**

**EFFECTIVE DATE: APRIL 1, 2011**

**IMPLEMENTATION DATE: APRIL 4, 2011**

## I. GENERAL INFORMATION

**A. Background:** The shared systems IDR (SSIDR) will receive feeds from the three shared systems – the FISS, MCS and VMS. Specifically, the Enterprise data centers (EDCs) will send files for each shared system that are based on the copybooks the shared systems maintainers continuously provide to the Centers for Medicare & Medicaid Services (CMS). Once files are received, CMS requires the SSIDR to perform a file consistency validation on each file the shared systems send prior to accepting and retaining the files at the Baltimore data center (BDC). To accomplish these requirements, the CMS requires changes to the shared systems files and submission processes.

**B. Policy:** The CMS has determined that it will use the shared systems claims data for fraud, waste and abuse detection.

## II. BUSINESS REQUIREMENTS TABLE

| Number   | Requirement                                                                                                                                              | Responsibility (place an “X” in each applicable column) |                       |        |                                 |                  |                              |             |             |  |              |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------|--------|---------------------------------|------------------|------------------------------|-------------|-------------|--|--------------|
|          |                                                                                                                                                          | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>I      | Shared-System<br>Maintainers |             |             |  | OTHER        |
|          |                                                                                                                                                          |                                                         |                       |        |                                 | F<br>I<br>S<br>S | M<br>C<br>S                  | V<br>M<br>S | C<br>W<br>F |  |              |
| 7215.1   | The shared systems maintainers and the Enterprise data centers (EDCs) shall work with CMS to finalize a communications plan.                             |                                                         |                       |        |                                 |                  | X                            | X           | X           |  | EDCs         |
| 7215.1.1 | The communications plan shall address how CMS and the EDCs shall exchange information on the status of EDC submissions to the BDC.                       |                                                         |                       |        |                                 |                  | X                            | X           | X           |  | EDCs and BDC |
| 7215.1.2 | The communications plan shall address how CMS and the EDCs shall share information on the process for EDC submissions of shared systems data to the BDC. |                                                         |                       |        |                                 |                  | X                            | X           | X           |  | EDCs and BDC |
| 7215.1.3 | The communications plan shall follow all current and future IDR conventions that CMS specifies.                                                          |                                                         |                       |        |                                 |                  | X                            | X           | X           |  | EDCs and BDC |
| 7215.1.4 | The communications plan shall be updated quarterly to reflect changes in: 1) IDR conventions, 2) CMS                                                     |                                                         |                       |        |                                 |                  | X                            | X           | X           |  | EDCs and BDC |

| Number   | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Responsibility (place an "X" in each applicable column) |                                |        |                                 |             |                           |             |             |              |       |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------|--------|---------------------------------|-------------|---------------------------|-------------|-------------|--------------|-------|
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>I | Shared-System Maintainers |             |             |              | OTHER |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                |        |                                 |             | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F  |       |
|          | infrastructure, and 3) data center processes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                |        |                                 |             |                           |             |             |              |       |
| 7215.1.5 | The communications plan shall include a plan for regular conference calls that occur at least every other week and continue at least until the shared IDR systems modules for the shared systems are implemented at the EDC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |                                |        |                                 |             | X                         | X           | X           | CMS and EDCs |       |
| 7215.1.6 | All parties shall participate in regular conference calls as defined by the communications plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X                                                       | X                              | X      | X                               | X           | X                         | X           | X           | CMS and EDCs |       |
| 7215.2   | Contractors shall supply a crosswalk between old IDs or values and new IDs or values where the ID or value changes because of a change in the contractor organization (such as transition to a MAC) or a change in CMS or MAC policies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X                                                       | X                              | X      | X                               | X           | X                         |             | X           | EDCs         |       |
| 7215.2.1 | <p>The crosswalk shall include changes for the following IDs or values:</p> <ul style="list-style-type: none"> <li>Reason codes;</li> <li>Action codes;</li> <li>Status codes;</li> <li>Location codes;</li> <li>Assignment codes; and</li> <li>MAC-specific codes.</li> </ul> <p>The FISS maintainer has indicated that they do not maintain crosswalks; therefore, this requirement does not apply to FISS. If at a later date, the FISS maintainer finds that the values do change, they will supply the appropriate cross walks.</p> <p>The MCS maintainer has indicated that they do not maintain crosswalks; therefore, this requirement does not apply to MCS. If at a later date, the MCS maintainer finds that the values do change, they will supply the appropriate cross walks.</p> <p>The VMS and DME MACs have indicated that the values in their database are not reused and that the VMS history file is not changed; therefore, this requirement does not apply to VMS or DME MACs. If at a later date, the DME MACS or the VMS maintainer finds that the values do change, they will supply the appropriate cross walks.</p> | X                                                       |                                | X      | X                               | X           |                           |             |             | EDCs         |       |
| 7215.2.2 | The crosswalks shall be submitted in time for the daily updates using the new codes to begin on the implementation date of the changes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X                                                       |                                | X      | X                               | X           | X                         |             |             | EDCs         |       |





| Number    | Requirement                                                                                                                                                                                                                                                                                                                   | Responsibility (place an "X" in each applicable column) |                                |        |                                 |             |                           |             |             |             |              |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------|--------|---------------------------------|-------------|---------------------------|-------------|-------------|-------------|--------------|
|           |                                                                                                                                                                                                                                                                                                                               | A<br>/<br>B<br><br>M<br>A<br>C                          | D<br>M<br>E<br><br>M<br>A<br>C | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER        |
|           |                                                                                                                                                                                                                                                                                                                               |                                                         |                                |        |                                 |             | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |              |
| 7215.9.4  | Contractors shall not be required to participate in the correction of transmission problems except at the request of the EDCs.                                                                                                                                                                                                | X                                                       | X                              | X      | X                               | X           |                           |             |             |             | EDCs and CMS |
| 7215.10   | The EDCs, shared systems maintainers, and CMS shall finalize file formats, file sizes, and dataset characteristics of the history and daily file submissions as part of the conference calls identified for requirement 7215.1.5.                                                                                             |                                                         |                                |        |                                 |             | X                         | X           | X           |             | EDCs and CMS |
| 7215.10.1 | The EDCs, shared systems maintainers, and CMS shall finalize file formats, file sizes, and dataset characteristics within the first month of conference calls.                                                                                                                                                                |                                                         |                                |        |                                 |             | X                         | X           | X           |             | EDCs and CMS |
| 7215.11   | Shared systems maintainer shall update definition of the data elements listed in the Attachment as part of the conference calls identified for requirement 7215.1.5.                                                                                                                                                          |                                                         |                                |        |                                 |             | X                         | X           | X           |             |              |
| 7215.11.1 | Shared system maintainers shall perform updates as part of regularly scheduled conference calls identified for requirement 7215.1.5. For estimation purposes, approximately 50 person hours per shared system will be required for preparation for and participation in conference calls identified for requirement 7215.1.5. |                                                         |                                |        |                                 |             | X                         | X           | X           |             |              |
| 7215.12   | Shared systems maintainers shall provide a crosswalk between data element names of fields in the shared systems claims files and the data element name in the IDR file.                                                                                                                                                       |                                                         |                                |        |                                 |             | X                         | X           | X           |             |              |
| 7215.12.1 | The CMS and the shared systems maintainers shall determine the format for the crosswalk as part of the conference calls identified for requirement 7215.1.5.                                                                                                                                                                  |                                                         |                                |        |                                 |             | X                         | X           | X           |             | CMS          |
| 7215.12.2 | The IDR element name shall continue to be the same as the name on the MCS claim record.                                                                                                                                                                                                                                       |                                                         |                                |        |                                 |             |                           | X           |             |             |              |
| 7215.13   | Shared systems maintainers shall provide a crosswalk between data element names of fields in the shared systems online screens and the data element name in the IDR file.                                                                                                                                                     |                                                         |                                |        |                                 |             | X                         | X           | X           |             |              |
| 7215.13.1 | The CMS and the shared systems maintainers shall determine the format for the crosswalk as part of the conference calls identified for requirement 7215.1.5.                                                                                                                                                                  |                                                         |                                |        |                                 |             | X                         | X           | X           |             |              |
| 7215.14   | The shared systems maintainer and CMS shall develop the format and submission method for a receipt report as part of regularly scheduled conference calls identified for requirement 7215.1.5.                                                                                                                                |                                                         |                                |        |                                 |             | X                         | X           | X           |             |              |
| 7215.14.1 | The shared systems maintainers shall provide the following information for the report: <ul style="list-style-type: none"> <li>The number of claims received for processing,</li> <li>The number of claim lines received for</li> </ul>                                                                                        |                                                         |                                |        |                                 |             | X                         | X           | X           |             |              |



#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--------------------------------------------------|
|                          |                                                  |

**Section B: For all other recommendations and supporting information, use this space: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):**

John Stewart at 410-786-1189 or [John.Stewart@cms.hhs.gov](mailto:John.Stewart@cms.hhs.gov)

Patte Appling at 410-786-1814 or [Patricia.Appling@cms.hhs.gov](mailto:Patricia.Appling@cms.hhs.gov)

Anthony Hodge at 410-786-6645 or [Anthony.hodge3@cms.hhs.gov](mailto:Anthony.hodge3@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

#### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**Attachment**

| Table Name | Column Name              | Column Datatype | Column Null Option | Column Is PK | Column Is FK | Attribute Name                                | UDP IDR Default Value | UDP IDR Derivation Rule(s) | UDP IDR Valid Values | UDP IDR Sample Values | UDP FISS Source Data Element | UDP FISS Definition                                                                                                                                                                                                                                             | UDP FISS Phase One Flag | UDP FISS Phase Two Flag | UDP FISS Phase Three Flag | UDP FISS Original Claim Flag | UDP FISS Adjustment Claim Flag | UDP VMS Source Data Element | UDP VMS Definition |
|------------|--------------------------|-----------------|--------------------|--------------|--------------|-----------------------------------------------|-----------------------|----------------------------|----------------------|-----------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|---------------------------|------------------------------|--------------------------------|-----------------------------|--------------------|
| CLM        | GEO_BENE_SK              | INTEGER         | NOT NULL           | Yes          | No           | Geography Beneficiary SurrogateKey            |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_DT_SGNTR_SK          | INTEGER         | NOT NULL           | Yes          | Yes          | Claim Date Signature SurrogateKey             |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_TYPE_CD              | SMALLINT        | NOT NULL           | Yes          | No           | Claim Type Code                               |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_NUM_SK               | SMALLINT        | NOT NULL           | Yes          | No           | Claim Number SurrogateKey                     |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | GEO_BENE_EFCT_V_SK       | INTEGER         | NOT NULL           | No           | Yes          | Geography Beneficiary Effective Surrogate Key |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_DT_SGNTR_EFCTV_SK    | INTEGER         | NOT NULL           | No           | Yes          | Claim Date Signature Effective Surrogate Key  |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_TYPE_EFCTV_CD        | SMALLINT        | NOT NULL           | No           | Yes          | Claim Type Effective Code                     |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_NUM_EFCTV_SK         | SMALLINT        | NOT NULL           | No           | Yes          | Claim Number Effective Surrogate Key          |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_EFCTV_DT             | DATE            | NULL               | No           | No           | Claim Effective Date                          |                       |                            |                      |                       | FSSCIDRP-DCN-JULIAN          | The Julian date the claim was established                                                                                                                                                                                                                       |                         |                         |                           | Y                            | Y                              |                             |                    |
| CLM        | CLM_OBSLT_DT             | DATE            | NULL               | No           | No           | Claim Obsolete Date                           |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | BENE_CTGRY_EQ_TBL_BIC_CD | CHAR(2)         | NOT NULL           | No           | No           | Beneficiary Category Equatable BIC Code       |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | BENE_SK                  | DECIMAL(18)     | NOT NULL           | No           | No           | Beneficiary SurrogateKey                      |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | BENE_LINK_KEY            | INTEGER         | NULL               | No           | No           | Beneficiary Link Key                          |                       |                            |                      |                       |                              |                                                                                                                                                                                                                                                                 |                         |                         |                           |                              |                                |                             |                    |
| CLM        | CLM_ADJSTMT_TYPE_CD      | CHAR(2)         | NOT NULL           | No           | No           | Claim Adjustment Type Code                    |                       |                            |                      |                       | FSSCIDRP-ADJ-REAS-CD         | The adjustment reason code is a two-position alphanumeric identifier for the type of adjustment being performed. For automated claims, the system sets this field; however, for manual adjustments, the employee enters this code. The valid values are AA - ZZ |                         |                         |                           |                              |                                |                             |                    |

|     |                        |                   |          |    |    |                                       |                                |                                                                                                   |   |   |                      |                                                                                                                        |
|-----|------------------------|-------------------|----------|----|----|---------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------|---|---|----------------------|------------------------------------------------------------------------------------------------------------------------|
| CLM | CLM_ADJSTMT_<br>RSN_CD | CHAR(3)           | NOT NULL | No | No | Claim Adjustment<br>Reason Code       | FSSCIDRP-ADJ-<br>CODE          | Adjustment<br>Reason Codes -<br>This field<br>identifies the<br>ANSI<br>adjustment<br>reason code | Y | Y | ADJ-REASON           | Indicates why<br>the adjustment<br>is being made.<br>Entered in<br>conjunction<br>with the ADJ-<br>DISCOVERY<br>field. |
| CLM | CLM_ALOWD_C<br>HRG_AMT | DECIMAL(15,2<br>) | NULL     | No | No | Claim Allowed Charge<br>Amount        |                                |                                                                                                   |   |   |                      |                                                                                                                        |
| CLM | CLM_ALOWD_C<br>HRG_CD  | CHAR(3)           | NOT NULL | No | No | Claim Allowed Charge<br>Source Code   |                                |                                                                                                   |   |   |                      |                                                                                                                        |
| CLM | CLM_BENE_COP<br>MT_AMT | DECIMAL(15,2<br>) | NULL     | No | No | Claim Beneficiary<br>Copayment Amount |                                |                                                                                                   |   |   |                      |                                                                                                                        |
| CLM | CLM_BENE_PMT<br>_AMT   | DECIMAL(15,2<br>) | NULL     | No | No | Claim Beneficiary<br>Payment Amount   | FSSCIDRP-<br>REIMB-PAT-<br>AMT | This field<br>identifies the<br>system<br>generated<br>patient<br>reimbursement<br>amount         |   |   | AMT-PAID-TO-<br>BENE | The amount<br>paid by<br>Medicare to<br>the Beneficiary<br>for the<br>treatment or<br>supplies listed<br>on the claim. |

|     |                                     |              |      |    |    |                                                    |                                |                                                                                                                                                                                                             |                      |                                                                             |
|-----|-------------------------------------|--------------|------|----|----|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------|
| CLM | CLM_BENE_PMT<br>_COINSRNC_AM )<br>T | DECIMAL(15,2 | NULL | No | No | Claim Beneficiary<br>Payment Coinsurance<br>Amount | FSSCIDRP-ORIG-<br>PAT-COIN     | Original Patient<br>Coinsurance -<br>The portion of<br>cost (for<br>Medicare<br>services) for<br>which a<br>beneficiary/pati<br>ent was<br>responsible on<br>the original,<br>clean,<br>processed<br>claim. | HEAD-CLAIM-<br>COINS | The benefit<br>amount on the<br>claim being<br>allocated to<br>coinsurance. |
| CLM | CLM_BENE_PMT<br>_DDCTBL_AMT )       | DECIMAL(15,2 | NULL | No | No | Claim Beneficiary<br>Payment Deductible<br>Amount  | FSSCIDRP-ORIG-<br>PAT-CASH-DED | Original Patient<br>Cash<br>Deductible -<br>The cash<br>deductible<br>amount for<br>which a<br>beneficiary/pati<br>ent was<br>responsible on<br>the original,<br>clean,<br>processed<br>claim.              | AMT-TO-DED           | Amount<br>applied to the<br>Beneficiary's<br>yearly<br>deductible.          |

|     |                           |                   |          |    |    |                                            |                            |                                                                                                                                                                                                                                                                                                                         |   |   |         |                                                            |  |  |
|-----|---------------------------|-------------------|----------|----|----|--------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---------|------------------------------------------------------------|--|--|
| CLM | CLM_COB_PTNT<br>_RESP_AMT | DECIMAL(15,2<br>) | NULL     | No | No | Claim COB Patient<br>Responsibility Amount | FSSCIDRP-<br>PATIENT-RESP  | This field<br>identifies the<br>amount for<br>which the<br>individual<br>receiving<br>services is<br>responsible for.<br>The amount is<br>calculated as<br>follows: - if<br>payer 1<br>indicator is c or<br>z, then the<br>amount equals:<br>cash deductible<br>+ coins                                                 |   |   |         |                                                            |  |  |
| CLM | CLM_CARDHLDR<br>ID        | CHAR(20)          | NULL     | No | No | Claim Cardholder<br>Identifier             |                            |                                                                                                                                                                                                                                                                                                                         |   |   |         |                                                            |  |  |
| CLM | CLM_CNTL_NUM              | VARCHAR(40)       | NULL     | No | No | Claim Control Number                       | FSSCIDRP-DCN               | Document<br>Control<br>Number                                                                                                                                                                                                                                                                                           | Y | Y | CCN-KEY | The unique 15<br>byte number<br>assigned to<br>each claim. |  |  |
| CLM | CLM_CTGRY_SR<br>VC_CD     | CHAR(2)           | NOT NULL | No | No | Claim Category of<br>Service Code          |                            |                                                                                                                                                                                                                                                                                                                         |   |   |         |                                                            |  |  |
| CLM | CLM_DISP_CD               | CHAR(2)           | NOT NULL | No | No | Claim Disposition Code                     | FSSCIDRP-CWF-<br>DISP-CODE | identifies<br>disposition of<br>the record by<br>the CWF Host<br>processing the<br>record<br>Value<br>Description<br>01 Debit<br>accepted, no<br>automated<br>adjustment<br>02 Debit<br>accepted,<br>automated<br>adjustment<br>03 Cancel<br>accepted<br>04 Outpatient<br>history only<br>accepted<br>50 Not in file (N |   |   |         |                                                            |  |  |
| CLM | CLM_DRVD_HDR<br>IND       | VARCHAR(20)       | NULL     | No | No | Claim Derived Header<br>Indicator          |                            |                                                                                                                                                                                                                                                                                                                         |   |   |         |                                                            |  |  |
| CLM | CLM_ENCTR_PM<br>T_AMT     | DECIMAL(15,2<br>) | NULL     | No | No | Claim Encounter<br>Payment Amount          |                            |                                                                                                                                                                                                                                                                                                                         |   |   |         |                                                            |  |  |
| CLM | CLM_FFS_IND               | CHAR(1)           | NULL     | No | No | Claim FFS Indicator                        |                            |                                                                                                                                                                                                                                                                                                                         |   |   |         |                                                            |  |  |
| CLM | CLM_FINL_ACTN<br>IND      | VARCHAR(20)       | NULL     | No | No | Claim Final Action<br>Indicator            |                            |                                                                                                                                                                                                                                                                                                                         |   |   |         |                                                            |  |  |

|     |                             |               |          |    |    |                                         |                       |                                                                                                                             |   |   |          |                                                        |  |
|-----|-----------------------------|---------------|----------|----|----|-----------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------|---|---|----------|--------------------------------------------------------|--|
| CLM | CLM_FORM_CD                 | CHAR(2)       | NOT NULL | No | No | Claim Form Code                         |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_HIC_NUM                 | CHAR(20)      | NULL     | No | No | Claim HIC Number                        | FSSCIDRP-HIC-NO       | Health Insurance Claim Number                                                                                               | Y | Y | HICN-KEY | The unique ID used to identify a Medicare Beneficiary. |  |
| CLM | CLM_INVN_RCV<br>D_DAY_CNT   | DECIMAL(9)    | NULL     | No | No | Claim Invoice Received Days Count       |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_LCL_CTGRY<br>SRVC_CD    | VARCHAR(20)   | NULL     | No | No | Claim Local Category Service Code       |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_LCL_PLAN_<br>CD         | CHAR(12)      | NOT NULL | No | No | Claim Local Plan Code                   |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_LCL_TYPE_<br>CD         | CHAR(10)      | NOT NULL | No | No | Claim Local Type Code                   |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_LTST_CLM_<br>IND        | VARCHAR(20)   | NULL     | No | No | Claim Latest Claim Indicator            |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_MDRC_RC<br>PNT_NUM      | CHAR(20)      | NULL     | No | No | Claim Medicaid Recipient Number         | FSSCIDRP-MEDICAID-NB  | Medicaid provider number                                                                                                    |   |   |          |                                                        |  |
| CLM | CLM_MDRC_COI<br>NSRNC_AMT ) | DECIMAL(15,2) | NULL     | No | No | Claim Medicare Coinsurance Amount       |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_MDRC_DD<br>CTBL_AMT )   | DECIMAL(15,2) | NULL     | No | No | Claim Medicare Deductible Amount        |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_MDRC_XO<br>VR_PMT_AMT ) | DECIMAL(15,2) | NULL     | No | No | Claim Medicare Crossover Payment Amount |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_NCVRD_CH<br>RG_AMT )    | DECIMAL(15,2) | NULL     | No | No | Claim Noncovered Charge Amount          |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_NET_CHRG<br>AMT )       | DECIMAL(15,2) | NULL     | No | No | Claim Net Charge Amount                 |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_ORIG_CNTL<br>_NUM       | CHAR(40)      | NULL     | No | No | Claim Original Control Number           | FSSCIDRP-XREF-DCN-NBR | identifies the document control number of the claim to be adjusted. This is used only on cancel and adjustment transactions |   |   |          |                                                        |  |
| CLM | CLM_OTHR_TP_<br>PD_AMT )    | DECIMAL(15,2) | NULL     | No | No | Claim Other Third Party Paid Amount     |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_PD_STUS_<br>CD          | CHAR(1)       | NULL     | No | No | Claim Paid Status Code                  |                       |                                                                                                                             |   |   |          |                                                        |  |
| CLM | CLM_PLAN_CD                 | CHAR(3)       | NOT NULL | No | No | Claim Plan Code                         |                       |                                                                                                                             |   |   |          |                                                        |  |



|     |                       |                |          |    |    |                                                           |                                    |                                                                                                                                                    |                          |                                                                                                                                                                                                               |
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| CLM | CLM_PMT_AMT           | DECIMAL(15,2 ) | NULL     | No | No | Claim Payment Amount                                      | FSSCIDRP-<br>ACTUAL-MEDA-<br>REIMB | This field identifies the total Medicare reimbursement                                                                                             | AMT-PAID-TO-<br>PROVIDER | The amount paid by Medicare to the Provider for the treatment or supplies listed on the claim.                                                                                                                |
| CLM | CLM_PMT_DAY_ CNT      | DECIMAL(9)     | NULL     | No | No | Claim Payment Days Count                                  |                                    |                                                                                                                                                    |                          |                                                                                                                                                                                                               |
| CLM | CLM_PRVDR_PMT_AMT     | DECIMAL(11,2 ) | NULL     | No | No | Claim Provider Payment Amount                             | FSSCIDRP-<br>REIMB-PROV-<br>AMT    | PROVIDER REIMBURSEMENT - This field identifies the system calculated line item amount to be paid to the provider.                                  | TOT-CALC-PAY-<br>TO-PROV | Benefit amount paid to the Provider. Calculation used in SPR - SUM of all line LI-AMT-PAID-TO-PROV minus SUM of all LI-PREV-AMT-PAID-PROV Used for adjustment purposes. Information will be seen in Phase II. |
| CLM | CLM_PTNT_BIRTH_DT     | CHAR(10)       | NULL     | No | No | Claim Patient Birth Date                                  | FSSCIDRP-BENE-<br>DOB(1)           | the birth date of the beneficiary                                                                                                                  | BENE-BIRTH-<br>DATE      | The Beneficiary's birth date.                                                                                                                                                                                 |
| CLM | CLM_PTNT_LBLTY_AMT    | DECIMAL(15,2 ) | NULL     | No | No | Claim Patient Liability Amount                            |                                    |                                                                                                                                                    |                          |                                                                                                                                                                                                               |
| CLM | CLM_QUERY_CD          | CHAR(1)        | NOT NULL | No | No | Claim Query Code                                          | FSSCIDRP-<br>TRANSACTION-<br>TYPE  | identifies an adjustment as either a debit or credit record. This is a one-position alphanumeric field. The valid values are: 'D' Debit 'C' Credit | QRY-ENTRY-<br>CODE       | This identifies the type of request for the claim that is being sent to the Common Working File (CWF). When the claim is mapped from the electronic format, this field is set to a value of '1'.              |
| CLM | CLM_RAC_ADJUST_IND_CD | CHAR(1)        | NULL     | No | No | Claim Recovery Audit Contractor Adjustment Indicator Code |                                    |                                                                                                                                                    |                          |                                                                                                                                                                                                               |

|     |                           |                   |          |    |     |                                                    |                                  |                                                           |            |                                                                            |
|-----|---------------------------|-------------------|----------|----|-----|----------------------------------------------------|----------------------------------|-----------------------------------------------------------|------------|----------------------------------------------------------------------------|
| CLM | CLM_SBM_T_CHR<br>G_AMT    | DECIMAL(15,2<br>) | NULL     | No | No  | Claim Submitted Charge<br>Amount                   |                                  |                                                           | TOT-CHARGE | Total amount<br>of the line level<br>submitted<br>charges on the<br>claim. |
| CLM | CLM_SBM_T_FR<br>MT_CD     | CHAR(1)           | NOT NULL | No | No  | Claim Submit Format<br>Code                        | FSSCIDRP-<br>UNIFORM-BILL-<br>CD | the code<br>indicating the<br>mode of claim<br>submission |            |                                                                            |
| CLM | CLM_SPND_DW<br>N_AMT      | DECIMAL(15,2<br>) | NULL     | No | No  | Claim Spend Down<br>Amount                         |                                  |                                                           |            |                                                                            |
| CLM | CLM_UNIQ_ID               | DECIMAL(13)       | NOT NULL | No | No  | Claim Unique Identifier                            |                                  |                                                           |            |                                                                            |
| CLM | CLM_SRVC_UNIT<br>QTY      | INTEGER           | NULL     | No | No  | Claim Service Unit<br>Quantity                     |                                  |                                                           |            |                                                                            |
| CLM | CLM_VRSN_DT               | DATE              | NOT NULL | No | No  | Claim Version Date                                 |                                  |                                                           |            |                                                                            |
| CLM | CNTRCT_PLAN_S<br>GNTR_SK  | DECIMAL(18,0<br>) | NOT NULL | No | No  | Contract Plan Signature<br>SurrogateKey            |                                  |                                                           |            |                                                                            |
| CLM | PROD_SGNTR_S<br>K         | DECIMAL(18,0<br>) | NOT NULL | No | No  | Product Signature<br>Surrogate Key                 |                                  |                                                           |            |                                                                            |
| CLM | PRVDR_SGNTR_<br>SK        | DECIMAL(18,0<br>) | NOT NULL | No | No  | Provider Signature<br>SurrogateKey                 |                                  |                                                           |            |                                                                            |
| CLM | CLM_SRC_ID                | CHAR(5)           | NOT NULL | No | No  | Claim Source Identifier                            |                                  |                                                           |            |                                                                            |
| CLM | META_SK                   | INTEGER           | NOT NULL | No | No  | Metadata SurrogateKey                              |                                  |                                                           |            |                                                                            |
| CLM | META_LST_UPD<br>T_SK      | INTEGER           | NOT NULL | No | No  | Metadata Last Update<br>SurrogateKey               |                                  |                                                           |            |                                                                            |
| CLM | META_SRC_SK               | SMALLINT          | NOT NULL | No | No  | Metadata Source<br>SurrogateKey                    |                                  |                                                           |            |                                                                            |
| CLM | META_LST_UPD<br>T_SRC_SK  | SMALLINT          | NOT NULL | No | No  | Metadata Last Update<br>Source SurrogateKey        |                                  |                                                           |            |                                                                            |
| CLM | CLM_ERR_SGNT<br>R_SK      | DECIMAL(18,0<br>) | NOT NULL | No | Yes | Claim Error Signature<br>Surrogate Key             |                                  |                                                           |            |                                                                            |
| CLM | CLM_RLT_COND<br>_SGNTR_SK | DECIMAL(18,0<br>) | NOT NULL | No | Yes | Claim Related Condition<br>Signature Surrogate Key |                                  |                                                           |            |                                                                            |

|     |                            |              |          |    |     |                                                     |                                    |                                                                                                                   |               |                                                                                                                   |
|-----|----------------------------|--------------|----------|----|-----|-----------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------|
| CLM | CLM_OCRNC_SG<br>NTR_SK     | DECIMAL(9)   | NOT NULL | No | Yes | Claim Occurrence<br>Signature Surrogate Key         |                                    |                                                                                                                   |               |                                                                                                                   |
| CLM | CLM_RLT_OCRN<br>C_SGNTR_SK | DECIMAL(9)   | NOT NULL | No | Yes | Claim Related Occurrence<br>Signature Surrogate Key |                                    |                                                                                                                   |               |                                                                                                                   |
| CLM | CLM_EDIT_GRP_<br>SGNTR_SK  | DECIMAL(9)   | NOT NULL | No | Yes | Claim Edit Group<br>Signature Surrogate Key         |                                    |                                                                                                                   |               |                                                                                                                   |
| CLM | CLM_DEMO_SG<br>NTR_SK      | DECIMAL(9)   | NOT NULL | No | Yes | Claim Demonstration<br>Signature Surrogate Key      |                                    |                                                                                                                   |               |                                                                                                                   |
| CLM | CLM_PTCH_GRP<br>_SGNTR_SK  | DECIMAL(9)   | NOT NULL | No | Yes | Claim Patch Group<br>Signature Surrogate Key        |                                    |                                                                                                                   |               |                                                                                                                   |
| CLM | CLM_CRNT_OUT<br>CM_SW      | CHAR(1)      | NULL     | No | No  | CLAIM CURRENT<br>OUTCOME SWITCH                     |                                    |                                                                                                                   |               |                                                                                                                   |
| CLM | CLM_BENE_INTR<br>ST_PD_AMT | DECIMAL(9,2) | NULL     | No | No  | CLAIM BENEFICIARY<br>INTEREST PAID AMOUNT           | FSSCIDRP-<br>INTEREST-AMT-<br>BENE | identifies the amount of Medicare A reimbursement paid to the beneficiary/patient as interest on delayed payment. | INT-AMT-BENE  | Amount of Claim Processing Timeliness (CPT) interest paid to the Beneficiary due to the late processing of claim. |
| CLM | CLM_INSR_R<br>RST_RATE     | DECIMAL(9,5) | NULL     | No | No  | CLAIM INSURER<br>INTEREST RATE                      | FSSCIDRP-<br>INTEREST-RATE         | identifies the rate to be used for calculating insurer interest                                                   | INT-RATE-PROV | The interest rate (percentage) used to determine the interest amount paid to the Provider/Supplier.               |

|     |                             |              |      |    |    |                                        |                                      |                                                                                                                                                                                              |                    |                                                                                                              |
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| CLM | CLM_PRVDR_M<br>UST_ACPT_AMT | DECIMAL(7,2) | NULL | No | No | CLAIM PROVIDER MUST<br>ACCEPT AMOUNT   | FSSCIDRP-CALC-<br>OTAF-AMT           | This field represents the "Obligated To Accept Full Payment" amount that is sent to MSPPAY. This is computed by subtracting the "FSSCIDRP-CO-AMT" (from above) from the total charge amount. | TPL-OTA-<br>AMOUNT | The amount a Provider/Supplier is obligated to accept for services rendered for occupational therapy.        |
| CLM | CLM_OTHR_PYR<br>_PD_AMT     | DECIMAL(9,2) | NULL | No | No | CLAIM OTHER PAYER<br>PAID AMOUNT       | FSSCIDRP-MSP-<br>TOTAL-COIN          | MSP total coinsurance - this field identifies the total coinsurance amount calculated within the MSP pay module                                                                              | TPL-PAID           | Amount paid by the primary insurer.                                                                          |
| CLM | CLM_PRVDR_INT<br>RST_PD_AMT | DECIMAL(9,2) | NULL | No | No | CLAIM PROVIDER<br>INTEREST PAID AMOUNT | FSSCIDRP-<br>INTEREST-<br>REIMB-PROV | This field identifies the amount of interest paid to the provider for late payment on clean claims                                                                                           | INT-AMT-PROV       | Amount of Claim Processing (CPT) interest paid to a Provider/Supplier due to the late processing of a claim. |

|            |                            |               |          |     |    |                                                              |                              |                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                   |
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| CLM        | CLM_PRVDR_R<br>MNG_DUE_AMT | DECIMAL(9,2)  | NULL     | No  | No | CLAIM PROVIDER<br>REMAINING DUE<br>AMOUNT                    | FSSCIDRP-DUE-<br>EST-AMT-DUE | This field<br>identifies the<br>amount<br>estimated by<br>the provider to<br>be still due<br>from the<br>indicated payer<br>(estimated<br>responsibility<br>less prior<br>payments). | CALC-NET-PAY-<br>TO-PROV | This field is<br>used on<br>adjustment<br>claims. It is a<br>calculation of<br>the total of the<br>"pay to<br>provider" on<br>the adjustment<br>claim less the<br>total of the<br>"pay to<br>provider" on<br>the mother<br>claim. |
| CLM        | CLM_TOT_LINE_<br>CNT       | NUMERIC(3)    | NULL     | No  | No | CLAIM TOTAL LINE<br>COUNT                                    | FSSCIDRP-<br>LINES-TOTAL     | the number of<br>revenue lines<br>on a record                                                                                                                                        | LINE-COUNT               | Number of<br>lines on claim<br>(a counted<br>value)                                                                                                                                                                               |
| CLM        | CLM_XREF_HIC_<br>NUM       | CHAR(12)      | NULL     | No  | No | CLAIM CROSS<br>REFERENCE HEALTH<br>INSURANCE CLAIM<br>NUMBER | FSSCIDRP-XREF-<br>HIC-NBR    | an internal field<br>used to hold<br>the original HIC<br>number when a<br>cross-reference<br>HIC is utilized                                                                         | RPL-XREF-HICN            | The old HICN<br>which is used<br>as a cross<br>reference to a<br>correct HICN<br>when the HICN<br>number has<br>been received<br>from CWF for a<br>Beneficiary.                                                                   |
| CLM        | CLM_CRNT_OUT<br>CM_STUS_CD | CHAR(1)       | NULL     | No  | No | CLAIM CURRENT<br>OUTCOME STATUS<br>CODE                      |                              |                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                   |
| CLM<br>NTR | CLM_ANSI_SG<br>R SK        | DECIMAL(18,0) | NOT NULL | Yes | No | Claim ANSI Signature<br>Surrogate Key                        |                              |                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                   |

|                    |                                    |         |          |    |    |                                            |                                     |                                                     |                       |                                                                                                                                                                         |
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| CLM_ANSI_SG<br>NTR | CLM_1_REV_CN<br>TR_ANSI_GRP_C<br>D | CHAR(2) | NOT NULL | No | No | Claim 1 Revenue Center<br>ANSI Group Code  | FSSCIDRP-<br>REIMB-PAT-<br>ANSI-GRP | Beneficiary<br>reimbursement<br>ANSI group<br>code  | CL-ANSI-<br>GROUP(1)  | The American<br>National<br>Standards<br>Institute (ANSI)<br>Group<br>identifies the<br>general<br>category of<br>payment<br>adjustment on<br>the Remittance<br>Advice. |
| CLM_ANSI_SG<br>NTR | CLM_1_REV_CN<br>TR_ANSI_RSN_C<br>D | CHAR(3) | NOT NULL | No | No | Claim 1 Revenue Center<br>ANSI Reason Code | FSSCIDRP-<br>REIMB-PAT-<br>ANSI-RSN | Beneficiary<br>reimbursement<br>ANSI reason<br>code | CL-ANSI-<br>REASON(1) | The American<br>National<br>Standards<br>Institute (ANSI)<br>Reason Code is<br>tied to a<br>message<br>pertaining to a<br>payment on a<br>remittance                    |
| CLM_ANSI_SG<br>NTR | CLM_2_REV_CN<br>TR_ANSI_RSN_C<br>D | CHAR(3) | NOT NULL | No | No | Claim 2 Revenue Center<br>ANSI Reason Code |                                     |                                                     | CL-ANSI-<br>REASON(2) | The American<br>National<br>Standards<br>Institute (ANSI)<br>Reason Code is<br>tied to a<br>message<br>pertaining to a<br>payment on a<br>remittance                    |
| CLM_ANSI_SG<br>NTR | CLM_2_REV_CN<br>TR_ANSI_GRP_C<br>D | CHAR(2) | NOT NULL | No | No | Claim 2 Revenue Center<br>ANSI Group Code  |                                     |                                                     | CL-ANSI-<br>GROUP(2)  | The American<br>National<br>Standards<br>Institute (ANSI)<br>Group<br>identifies the<br>general<br>category of<br>payment<br>adjustment on<br>the Remittance<br>Advice. |

|                    |                                    |          |          |     |     |                                            |                                                               |                       |                                                                                                                                                                         |
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| CLM_ANSI_SG<br>NTR | CLM_3_REV_CN<br>TR_ANSI_GRP_C<br>D | CHAR(2)  | NOT NULL | No  | No  | Claim 3 Revenue Center<br>ANSI Group Code  |                                                               | CL-ANSI-<br>GROUP(3)  | The American<br>National<br>Standards<br>Institute (ANSI)<br>Group<br>identifies the<br>general<br>category of<br>payment<br>adjustment on<br>the Remittance<br>Advice. |
| CLM_ANSI_SG<br>NTR | CLM_3_REV_CN<br>TR_ANSI_RSN_C<br>D | CHAR(3)  | NOT NULL | No  | No  | Claim 3 Revenue Center<br>ANSI Reason Code |                                                               | CL-ANSI-<br>REASON(3) | The American<br>National<br>Standards<br>Institute (ANSI)<br>Reason Code is<br>tied to a<br>message<br>pertaining to a<br>payment on a<br>remittance                    |
| CLM_ANSI_SG<br>NTR | CLM_4_REV_CN<br>TR_ANSI_GRP_C<br>D | CHAR(2)  | NOT NULL | No  | No  | Claim 4 Revenue Center<br>ANSI Group Code  |                                                               |                       |                                                                                                                                                                         |
| CLM_ANSI_SG<br>NTR | CLM_4_REV_CN<br>TR_ANSI_RSN_C<br>D | CHAR(3)  | NOT NULL | No  | No  | Claim 4 Revenue Center<br>ANSI Reason Code |                                                               |                       |                                                                                                                                                                         |
| CLM_ANSI_SG<br>NTR | META_SK                            | INTEGER  | NOT NULL | No  | No  | Metadata SurrogateKey                      |                                                               |                       |                                                                                                                                                                         |
| CLM_ANSI_SG<br>NTR | META_SRC_SK                        | SMALLINT | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey            |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | GEO_BENE_SK                        | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey      |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | CLM_TYPE_CD                        | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                            |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | CLM_NUM_SK                         | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey               |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | CLM_DT_SGNTR<br>SK                 | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey       |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | BENE_LCL_SEX_<br>CD                | CHAR(10) | NOT NULL | No  | No  | Beneficiary Local Sex<br>Code              |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | BENE_RACE_CD                       | CHAR(2)  | NOT NULL | No  | No  | Beneficiary Race Code                      |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | BENE_SEX_CD                        | CHAR(1)  | NOT NULL | No  | No  | Beneficiary Sex Code                       | FSSCIDRP-BENE- the sex gender<br>SEX(1) of the<br>beneficiary | SEX                   | The sex of the<br>Beneficiary.                                                                                                                                          |
| CLM_DCMTN          | CLM_ABRTN_CD                       | CHAR(3)  | NOT NULL | No  | No  | Claim Abortion Code                        |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | CLM_ACDNT_CD                       | CHAR(1)  | NOT NULL | No  | No  | Claim Accident Code                        |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | CLM_ACNTG_CD                       | CHAR(3)  | NOT NULL | No  | No  | Claim Accounting Code                      |                                                               |                       |                                                                                                                                                                         |
| CLM_DCMTN          | CLM_ADJSTMT_<br>RLT_CD             | CHAR(3)  | NOT NULL | No  | No  | Claim Adjustment<br>Relationship Code      |                                                               |                       |                                                                                                                                                                         |

|           |                          |            |          |    |    |                                                     |                          |                                            |                 |                                               |
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| CLM_DCMTN | CLM_AID_CTGRY_CD         | CHAR(2)    | NOT NULL | No | No | Claim Aid Category Code                             |                          |                                            |                 |                                               |
| CLM_DCMTN | CLM_ASGNMT_PGM_CD        | CHAR(10)   | NOT NULL | No | No | Claim Assignment Program Code                       |                          |                                            |                 |                                               |
| CLM_DCMTN | CLM_BENE_HMO_IND         | CHAR(1)    | NULL     | No | No | Claim Beneficiary HMO Indicator                     |                          |                                            |                 |                                               |
| CLM_DCMTN | CLM_BENE_CWF_LOC_CD      | CHAR(1)    | NOT NULL | No | No | Claim Beneficiary Common Working File Location Code |                          |                                            |                 |                                               |
| CLM_DCMTN | CLM_BLOOD_DD_CTBL_PT_QTY | DECIMAL(4) | NULL     | No | No | Claim Blood Deductible Pint Quantity                |                          |                                            |                 |                                               |
| CLM_DCMTN | CLM_CNTRCTR_NUM          | CHAR(5)    | NOT NULL | No | No | Claim Contractor Number                             | FSSCIDRP-INTERMEDIARY-NB | Fiscal Intermediary Number assigned by CMS | IDR-REC-CARRIER | Unique identification number for each carrier |
| CLM_DCMTN | CLM_COPAY_CD             | CHAR(4)    | NOT NULL | No | No | Claim Copay Code                                    |                          |                                            |                 |                                               |



|           |                                   |         |          |    |    |                                               |                                     |                                                                                                                                                                                                                                                                                                                   |
|-----------|-----------------------------------|---------|----------|----|----|-----------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_DCMTN | CLM_COPAY_EX<br>CPTN_CD           | CHAR(1) | NOT NULL | No | No | Claim Copayment<br>Exception Code             |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_CRED_DBT<br>CD                | CHAR(1) | NOT NULL | No | No | Claim Credit Debit Code                       |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_CWF_BENE<br>_MDCR_STUS_C<br>D | CHAR(2) | NULL     | No | No | Claim CWF Beneficiary<br>Medicare Status Code | FSSCIDRP-<br>REASON-FOR-<br>ENT-IND | Reason for<br>Entitlement -<br>This field<br>identifies the<br>code that<br>identifies why<br>the beneficiary<br>is entitled to<br>Medicare.<br>Value<br>Description<br>0 Normal<br>entitlement.<br>1 Disability<br>(DIB).<br>2 ESRD.<br>3 Disability<br>(DIB) now,<br>previously<br>ESRD (End<br>Stage Renal D). |
| CLM_DCMTN | CLM_CWF_NUM                       | CHAR(8) | NULL     | No | No | Claim CWF Number                              |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_CWF_PLUS<br>4 ZIP_CD          | CHAR(4) | NULL     | No | No | Claim CWF Plus four ZIP<br>Code               |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_DGNS_ABR<br>TN_IND            | CHAR(1) | NULL     | No | No | Claim Diagnosis Abortion<br>Indicator         |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_DGNS_FML<br>Y_PLN_IND         | CHAR(1) | NULL     | No | No | Claim Diagnosis Family<br>Planning Indicator  |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_DGNS_STR<br>LZTN_IND          | CHAR(1) | NULL     | No | No | Claim Diagnosis<br>Sterilization Indicator    |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_ENCTR_ST<br>US_CD             | CHAR(1) | NOT NULL | No | No | Claim Encounter Status<br>Code                |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_ER_OBSRV<br>TN_CD             | CHAR(3) | NOT NULL | No | No | Claim Emergency or<br>Observation Room Code   |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_EXCPTD_N<br>EXCPTD_CD         | CHAR(1) | NOT NULL | No | No | Claim Excepted Not<br>Excepted Code           |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_FMLY_PLN<br>CD                | CHAR(1) | NOT NULL | No | No | Claim Family Planning<br>Code                 |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_FORCED_C<br>LM_IND            | CHAR(1) | NULL     | No | No | Claim Forced Claim<br>Indicator               |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_FUND_SRC<br>CD                | CHAR(3) | NOT NULL | No | No | Claim Fund Source Code                        |                                     |                                                                                                                                                                                                                                                                                                                   |
| CLM_DCMTN | CLM_HMO_PLA<br>N_CD               | CHAR(3) | NOT NULL | No | No | Claim HMO Plan Code                           | FSSCIDRP-HMO-<br>ID-CD              | identifies the<br>code assigned<br>by HCFA to<br>identify a<br>specific HMO                                                                                                                                                                                                                                       |

|           |                            |             |          |    |    |                                          |                                                                      |              |                               |
|-----------|----------------------------|-------------|----------|----|----|------------------------------------------|----------------------------------------------------------------------|--------------|-------------------------------|
| CLM_DCMTN | CLM_HYSTRTRY_CD            | CHAR(3)     | NOT NULL | No | No | Claim Hysterectomy Code                  |                                                                      |              |                               |
| CLM_DCMTN | CLM_1ST_NAME               | VARCHAR(20) | NULL     | No | No | Claim 1st Name                           | FSSCIDRP-BENE- the first name<br>FIRST-NAME(1) of the<br>beneficiary | BENE-1STNAME | Beneficiary's first name.     |
| CLM_DCMTN | CLM_INTL_MDL_NAME          | CHAR(1)     | NULL     | No | No | Claim Initial Middle Name                | FSSCIDRP-BENE- the<br>MID-INIT(1) Beneficiaries<br>middle initial.   | BENE-INIT    | Beneficiary's middle initial. |
| CLM_DCMTN | CLM_INVLD_AD_MTG_DGNS_CD   | VARCHAR(20) | NULL     | No | No | Claim Invalid Admitting DGNS Code        |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_E_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid E DGNS Code                |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_PR_NCPL_DGNS_CD  | VARCHAR(20) | NULL     | No | No | Claim Invalid Principal DGNS Code        |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_1_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid One DGNS Code              |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_2_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid Two DGNS Code              |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_3_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid Three DGNS Code            |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_4_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid Four DGNS Code             |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_5_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid Five DGNS Code             |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_6_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid Six DGNS Code              |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_7_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid Seven DGNS Code            |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_8_D_GNS_CD       | VARCHAR(20) | NULL     | No | No | Claim Invalid Eight DGNS Code            |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_PR_NCPL_PRCDR_CD | VARCHAR(20) | NULL     | No | No | Claim Invalid Principal Procedure Code   |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_OT_HR_1_PRCDR_CD | VARCHAR(20) | NULL     | No | No | Claim Invalid Other One Procedure Code   |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_OT_HR_2_PRCDR_CD | VARCHAR(20) | NULL     | No | No | Claim Invalid Other Two Procedure Code   |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_OT_HR_3_PRCDR_CD | VARCHAR(20) | NULL     | No | No | Claim Invalid Other Three Procedure Code |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_OT_HR_4_PRCDR_CD | CHAR(7)     | NULL     | No | No | Claim Invalid Other Four Procedure Code  |                                                                      |              |                               |
| CLM_DCMTN | CLM_INVLD_OT_HR_5_PRCDR_CD | VARCHAR(20) | NULL     | No | No | Claim Invalid Other Five Procedure Code  |                                                                      |              |                               |
| CLM_DCMTN | CLM_LAST_NAME              | VARCHAR(20) | NULL     | No | No | Claim Last Name                          | FSSCIDRP-BENE- the last name<br>LAST-NAME(1) of the<br>beneficiary   | BENE-SURNAME | Beneficiary's last name.      |
| CLM_DCMTN | CLM_LCL_ADJUST_ML_REL_CD   | CHAR(10)    | NOT NULL | No | No | Claim Local Adjustment Relationship Code |                                                                      |              |                               |
| CLM_DCMTN | CLM_LCL_AID_C_TGRY_CD      | CHAR(10)    | NOT NULL | No | No | Claim Local Aid Category Code            |                                                                      |              |                               |

|           |                             |             |          |    |    |                                                   |
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| CLM_DCMTN | CLM_LCL_ALLOWED_CHRG_CD     | CHAR(10)    | NOT NULL | No | No | Claim Local Allowed Charge Source Code            |
| CLM_DCMTN | CLM_LCL_LVG_ARRNGMT_CD      | CHAR(10)    | NOT NULL | No | No | Claim Local Living Arrangement Code               |
| CLM_DCMTN | CLM_LCL_MDCR_CVRG_CD        | CHAR(10)    | NOT NULL | No | No | Claim Local Medicare Coverage Code                |
| CLM_DCMTN | CLM_LCL_OTHR_TP_CD          | CHAR(10)    | NOT NULL | No | No | Claim Local Other Third Party Code                |
| CLM_DCMTN | CLM_LCL_SPND_DWN_CD         | CHAR(10)    | NOT NULL | No | No | Claim Local Spend Down Code                       |
| CLM_DCMTN | CLM_LCL_WVR_PGM_CD          | CHAR(10)    | NOT NULL | No | No | Claim Local Waiver Program Code                   |
| CLM_DCMTN | CLM_LVG_ARRNGMT_CD          | CHAR(2)     | NOT NULL | No | No | Claim Living Arrangement Code                     |
| CLM_DCMTN | CLM_MCO_DENIED_RSN_CD       | CHAR(3)     | NOT NULL | No | No | Claim MCO Denied Reason Code                      |
| CLM_DCMTN | CLM_MCO_OPTION_CD           | CHAR(1)     | NOT NULL | No | No | Claim MCO Option Code                             |
| CLM_DCMTN | CLM_MDCD_RC_PNT_NUM_CHK_DGT | CHAR(1)     | NULL     | No | No | Claim Medicaid Recipient Number Check Digit       |
| CLM_DCMTN | CLM_MDCR_ACRTN_NUM          | DECIMAL(3)  | NULL     | No | No | Claim Medicare Accretion Number                   |
| CLM_DCMTN | CLM_MDCR_BATCH_NUM          | CHAR(4)     | NULL     | No | No | Claim Medicare Batch Number                       |
| CLM_DCMTN | CLM_MDCR_CV_RG_CD           | CHAR(2)     | NOT NULL | No | No | Claim Medicare Coverage Code                      |
| CLM_DCMTN | CLM_NCH_EDIT_DISP_CD        | CHAR(2)     | NOT NULL | No | No | Claim NCH Edit Disposition Code                   |
| CLM_DCMTN | CLM_NCH_MDF_Y_BIC_CD        | CHAR(1)     | NOT NULL | No | No | Claim NCH Modify BIC Code                         |
| CLM_DCMTN | CLM_NRLN_RIC_CD             | CHAR(1)     | NULL     | No | No | Claim Nearline RIC Code                           |
| CLM_DCMTN | CLM_OTHR_TP_CD              | CHAR(2)     | NOT NULL | No | No | Claim Other Third Party Code                      |
| CLM_DCMTN | CLM_PBM_CNTRL_NUM           | VARCHAR(17) | NULL     | No | No | Claim Pharmacy Benefits Management Control Number |
| CLM_DCMTN | CLM_PMT_TYPE_CD             | CHAR(1)     | NOT NULL | No | No | Claim Payment Type Code                           |

|           |                        |          |      |    |    |                                               |                            |                                                                                                                                                                                                         |                  |                                                                             |
|-----------|------------------------|----------|------|----|----|-----------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------|
| CLM_DCMTN | CLM_PRO_CNTL_NUM       | CHAR(12) | NULL | No | No | Claim Peer Review Organization Control Number | FSSCIDRP-PRO-CTL-NBR       | Peer review organization control number - this field identifies the number assigned by the pro to a specific adjustment transaction. The PRO name has changed to quality improvement organization (QIO) | PRO-NUMBER       | Peer Review Organization (PRO) prior approval number.                       |
| CLM_DCMTN | CLM_PTNT_CNTL_NUM      | CHAR(20) | NULL | No | No | Claim Patient Control Number                  | FSSCIDRP-PAT-MED-REC-NO    | the number assigned to the patient by the provider                                                                                                                                                      | PATIENT-ACCT-NBR | The unique identifier assigned to the Beneficiary by the Provider/Supplier. |
| CLM_DCMTN | CLM_PTNT_MDC_L_REC_NUM | CHAR(20) | NULL | No | No | Claim Patient Medical Record Number           | FSSCIDRP-MEDICAL-RECORD-NO | the number assigned to the patients medical/health claim record by the provider                                                                                                                         | Y                | Y                                                                           |

|           |                                     |          |          |    |    |                                                 |                                   |                                                                                                                                                                                                                                                                                                                         |
|-----------|-------------------------------------|----------|----------|----|----|-------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_DCMTN | CLM_PTNT_TRT<br>MT_AUTHRZTN_<br>NUM | CHAR(18) | NULL     | No | No | Claim Patient Treatment<br>Authorization Number | FSSCIDRP-<br>TREAT-AUTH-<br>CD(1) | HHPPS<br>Treatment<br>Authorization<br>Code - This<br>field identifies<br>a matching key<br>to the OASIS<br>(Outcome<br>Assessment<br>Information<br>Set) of the<br>patient. This is<br>an 18-position<br>alphanumeric<br>field. This field<br>is also used to<br>identify a<br>Center for<br>Excellence or<br>Provider |
| CLM_DCMTN | CLM_REFL_IND                        | CHAR(1)  | NULL     | No | No | Claim Refill Indicator                          |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_RMTNC_A<br>DVC_NUM              | CHAR(7)  | NULL     | No | No | Claim Remittance Advice<br>Number               |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_SPLIT_CLM<br>_IND               | CHAR(1)  | NULL     | No | No | Claim Split Claim<br>Indicator                  | SPLIT-IND                         | Indicates<br>whether or not<br>the claim has<br>been split.                                                                                                                                                                                                                                                             |
| CLM_DCMTN | CLM_SPND_DW<br>N_CD                 | CHAR(2)  | NOT NULL | No | No | Claim Spend Down Code                           |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_SRC_ID                          | CHAR(5)  | NOT NULL | No | No | Claim Source Identifier                         |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_SRVC_EPS<br>DT_CD               | CHAR(3)  | NOT NULL | No | No | Claim EPSDT Service<br>Code                     |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_STATE_AU<br>TH_SRVC_IND         | CHAR(1)  | NULL     | No | No | Claim State Authorized<br>Service Indicator     |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_STATE_HLT<br>H_CARE_PGM_C<br>D  | CHAR(5)  | NOT NULL | No | No | Claim State Health Care<br>Program Code         |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_STRLZTN_C<br>D                  | CHAR(3)  | NOT NULL | No | No | Claim Sterilization Code                        |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_WARNT_N<br>UM                   | CHAR(9)  | NULL     | No | No | Claim Warrant Number                            |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DCMTN | CLM_WVR_PGM<br>CD                   | CHAR(4)  | NOT NULL | No | No | Claim Waiver Program<br>Code                    |                                   |                                                                                                                                                                                                                                                                                                                         |

|           |                      |          |          |    |    |                                                |
|-----------|----------------------|----------|----------|----|----|------------------------------------------------|
| CLM_DCMTN | CLM_1_EOB_RS<br>N_CD | CHAR(3)  | NOT NULL | No | No | Claim 1 Explanation of<br>Benefits Reason Code |
| CLM_DCMTN | CLM_2_EOB_RS<br>N_CD | CHAR(3)  | NOT NULL | No | No | Claim 2 Explanation of<br>Benefits Reason Code |
| CLM_DCMTN | CLM_3_EOB_RS<br>N_CD | CHAR(3)  | NOT NULL | No | No | Claim 3 Explanation of<br>Benefits Reason Code |
| CLM_DCMTN | CLM_4_EOB_RS<br>N_CD | CHAR(3)  | NOT NULL | No | No | Claim 4 Explanation of<br>Benefits Reason Code |
| CLM_DCMTN | CLM_5_EOB_RS<br>N_CD | CHAR(3)  | NOT NULL | No | No | Claim 5 Explanation of<br>Benefits Reason Code |
| CLM_DCMTN | GEO_FIPS_CNTY<br>CD  | CHAR(3)  | NOT NULL | No | No | Geographic FIPS County<br>Code                 |
| CLM_DCMTN | GEO_FIPS_STATE<br>CD | CHAR(2)  | NOT NULL | No | No | Geographic FIPS State<br>Code                  |
| CLM_DCMTN | GEO_LCL_CNTY_<br>CD  | CHAR(10) | NULL     | No | No | Geographic Local County<br>Code                |
| CLM_DCMTN | META_SK              | INTEGER  | NOT NULL | No | No | Metadata SurrogateKey                          |
| CLM_DCMTN | META_SRC_SK          | SMALLINT | NOT NULL | No | No | Metadata Source<br>SurrogateKey                |

|                    |                                        |                    |          |     |    |                                                           |                                   |                                                                                                                                                                                                                                                                                                                         |
|--------------------|----------------------------------------|--------------------|----------|-----|----|-----------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_DCMTN          | CLM_PTNT_2ND<br>_TRTMT_AUTHR<br>ZTN_NU | CHAR(18)           | NULL     | No  | No | Claim Patient Second<br>Treatment Authorization<br>Number | FSSCIDRP-<br>TREAT-AUTH-<br>CD(2) | HHPPS<br>Treatment<br>Authorization<br>Code - This<br>field identifies<br>a matching key<br>to the OASIS<br>(Outcome<br>Assessment<br>Information<br>Set) of the<br>patient. This is<br>an 18-position<br>alphanumeric<br>field. This field<br>is also used to<br>identify a<br>Center for<br>Excellence or<br>Provider |
| CLM_DCMTN          | CLM_PTNT_3RD<br>_TRTMT_AUTHR<br>ZTN_NU | CHAR(18)           | NULL     | No  | No | Claim Patient Third<br>Treatment Authorization<br>Number  | FSSCIDRP-<br>TREAT-AUTH-<br>CD(3) | HHPPS<br>Treatment<br>Authorization<br>Code - This<br>field identifies<br>a matching key<br>to the OASIS<br>(Outcome<br>Assessment<br>Information<br>Set) of the<br>patient. This is<br>an 18-position<br>alphanumeric<br>field. This field<br>is also used to<br>identify a<br>Center for<br>Excellence or<br>Provider |
| CLM_DCMTN          | BENE_SEX_CMN<br>CD                     | CHAR(1)            | NULL     | No  | No | BENEFICIARY SEX<br>COMMON CODE                            |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DEMO_S<br>GNTR | CLM_DEMO_SG<br>NTR_SK                  | DECIMAL(9)         | NOT NULL | Yes | No | Claim Demonstration<br>Signature Surrogate Key            |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DEMO_S<br>GNTR | CLM_DEMO_SG<br>NTR_PRIME_LO<br>G_NUM   | DECIMAL(18,1<br>5) | NULL     | No  | No | Claim Demo Signature<br>Prime Log Number                  |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DEMO_S<br>GNTR | CLM_DEMO_SG<br>NTR_MBR_CNT             | SMALLINT           | NULL     | No  | No | Claim Demo Signature<br>Member Count                      |                                   |                                                                                                                                                                                                                                                                                                                         |
| CLM_DEMO_S<br>GNTR | META_SK                                | INTEGER            | NOT NULL | No  | No | Metadata SurrogateKey                                     |                                   |                                                                                                                                                                                                                                                                                                                         |

|                        |                           |             |          |     |     |                                                |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
|------------------------|---------------------------|-------------|----------|-----|-----|------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|
| CLM_DEMO_S<br>GNTR     | META_SRC_SK               | SMALLINT    | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DEMO_S<br>GNTR_MBR | CLM_DEMO_SG<br>NTR_SK     | DECIMAL(9)  | NOT NULL | Yes | Yes | Claim Demonstration<br>Signature Surrogate Key |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DEMO_S<br>GNTR_MBR | CLM_DEMO_ID_<br>NUM       | CHAR(2)     | NOT NULL | Yes | No  | Claim Demonstration<br>Identifier Number       | FSSCIDRP-<br>DEMO-NUM                 | identifies the<br>demonstration<br>in which the<br>beneficiary is<br>participating.<br>Value<br>Description<br>01 RUGS.<br>02 HHA.<br>03<br>Telemedicine.<br>04 UMWA.<br>06 CABG.<br>07 Centers of<br>Excellence.<br>08 Per-case<br>payment.<br>09 Choices.<br>15 ESRD<br>Managed Care.<br>30 Lung. | HOSP-AREA<br>(DEMO-<br>NUMBER) | This has been<br>redefined and<br>holds the CMS<br>demonstration<br>number. |
| CLM_DEMO_S<br>GNTR_MBR | CLM_DEMO_INF<br>O_DESC    | VARCHAR(15) | NOT NULL | Yes | No  | Claim Demonstration<br>Information Description |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DEMO_S<br>GNTR_MBR | META_SK                   | INTEGER     | NOT NULL | No  | No  | Metadata SurrogateKey                          |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DEMO_S<br>GNTR_MBR | META_SRC_SK               | SMALLINT    | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_DT_SGNTR<br>SK        | INTEGER     | NOT NULL | Yes | No  | Claim Date Signature<br>SurrogateKey           |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLNDR_MO_SK               | INTEGER     | NOT NULL | No  | No  | Calendar Month<br>Surrogate Key                |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_ACTV_CAR<br>E_FROM_DT | DATE        | NULL     | No  | No  | Claim Admission Date                           | FSSCIDRP-ADM-<br>DATE-CYMD            | admission date                                                                                                                                                                                                                                                                                      |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_ACTV_CAR<br>E_THRU_DT | DATE        | NULL     | No  | No  | Claim Active Care<br>Through Date              |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_QLFY_STAY<br>_FROM_DT | DATE        | NULL     | No  | No  | Claim Qualify Stay Date                        | FSSCIDRP-PPS-<br>EFFECT-DATE-<br>CYMD | PPS effective<br>date                                                                                                                                                                                                                                                                               |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_CMS_PROC<br>_DT       | DATE        | NULL     | No  | No  | Claim CMS Process Date                         | FSSCIDRP-<br>PROCESS-DT-<br>CYMD      | the process<br>date of the<br>claim                                                                                                                                                                                                                                                                 |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_CWF_ACRT<br>N_DT      | DATE        | NULL     | No  | No  | Claim Common Working<br>File Accretion Date    |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_DSCHRG_D<br>T         | DATE        | NULL     | No  | No  | Claim Discharge Date                           |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |
| CLM_DT_SGN<br>TR       | CLM_QLFY_STAY<br>THRU_DT  | DATE        | NULL     | No  | No  | Claim Qualify Stay Thru<br>Date                |                                       |                                                                                                                                                                                                                                                                                                     |                                |                                                                             |



|                  |                           |      |      |    |    |                                                             |                                            |                                                                                                                                             |                                              |
|------------------|---------------------------|------|------|----|----|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| CLM_DT_SGN<br>TR | CLM_FROM_DT               | DATE | NULL | No | No | Claim From Date                                             | FSSCIDRP-<br>STMT-COV-<br>FROM-DT-<br>CYMD | From date                                                                                                                                   |                                              |
| CLM_DT_SGN<br>TR | CLM_GNRT_DT               | DATE | NULL | No | No | Claim Generated Date                                        |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_GUNTD_P<br>MT_BGN_DT  | DATE | NULL | No | No | Claim Gauranteed<br>Payment Begin Date                      |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_EDW_PRO<br>C_DT       | DATE | NULL | No | No | Claim Enterprise Data<br>Warehouse Process<br>Date          |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_IP_PRO_FR<br>OM_DT    | DATE | NULL | No | No | Claim Inpatient Peer<br>Review Organization<br>From Date    |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_IP_PRO_TH<br>RU_DT    | DATE | NULL | No | No | Claim Inpatient Peer<br>Review Organization<br>Through Date |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_MDCR_EXH<br>STD_DT    | DATE | NULL | No | No | Claim Medicare<br>Exhausted Date                            |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_MDCR_PM<br>T_DT       | DATE | NULL | No | No | Claim Medicare Payment<br>Date                              |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_NCH_DLY_<br>PROC_DT   | DATE | NULL | No | No | Claim NCH Daily Process<br>Date                             |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_NCH_UR_N<br>TC_RCV_DT | DATE | NULL | No | No | Claim NCH UR NTC<br>Receive Date                            |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_NCH_WKLY<br>PROC_DT   | DATE | NULL | No | No | Claim NCH Weekly<br>Process Date                            |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_NCVRD_FR<br>OM_DT     | DATE | NULL | No | No | Claim Noncovered From<br>Date                               |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_NCVRD_TH<br>RU_DT     | DATE | NULL | No | No | Claim Noncovered<br>Through Date                            |                                            |                                                                                                                                             |                                              |
| CLM_DT_SGN<br>TR | CLM_PD_DT                 | DATE | NULL | No | No | Claim Paid Date                                             | FSSCIDRP-PAID-<br>DT-CYMD                  | paid date                                                                                                                                   | DATE-PAID<br>The date the<br>claim was paid. |
| CLM_DT_SGN<br>TR | CLM_PRO_PROC<br>_DT       | DATE | NULL | No | No | Claim Peer Review<br>Organization Process<br>Date           | FSSCIDRP-PRO-<br>PROCESS-DT-<br>CYMD       | Peer Review<br>Organization<br>Process Date -<br>This field<br>identifies the<br>date the PRO<br>processed the<br>adjustment<br>transaction |                                              |
| CLM_DT_SGN<br>TR | CLM_RA_DT                 | DATE | NULL | No | No | Claim Remittance Advice<br>Date                             |                                            |                                                                                                                                             |                                              |

|                  |                           |         |      |    |    |                                    |                                        |                                                                                                  |
|------------------|---------------------------|---------|------|----|----|------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------|
| CLM_DT_SGN<br>TR | CLM_RX_FILL_D<br>T        | DATE    | NULL | No | No | Claim Prescription Fill<br>Date    |                                        |                                                                                                  |
| CLM_DT_SGN<br>TR | CLM_RX_WRTN_<br>DT        | DATE    | NULL | No | No | Claim Prescription<br>Written Date |                                        |                                                                                                  |
| CLM_DT_SGN<br>TR | CLM_SCHLD_PM<br>T DT      | DATE    | NULL | No | No | Claim Scheduled<br>Payment Date    |                                        |                                                                                                  |
| CLM_DT_SGN<br>TR | CLM_SUBMSN_<br>DT         | DATE    | NULL | No | No | Claim Submission Date              | FSSCIDRP-RECD-<br>DT-CYMD              | receipt date of<br>the claim                                                                     |
|                  |                           |         |      |    |    |                                    |                                        | DATE-RECEIPT<br>Date the claim<br>was received.                                                  |
| CLM_DT_SGN<br>TR | CLM_THRU_DT               | DATE    | NULL | No | No | Claim Through Date                 | FSSCIDRP-<br>STMT-COV-TO-<br>DT-CYMD   | To date                                                                                          |
| CLM_DT_SGN<br>TR | CLM_TRNSMSN_<br>TO_CMS_DT | DATE    | NULL | No | No | Claim Transmission to<br>CMS Date  | FSSCIDRP-CWF-<br>RESPONSE-DT-<br>CYMD  | identifies the<br>most recent<br>date this record<br>received a<br>response from<br>the CWF host |
| CLM_DT_SGN<br>TR | CLM_WARNT_D<br>T          | DATE    | NULL | No | No | Claim Check Date                   | FSSCIDRP-<br>SFSCINFO-CK-<br>REMIT-DTE | Check date<br>from the<br>Remittance<br>advice                                                   |
| CLM_DT_SGN<br>TR | CLM_SRC_ID                | CHAR(5) | NULL | No | No | Claim Source Identifier            |                                        |                                                                                                  |

|                                |                                      |                    |          |     |     |                                                    |
|--------------------------------|--------------------------------------|--------------------|----------|-----|-----|----------------------------------------------------|
| CLM_DT_SGN<br>TR               | META_SK                              | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                              |
| CLM_DT_SGN<br>TR               | META_SRC_SK                          | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                    |
| CLM_EDIT_GR<br>P_SGNTR         | CLM_EDIT_GRP_<br>SGNTR_SK            | DECIMAL(9)         | NOT NULL | Yes | No  | Claim Edit Group<br>Signature Surrogate Key        |
| CLM_EDIT_GR<br>P_SGNTR         | CLM_EDIT_SGNT<br>R_PRIME_LOG_<br>NUM | DECIMAL(18,1<br>5) | NULL     | No  | No  | Claim Edit Group<br>Signature Prime Log<br>Number  |
| CLM_EDIT_GR<br>P_SGNTR         | CLM_EDIT_SGNT<br>R_MBR_CNT           | SMALLINT           | NULL     | No  | No  | Claim Edit Group<br>Signature Member<br>Count      |
| CLM_EDIT_GR<br>P_SGNTR         | META_SK                              | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                              |
| CLM_EDIT_GR<br>P_SGNTR         | META_SRC_SK                          | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                    |
| CLM_EDIT_GR<br>P_SGNTR_MB<br>R | CLM_EDIT_GRP_<br>SGNTR_SK            | DECIMAL(9)         | NOT NULL | Yes | Yes | Claim Edit Group<br>Signature Surrogate Key        |
| CLM_EDIT_GR<br>P_SGNTR_MB<br>R | CLM_NCH_EDIT_<br>CD                  | CHAR(4)            | NOT NULL | Yes | No  | Claim NCH Edit Code                                |
| CLM_EDIT_GR<br>P_SGNTR_MB<br>R | META_SK                              | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                              |
| CLM_EDIT_GR<br>P_SGNTR_MB<br>R | META_SRC_SK                          | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                    |
| CLM_ERR_SG<br>NTR              | CLM_ERR_SGNT<br>R_SK                 | DECIMAL(18,0<br>)  | NOT NULL | Yes | No  | Claim Error Signature<br>Surrogate Key             |
| CLM_ERR_SG<br>NTR              | CLM_ERR_SGNT<br>R_PRIME_LOG_<br>NUM  | DECIMAL(18,1<br>5) | NULL     | No  | No  | Claim Error Signature<br>Prime Logarithm<br>Number |
| CLM_ERR_SG<br>NTR              | CLM_ERR_SGNT<br>R_DESC               | VARCHAR(200<br>)   | NULL     | No  | No  | Claim Error Signature<br>Description               |
| CLM_ERR_SG<br>NTR              | META_SK                              | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                              |
| CLM_ERR_SG<br>NTR              | META_SRC_SK                          | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                    |
| CLM_ERR_SG<br>NTR_MBR          | CLM_ERR_SGNT<br>R_SK                 | DECIMAL(18,0<br>)  | NOT NULL | Yes | Yes | Claim Error Signature<br>Surrogate Key             |
| CLM_ERR_SG<br>NTR_MBR          | CLM_ERR_CLSFC<br>TN_CD               | INTEGER            | NOT NULL | Yes | No  | Claim Error Classification<br>Code                 |
| CLM_ERR_SG<br>NTR_MBR          | CLM_ERR_CD                           | VARCHAR(20)        | NOT NULL | Yes | No  | Claim Error Code                                   |
| CLM_ERR_SG<br>NTR_MBR          | META_SK                              | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                              |
| CLM_ERR_SG<br>NTR_MBR          | META_SRC_SK                          | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                    |
| CLM_INSTNL                     | GEO_BENE_SK                          | INTEGER            | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey              |
| CLM_INSTNL                     | CLM_DT_SGNTR<br>SK                   | INTEGER            | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey               |
| CLM_INSTNL                     | CLM_TYPE_CD                          | SMALLINT           | NOT NULL | Yes | Yes | Claim Type Code                                    |
| CLM_INSTNL                     | CLM_NUM_SK                           | SMALLINT           | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                       |

|            |                       |            |          |    |    |                                       |                                 |                                                                                                                                                                                                                                                                                                                     |
|------------|-----------------------|------------|----------|----|----|---------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_INSTNL | BENE_PTNT_STU<br>S_CD | CHAR(2)    | NOT NULL | No | No | Beneficiary Patient<br>Status Code    | FSSCIDRP-<br>PATIENT-<br>STATUS | identifies the<br>code indicating<br>the patient's<br>status at the<br>ending service<br>date in the<br>period.<br>Value<br>Description<br>01 Discharged<br>to home or self<br>care (routine<br>discharge)<br>02<br>Discharged/tra<br>nsferred to<br>another short-<br>term general<br>hospital for<br>inpatient ca |
| CLM_INSTNL | CLM_ADMSN_H<br>R      | DECIMAL(2) | NULL     | No | No | Claim Institutional<br>Admission Hour | FSSCIDRP-ADM-<br>HR             | This field<br>identifies the<br>hour during<br>which the<br>patient was<br>admitted for<br>inpatient or<br>outpatient care                                                                                                                                                                                          |
| CLM_INSTNL | CLM_ADMSN_TY<br>PE_CD | CHAR(2)    | NOT NULL | No | No | Claim Admission Type<br>Code          | FSSCIDRP-ADM-<br>TYP-CD         | code indicating<br>the priority of<br>admission<br>Value<br>Description<br>1 Emergency<br>2 Urgent<br>3 Elective<br>4 Newborn<br>5 Trauma<br>Center                                                                                                                                                                 |

|            |                                      |            |          |    |    |                                            |                               |                                                                                                                                                                                                                                                                                                                 |
|------------|--------------------------------------|------------|----------|----|----|--------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_INSTNL | CLM_ADMSN_SR<br>C_CD                 | CHAR(2)    | NOT NULL | No | No | Claim Admission Source<br>Code             | FSSCIDRP-ADM-<br>SOURCE       | Source of<br>Admission<br>Value<br>Description<br>1 Physician<br>referral:<br>Inpatient - The<br>patient was<br>admitted upon<br>the<br>recommendati<br>on of a<br>personal<br>physician. /<br>Outpatient -<br>The patient was<br>referred to this<br>facility for<br>outpatient or<br>referenced<br>diagnostic |
| CLM_INSTNL | CLM_BILL_CLSFC<br>TN_CD              | CHAR(1)    | NOT NULL | No | No | Claim Bill Classification<br>Code          | FSSCIDRP-SERV-<br>TYP-CD      | indicates the<br>bill<br>classification                                                                                                                                                                                                                                                                         |
| CLM_INSTNL | CLM_BILL_FAC_<br>TYPE_CD             | CHAR(1)    | NOT NULL | No | No | Claim Bill Facility Type<br>Code           | FSSCIDRP-LOB-<br>CD           | indicates the<br>type of facility                                                                                                                                                                                                                                                                               |
| CLM_INSTNL | CLM_BILL_FREQ_<br>CD                 | CHAR(1)    | NOT NULL | No | No | Claim Bill Frequency<br>Code               | FSSCIDRP-FREQ-<br>CD          | indicates the<br>bill frequency                                                                                                                                                                                                                                                                                 |
| CLM_INSTNL | CLM_COINSRNC<br>_1ST_YR_DAY_C<br>NT  | DECIMAL(3) | NULL     | No | No | Claim Coinsurance First<br>Year Day Count  | FSSCIDRP-COIN-<br>DAYS-1ST-YR | This field<br>identifies the<br>number of<br>coinsurance<br>days associated<br>with the first<br>service year on<br>a claim<br>spanning two<br>calendar years.                                                                                                                                                  |
| CLM_INSTNL | CLM_COINSRNC<br>_SCND_YR_DAY_<br>CNT | DECIMAL(3) | NULL     | No | No | Claim Coinsurance<br>Second Year Day Count | FSSCIDRP-COIN-<br>DAYS-2ND-YR | identifies the<br>number of<br>coinsurance<br>days associated<br>with the<br>second service<br>year on a claim<br>spanning two<br>calendar years.                                                                                                                                                               |
| CLM_INSTNL | CLM_DRG_PEER<br>GRP_CD               | CHAR(3)    | NOT NULL | No | No | Claim DRG Peer Group<br>Code               |                               |                                                                                                                                                                                                                                                                                                                 |
| CLM_INSTNL | CLM_DSCHRG_C<br>D                    | CHAR(2)    | NOT NULL | No | No | Claim Discharge Code                       |                               |                                                                                                                                                                                                                                                                                                                 |

|            |                                        |               |          |    |    |                                               |                          |                                                                                                                                                                                                                                                                                          |
|------------|----------------------------------------|---------------|----------|----|----|-----------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_INSTNL | CLM_DSCHRG_H<br>R                      | DECIMAL(2)    | NULL     | No | No | Claim Institutional<br>Discharge Hour         | FSSCIDRP-DISC-<br>HR     | identifies the<br>hour that the<br>patient was<br>discharged<br>from inpatient<br>care.                                                                                                                                                                                                  |
| CLM_INSTNL | CLM_ESRD_REI<br>MBRSMT_CD              | CHAR(1)       | NOT NULL | No | No | Claim ESRD<br>Reimbursement Code              |                          |                                                                                                                                                                                                                                                                                          |
| CLM_INSTNL | CLM_FI_ACTN_C<br>D                     | CHAR(1)       | NOT NULL | No | No | Claim Final Action Code                       |                          |                                                                                                                                                                                                                                                                                          |
| CLM_INSTNL | CLM_HHA_RFRL<br>CD                     | CHAR(1)       | NOT NULL | No | No | Claim HHA Referral Code                       |                          |                                                                                                                                                                                                                                                                                          |
| CLM_INSTNL | CLM_INSTNL_CV<br>RD_DAY_CNT            | DECIMAL(4)    | NULL     | No | No | Claim Institutional<br>Covered Days Count     | FSSCIDRP-CST-<br>REP-DYS | identifies the<br>number of days<br>claimable as<br>Medicare<br>patient days for<br>inpatient and<br>SNF types of<br>bills (11X, 41X,<br>18X, 21X, 28X,<br>and 51X) on the<br>cost report.                                                                                               |
| CLM_INSTNL | CLM_INSTNL_DA<br>Y_CNT                 | DECIMAL(5)    | NULL     | No | No | Claim Institutional Days<br>Count             |                          |                                                                                                                                                                                                                                                                                          |
| CLM_INSTNL | CLM_INSTNL_DR<br>G_OUTLIER_DAY<br>_CNT | DECIMAL(4)    | NULL     | No | No | Claim Institutional DRG<br>Outlier Days Count | FSSCIDRP-<br>OUTLIER-DYS | This field<br>identifies the<br>number of days<br>beyond the<br>cutoff point for<br>the applicable<br>Diagnosis<br>Related Group<br>(DRG). If claim<br>of service is<br>equal to<br>10/01/97 or<br>greater, the<br>outlier days no<br>longer apply,<br>and therefore,<br>are not present |
| CLM_INSTNL | CLM_INSTNL_DR<br>G_OUTLIER_AM )<br>T   | DECIMAL(15,2) | NULL     | No | No | Claim Institutional DRG<br>Outlier Amount     |                          |                                                                                                                                                                                                                                                                                          |

|            |                                       |               |      |    |    |                                                           |                                       |                                                                                                                                                                                                                                                                                |
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| CLM_INSTNL | CLM_INSTNL_NC<br>VRD_DAY_CNT          | DECIMAL(5)    | NULL | No | No | Claim Institutional<br>Noncovered Days Count              | FSSCIDRP-<br>NCOV-DY-CNT              | Non-Covered<br>Days - This field<br>identifies the<br>days of care<br>not covered by<br>Medicare. This<br>is a four-digit<br>field. The valid<br>values are:<br>'000' - '999'.<br>NOTE: This field<br>does not<br>display when<br>the UB-82-92<br>field is equal to<br>an 'A'. |
| CLM_INSTNL | CLM_INSTNL_M<br>DCR_COINS_DAY<br>_CNT | DECIMAL(4)    | NULL | No | No | Claim Institutional<br>Medicare Coinsurance<br>Days Count | FSSCIDRP-<br>COINS-DY-CNT             | Coinsurance<br>Days - This field<br>identifies the<br>inpatient<br>Medicare days<br>occurring after<br>the 60th day<br>and before the<br>91st<br>Coinsurance<br>Day in a single<br>spell of illness.                                                                           |
| CLM_INSTNL | CLM_INSTNL_CV<br>RD_LVE_DAY_CN<br>T   | DECIMAL(5)    | NULL | No | No | Claim Institutional<br>Covered Leave Days<br>Count        |                                       |                                                                                                                                                                                                                                                                                |
| CLM_INSTNL | CLM_INSTNL_DR<br>G_BASE_AMT )         | DECIMAL(15,2) | NULL | No | No | Claim Institutional DRG<br>Base Amount                    |                                       |                                                                                                                                                                                                                                                                                |
| CLM_INSTNL | CLM_INSTNL_PE<br>R_Diem_AMT )         | DECIMAL(15,2) | NULL | No | No | Claim Institutional Per<br>Diem Amount                    | FSSCIDRP-PASS-<br>THRU-PDIEM-<br>RATE | This field<br>identifies the<br>rate that<br>consists of the<br>established<br>reimbursable<br>costs for the<br>current year<br>divided by the<br>estimated<br>Medicare days<br>for the current<br>year.                                                                       |
| CLM_INSTNL | CLM_INSTNL_HO<br>SP_GRP_AMT )         | DECIMAL(15,2) | NULL | No | No | Claim Institutional<br>Hospital Group Amount              |                                       |                                                                                                                                                                                                                                                                                |

|            |                                        |              |          |    |    |                                                              |                                        |                                                                                                                                                                                                                                                |   |   |
|------------|----------------------------------------|--------------|----------|----|----|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_INSTNL | CLM_INSTNL_LT<br>C_RSRV_DAY_C<br>NT    | DECIMAL(4)   | NULL     | No | No | Claim Institutional LTC<br>Reserve Days Count                |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_HHA_LUP_I<br>ND_CD                 | CHAR(1)      | NOT NULL | No | No | Claim HHA LUP Indicator<br>Code                              |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_INSTNL_AL<br>OWNC_LVE_DAY<br>CNT   | DECIMAL(9,2) | NULL     | No | No | Claim Institutional<br>Allowance Leave Days<br>Count         |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_INSTNL_AL<br>OWNC_HOSP_D<br>AY_CNT | DECIMAL(9,2) | NULL     | No | No | Claim Institutional<br>Allowance Hospital Days<br>Count      |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_INSTNL_ICF<br>MR_MD CD_DAY<br>CNT  | DECIMAL(5)   | NULL     | No | No | Claim Institutional<br>ICFMR Medicaid Paid<br>Days Count     |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_IP_PRO_AP<br>RVL_CD                | CHAR(1)      | NOT NULL | No | No | Claim Inpatient Peer<br>Review Organization<br>Approval Code |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_KRON_IND<br>_CD                    | CHAR(1)      | NOT NULL | No | No | Claim KRON Indicator<br>Code                                 | FSSCIDRP-<br>KRON-OVRD                 | Kron Override -<br>This field<br>identifies<br>whether there<br>was an<br>extension of<br>the benefit<br>period from the<br>previous stay.<br>Value<br>Description<br>0 No<br>extension.<br>1 Benefit.                                         | Y | Y |
| CLM_INSTNL | CLM_MD CD_DR<br>G_CD                   | CHAR(4)      | NOT NULL | No | No | Claim Local Diagnosis<br>Related Group Code                  |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_LCL_DRG_P<br>EER_GRP_CD            | CHAR(10)     | NOT NULL | No | No | Claim Local DRG Peer<br>Group Code                           |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_MD CD_INF<br>O_CD                  | CHAR(4)      | NOT NULL | No | No | Claim Medicaid<br>Information Code                           |                                        |                                                                                                                                                                                                                                                |   |   |
| CLM_INSTNL | CLM_MDCR_HH<br>A_TOT_VISIT_CN<br>T     | DECIMAL(3)   | NULL     | No | No | Claim Medicare HHA<br>Total Visit Count                      | FSSCIDRP-<br>HHREV-SUM-1-<br>6-QTY-ALL | Episode Total<br>Visits - This<br>field identifies<br>the total<br>number of<br>visits used by<br>the Home<br>Health PPS<br>Pricer to<br>determine if<br>the claim must<br>be paid as a<br>Low Utilization<br>Payment<br>Adjustment<br>(LUPA). |   |   |
| CLM_INSTNL | CLM_MDCR_HO<br>SPC_PRD_CNT             | DECIMAL(1)   | NULL     | No | No | Claim Medicare Hospice<br>Period Count                       |                                        |                                                                                                                                                                                                                                                |   |   |



|            |                                         |              |      |    |    |                                                                     |                                      |                                                                                                                                                                                                         |
|------------|-----------------------------------------|--------------|------|----|----|---------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_INSTNL | CLM_MDCR_INS<br>TNL_BENE_PD_A )<br>MT   | DECIMAL(11,2 | NULL | No | No | Claim Medicare<br>Institutional Beneficiary<br>Paid Amount          |                                      |                                                                                                                                                                                                         |
| CLM_INSTNL | CLM_MDCR_INS<br>TNL_BUSNS_SG<br>MT_CD   | CHAR(4)      | NULL | No | No | Claim Medicare<br>Institutional Business<br>Segment Identifier Code | FSSCIDRP-<br>BUSINESS-<br>SEGMENT    | The providers<br>Business<br>Segment<br>Identification<br>number                                                                                                                                        |
| CLM_INSTNL | CLM_MDCR_INS<br>TNL_MCO_PD_S<br>W       | CHAR(1)      | NULL | No | No | Claim Medicare<br>Institutional MCO Paid<br>Switch                  | FSSCIDRP-HMO-<br>PAY-CD              | Health<br>Maintenance<br>Organization<br>Pay Code - This<br>field identifies<br>whether the<br>HMO or<br>Intermediary is<br>to pay the<br>claim.                                                        |
| CLM_INSTNL | CLM_MDCR_INS<br>TNL_PRMRY_PY )<br>R_AMT | DECIMAL(11,2 | NULL | No | No | Claim Medicare<br>Institutional Primary<br>Payer Paid Amount        |                                      |                                                                                                                                                                                                         |
| CLM_INSTNL | CLM_MDCR_INS<br>TNL_TOT_CHRG_ )<br>AMT  | DECIMAL(11,2 | NULL | No | No | Claim Medicare<br>Institutional Total<br>Charge Amount              | FSSCIDRP-<br>TOTAL-CHARGE-<br>AMOUNT | Total amount<br>charged                                                                                                                                                                                 |
| CLM_INSTNL | CLM_MDCR_IP_<br>BENE_DDCTBL_A )<br>MT   | DECIMAL(11,2 | NULL | No | No | Claim Medicare<br>Inpatient Beneficiary<br>Deductible Amount        |                                      |                                                                                                                                                                                                         |
| CLM_INSTNL | CLM_MDCR_IP_<br>1ST_YR_RATE_A )<br>MT   | DECIMAL(11,2 | NULL | No | No | Claim Medicare<br>Inpatient First Year Rate<br>Amount               |                                      |                                                                                                                                                                                                         |
| CLM_INSTNL | CLM_MDCR_IP_<br>CR_DAY_CNT              | DECIMAL(3)   | NULL | No | No | Claim Medicare<br>Inpatient CR Day Count                            | FSSCIDRP-COV-<br>DY-CNT              | identifies the<br>number of days<br>covered by<br>Medicare. The<br>valid values<br>are: '000' -<br>'999'. NOTE:<br>This field does<br>not display<br>when the UB-<br>82-92 field is<br>equal to an 'A'. |
| CLM_INSTNL | CLM_MDCR_IP_<br>NCVRD_CHRG_A )<br>MT    | DECIMAL(11,2 | NULL | No | No | Claim Medicare<br>Inpatient Noncovered<br>Charge Amount             |                                      |                                                                                                                                                                                                         |

|            |                                    |               |      |    |    |                                                   |                                |                                                                                                                                                    |
|------------|------------------------------------|---------------|------|----|----|---------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_INSTNL | CLM_MDCR_IP_ PRIOR_PSYCH_C NT      | DECIMAL(3)    | NULL | No | No | Claim Medicare Inpatient Prior Psychiatric Count  | FSSCIDRP-PRE-ENTI-PSYCH-DY-CNT | Pre-entitlement psychiatric day count - this field identifies the number of psychiatric days used prior to entitlement under the Medicare program. |
| CLM_INSTNL | CLM_MDCR_IP_ PRO_GRC_CNT           | DECIMAL(1)    | NULL | No | No | Claim Medicare Inpatient PRO GRC Count            |                                |                                                                                                                                                    |
| CLM_INSTNL | CLM_MDCR_IP_ PPS_CPTL_FSP_A ) MT   | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Capital FSP Amount   | FSSCIDRP-CAP-FSP               | This field identifies the Federal portion of the PPS payment for capital.                                                                          |
| CLM_INSTNL | CLM_MDCR_IP_ PPS_CPTL_HRML ) S_AMT | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Capital HRMLS Amount | FSSCIDRP-CAP-OLD-HARM          | This field identifies the hold harmless amount payable for old capital as computed by Pricer for providers with a payment code of A.               |
| CLM_INSTNL | CLM_MDCR_IP_ PPS_CPTL_HSP ) AMT    | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Capital HSP Amount   | FSSCIDRP-CAP-HSP               | This field identifies the hospital specific portion of the PPS payment for capital.                                                                |
| CLM_INSTNL | CLM_MDCR_IP_ PPS_CPTL_IME ) AMT    | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Capital IME Amount   | FSSCIDRP-CAP-IME-ADJ           | This field identifies the ratio of residents/interns to the hospitals average daily census.                                                        |
| CLM_INSTNL | CLM_MDCR_IP_ PPS_CPTL_TOT ) AMT    | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Capital Total Amount | FSSCIDRP-CAP-TOT-PAY           | This field identifies the total amount payable for capital for this bill.                                                                          |

|            |                              |               |      |    |    |                                                      |                         |                                                                                                                                                                                                                         |
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| CLM_INSTNL | CLM_MDCR_IP_PPS_DRG_WT_NUM   | DECIMAL(7,4)  | NULL | No | No | Claim Medicare Inpatient PPS DRG Weight Number       | FSSCIDRP-DRG-WEIGHT     | This field identifies the weight of the DRG                                                                                                                                                                             |
| CLM_INSTNL | CLM_MDCR_IP_PPS_DSCHRG_PCT   | DECIMAL(5,4)  | NULL | No | No | Claim Medicare Inpatient PPS Discharge Percent       | FSSCIDRP-DSCHG-FRCTN    | Discharge Fraction - This field identifies the transfer cases (Pricer Review Code 03, 05, and 06). The billed days are divided by the average length of stay.                                                           |
| CLM_INSTNL | CLM_MDCR_IP_PPS_DSPRPTNT_AMT | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Disproportionate Amount | FSSCIDRP-CAP-DSH-ADJ    | This field identifies the disproportionate share portion of the PPS payment for capital                                                                                                                                 |
| CLM_INSTNL | CLM_MDCR_IP_PPS_EXCPTN_A_MT  | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Exception Amount        | FSSCIDRP-CAP-EXCEPTIONS | Capital Exception Payment Rate - This field identifies the per discharge exception payment to which a hospital is entitled. This field is not used for Indian Health Service Providers with IHC/ASC indicator set to Y. |
| CLM_INSTNL | CLM_MDCR_IP_PPS_OUTLIER_A_MT | DECIMAL(11,2) | NULL | No | No | Claim Medicare Inpatient PPS Outlier Amount          | FSSCIDRP-CAP-OUTLIER    | This is the Capital Outlier Payment field. It identifies the outlier portion of the PPS payment for Capital expenditures                                                                                                |

|            |                                  |               |          |    |    |                                                  |                        |                                                                                                                                                                                                                                                                       |
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| CLM_INSTNL | CLM_MDCR_IP_LRD_USE_CNT          | DECIMAL(3)    | NULL     | No | No | Claim Medicare Inpatient LRD Use Count           | FSSCIDRP-LTR-DAYS-USED | identifies the number of lifetime reserve days used for this beneficiary                                                                                                                                                                                              |
| CLM_INSTNL | CLM_MDCR_IP_SCND_YR_RATE_AMT     | DECIMAL(11,2) | NULL     | No | No | Claim Medicare Inpatient Second Year Rate Amount |                        |                                                                                                                                                                                                                                                                       |
| CLM_INSTNL | CLM_MDCR_NCH_PTNT_STATUS_IND_CD  | CHAR(1)       | NULL     | No | No | Claim Medicare NCH Patient Status Indicator Code |                        |                                                                                                                                                                                                                                                                       |
| CLM_INSTNL | CLM_MDCR_NONPAYMENT_REASON_CD    | CHAR(2)       | NOT NULL | No | No | Claim Medicare Nonpayment Reason Code            | FSSCIDRP-NONPAY-IND    | identify the reason for Medicare's decision not to make payment<br>Value Description<br>B Benefits exhausted<br>C Non-Covered Care (discontinued)<br>E First Claim Development (Contractor 11107)<br>F Trauma Code Development (Contractor 11108)<br>G Secondary Clai |
| CLM_INSTNL | CLM_MDCR_OUTPATIENT_DUCTIBLE_AMT | DECIMAL(9,2)  | NULL     | No | No | Claim Medicare Outpatient Deductible Amount      |                        |                                                                                                                                                                                                                                                                       |
| CLM_INSTNL | CLM_MQA_PATCH_CODE               | CHAR(1)       | NOT NULL | No | No | Claim MQA Patch Code                             |                        |                                                                                                                                                                                                                                                                       |

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| CLM_INSTNL | CLM_NCH_PRM<br>RY_PYR_CD | CHAR(1)  | NOT NULL | No | No | Claim NCH Primary<br>Payer Code                 | FSSCIDRP-<br>PRIMARY-<br>PAYER-CODE | Primary payer<br>code: Values:<br>1 MEDICAID 2<br>BLUE CROSS 3<br>OTHER 4 NONE<br>A WORKING<br>AGED B END<br>STAGE RENAL<br>DISEASE (ESRD)<br>BENEFICIARY IN<br>12 MONTH<br>COORDINATIO<br>N PERIOD WITH<br>AN EGHP<br>(EMPLOYER<br>GROUP HEALTH<br>PLAN) C<br>CONDITIONAL<br>PAYMENT D<br>AUTO NO-<br>FAULT E<br>WORKERS COM |
| CLM_INSTNL | CLM_OP_SRVC_<br>TYPE_CD  | CHAR(1)  | NOT NULL | No | No | Claim Outpatient Service<br>Type Code           |                                     |                                                                                                                                                                                                                                                                                                                               |
| CLM_INSTNL | CLM_OP_TRANS_<br>TYPE_CD | CHAR(1)  | NOT NULL | No | No | Claim Outpatient<br>Transaction Type Code       |                                     |                                                                                                                                                                                                                                                                                                                               |
| CLM_INSTNL | CLM_OP_RFRL_C<br>D       | CHAR(1)  | NOT NULL | No | No | Claim Outpatient<br>Referral Code               |                                     |                                                                                                                                                                                                                                                                                                                               |
| CLM_INSTNL | CLM_POA_IND_<br>CD       | CHAR(10) | NOT NULL | No | No | Claim Present On<br>Admission Indicator<br>Code | FSSCIDRP-END-<br>OF-POA-IND         | present on<br>admission end<br>flag                                                                                                                                                                                                                                                                                           |
| CLM_INSTNL | CLM_PPS_IND_C<br>D       | CHAR(1)  | NOT NULL | No | No | Claim PPS Indicator Code                        | FSSCIDRP-PPS-<br>IND                | Prospective<br>Payment<br>System<br>Indicator<br>Values - Y=yes,<br>N=no                                                                                                                                                                                                                                                      |

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| CLM_INSTNL | CLM_PRCR_RTR<br>N_CD     | CHAR(2) | NOT NULL | No | No | Claim Pricer Return Code                           | FSSCIDRP-PPS-<br>RTC       | Pricer Return Code - This field identifies the return code from Outpatient Prospective Payment System (OPPS). This is two-position alphanumeric field.<br>Valid Values:<br>00-49 = HOW THE BILL WAS PAID<br>30,33,40,42,44 = OUTLIER RECONCILIATION                             |
| CLM_INSTNL | CLM_RQST_CNC<br>L_RSN_CD | CHAR(1) | NOT NULL | No | No | Claim Request Cancel Reason Code                   |                            |                                                                                                                                                                                                                                                                                 |
| CLM_INSTNL | CLM_TRANS_CD             | CHAR(1) | NOT NULL | No | No | Claim Transaction Code                             | FSSCIDRP-CWF-<br>ACTION-CD | the code that indicates the type of claim transaction being transmitted to the CWF Host.<br>Value<br>Description<br>1 Original debit.<br>2 Cancel by credit adjustment.<br>3 Secondary debit adjustment.<br>4 Cancel only adjustment.<br>7 Outpatient history only.<br>8 Benefi |
| CLM_INSTNL | CLM_INSTNL_W<br>C_IND    | CHAR(1) | NULL     | No | No | Claim Institutional Workers Compensation Indicator |                            |                                                                                                                                                                                                                                                                                 |
| CLM_INSTNL | DGNS_DRG_OUT<br>LIER_CD  | CHAR(1) | NOT NULL | No | No | Diagnosis Related Group Outlier Code               |                            |                                                                                                                                                                                                                                                                                 |

|                  |                              |            |          |     |     |                                    |                      |                                                                                                                                                                                                                                                                 |
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| CLM_INSTNL       | DGNS_DRG_CD                  | DECIMAL(4) | NOT NULL | No  | No  | Diagnosis Related Group Code       | FSSCIDRP-DRG-CD      | Diagnosis Related Group Code -This field identifies the diagnosis related group code assigned by the grouper program using the length of stay, covered days, sex, age, diagnosis, procedure codes, discharge date and total charges. This is a three position a |
| CLM_INSTNL       | CLM_SRC_ID                   | CHAR(5)    | NOT NULL | No  | No  | Claim Source Identifier            |                      |                                                                                                                                                                                                                                                                 |
| CLM_INSTNL       | META_SK                      | INTEGER    | NOT NULL | No  | No  | Metadata SurrogateKey              |                      |                                                                                                                                                                                                                                                                 |
| CLM_INSTNL       | META_SRC_SK                  | SMALLINT   | NOT NULL | No  | No  | Metadata Source SurrogateKey       |                      |                                                                                                                                                                                                                                                                 |
| CLM_INSTNL       | CLM_DRG_PERMISSIBLE_DAYS_CNT | CHAR(4)    | NULL     | No  | No  | CLAIM DRG PERMISSIBLE DAYS COUNT   | FSSCIDRP-DAYS-CUTOFF | This field identifies the number of days of utilization permissible for a given DRG code before claim is considered as a day outlier.                                                                                                                           |
| CLM_INSTNL_DCMTN | GEO_BENE_SK                  | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey |                      |                                                                                                                                                                                                                                                                 |
| CLM_INSTNL_DCMTN | CLM_DT_SGNTR_SK              | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey  |                      |                                                                                                                                                                                                                                                                 |
| CLM_INSTNL_DCMTN | CLM_TYPE_CD                  | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                    |                      |                                                                                                                                                                                                                                                                 |
| CLM_INSTNL_DCMTN | CLM_NUM_SK                   | SMALLINT   | NOT NULL | Yes | Yes | Claim Number SurrogateKey          |                      |                                                                                                                                                                                                                                                                 |
| CLM_INSTNL_DCMTN | CLM_LCL_ADMSN_TYPE_CD        | CHAR(10)   | NOT NULL | No  | No  | Claim Local Admission Type Code    |                      |                                                                                                                                                                                                                                                                 |

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| CLM_INSTNL_<br>DCMTN       | CLM_INSTNL_DR<br>G_RLTV_WT_AM<br>T | DECIMAL(8,4) | NULL     | No  | No  | Claim Institutional DRG<br>Relative Weight Amount             | FSSCIDRP-DRG-<br>WT-FRCTN | Diagnosis<br>Related Group<br>Weight<br>Fraction - This<br>field identifies<br>the DRG weight<br>times the<br>discharge<br>fraction |
| CLM_INSTNL_<br>DCMTN       | CLM_INSTNL_BI<br>RTH_WT_NUM        | DECIMAL(5)   | NULL     | No  | No  | Claim Institutional Birth<br>Weight Number                    |                           |                                                                                                                                     |
| CLM_INSTNL_<br>DCMTN       | CLM_MDCD_DR<br>G_CD_DESC           | VARCHAR(20)  | NULL     | No  | No  | Claim Medicaid<br>Diagnosis Related Group<br>Code Description |                           |                                                                                                                                     |
| CLM_INSTNL_<br>DCMTN       | CLM_INSTNL_NO<br>N_DRG_IND         | CHAR(1)      | NULL     | No  | No  | Claim Institutional Non<br>DRG Indicator                      |                           |                                                                                                                                     |
| CLM_INSTNL_<br>DCMTN       | CLM_SPCL_PGM<br>CD                 | CHAR(3)      | NOT NULL | No  | No  | Claim Special Program<br>Code                                 |                           |                                                                                                                                     |
| CLM_INSTNL_<br>DCMTN       | CLM_SRC_ID                         | CHAR(5)      | NOT NULL | No  | No  | Claim Source Identifier                                       |                           |                                                                                                                                     |
| CLM_INSTNL_<br>DCMTN       | META_SK                            | INTEGER      | NOT NULL | No  | No  | Metadata SurrogateKey                                         |                           |                                                                                                                                     |
| CLM_INSTNL_<br>DCMTN       | META_SRC_SK                        | SMALLINT     | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                               |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | GEO_BENE_SK                        | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>Surrogate Key                        |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | CLM_DT_SGNTR<br>_SK                | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>Surrogate Key                         |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | CLM_TYPE_CD                        | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                               |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | CLM_NUM_SK                         | SMALLINT     | NOT NULL | Yes | Yes | Claim Number Surrogate<br>Key                                 |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | PROD_SK                            | INTEGER      | NOT NULL | Yes | No  | Product SurrogateKey                                          |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | CLM_SRGCL_PR<br>CDR_SQNC_NU<br>M   | INTEGER      | NOT NULL | Yes | No  | Claim Surgical Procedure<br>Sequence Number                   |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | CLM_SRGCL_PR<br>CDR_DT             | DATE         | NULL     | No  | No  | Claim Surgical Procedure<br>Date                              |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | CLM_SRC_ID                         | CHAR(5)      | NULL     | No  | No  | Claim Source Identifier                                       |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | META_SK                            | INTEGER      | NOT NULL | No  | No  | Metadata SurrogateKey                                         |                           |                                                                                                                                     |
| CLM_INSTNL_<br>SRGCL_PRCDR | META_SRC_SK                        | SMALLINT     | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                               |                           |                                                                                                                                     |



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| CLM_LINE | CLM_LINE_NUM                   | INTEGER      | NOT NULL | Yes | No  | Claim Line Number                                 | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the position of the service or item on the claim. A claim has up to 13 lines. |
| CLM_LINE | GEO_BENE_SK                    | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey                |                                                                                          |          |                                                                                          |
| CLM_LINE | CLM_TYPE_CD                    | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                   |                                                                                          |          |                                                                                          |
| CLM_LINE | CLM_NUM_SK                     | SMALLINT     | NOT NULL | Yes | Yes | Claim Number SurrogateKey                         |                                                                                          |          |                                                                                          |
| CLM_LINE | CLM_DT_SGNTR_SK                | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey                 |                                                                                          |          |                                                                                          |
| CLM_LINE | PROD_HCPCS_M<br>DFR_SGNTR_SK ) | DECIMAL(18,0 | NULL     | No  | No  | Product HCPCS Modifier<br>Signature Surrogate Key |                                                                                          |          |                                                                                          |
| CLM_LINE | CLM_ADJSTMT_<br>TYPE_CD        | CHAR(2)      | NOT NULL | No  | No  | Claim Adjustment Type<br>Code                     |                                                                                          |          |                                                                                          |
| CLM_LINE | CLM_ALOWD_C<br>HRG_CD          | CHAR(3)      | NOT NULL | No  | No  | Claim Allowed Charge<br>Source Code               |                                                                                          |          |                                                                                          |
| CLM_LINE | CLM_COPAY_PD<br>IND            | CHAR(1)      | NULL     | No  | No  | Claim Copay Paid<br>Indicator                     |                                                                                          |          |                                                                                          |
| CLM_LINE | CLM_CTGRY_SR<br>VC_CD          | CHAR(2)      | NOT NULL | No  | No  | Claim Category of<br>Service Code                 |                                                                                          |          |                                                                                          |

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| CLM_LINE | CLM_LCL_POS_C<br>D | CHAR(10) | NOT NULL | No | No | Claim Local Place of<br>Service Code | NEW-PLACE | A two digit<br>indicator<br>designating<br>where the<br>procedure was<br>performed<br>(place of<br>service). |
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| CLM_LINE | CLM_LINE_ALO<br>WD_CHRG_AMT ) | DECIMAL(15,2 | NULL | No | No | Claim Line Allowed<br>Charge Amount | INIT-ALLOWED | The original<br>allowed charge<br>when the claim<br>line first prices. |
|----------|-------------------------------|--------------|------|----|----|-------------------------------------|--------------|------------------------------------------------------------------------|

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| CLM_LINE | CLM_LINE_ALO<br>WD_UNIT_QTY | DECIMAL(9,2) | NULL | No | No | Claim Line Allowed Unit<br>Quantity |  |  |
|----------|-----------------------------|--------------|------|----|----|-------------------------------------|--|--|

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| CLM_LINE | CLM_LINE_ANST<br>HSA_UNIT_CNT        | DECIMAL(3)    | NULL | No | No | Claim Line Anesthesia<br>Unit Count             | FSSCIDRP-ANES-<br>BASE-UNITS | Anesthesia<br>base units                                                   |                         |                                                                                                         |
| CLM_LINE | CLM_LINE_BENE<br>_COPMT_AMT          | DECIMAL(15,2) | NULL | No | No | Claim Line Beneficiary<br>Copayment Amount      |                              |                                                                            |                         |                                                                                                         |
| CLM_LINE | CLM_LINE_BENE<br>_PD_AMT             | DECIMAL(15,2) | NULL | No | No | Claim Line Beneficiary<br>Paid Amt              | FSSCIDRP-PAT-<br>REIMB-LINE  | The amount of<br>total patient<br>reimbursement<br>applied to this<br>line | LI-AMT-PAID-<br>TO-BENE | Amount paid to<br>the Beneficiary<br>for the claim<br>line item billed.                                 |
| CLM_LINE | CLM_LINE_BENE<br>_PMT_AMT            | DECIMAL(11,2) | NULL | No | No | Claim Line Beneficiary<br>Payment Amount        |                              |                                                                            |                         |                                                                                                         |
| CLM_LINE | CLM_LINE_BENE<br>_RESP_AMT           | DECIMAL(15,2) | NULL | No | No | Claim Line Beneficiary<br>Responsibility Amount |                              |                                                                            | LI-PAT-RESP             | The amount of<br>the benefit<br>payment on the<br>claim line that<br>the patient is<br>responsible for. |
| CLM_LINE | CLM_LINE_BLOO<br>D_CHRG_AMT          | DECIMAL(11,2) | NULL | No | No | Claim Line Blood Charge<br>Amount               |                              |                                                                            |                         |                                                                                                         |
| CLM_LINE | CLM_LINE_BLOO<br>D_NCVRD_CHRG<br>AMT | DECIMAL(11,2) | NULL | No | No | Claim Line Blood<br>Noncovered Charge<br>Amount |                              |                                                                            |                         |                                                                                                         |
| CLM_LINE | CLM_LINE_BLOO<br>D_DDCTBL_AMT        | DECIMAL(11,2) | NULL | No | No | Claim Line Blood<br>Deductible Amount           |                              |                                                                            |                         |                                                                                                         |

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| CLM_LINE | CLM_LINE_BLOOD_DDCTBL_QTY   | DECIMAL(3)    | NULL | No | No | Claim Line Blood Deductible Quantity       |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_BLOOD_LBLTY_AMT    | DECIMAL(11,2) | NULL | No | No | Claim Line Blood Liability Amount          |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_BLOOD_PT_FRNSH_QTY | DECIMAL(3)    | NULL | No | No | Claim Line Blood Pint Furnished Quantity   |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_BLOOD_PT_NRPLC_QTY | DECIMAL(3)    | NULL | No | No | Claim Line Blood Pint Nonreplaced Quantity |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_BLOOD_PT_RPLC_QTY  | DECIMAL(3)    | NULL | No | No | Claim Line Blood Pint Replace Quantity     |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_CPTA_TD_SRVC_IND   | CHAR(1)       | NULL | No | No | Claim Line Capitated Service Indicator     |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_CVRD_CHRG_AMT      | DECIMAL(11,2) | NULL | No | No | Claim Line Covered Charge Amount           | FSSCIDRP-REV-COV-CHRG-AMT | covered charge amount | ALLOWED-CHG The amount CMS allows the provider/supplier to bill for the procedure/supply on the claim line. |
| CLM_LINE | CLM_LINE_CVRD_PD_AMT        | DECIMAL(9,2)  | NULL | No | No | Claim Line Covered Paid Amount             |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_ENCTR_PMT_AMT      | DECIMAL(15,2) | NULL | No | No | Claim Line Encounter Payment Amount        |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_FFS_IND            | CHAR(1)       | NULL | No | No | Claim Line FFS Indicator                   |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_FINAL_ACTN_IND     | VARCHAR(20)   | NULL | No | No | Claim Line Final Action Indicator          |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_LATEST_CLM_IND     | VARCHAR(20)   | NULL | No | No | Claim Line Latest Claim Indicator          |                           |                       |                                                                                                             |
| CLM_LINE | CLM_LINE_MCO_PD_AMT         | DECIMAL(15,2) | NULL | No | No | Claim Line MCO Paid Amount                 |                           |                       |                                                                                                             |

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|----------|--------------------------------------|--------------|------|----|----|----------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| CLM_LINE | CLM_LINE_MDC<br>R_COINSRNC_A )<br>MT | DECIMAL(11,2 | NULL | No | No | Claim Line Medicare<br>Coinsurance Amount          |                                       |                                                                             |                                                                                            |
| CLM_LINE | CLM_LINE_MDC<br>R_DDCTBL_AMT )       | DECIMAL(11,2 | NULL | No | No | Claim Line Medicare<br>Deductible Amount           | FSSCIDRP-PAT-<br>CASH-DED-LINE        | Patient's cash<br>deductible<br>amount applied<br>to the line               | LI-AMT-TO-DED Amount<br>applied to the<br>deductible for<br>the claim line<br>item billed. |
| CLM_LINE | CLM_LINE_MDC<br>R_PMT_DT             | DATE         | NULL | No | No | Claim Line Medicare<br>Payment Date                |                                       |                                                                             |                                                                                            |
| CLM_LINE | CLM_LINE_MDC<br>R_XOVR_PMT_A )<br>MT | DECIMAL(15,2 | NULL | No | No | Claim Line Medicare<br>Crossover Payment<br>Amount |                                       |                                                                             |                                                                                            |
| CLM_LINE | CLM_LINE_NCVR<br>D_CHRG_AMT )        | DECIMAL(11,2 | NULL | No | No | Claim Line Noncovered<br>Charge Amount             | FSSCIDRP-REV-<br>NCOV-CHRG-<br>AMT(1) | non-covered<br>charge amount                                                |                                                                                            |
| CLM_LINE | CLM_LINE_NCVR<br>D_PD_AMT            | DECIMAL(9,2) | NULL | No | No | Claim Line Noncovered<br>Paid Amount               |                                       |                                                                             |                                                                                            |
| CLM_LINE | CLM_LINE_OTHR<br>_TP_PD_AMT )        | DECIMAL(15,2 | NULL | No | No | Claim Line Other Third<br>Party Paid Amount        |                                       |                                                                             |                                                                                            |
| CLM_LINE | CLM_LINE_PRVD<br>R_PMT_AMT )         | DECIMAL(11,2 | NULL | No | No | Claim Line Provider<br>Payment Amount              | FSSCIDRP-<br>PROV-REIMB-<br>LINE      | The amount of<br>total provider<br>reimbursement<br>applied to this<br>line | LI-AMT-PAID-<br>TO-PROV Amount paid to<br>the Provider for<br>the line item<br>billed.     |
| CLM_LINE | CLM_LINE_RA_D<br>T                   | DATE         | NULL | No | No | Claim Line Remittance<br>Advice Date               |                                       |                                                                             |                                                                                            |

|          |                              |              |      |    |    |                                       |                          |                                                               |                   |                                                                                              |
|----------|------------------------------|--------------|------|----|----|---------------------------------------|--------------------------|---------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------|
| CLM_LINE | CLM_LINE_SBMT<br>_CHRG_AMT ) | DECIMAL(15,2 | NULL | No | No | Claim Line Submitted<br>Charge Amount | FSSCIDRP-APC-<br>CHARGES | Total charges<br>submitted by<br>the provider for<br>the line | SUBMITTED-<br>CHG | Charge<br>submitted by<br>the<br>Provider/Suppli<br>er for the<br>procedure/item<br>.        |
| CLM_LINE | CLM_LINE_FRO<br>M_DT         | DATE         | NULL | No | No | Claim Line From Date                  |                          |                                                               | FROM-DATE         | The first date<br>the service was<br>performed or<br>the date the<br>supply was<br>acquired. |
| CLM_LINE | CLM_LINE_SRGR<br>Y_DT        | DATE         | NULL | No | No | Claim Line Surgery Date               |                          |                                                               |                   |                                                                                              |
| CLM_LINE | CLM_LINE_SRVC<br>_UNIT_QTY ) | DECIMAL(11,4 | NULL | No | No | Claim Line Service Unit<br>Quantity   | FSSCIDRP-NDC-<br>QTY     | National Drug<br>code quantity                                |                   |                                                                                              |
| CLM_LINE | CLM_LINE_THRU<br>_DT         | DATE         | NULL | No | No | Claim Line Through Date<br>of Service |                          |                                                               | TO-DATE           | This is the last<br>date the<br>service was<br>performed.                                    |

|          |                                     |                   |          |    |    |                                              |                                                                                                                                                                                                                                                                   |                                                                     |
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| CLM_LINE | CLM_LINE_TRTM<br>T_AUTHRZTN_C<br>NT | DECIMAL(2)        | NULL     | No | No | Claim Line Treatment<br>Authorization Count  |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_LINE_TRTM<br>T_AUTHRZTN_N<br>UM | CHAR(18)          | NULL     | No | No | Claim Line Treatment<br>Authorization Number |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_LINE_VRSN<br>DT                 | DATE              | NULL     | No | No | Claim Line Version Date                      |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_LINE_WAR<br>NT_DT               | DATE              | NULL     | No | No | Claim Line Check<br>Effective Date           |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_ORIG_LINE<br>NUM                | DECIMAL(3)        | NULL     | No | No | Claim Original Line<br>Number                |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_PD_STUS_<br>CD                  | CHAR(1)           | NULL     | No | No | Claim Paid Status Code                       |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_PLAN_CD                         | CHAR(3)           | NOT NULL | No | No | Claim Plan Code                              |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_POS_CD                          | CHAR(2)           | NOT NULL | No | No | Claim Place of Service<br>Code               |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | PROD_LINE_SGN<br>TR_SK              | DECIMAL(18,0<br>) | NOT NULL | No | No | Product Line Signature<br>Surrogate Key      |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | PRVDR_SGNTR_<br>SK                  | DECIMAL(18,0<br>) | NOT NULL | No | No | Provider Signature<br>SurrogateKey           |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | CLM_SRC_ID                          | CHAR(5)           | NOT NULL | No | No | Claim Source Identifier                      |                                                                                                                                                                                                                                                                   |                                                                     |
| CLM_LINE | HCPCS_1_MDFR<br>_CD                 | CHAR(2)           | NOT NULL | No | No | HCPCS First Modifier<br>Code                 | FSSCIDRP-HCPC- This field<br>MODIFIER(1) identifies<br>multiple fees<br>for one HCPC<br>code based on<br>the presence or<br>absence of a<br>modifier in this<br>field. The<br>default value is<br>blank unless a<br>valid modifier is<br>entered for the<br>HCPC. | HCPCS-MF1<br>The first<br>modifier<br>associated with<br>the HCPCS. |

|          |                 |         |          |    |    |                            |                                                                                                                                                                                                                             |           |                                                |
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| CLM_LINE | HCPCS_2_MDFR_CD | CHAR(2) | NOT NULL | No | No | HCPCS Second Modifier Code | FSSCIDRP-HCPC- This field MODIFIER2(1) identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC. | HCPCS-MF2 | The second modifier associated with the HCPCS. |
| CLM_LINE | HCPCS_3_MDFR_CD | CHAR(2) | NOT NULL | No | No | HCPCS Third Modifier Code  | FSSCIDRP-HCPC- This field MODIFIER3(1) identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC. | HCPCS-MF3 | The third modifier associated with the HCPCS.  |
| CLM_LINE | HCPCS_4_MDFR_CD | CHAR(2) | NOT NULL | No | No | HCPCS Fourth Modifier Code | FSSCIDRP-HCPC- This field MODIFIER4(1) identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC. | HCPCS-MF4 | The fourth modifier associated with the HCPCS. |



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| CLM_LINE | HCPCS_5_MDFR_CD | CHAR(2) | NOT NULL | No | No | HCPCS Fifth Modifier Code      | FSSCIDRP-HCPC: This field MODIFIERS(1) identifies multiple fees for one HCPC code based on the presence or absence of a modifier in this field. The default value is blank unless a valid modifier is entered for the HCPC. |
| CLM_LINE | PRCDR_1_MDFR_CD | CHAR(2) | NOT NULL | No | No | Procedure First Modifier Code  |                                                                                                                                                                                                                             |
| CLM_LINE | PRCDR_2_MDFR_CD | CHAR(2) | NOT NULL | No | No | Procedure Second Modifier Code |                                                                                                                                                                                                                             |
| CLM_LINE | PRCDR_3_MDFR_CD | CHAR(2) | NOT NULL | No | No | Procedure Third Modifier Code  |                                                                                                                                                                                                                             |

|                 |                            |              |          |     |     |                                           |                             |                                                   |                   |                                                                                          |
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| CLM_LINE        | PRCDR_4_MDFR_CD            | CHAR(2)      | NOT NULL | No  | No  | Procedure Fourth Modifier Code            |                             |                                                   |                   |                                                                                          |
| CLM_LINE        | META_SK                    | INTEGER      | NOT NULL | No  | No  | Metadata SurrogateKey                     |                             |                                                   |                   |                                                                                          |
| CLM_LINE        | META_SRC_SK                | SMALLINT     | NOT NULL | No  | No  | Metadata Source SurrogateKey              |                             |                                                   |                   |                                                                                          |
| CLM_LINE        | CLM_LINE_BENE_COINSRNC_AMT | DECIMAL(9,2) | NULL     | No  | No  | CLAIM LINE BENEFICIARY COINSURANCE AMOUNT | FSSCIDRP-WAGE-ADJ-COIN-LINE | Coinsurance amount applied to the line            | LI-ORIG-COINS-AMT | The original benefit amount on the claim line being allocated to coinsurance.            |
| CLM_LINE_DC MTN | CLM_LINE_NUM               | INTEGER      | NOT NULL | Yes | Yes | Claim Line Number                         | FSSCIDRP-HIPA-5010-SL-NBR   | THE INBOUND 837 LX01 SEG LINE ITEM CONTROL NUMBER | LINE-NBR          | Designates the position of the service or item on the claim. A claim has up to 13 lines. |
| CLM_LINE_DC MTN | GEO_BENE_SK                | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey        |                             |                                                   |                   |                                                                                          |
| CLM_LINE_DC MTN | CLM_TYPE_CD                | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                           |                             |                                                   |                   |                                                                                          |
| CLM_LINE_DC MTN | CLM_NUM_SK                 | SMALLINT     | NOT NULL | Yes | Yes | Claim Number SurrogateKey                 |                             |                                                   |                   |                                                                                          |
| CLM_LINE_DC MTN | CLM_DT_SGNTR_SK            | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey         |                             |                                                   |                   |                                                                                          |
| CLM_LINE_DC MTN | CLM_AID_CTGRY_CD           | CHAR(2)      | NOT NULL | No  | No  | Claim Aid Category Code                   |                             |                                                   |                   |                                                                                          |
| CLM_LINE_DC MTN | CLM_ASGNMT_PGM_CD          | CHAR(10)     | NOT NULL | No  | No  | Claim Assignment Program Code             |                             |                                                   |                   |                                                                                          |

|                    |                               |             |          |    |    |                                           |                           |                                                                                                                                                    |                                                                                                                                                                                            |
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| CLM_LINE_DC<br>MTN | CLM_CNSLDTD_<br>BLG_CD        | CHAR(1)     | NOT NULL | No | No | Claim Consolidated<br>Billing Code        |                           | PROV-TYPE                                                                                                                                          | Designate<br>whether the<br>provider/suppli<br>er is using their<br>own, a group's,<br>or an<br>employer's<br>identification<br>number for<br>billing and<br>procedure code<br>processing. |
| CLM_LINE_DC<br>MTN | CLM_COPAY_EX<br>CPTN_CD       | CHAR(1)     | NOT NULL | No | No | Claim Copayment<br>Exception Code         |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LCL_AID_C<br>TGRY_CD      | CHAR(10)    | NOT NULL | No | No | Claim Local Aid Category<br>Code          |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LCL_ALLOW<br>D_CHRG_CD    | CHAR(10)    | NOT NULL | No | No | Claim Local Allowed<br>Charge Source Code |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LCL_PLAN_<br>CD           | CHAR(12)    | NOT NULL | No | No | Claim Local Plan Code                     |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LIFETIME_S<br>RVC_CD      | CHAR(3)     | NOT NULL | No | No | Claim Lifetime Service<br>Code            |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LINE_RMT<br>NC_ADV_C NUM  | CHAR(7)     | NULL     | No | No | Claim Remittance Advice<br>Number         |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LINE_INVL<br>D_DGNS_CD    | CHAR(7)     | NULL     | No | No | Claim Line Invalid<br>Diagnosis Code      |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LINE_INVL<br>D_HCPCS_CD   | CHAR(5)     | NULL     | No | No | Claim Line Invalid HCPCS<br>Code          | FSSCIDRP-ORIG-<br>HCPC-CD | Retains the<br>original HCPC<br>code when the<br>system changes<br>the code                                                                        |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LINE_INVL<br>D_IDE_NUM    | VARCHAR(20) | NULL     | No | No | Claim Line Invalid IDE<br>Number          | FSSCIDRP-IDE-<br>NUMBER   | IDE<br>Investigational<br>Device<br>Exemption<br>authorization<br>number<br>assigned by the<br>FDA. It is only<br>used for<br>revenue code<br>0001 |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LINE_INVL<br>D_NDC_CD     | CHAR(11)    | NULL     | No | No | Claim Line Invalid Nation<br>Drug Code    |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LINE_INVL<br>D_PRCDR_CD   | CHAR(7)     | NULL     | No | No | Claim Line Invalid<br>Procedure Code      |                           |                                                                                                                                                    |                                                                                                                                                                                            |
| CLM_LINE_DC<br>MTN | CLM_LINE_INVL<br>D_REV_CTR_CD | CHAR(4)     | NULL     | No | No | Claim Line Invalid Rev<br>Center Code     |                           |                                                                                                                                                    |                                                                                                                                                                                            |

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| CLM_LINE_DC<br>MTN  | CLM_LINE_PRFN<br>L_MLTPL_SRGRY<br>_IND | CHAR(1)  | NULL     | No  | No  | Claim Line Professional<br>Multiple Surgery<br>Indicator |
| CLM_LINE_DC<br>MTN  | CLM_LINE_SPCL<br>1 IND                 | CHAR(1)  | NULL     | No  | No  | Claim Line Special<br>Indicator 1                        |
| CLM_LINE_DC<br>MTN  | CLM_LINE_SPCL<br>2 IND                 | CHAR(1)  | NULL     | No  | No  | Claim Line Special<br>Indicator 2                        |
| CLM_LINE_DC<br>MTN  | CLM_LINE_WAR<br>NT_NUM                 | CHAR(9)  | NULL     | No  | No  | Claim Line Warrant<br>Number                             |
| CLM_LINE_DC<br>MTN  | CLM_MCO_DND<br>RSN_CD                  | CHAR(3)  | NOT NULL | No  | No  | Claim MCO Denied<br>Reason Code                          |
| CLM_LINE_DC<br>MTN  | CLM_OVRRD_EX<br>CPTN_CD                | CHAR(5)  | NOT NULL | No  | No  | Claim Override<br>Exception Code                         |
| CLM_LINE_DC<br>MTN  | CLM_STATE_HLT<br>H_CARE_PGM_C<br>D     | CHAR(5)  | NOT NULL | No  | No  | Claim State Health Care<br>Program Code                  |
| CLM_LINE_DC<br>MTN  | CLM_1_EOB_RS<br>N_CD                   | CHAR(3)  | NOT NULL | No  | No  | Claim 1 Explanation of<br>Benefits Reason Code           |
| CLM_LINE_DC<br>MTN  | CLM_2_EOB_RS<br>N_CD                   | CHAR(3)  | NOT NULL | No  | No  | Claim 2 Explanation of<br>Benefits Reason Code           |
| CLM_LINE_DC<br>MTN  | CLM_3_EOB_RS<br>N_CD                   | CHAR(3)  | NOT NULL | No  | No  | Claim 3 Explanation of<br>Benefits Reason Code           |
| CLM_LINE_DC<br>MTN  | CLM_4_EOB_RS<br>N_CD                   | CHAR(3)  | NOT NULL | No  | No  | Claim 4 Explanation of<br>Benefits Reason Code           |
| CLM_LINE_DC<br>MTN  | CLM_SRC_ID                             | CHAR(5)  | NOT NULL | No  | No  | Claim Source Identifier                                  |
| CLM_LINE_DC<br>MTN  | META_SK                                | INTEGER  | NOT NULL | No  | No  | Metadata SurrogateKey                                    |
| CLM_LINE_DC<br>MTN  | META_SRC_SK                            | SMALLINT | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                          |
| CLM_LINE_INS<br>TNL | GEO_BENE_SK                            | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                    |

|                     |                                        |                   |          |     |     |                                                            |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
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| CLM_LINE_INS<br>TNL | CLM_DT_SGNTR<br>SK                     | INTEGER           | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                       |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_TYPE_CD                            | SMALLINT          | NOT NULL | Yes | Yes | Claim Type Code                                            |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_NUM_SK                             | SMALLINT          | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                               |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_LINE_NUM                           | INTEGER           | NOT NULL | Yes | Yes | Claim Line Number                                          | FSSCIDRP-HIPA-<br>5010-SL-NBR       | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER                                                                                                                                                                                                                                                  | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_INS<br>TNL | CLM_ANSI_SGNT<br>R SK                  | DECIMAL(18,0<br>) | NOT NULL | No  | Yes | Claim ANSI Signature<br>Surrogate Key                      |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_DDCTBL_C<br>OINSRNC_CD             | CHAR(1)           | NOT NULL | No  | No  | Claim Deductible<br>Coinsurance Code                       |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_ERR_SGNT<br>R SK                   | DECIMAL(18,0<br>) | NOT NULL | No  | Yes | Claim Error Signature<br>Surrogate Key                     |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_ADJSTD_AM<br>T     | DECIMAL(11,2<br>) | NULL     | No  | No  | Claim Line Institutional<br>Adjusted Coinsurance<br>Amount | FSSCIDRP-<br>WAGE-ADI-<br>COIN-LINE | Coinsurance<br>amount applied<br>to the line                                                                                                                                                                                                                                                                   |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_APC_BUFR_C<br>D    | CHAR(2)           | NULL     | No  | No  | Claim Line Institutional<br>APC Return Buffer Code         | FSSCIDRP-ORIG-<br>OCE-FLAG          | Outpatient<br>Code Editor<br>System (OCE)<br>Flags - This field<br>identifies eight<br>flags (1-8). The<br>OCE module<br>returns these<br>flags via the<br>APC return<br>buffer.<br>Value<br>Description<br>FLAG 1<br>Flag 1 - Status<br>Indicator (refer<br>to the following<br>values below)<br>A Service no |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_DUP_CLM_C<br>HK_CD | CHAR(1)           | NULL     | No  | No  | Claim Line Institutional<br>Duplicate Claim Check<br>Code  |                                     |                                                                                                                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_MSP1_PD_A<br>MT    | DECIMAL(11,2<br>) | NULL     | No  | No  | Claim Line Institutional<br>MSP1 Paid Amount               | FSSCIDRP-MSP-<br>AMT1-LINE          | MSP 1st other<br>insurance<br>amount for the<br>line                                                                                                                                                                                                                                                           |          |                                                                                                         |

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| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_MSP2_PD_A<br>MT | DECIMAL(11,2<br>) | NULL     | No | No | Claim Line Institutional<br>MSP2 Paid Amount                 | FSSCIDRP-MSP-<br>AMT2-LINE          | MSP 2nd other<br>insurance<br>amount for the<br>line                                       |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_PFRMD_DT        | DATE              | NULL     | No | No | Claim Line Institutional<br>Performed Date                   |                                     |                                                                                            |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_PRFNL_AMT       | DECIMAL(11,2<br>) | NULL     | No | No | Claim Line Institutional<br>Professional Component<br>Amount |                                     |                                                                                            |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_RATE_AMT        | DECIMAL(11,2<br>) | NULL     | No | No | Claim Line Institutional<br>Rate Amount                      | FSSCIDRP-REV-<br>SERV-RATE(1)       | This field<br>identifies the<br>per unit cost<br>for a particular<br>revenue line<br>item. |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_RDCD_AMT        | DECIMAL(11,2<br>) | NULL     | No | No | Claim Line Institutional<br>Reduced Coinsurance<br>Amount    | FSSCIDRP-<br>REDUCED-COIN-<br>LINE  | Coinsurance<br>amount applied<br>to the line if<br>less than WAGE-<br>ADJ-COIN-LINE        |
| CLM_LINE_INS<br>TNL | CLM_LINE_INST<br>NL_REV_CTR_DT      | DATE              | NULL     | No | No | Claim Line Institutional<br>Revenue Center Date              | FSSCIDRP-SERV-<br>DT-CYMD           | the from date<br>of service for<br>the line item                                           |
| CLM_LINE_INS<br>TNL | CLM_OTAF_ONE<br>IND_CD              | CHAR(1)           | NOT NULL | No | No | Claim First OTAF<br>Indicator Code                           |                                     |                                                                                            |
| CLM_LINE_INS<br>TNL | CLM_OTAF_TW<br>O_IND_CD             | CHAR(1)           | NOT NULL | No | No | Claim Second OTAF<br>Indicator Code                          |                                     |                                                                                            |
| CLM_LINE_INS<br>TNL | CLM_REV_APC_<br>HIPPS_CD            | CHAR(5)           | NOT NULL | No | No | Claim Revenue APC<br>HIPPS Code                              | FSSCIDRP-APC-<br>HCPCS-APC          | ambulatory<br>patient HCPC<br>code                                                         |
| CLM_LINE_INS<br>TNL | CLM_REV_CNTR<br>STUS_CD             | CHAR(2)           | NOT NULL | No | No | Claim Revenue Center<br>Status Code                          |                                     |                                                                                            |
| CLM_LINE_INS<br>TNL | CLM_REV_DSCN<br>T_IND_CD            | CHAR(1)           | NOT NULL | No | No | Claim Revenue Discount<br>Indicator Code                     | FSSCIDRP-<br>DISCOUNT-<br>FLAG-LINE | OCE<br>Discounting<br>Formula<br>Number                                                    |
| CLM_LINE_INS<br>TNL | CLM_REV_PACK<br>G_IND_CD            | CHAR(1)           | NOT NULL | No | No | Claim Revenue Package<br>Indicator Code                      | FSSCIDRP-<br>PACKAGE-FLAG-<br>LINE  | OCE packaging                                                                              |

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| CLM_LINE_INS<br>TNL | CLM_REV_PMT_<br>MTHD_CD    | CHAR(2)  | NOT NULL | No  | No  | Claim Revenue Payment<br>Method Code    | FSSCIDRP-APC-<br>PAYMENT-IND  | This field identifies the payment method returned from OCE. This is two-position alphanumeric field. The valid values are:<br>'1' Paid standard OPPS amount (status indicators 'K', 'S', 'T', 'V', 'X', or 'P')<br>'2' Services not paid under OPPS (status in |            |                                                                                          |
| CLM_LINE_INS<br>TNL | CLM_REV_PRICN_<br>G_IND_CD | CHAR(1)  | NOT NULL | No  | No  | Claim Revenue Pricing<br>Indicator Code | FSSCIDRP-APC-<br>PAY-ADJ-FLAG | OCE payment adjustment flag                                                                                                                                                                                                                                    |            |                                                                                          |
| CLM_LINE_INS<br>TNL | CLM_SRC_ID                 | CHAR(5)  | NULL     | No  | No  | Claim Source Identifier                 |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |
| CLM_LINE_INS<br>TNL | META_SK                    | INTEGER  | NOT NULL | No  | No  | Metadata SurrogateKey                   |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |
| CLM_LINE_INS<br>TNL | META_SRC_SK                | SMALLINT | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey         |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |
| CLM_LINE_PR<br>FNL  | GEO_BENE_SK                | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey   |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |
| CLM_LINE_PR<br>FNL  | CLM_DT_SGNTR<br>SK         | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey    |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |
| CLM_LINE_PR<br>FNL  | CLM_TYPE_CD                | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                         |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |
| CLM_LINE_PR<br>FNL  | CLM_NUM_SK                 | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey            |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |
| CLM_LINE_PR<br>FNL  | CLM_LINE_NUM               | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                       | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER                                                                                                                                                                                                  | LINE-NBR   | Designates the position of the service or item on the claim. A claim has up to 13 lines. |
| CLM_LINE_PR<br>FNL  | CLM_ADDTNL_D<br>CMTN_CD    | CHAR(1)  | NOT NULL | No  | No  | Claim Additional<br>Documentation Code  |                               |                                                                                                                                                                                                                                                                | LI-DOC-IND | This field tells where the additional documentation for the claim line is located.       |
| CLM_LINE_PR<br>FNL  | CLM_CLIA_ALER<br>T_IND_CD  | CHAR(1)  | NOT NULL | No  | No  | Claim CLIA Alert<br>Indicator Code      |                               |                                                                                                                                                                                                                                                                |            |                                                                                          |

|                    |                                         |                   |          |    |     |                                                 |      |                                                                                                                                                                                                                                                                                                                             |
|--------------------|-----------------------------------------|-------------------|----------|----|-----|-------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_PR<br>FNL | CLM_DMERC_D<br>CSN_IND_SW               | CHAR(1)           | NOT NULL | No | No  | Claim DMERC Decision<br>Indicator Switch        |      |                                                                                                                                                                                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_DUP_CHK_<br>IND_CD                  | CHAR(1)           | NOT NULL | No | No  | Claim Duplicate Check<br>Indicator Code         |      |                                                                                                                                                                                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_ERR_SGNT<br>R_SK                    | DECIMAL(18,0<br>) | NOT NULL | No | Yes | Claim Error Signature<br>Surrogate Key          |      |                                                                                                                                                                                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_FED_TYPE_<br>SRVC_CD                | CHAR(1)           | NOT NULL | No | No  | Claim Federal Type of<br>Service Code           | TYPE | The type of<br>service for the<br>procedure or<br>supply. OM<br>Pub. 100-04,<br>chapter 26,<br>section 10.7<br>Lists valid TOS<br>values.<br>Tied to the<br>HCPCS and<br>defined by<br>CMS. There is<br>no default<br>value and it<br>should not be<br>spaces after<br>Phase I. A<br>particular<br>HCPCS can<br>have one or |
| CLM_LINE_PR<br>FNL | CLM_LINE_CARR_<br>_CLNCL_CHRG_A )<br>MT | DECIMAL(11,2      | NULL     | No | No  | Claim Line Carrier<br>Clinical Charge Amount    |      |                                                                                                                                                                                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_LINE_CARR_<br>_CLNCL_LAB_NU<br>M    | CHAR(10)          | NULL     | No | No  | Claim Line Carrier<br>Clinical Lab Number       |      |                                                                                                                                                                                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_LINE_CARR_<br>_DME_CVRG_BG<br>N_DT  | DATE              | NULL     | No | No  | Claim Line Carrier DME<br>Coverage Begin Date   |      |                                                                                                                                                                                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_LINE_CARR_<br>_DME_NCSTY_M<br>O_CNT | DECIMAL(3)        | NULL     | No | No  | Claim Line Carrier DME<br>Necessity Month Count |      |                                                                                                                                                                                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_LINE_CARR_<br>_HPSA_SCRCTY_<br>CD   | CHAR(1)           | NULL     | No | No  | Claim Line Carrier HPSA<br>SCRSTY Code          |      |                                                                                                                                                                                                                                                                                                                             |



|                    |                                          |               |          |    |    |                                                                    |     |                                                          |
|--------------------|------------------------------------------|---------------|----------|----|----|--------------------------------------------------------------------|-----|----------------------------------------------------------|
| CLM_LINE_PR<br>FNL | CLM_LINE_CARR<br>_PSYCH_OT_LM<br>T_AMT ) | DECIMAL(11,2) | NULL     | No | No | Claim Line Carrier<br>Psychiatric OT PT Limit<br>Amount            |     |                                                          |
| CLM_LINE_PR<br>FNL | CLM_LINE_CARR<br>_RX_NUM                 | VARCHAR(30)   | NULL     | No | No | Claim Line Carrier RX<br>Number                                    |     |                                                          |
| CLM_LINE_PR<br>FNL | CLM_LINE_DME<br>RC_HCPCS_CD_T<br>XT      | CHAR(14)      | NULL     | No | No | Claim Line DEMRC<br>HCPCS Code Text                                |     |                                                          |
| CLM_LINE_PR<br>FNL | CLM_LINE_DME<br>RC_MLG_STATE_<br>CD      | CHAR(2)       | NULL     | No | No | Claim Line DMERC<br>Mailing State Code                             |     |                                                          |
| CLM_LINE_PR<br>FNL | CLM_LINE_DME<br>RC_SCRN_SVGS_<br>AMT     | DECIMAL(11,2) | NULL     | No | No | Claim Line DMERC<br>Screen Savings Amount                          |     |                                                          |
| CLM_LINE_PR<br>FNL | CLM_LINE_HCT_<br>HGB_TYPE_CD             | CHAR(2)       | NOT NULL | No | No | Claim Line Professional<br>Hematocrit Hemoglobin<br>Test Type Code |     |                                                          |
| CLM_LINE_PR<br>FNL | CLM_LINE_HCT_<br>HGB_RSLT_NUM            | DECIMAL(3,1)  | NULL     | No | No | Claim Hematocrit<br>Hemoglobin Test Result<br>Number               | HCT | The results of<br>the<br>hemoglobin/he<br>matocrit test. |

|                    |                                        |                |      |    |    |                                                         |                        |                                                                                                                                                                                                                                                                                                                           |
|--------------------|----------------------------------------|----------------|------|----|----|---------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_PR<br>FNL | CLM_LINE_INVL<br>D_PRCNG_ZIP5_<br>CD   | CHAR(5)        | NULL | No | No | Claim Line Invalid Pricing<br>Zip5 Code                 |                        |                                                                                                                                                                                                                                                                                                                           |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_DME_PRICE_A )<br>MT | DECIMAL(11,2 ) | NULL | No | No | Claim Line Professional<br>DME Purchase Price<br>Amount | DME-<br>PURCHASE       | The purchase<br>price of the<br>supply.                                                                                                                                                                                                                                                                                   |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_1ST_EXPNS_D<br>T    | DATE           | NULL | No | No | Claim Line Professional<br>First Expense Date           | PRICING-YR-<br>FROM-DT | The begin date<br>of the pricing<br>bucket used for<br>pricing the<br>claim line.<br>Pricing bucket -<br>The table<br>occurrences for<br>the fee<br>schedules                                                                                                                                                             |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_INTRST_AMT )        | DECIMAL(11,2 ) | NULL | No | No | Claim Line Professional<br>Interest Amount              |                        |                                                                                                                                                                                                                                                                                                                           |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_LAST_EXPNS_<br>DT   | DATE           | NULL | No | No | Claim Line Professional<br>Last Expense Date            | PRICING-YR-TO-<br>DT   | The end date of<br>the pricing<br>bucket used for<br>pricing the<br>claim line.                                                                                                                                                                                                                                           |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_MTUS_CNT            | DECIMAL(7)     | NULL | No | No | Claim Line Professional<br>MTUS Count                   | NBR-SERVICES           | This field is the<br>number of<br>services<br>performed or<br>units supplied.<br>This is the<br>actual number<br>of services<br>submitted on a<br>claim. The<br>value must be<br>numeric and >=<br>1.<br>Populated in all<br>three phases. It<br>shouldn't<br>change<br>between<br>phases (99% of<br>the time it<br>won't |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_NCH_PMT_A )<br>MT   | DECIMAL(11,2 ) | NULL | No | No | Claim Line Professional<br>NCH Payment Amount           |                        |                                                                                                                                                                                                                                                                                                                           |

|                    |                                       |                      |          |    |    |                                                         |              |                                                               |
|--------------------|---------------------------------------|----------------------|----------|----|----|---------------------------------------------------------|--------------|---------------------------------------------------------------|
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_PNLTY_AMT )        | DECIMAL(11,2<br>NULL | NULL     | No | No | Claim Line Professional<br>Penalty Amount               | LF-REDUCTION | The amount<br>the payment is<br>reduced due to<br>late filing |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_SBMT_SRVC_<br>QTY  | DECIMAL(9)<br>NULL   | NULL     | No | No | Claim Line Professional<br>Submit Service Quantity      |              |                                                               |
| CLM_LINE_PR<br>FNL | CLM_LINE_PRFN<br>L_SRVC_DDCTBL<br>_SW | CHAR(1)<br>NULL      | NULL     | No | No | Claim Line Professional<br>Service Deductible<br>Switch |              |                                                               |
| CLM_LINE_PR<br>FNL | CLM_MR_SCRN_<br>RSLT_IND_CD           | CHAR(1)<br>NOT NULL  | NOT NULL | No | No | Claim Medical Review<br>Screen Result Indicator<br>Code |              |                                                               |
| CLM_LINE_PR<br>FNL | CLM_MR_SCRN_<br>SUSPNSN_CD            | CHAR(4)<br>NOT NULL  | NOT NULL | No | No | Claim Medical Review<br>Screen Suspension Code          |              |                                                               |
| CLM_LINE_PR<br>FNL | CLM_MTUS_IND<br>CD                    | CHAR(1)<br>NOT NULL  | NOT NULL | No | No | Claim MTUS Indicator<br>Code                            |              |                                                               |
| CLM_LINE_PR<br>FNL | CLM_PHYSN_AS<br>TNT_CD                | CHAR(1)<br>NOT NULL  | NOT NULL | No | No | Claim Physician Assistant<br>Code                       |              |                                                               |
| CLM_LINE_PR<br>FNL | CLM_PMT_80_1<br>00_CD                 | CHAR(1)<br>NOT NULL  | NOT NULL | No | No | Claim Payment 80 100<br>Code                            |              |                                                               |
| CLM_LINE_PR<br>FNL | CLM_PMT_IND_<br>CD                    | CHAR(1)<br>NOT NULL  | NOT NULL | No | No | Claim Payment indicator<br>Code                         |              |                                                               |

|                         |                            |          |          |     |     |                                                        |                                                                                   |                      |                                                                                                                                              |
|-------------------------|----------------------------|----------|----------|-----|-----|--------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_PR<br>FNL      | CLM_PRCNG_LC<br>LTY_CD     | CHAR(2)  | NOT NULL | No  | No  | Claim Pricing Locality Code                            | FSSCIDRP-HCPC- For certain REGION HCPCS, the locality code is moved to this field |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | GEO_PRCNG_SK               | INTEGER  | NOT NULL | No  | No  | Geographic Pricing SurrogateKey                        |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | GEO_PRCNG_ZIP<br>4_CD      | CHAR(4)  | NOT NULL | No  | No  | Geographic Pricing ZIP4 Code                           |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_PRCNG_IN<br>D_CD       | CHAR(2)  | NOT NULL | No  | No  | Claim Processing Indicator Code                        |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_PRCNG_PY<br>R_CD       | CHAR(1)  | NOT NULL | No  | No  | Claim Primary Payer Code                               |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_PRCNG_SP<br>CLTY_CD    | CHAR(2)  | NOT NULL | No  | No  | Claim Provider Specialty Code                          |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_SUPLR_TYP<br>E_CD      | CHAR(1)  | NOT NULL | No  | No  | Claim Supplier Type Code                               |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_TYPE_SRV<br>CD         | CHAR(2)  | NOT NULL | No  | No  | Claim Type of Service Code                             |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_WVR_PRV<br>DR_LBLTY_SW | CHAR(1)  | NOT NULL | No  | No  | Claim Waiver Provider Liability Switch                 |                                                                                   | LIABILITY-WAIVER-IND | Indicates whether a waiver of liability letter has been attached                                                                             |
| CLM_LINE_PR<br>FNL      | CLM_LINE_PRFN<br>L_WC_IND  | CHAR(1)  | NULL     | No  | No  | Claim Line Professional Workers Compensation Indicator |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | GEO_PTNT_PCKP<br>ZIP_CD    | CHAR(5)  | NOT NULL | No  | No  | Geographic Patient Pickup ZIP Code                     |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_SRC_ID                 | CHAR(5)  | NULL     | No  | No  | Claim Source Identifier                                |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | META_SK                    | INTEGER  | NOT NULL | No  | No  | Metadata SurrogateKey                                  |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | META_SRC_SK                | SMALLINT | NOT NULL | No  | No  | Metadata Source SurrogateKey                           |                                                                                   |                      |                                                                                                                                              |
| CLM_LINE_PR<br>FNL      | CLM_LINE_CNTL<br>_NUM      | CHAR(3)  | NOT NULL | No  | No  | CLAIM LINE CONTROL NUMBER                              |                                                                                   | LINE-CONTROL-NBR     | National Standard Format ANSI (American National Standards Institute) control number that can be defined by the Provider on each Claim line. |
| CLM_LINE_PR<br>FNL_DNTL | CLM_LINE_NUM               | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                                      | FSSCIDRP-HIPA- THE INBOUND 5010-SL-NBR 837 LX01 SEG LINE ITEM CONTROL NUMBER      | LINE-NBR             | Designates the position of the service or item on the claim. A claim has up to 13 lines.                                                     |

|                         |                             |          |          |     |     |                                        |                               |                                                               |                                                                                                                         |
|-------------------------|-----------------------------|----------|----------|-----|-----|----------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_PR<br>FNL_DNTL | CLM_TOOTH_CD                | CHAR(2)  | NOT NULL | Yes | No  | Claim Tooth Code                       |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | GEO_BENE_SK                 | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey  |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_TYPE_CD                 | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                        |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_NUM_SK                  | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey           |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_DT_SGNTR<br>SK          | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey   |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_1_TOOTH_<br>SRFC_CD     | CHAR(2)  | NOT NULL | No  | No  | Claim 1 Tooth Surface<br>Code          |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_2_TOOTH_<br>SRFC_CD     | CHAR(2)  | NOT NULL | No  | No  | Claim 2 Tooth Surface<br>Code          |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_3_TOOTH_<br>SRFC_CD     | CHAR(2)  | NOT NULL | No  | No  | Claim 3 Tooth Surface<br>Code          |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_4_TOOTH_<br>SRFC_CD     | CHAR(2)  | NOT NULL | No  | No  | Claim 4 Tooth Surface<br>Code          |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_5_TOOTH_<br>SRFC_CD     | CHAR(2)  | NOT NULL | No  | No  | Claim 5 Tooth Surface<br>Code          |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_6_TOOTH_<br>SRFC_CD     | CHAR(2)  | NOT NULL | No  | No  | Claim 6 Tooth Surface<br>Code          |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_SRC_ID                  | CHAR(5)  | NOT NULL | No  | No  | Claim Source Identifier                |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_LCL_TOOT<br>H_CD        | CHAR(10) | NOT NULL | No  | No  | Claim Local Tooth<br>Code              |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_1_LCL_TOO<br>TH_SRFC_CD | CHAR(10) | NOT NULL | No  | No  | Claim 1 Local Tooth<br>Surface Code    |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_2_LCL_TOO<br>TH_SRFC_CD | CHAR(10) | NOT NULL | No  | No  | Claim 2 Local Tooth<br>Surface Code    |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_3_LCL_TOO<br>TH_SRFC_CD | CHAR(10) | NOT NULL | No  | No  | Claim 3 Local Tooth<br>Surface Code    |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_4_LCL_TOO<br>TH_SRFC_CD | CHAR(10) | NOT NULL | No  | No  | Claim 4 Local Tooth<br>Surface Code    |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_5_LCL_TOO<br>TH_SRFC_CD | CHAR(10) | NOT NULL | No  | No  | Claim 5 Local Tooth<br>Surface Code    |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_6_LCL_TOO<br>TH_SRFC_CD | CHAR(10) | NOT NULL | No  | No  | Claim 6 Local Tooth<br>Surface Code    |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | META_SK                     | INTEGER  | NOT NULL | No  | No  | Metadata SurrogateKey                  |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | META_SRC_SK                 | SMALLINT | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey        |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>FNL_DNTL | CLM_ORAL_CVT<br>Y_DSGNTN_CD | CHAR(1)  | NOT NULL | No  | No  | Claim Oral Cavity<br>Designation Code  |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE | CLM_LINE_NUM                | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                      | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR<br><br>Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_PR<br>VDR_ROLE | GEO_BENE_SK                 | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>Surrogate Key |                               |                                                               |                                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE | CLM_TYPE_CD                 | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                        |                               |                                                               |                                                                                                                         |

|                         |                                       |             |          |     |     |                                                                                  |
|-------------------------|---------------------------------------|-------------|----------|-----|-----|----------------------------------------------------------------------------------|
| CLM_LINE_PR<br>VDR_ROLE | CLM_NUM_SK                            | SMALLINT    | NOT NULL | Yes | Yes | Claim Number Surrogate<br>Key                                                    |
| CLM_LINE_PR<br>VDR_ROLE | CLM_DT_SGNTN<br>SK                    | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature<br>Surrogate Key                                            |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ATNDG_PR<br>VDR_GNRC_ID_<br>NUM   | VARCHAR(20) | NULL     | No  | No  | Claim Line Attending<br>Provider Generic<br>Identifier Number                    |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_ATNDG_<br>ID_QLFYR_CD           | CHAR(2)     | NOT NULL | No  | No  | Party Attending<br>Identifier Qualifier Code                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ATNDG_PR<br>VDR_NPI_NUM           | VARCHAR(10) | NULL     | No  | No  | Claim Line Attending<br>Provider NPI Number                                      |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ATNDG_PR<br>VDR_NAME              | VARCHAR(35) | NULL     | No  | No  | Claim Line Attending<br>Provider Name                                            |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ATNDG_PR<br>VDR_TYPE_CD           | CHAR(3)     | NOT NULL | No  | No  | Claim Line Attending<br>Provider Type Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ATNDG_PR<br>VDR_TXNMY_CD          | CHAR(10)    | NOT NULL | No  | No  | Claim Line Attending<br>Provider Taxonomy<br>Code                                |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ATNDG_FE<br>D_PRVDR_SPCLT<br>Y_CD | CHAR(2)     | NOT NULL | No  | No  | Claim Line Attending<br>Federal Provider<br>Specialty Code                       |
| CLM_LINE_PR<br>VDR_ROLE | GEO_ATNDG_SK                          | INTEGER     | NOT NULL | No  | No  | Geographic Attending<br>SurrogateKey                                             |
| CLM_LINE_PR<br>VDR_ROLE | GEO_ATNDG_ZIP<br>4_CD                 | CHAR(4)     | NOT NULL | No  | No  | Geographic Attending<br>ZIP4 Code                                                |
| CLM_LINE_PR<br>VDR_ROLE | GEO_ATNDG_US<br>PS_STATE_CD           | CHAR(2)     | NULL     | No  | No  | Claim Line Attending<br>Geographic United<br>States Postal Service<br>State Code |
| CLM_LINE_PR<br>VDR_ROLE | CLM_BLG_PRVD<br>R_GNRC_ID_NU<br>M     | VARCHAR(20) | NULL     | No  | No  | Claim Line Billing<br>Provider Generic<br>Identifier Number                      |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_BLG_ID_<br>QLFYR_CD             | CHAR(2)     | NOT NULL | No  | No  | Party Billing Identifier<br>Qualifier Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_BLG_PRVD<br>R_NPI_NUM             | VARCHAR(10) | NULL     | No  | No  | Claim Line Billing<br>Provider NPI Number                                        |
| CLM_LINE_PR<br>VDR_ROLE | CLM_BLG_PRVD<br>R_NAME                | VARCHAR(35) | NULL     | No  | No  | Claim Line Billing<br>Provider Name                                              |
| CLM_LINE_PR<br>VDR_ROLE | CLM_BLG_PRVD<br>R_TYPE_CD             | CHAR(3)     | NOT NULL | No  | No  | Claim Line Billing<br>Provider Type Code                                         |
| CLM_LINE_PR<br>VDR_ROLE | CLM_BLG_PRVD<br>R_TXNMY_CD            | CHAR(10)    | NOT NULL | No  | No  | Claim Line Billing<br>Provider taxonomy Code                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_BLG_FED_P<br>RVDR_SPCLTY_C<br>D   | CHAR(2)     | NOT NULL | No  | No  | Claim Line Billing Federal<br>Provider Specialty Code                            |
| CLM_LINE_PR<br>VDR_ROLE | GEO_BLG_SK                            | INTEGER     | NOT NULL | No  | No  | Geographic Billing<br>SurrogateKey                                               |
| CLM_LINE_PR<br>VDR_ROLE | GEO_BLG_ZIP4_<br>CD                   | CHAR(4)     | NOT NULL | No  | No  | Geographic Billing ZIP4<br>Code                                                  |
| CLM_LINE_PR<br>VDR_ROLE | GEO_BLG_USPS_<br>STATE_CD             | CHAR(2)     | NULL     | No  | No  | Claim Line Billing<br>Geographic United<br>States Postal Service<br>State Code   |

|                         |                                        |             |          |    |    |                                                                                   |
|-------------------------|----------------------------------------|-------------|----------|----|----|-----------------------------------------------------------------------------------|
| CLM_LINE_PR<br>VDR_ROLE | CLM_DSPSNG_P<br>RVDR_GNRC_ID<br>NUM    | VARCHAR(20) | NULL     | No | No | Claim Line Dispensing<br>Provider Generic<br>Identifier Number                    |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_DSPSNG<br>_ID_QLFYR_CD           | CHAR(2)     | NOT NULL | No | No | Party Dispensing<br>Identifier Qualifier Code                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_DSPSNG_P<br>RVDR_NPI_NUM           | VARCHAR(10) | NULL     | No | No | Claim Line Dispensing<br>Provider NPI Number                                      |
| CLM_LINE_PR<br>VDR_ROLE | CLM_DSPSNG_P<br>RVDR_NAME              | VARCHAR(35) | NULL     | No | No | Claim Line Dispensing<br>Provider Name                                            |
| CLM_LINE_PR<br>VDR_ROLE | CLM_DSPSNG_P<br>RVDR_TYPE_CD           | CHAR(3)     | NOT NULL | No | No | Claim Line Dispensing<br>Provider Type Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_DSPSNG_P<br>RVDR_TXNMY_C<br>D      | CHAR(10)    | NOT NULL | No | No | Claim Line Dispensing<br>Provider Taxonomy<br>Code                                |
| CLM_LINE_PR<br>VDR_ROLE | CLM_DSPSNG_F<br>ED_PRVDR_SPCL<br>TY_CD | CHAR(2)     | NOT NULL | No | No | Claim Line Dispensing<br>Federal Provider<br>Specialty Code                       |
| CLM_LINE_PR<br>VDR_ROLE | GEO_DSPSNG_S<br>K                      | INTEGER     | NOT NULL | No | No | Geographic Dispensing<br>SurrogateKey                                             |
| CLM_LINE_PR<br>VDR_ROLE | GEO_DSPSNG_ZI<br>P4_CD                 | CHAR(4)     | NOT NULL | No | No | Geographic Dispensing<br>ZIP4 Code                                                |
| CLM_LINE_PR<br>VDR_ROLE | GEO_DSPSNG_U<br>SPS_STATE_CD           | CHAR(2)     | NULL     | No | No | Claim Line Dispensing<br>Geographic United<br>States Postal Service<br>State Code |
| CLM_LINE_PR<br>VDR_ROLE | CLM_FAC_PRVD<br>R_GNRC_ID_NU<br>M      | VARCHAR(20) | NULL     | No | No | Claim Line Facility<br>Provider Generic<br>Identifier Number                      |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_FAC_ID_<br>QLFYR_CD              | CHAR(2)     | NOT NULL | No | No | Party Facility Identifier<br>Qualifier Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_FAC_PRVD<br>R_NPI_NUM              | VARCHAR(10) | NULL     | No | No | Claim Line Facility<br>Provider NPI Number                                        |
| CLM_LINE_PR<br>VDR_ROLE | CLM_FAC_PRVD<br>R_NAME                 | VARCHAR(35) | NULL     | No | No | Claim Line Facility<br>Provider Name                                              |
| CLM_LINE_PR<br>VDR_ROLE | CLM_FAC_PRVD<br>R_TYPE_CD              | CHAR(3)     | NOT NULL | No | No | Claim Line Facility<br>Provider Type Code                                         |
| CLM_LINE_PR<br>VDR_ROLE | CLM_FAC_PRVD<br>R_TXNMY_CD             | CHAR(10)    | NOT NULL | No | No | Claim Line Facility<br>Provider Taxonomy<br>Code                                  |
| CLM_LINE_PR<br>VDR_ROLE | CLM_FAC_FED_P<br>RVDR_SPCLTY_C<br>D    | CHAR(2)     | NOT NULL | No | No | Claim Line Facility<br>Federal Provider<br>Specialty Code                         |
| CLM_LINE_PR<br>VDR_ROLE | GEO_FAC_SK                             | INTEGER     | NOT NULL | No | No | Geographic Facility<br>SurrogateKey                                               |
| CLM_LINE_PR<br>VDR_ROLE | GEO_FAC_ZIP4_<br>CD                    | CHAR(4)     | NOT NULL | No | No | Geographic Facility ZIP4<br>Code                                                  |
| CLM_LINE_PR<br>VDR_ROLE | GEO_FAC_USPS_<br>STATE_CD              | CHAR(2)     | NULL     | No | No | Claim Line Facility<br>Geographic United<br>States Postal Service<br>State Code   |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OPRTG_PR<br>VDR_GNRC_ID_<br>NUM    | VARCHAR(20) | NULL     | No | No | Claim Line Operating<br>Provider Generic<br>Identifier Number                     |

|                         |                                       |             |          |    |    |                                                                                  |
|-------------------------|---------------------------------------|-------------|----------|----|----|----------------------------------------------------------------------------------|
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_OPRTG_I<br>D_QLFYR_CD           | CHAR(2)     | NOT NULL | No | No | Party Operating<br>Identifier Qualifier Code                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OPRTG_PR<br>VDR_NPI_NUM           | VARCHAR(10) | NULL     | No | No | Claim Line Operating<br>Provider NPI Number                                      |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OPRTG_PR<br>VDR_NAME              | VARCHAR(35) | NULL     | No | No | Claim Line Operating<br>Provider Name                                            |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OPRTG_PR<br>VDR_TYPE_CD           | CHAR(3)     | NOT NULL | No | No | Claim Line Operating<br>Provider Type Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OPRTG_PR<br>VDR_TXNMY_CD          | CHAR(10)    | NOT NULL | No | No | Claim Line Operating<br>Provider Taxonomy<br>Code                                |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OPRTG_FE<br>D_PRVDR_SPCLT<br>Y_CD | CHAR(2)     | NOT NULL | No | No | Claim Line Operating<br>Federal Provider<br>Specialty Code                       |
| CLM_LINE_PR<br>VDR_ROLE | GEO_OPRTG_SK                          | INTEGER     | NOT NULL | No | No | Geographic Operating<br>SurrogateKey                                             |
| CLM_LINE_PR<br>VDR_ROLE | GEO_OPRTG_ZIP<br>4_CD                 | CHAR(4)     | NOT NULL | No | No | Geographic Operating<br>ZIP4 Code                                                |
| CLM_LINE_PR<br>VDR_ROLE | GEO_OPRTG_US<br>PS_STATE_CD           | CHAR(2)     | NULL     | No | No | Claim Line Operating<br>Geographic United<br>States Postal Service<br>State Code |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ORDRG_PR<br>VDR_GNRC_ID_<br>NUM   | VARCHAR(20) | NULL     | No | No | Claim Line Ordering<br>Provider Generic<br>Identifier Number                     |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_ORDRG_<br>ID_QLFYR_CD           | CHAR(2)     | NOT NULL | No | No | Provider Ordering<br>Identifier Qualifier Code                                   |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ORDRG_PR<br>VDR_NPI_NUM           | VARCHAR(10) | NULL     | No | No | Claim Line Ordering<br>Provider NPI Number                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ORDRG_PR<br>VDR_NAME              | VARCHAR(35) | NULL     | No | No | Claim Line Ordering<br>Provider Name                                             |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ORDRG_PR<br>VDR_TYPE_CD           | CHAR(3)     | NOT NULL | No | No | Claim Line Ordering<br>Provider Type Code                                        |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ORDRG_PR<br>VDR_TXNMY_CD          | CHAR(10)    | NOT NULL | No | No | Claim Line Ordering<br>Provider Taxonomy<br>Code                                 |
| CLM_LINE_PR<br>VDR_ROLE | CLM_ORDRG_FE<br>D_PRVDR_SPCLT<br>Y_CD | CHAR(2)     | NOT NULL | No | No | Claim Line Ordering<br>Federal Provider<br>Specialty Code                        |
| CLM_LINE_PR<br>VDR_ROLE | GEO_ORDRG_SK                          | INTEGER     | NOT NULL | No | No | Geographic Ordering<br>SurrogateKey                                              |
| CLM_LINE_PR<br>VDR_ROLE | GEO_ORDRG_ZI<br>P4_CD                 | CHAR(4)     | NOT NULL | No | No | Geographic Ordering<br>ZIP4 Code                                                 |
| CLM_LINE_PR<br>VDR_ROLE | GEO_ORDRG_US<br>PS_STATE_CD           | CHAR(2)     | NULL     | No | No | Geographic Line<br>Ordering United States<br>Postal Service State<br>Code        |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OTHR_PRV<br>DR_GNRC_ID_<br>UM     | VARCHAR(20) | NULL     | No | No | Claim Line Other<br>Provider Generic<br>Identifier Number                        |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_OTHR_ID<br>QLFYR_CD             | CHAR(2)     | NOT NULL | No | No | Party Other Identifier<br>Qualifier Code                                         |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OTHR_PRV<br>DR_NPI_NUM            | VARCHAR(10) | NULL     | No | No | Claim Line Other<br>Provider NPI Number                                          |



|                         |                                       |             |          |    |    |                                                                               |
|-------------------------|---------------------------------------|-------------|----------|----|----|-------------------------------------------------------------------------------|
| CLM_LINE_PR<br>VDR_ROLE | CLM_OTHR_PRV<br>DR_NAME               | VARCHAR(35) | NULL     | No | No | Claim Line Other<br>Provider Name                                             |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OTHR_PRV<br>DR_TYPE_CD            | CHAR(3)     | NOT NULL | No | No | Claim Line Other<br>Provider Type Code                                        |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OTHR_PRV<br>DR_TXNMY_CD           | CHAR(10)    | NOT NULL | No | No | Claim Line Other<br>Provider Taxonomy<br>Code                                 |
| CLM_LINE_PR<br>VDR_ROLE | CLM_OTHR_FED<br>_PRVDR_SPCLTY<br>CD   | CHAR(2)     | NOT NULL | No | No | Claim Line Other Federal<br>Provider Specialty Code                           |
| CLM_LINE_PR<br>VDR_ROLE | GEO_OTHR_SK                           | INTEGER     | NOT NULL | No | No | Geographic Other<br>SurrogateKey                                              |
| CLM_LINE_PR<br>VDR_ROLE | GEO_OTHR_ZIP4<br>CD                   | CHAR(4)     | NOT NULL | No | No | Geographic Other ZIP4<br>Code                                                 |
| CLM_LINE_PR<br>VDR_ROLE | GEO_OTHR_USP<br>S_STATE_CD            | CHAR(2)     | NULL     | No | No | Claim Line Other<br>Geographic United<br>States Postal Service<br>State Code  |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PAYTO_PR<br>VDR_GNRC_ID_<br>NUM   | VARCHAR(20) | NULL     | No | No | Claim Line Pay To<br>Provider Generic<br>Identifier Number                    |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_PAYTO_I<br>D_QLFYR_CD           | CHAR(2)     | NOT NULL | No | No | Party Pay To Identifier<br>Qualifier Code                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PAYTO_PR<br>VDR_NPI_NUM           | VARCHAR(10) | NULL     | No | No | Claim Line Pay To<br>Provider NPI Number                                      |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PAYTO_PR<br>VDR_NAME              | VARCHAR(35) | NULL     | No | No | Claim Line Pay To<br>Provider Name                                            |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PAYTO_PR<br>VDR_TYPE_CD           | CHAR(3)     | NOT NULL | No | No | Claim Line Pay To<br>Provider Type Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PAYTO_PR<br>VDR_TXNMY_CD          | CHAR(10)    | NOT NULL | No | No | Claim Line Pay To<br>Provider Taxonomy<br>Code                                |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PAYTO_FE<br>D_PRVDR_SPCLT<br>Y_CD | CHAR(2)     | NOT NULL | No | No | Claim Line Pay To<br>Federal Provider<br>Specialty Code                       |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PAYTO_SK                          | INTEGER     | NOT NULL | No | No | Geographic Pay To<br>SurrogateKey                                             |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PAYTO_ZIP<br>4_CD                 | CHAR(4)     | NOT NULL | No | No | Geographic Pay To ZIP4<br>Code                                                |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PAYTO_US<br>PS_STATE_CD           | CHAR(2)     | NULL     | No | No | Claim Line Pay To<br>Geographic United<br>States Postal Service<br>State Code |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PCP_PRVD<br>R_GNRC_ID_NU<br>M     | VARCHAR(20) | NULL     | No | No | Claim Line Primary<br>Provider Generic<br>Identifier Number                   |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_PCP_ID_<br>QLFYR_CD             | CHAR(2)     | NOT NULL | No | No | Party Primary Identifier<br>Qualifier Code                                    |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PCP_PRVD<br>R_NPI_NUM             | VARCHAR(10) | NULL     | No | No | Claim Line Primary<br>Provider NPI Number                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PCP_PRVD<br>R_NAME                | VARCHAR(35) | NULL     | No | No | Claim Line Primary<br>Provider Name                                           |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PCP_PRVD<br>R_TYPE_CD             | CHAR(3)     | NOT NULL | No | No | Claim Line Primary<br>Provider Type Code                                      |

|                         |                                        |             |          |    |    |                                                                                    |
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| CLM_LINE_PR<br>VDR_ROLE | CLM_PCP_PRVD<br>R_TXNMY_CD             | CHAR(10)    | NOT NULL | No | No | Claim Line Primary<br>Provider Taxonomy<br>Code                                    |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PCP_FED_P<br>RVDR_SPCLTY_C<br>D    | CHAR(2)     | NOT NULL | No | No | Claim Line Primary<br>Federal Provider<br>Specialty Code                           |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PCP_SK                             | INTEGER     | NOT NULL | No | No | Geographic Primary<br>SurrogateKey                                                 |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PCP_ZIP4_<br>CD                    | CHAR(4)     | NOT NULL | No | No | Geographic Primary ZIP4<br>Code                                                    |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PCP_USPS_<br>STATE_CD              | CHAR(2)     | NULL     | No | No | Claim Line Primary<br>Geographic United<br>States Postal Service<br>State Code     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PRSBNG_P<br>RVDR_GNRC_ID<br>_NUM   | VARCHAR(20) | NULL     | No | No | Claim Line Prescribing<br>Provider Generic<br>Identifier Number                    |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_PRSCBN<br>G_ID_QLFYR_CD          | CHAR(2)     | NOT NULL | No | No | Party Prescribing<br>Identifier Qualifier Code                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PRSBNG_P<br>RVDR_NPI_NUM           | VARCHAR(10) | NULL     | No | No | Claim Line Prescribing<br>Provider NPI Number                                      |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PRSBNG_P<br>RVDR_NAME              | VARCHAR(35) | NULL     | No | No | Claim Line Prescribing<br>Provider Name                                            |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PRSBNG_P<br>RVDR_TYPE_CD           | CHAR(3)     | NOT NULL | No | No | Claim Line Prescribing<br>Provider Type Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PRSBNG_P<br>RVDR_TXNMY_C<br>D      | CHAR(10)    | NOT NULL | No | No | Claim Line Prescribing<br>Provider Taxonomy<br>Code                                |
| CLM_LINE_PR<br>VDR_ROLE | CLM_PRSBNG_F<br>ED_PRVDR_SPCL<br>TY_CD | CHAR(2)     | NOT NULL | No | No | Claim Line Prescribing<br>Federal Provider<br>Specialty Code                       |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PRSBNG_S<br>K                      | INTEGER     | NOT NULL | No | No | Geographic Prescribing<br>SurrogateKey                                             |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PRSBNG_ZI<br>P4_CD                 | CHAR(4)     | NOT NULL | No | No | Geographic Prescribing<br>ZIP4 Code                                                |
| CLM_LINE_PR<br>VDR_ROLE | GEO_PRSBNG_U<br>SPS_STATE_CD           | CHAR(2)     | NULL     | No | No | Claim Line Prescribing<br>Geographic United<br>States Postal Service<br>State Code |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RFRG_PRV<br>DR_GNRC_ID_N<br>UM     | VARCHAR(20) | NULL     | No | No | Claim Line Referring<br>Provider Generic<br>Identifier Number                      |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_RFRG_ID<br>_QLFYR_CD             | CHAR(2)     | NOT NULL | No | No | Party Referring Identifier<br>Qualifier Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RFRG_PRV<br>DR_NPI_NUM             | VARCHAR(10) | NULL     | No | No | Claim Line Referring<br>Provider NPI Number                                        |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RFRG_PRV<br>DR_NAME                | VARCHAR(35) | NULL     | No | No | Claim Line Referring<br>Provider Name                                              |

|                         |                                     |             |          |    |    |                                                                                  |
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| CLM_LINE_PR<br>VDR_ROLE | CLM_RFRG_PRV<br>DR_TYPE_CD          | CHAR(3)     | NOT NULL | No | No | Claim Line Referring<br>Provider Type Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RFRG_PRV<br>DR_TXNMY_CD         | CHAR(10)    | NOT NULL | No | No | Claim Line Referring<br>Provider Taxonomy<br>Code                                |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RFRG_FED<br>_PRVDR_SPCLTY<br>CD | CHAR(2)     | NOT NULL | No | No | Claim Line Referring<br>Federal Provider<br>Specialty Code                       |
| CLM_LINE_PR<br>VDR_ROLE | GEO_RFRG_SK                         | INTEGER     | NOT NULL | No | No | Geographic Referring<br>SurrogateKey                                             |
| CLM_LINE_PR<br>VDR_ROLE | GEO_RFRG_ZIP4<br>CD                 | CHAR(4)     | NOT NULL | No | No | Geographic Referring<br>ZIP4 Code                                                |
| CLM_LINE_PR<br>VDR_ROLE | GEO_RFRG_USP<br>S_STATE_CD          | CHAR(2)     | NULL     | No | No | Claim Line Referring<br>Geographic United<br>States Postal Service<br>State Code |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RNDRG_PR<br>VDR_GNRC_ID_<br>NUM | VARCHAR(20) | NULL     | No | No | Claim Line Rendering<br>Provider Generic<br>Identifier Number                    |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_RNDRG_<br>ID_QLFYR_CD         | CHAR(2)     | NOT NULL | No | No | Party Rendering<br>Identifier Qualifier Code                                     |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RNDRG_PR<br>VDR_NPI_NUM         | VARCHAR(10) | NULL     | No | No | Claim Line Rendering<br>Provider NPI Number                                      |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RNDRG_PR<br>VDR_NAME            | VARCHAR(35) | NULL     | No | No | Claim Line Rendering<br>Provider Name                                            |

|                         |                                       |             |          |    |    |                                                                                  |
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| CLM_LINE_PR<br>VDR_ROLE | CLM_RNDRG_PR<br>VDR_TYPE_CD           | CHAR(3)     | NOT NULL | No | No | Claim Line Rendering<br>Provider Type Code                                       |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RNDRG_PR<br>VDR_TXNMY_CD          | CHAR(10)    | NOT NULL | No | No | Claim Line Rendering<br>Provider Taxonomy<br>Code                                |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RNDRG_FE<br>D_PRVDR_SPCLT<br>Y_CD | CHAR(2)     | NOT NULL | No | No | Claim Line Rendering<br>Federal Provider<br>Specialty Code                       |
| CLM_LINE_PR<br>VDR_ROLE | GEO_RNDRG_SK                          | INTEGER     | NOT NULL | No | No | Geographic Rendering<br>SurrogateKey                                             |
| CLM_LINE_PR<br>VDR_ROLE | GEO_RNDRG_ZI<br>P4_CD                 | CHAR(4)     | NOT NULL | No | No | Geographic Rendering<br>ZIP4 Code                                                |
| CLM_LINE_PR<br>VDR_ROLE | GEO_RNDRG_US<br>PS_STATE_CD           | CHAR(2)     | NULL     | No | No | Claim Line Rendering<br>Geographic United<br>States Postal Service<br>State Code |
| CLM_LINE_PR<br>VDR_ROLE | CLM_RNDRG_PR<br>VDR_INVLD_ZIP5<br>CD  | VARCHAR(20) | NULL     | No | No | Claim Line Rendering<br>Provider Invalid ZIP5<br>Code                            |
| CLM_LINE_PR<br>VDR_ROLE | CLM_UNK_PRVD<br>R_GNRC_ID_NU<br>M     | VARCHAR(20) | NULL     | No | No | Claim Line Unknown<br>Provider Generic<br>Identifier Number                      |
| CLM_LINE_PR<br>VDR_ROLE | PRVDR_UNK_ID_<br>QLFYR_CD             | CHAR(2)     | NOT NULL | No | No | Party Unknown<br>Identifier Qualifier Code                                       |

|                                   |                                     |             |          |     |     |                                                                                |    |             |                                                |          |                                                                                                         |
|-----------------------------------|-------------------------------------|-------------|----------|-----|-----|--------------------------------------------------------------------------------|----|-------------|------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_PR<br>VDR_ROLE           | CLM_UNK_PRVD<br>R_NPI_NUM           | VARCHAR(10) | NULL     | No  | No  | Claim Line Unknown<br>Provider NPI Number                                      |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_UNK_PRVD<br>R_NAME              | VARCHAR(35) | NULL     | No  | No  | Claim Line Unknown<br>Provider Name                                            |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_UNK_PRVD<br>R_TYPE_CD           | CHAR(3)     | NOT NULL | No  | No  | Claim Line Unknown<br>Provider Type Code                                       |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_UNK_PRVD<br>R_TXNMY_CD          | CHAR(10)    | NOT NULL | No  | No  | Claim Line Unknown<br>Provider Taxonomy<br>Code                                |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_UNK_FED_<br>PRVDR_SPCLTY_<br>CD | CHAR(2)     | NOT NULL | No  | No  | Claim Line Unknown<br>Federal Provider<br>Specialty Code                       |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | GEO_UNK_SK                          | INTEGER     | NOT NULL | No  | No  | Geographic Unknown<br>SurrogateKey                                             |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | GEO_UNK_ZIP4_<br>CD                 | CHAR(4)     | NOT NULL | No  | No  | Geographic Unknown<br>ZIP4 Code                                                |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | GEO_UNK_USPS<br>_STATE_CD           | CHAR(2)     | NULL     | No  | No  | Claim Line Unknown<br>Geographic United<br>States Postal Service<br>State Code |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | META_SK                             | INTEGER     | NOT NULL | No  | No  | Metadata Surrogate Key                                                         |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | META_SRC_SK                         | SMALLINT    | NOT NULL | No  | No  | Metadata Source<br>Surrogate Key                                               |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_SRC_ID                          | CHAR(5)     | NULL     | No  | No  | Claim Source Identifier                                                        |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_PRVDR_PI<br>N_NUM               | VARCHAR(20) | NULL     | No  | No  | Claim Line Provider PIN<br>Number                                              |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_PRVDR_TA<br>X_NUM               | VARCHAR(20) | NULL     | No  | No  | Claim Line Provider Tax<br>Number                                              |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE           | CLM_PRVDR_SU<br>PLR_NUM             | VARCHAR(20) | NULL     | No  | No  | Claim Line Provider<br>Supplier Number                                         |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_LINE_NUM                        | INTEGER     | NOT NULL | Yes | Yes | Claim Line Number                                                              | FS | 5010-SL-NBR | 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_BENE_SK                         | INTEGER     | NOT NULL | Yes | Yes | Geography Beneficiary<br>Surrogate Key                                         |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_TYPE_CD                         | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code                                                                |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_NUM_SK                          | SMALLINT    | NOT NULL | Yes | Yes | Claim Number Surrogate<br>Key                                                  |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_DT_SGNTR                        | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature<br>Surrogate Key                                          |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_ATNDG_LC<br>L_PRVDR_ROLE_<br>CD | VARCHAR(20) | NOT NULL | No  | No  | Claim Attending Local<br>Provider Role Code                                    |    |             |                                                |          |                                                                                                         |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_ATNDG_LC<br>L_PRVDR_TYPE_<br>CD | CHAR(10)    | NOT NULL | No  | No  | Claim Line Attending<br>Local Provider Type<br>Code                            |    |             |                                                |          |                                                                                                         |

|             |                |             |          |    |    |                          |
|-------------|----------------|-------------|----------|----|----|--------------------------|
| CLM_LINE_PR | CLM_ATNDG_LC   | CHAR(10)    | NOT NULL | No | No | Claim Line Attending     |
| VDR_ROLE_DC | L_FED_SPCLTY_C |             |          |    |    | Local Federal Provider   |
| MTN         | D              |             |          |    |    | Specialty Code           |
| CLM_LINE_PR | CLM_ATNDG_PR   | CHAR(1)     | NOT NULL | No | No | Claim Line Attending     |
| VDR_ROLE_DC | VDR_PRTCPTG_C  |             |          |    |    | Provider Participating   |
| MTN         | D              |             |          |    |    | Code                     |
| CLM_LINE_PR | CLM_ATNDG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Attending     |
| VDR_ROLE_DC | VDR_LINE_1_AD  |             |          |    |    | Provider Line 1 Address  |
| MTN         | R              |             |          |    |    |                          |
| CLM_LINE_PR | CLM_ATNDG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Attending     |
| VDR_ROLE_DC | VDR_LINE_2_AD  |             |          |    |    | Provider Line 2 Address  |
| MTN         | R              |             |          |    |    |                          |
| CLM_LINE_PR | CLM_ATNDG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Attending     |
| VDR_ROLE_DC | VDR_ADR_CITY_  |             |          |    |    | Provider Address City    |
| MTN         | NAME           |             |          |    |    | Name                     |
| CLM_LINE_PR | GEO_ATNDG_LC   | CHAR(10)    | NOT NULL | No | No | Geographic Attending     |
| VDR_ROLE_DC | L_CNTY_CD      |             |          |    |    | Local County Code        |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | GEO_ATNDG_LC   | CHAR(10)    | NOT NULL | No | No | Geographic Attending     |
| VDR_ROLE_DC | L_STATE_CD     |             |          |    |    | Local State Code         |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | CLM_BLG_LCL_P  | VARCHAR(20) | NOT NULL | No | No | Claim Billing Local      |
| VDR_ROLE_DC | RVDR_ROLE_CD   |             |          |    |    | Provider Role Code       |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | CLM_BLG_LCL_P  | CHAR(10)    | NOT NULL | No | No | Claim Line Billing Local |
| VDR_ROLE_DC | RVDR_TYPE_CD   |             |          |    |    | Provider Type Code       |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | CLM_BLG_LCL_F  | CHAR(10)    | NOT NULL | No | No | Claim Line Billing Local |
| VDR_ROLE_DC | ED_SPCLTY_CD   |             |          |    |    | Federal Provider         |
| MTN         |                |             |          |    |    | Specialty Code           |
| CLM_LINE_PR | CLM_BLG_PRVD   | CHAR(1)     | NOT NULL | No | No | Claim Line Billing       |
| VDR_ROLE_DC | R_PRTCPTG_CD   |             |          |    |    | Provider Participating   |
| MTN         |                |             |          |    |    | Code                     |
| CLM_LINE_PR | CLM_BLG_PRVD   | VARCHAR(28) | NULL     | No | No | Claim Line Billing       |
| VDR_ROLE_DC | R_LINE_1_ADR   |             |          |    |    | Provider Line 1 Address  |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | CLM_BLG_PRVD   | VARCHAR(28) | NULL     | No | No | Claim Line Billing       |
| VDR_ROLE_DC | R_LINE_2_ADR   |             |          |    |    | Provider Line 2 Address  |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | CLM_BLG_PRVD   | VARCHAR(28) | NULL     | No | No | Claim Line Billing       |
| VDR_ROLE_DC | R_ADR_CITY_NA  |             |          |    |    | Provider Address City    |
| MTN         | ME             |             |          |    |    | Name                     |
| CLM_LINE_PR | GEO_BLG_LCL_C  | CHAR(10)    | NOT NULL | No | No | Geographic Billing Local |
| VDR_ROLE_DC | NTY_CD         |             |          |    |    | County Code              |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | GEO_BLG_LCL_S  | CHAR(10)    | NOT NULL | No | No | Geographic Billing Local |
| VDR_ROLE_DC | TATE_CD        |             |          |    |    | State Code               |
| MTN         |                |             |          |    |    |                          |
| CLM_LINE_PR | CLM_DSPSNG_L   | VARCHAR(20) | NOT NULL | No | No | Claim Dispensing Local   |
| VDR_ROLE_DC | CL_PRVDR_ROLE  |             |          |    |    | Provider Role Code       |
| MTN         | CD             |             |          |    |    |                          |
| CLM_LINE_PR | CLM_DSPSNG_L   | CHAR(10)    | NOT NULL | No | No | Claim Line Dispensing    |
| VDR_ROLE_DC | CL_PRVDR_TYPE  |             |          |    |    | Local Provider Type      |
| MTN         | CD             |             |          |    |    | Code                     |

|                                   |                                       |             |          |    |    |                                                                   |
|-----------------------------------|---------------------------------------|-------------|----------|----|----|-------------------------------------------------------------------|
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_DSPSNG_L<br>CL_FED_SPCLTY_<br>CD  | CHAR(10)    | NOT NULL | No | No | Claim Line Dispensing<br>Local Federal Provider<br>Specialty Code |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_DSPSNG_P<br>RVDR_PRTCPTG<br>CD    | CHAR(1)     | NOT NULL | No | No | Claim Line Dispensing<br>Provider Participating<br>Code           |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_DSPSNG_P<br>RVDR_LINE_1_A<br>DR   | VARCHAR(28) | NULL     | No | No | Claim Line Dispensing<br>Provider Line 1 Address                  |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_DSPSNG_P<br>RVDR_LINE_2_A<br>DR   | VARCHAR(28) | NULL     | No | No | Claim Line Dispensing<br>Provider Line 2 Address                  |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_DSPSNG_P<br>RVDR_ADR_CITY<br>NAME | VARCHAR(28) | NULL     | No | No | Claim Line Dispensing<br>Provider Address City<br>Name            |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_DSPSNG_L<br>CL_CNTY_CD            | CHAR(10)    | NOT NULL | No | No | Geographic Dispensing<br>Local County Code                        |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_DSPSNG_L<br>CL_STATE_CD           | CHAR(10)    | NOT NULL | No | No | Geographic Dispensing<br>Local State Code                         |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_FAC_LCL_P<br>RVDR_ROLE_CD         | VARCHAR(20) | NOT NULL | No | No | Claim Facility Local<br>Provider Role Code                        |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_FAC_LCL_P<br>RVDR_TYPE_CD         | CHAR(10)    | NOT NULL | No | No | Claim Line Facility Local<br>Provider Type Code                   |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_FAC_LCL_F<br>ED_SPCLTY_CD         | CHAR(10)    | NOT NULL | No | No | Claim Line Facility Local<br>Federal Provider<br>Specialty Code   |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_FAC_PRVD<br>R_PRTCPTG_CD          | CHAR(1)     | NOT NULL | No | No | Claim Line Facility<br>Provider Participating<br>Code             |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_FAC_PRVD<br>R_LINE_1_ADR          | VARCHAR(28) | NULL     | No | No | Claim Line Facility<br>Provider Line 1 Address                    |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_FAC_PRVD<br>R_LINE_2_ADR          | VARCHAR(28) | NULL     | No | No | Claim Line Facility<br>Provider Line 2 Address                    |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_FAC_PRVD<br>R_ADR_CITY_NAME       | VARCHAR(28) | NULL     | No | No | Claim Line Facility<br>Provider Address City<br>Name              |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_FAC_LCL_C<br>NTY_CD               | CHAR(10)    | NOT NULL | No | No | Geographic Facility Local<br>County Code                          |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_FAC_LCL_S<br>TATE_CD              | CHAR(10)    | NOT NULL | No | No | Geographic Facility Local<br>State Code                           |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_ORDRG_LC<br>L_PRVDR_ROLE_<br>CD   | VARCHAR(20) | NULL     | No | No | Claim Ordering Local<br>Provider Role Code                        |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_ORDRG_LC<br>L_PRVDR_TYPE_<br>CD   | CHAR(10)    | NOT NULL | No | No | Claim Line Ordering<br>Local Provider Type<br>Code                |

|             |                |             |          |    |    |                         |
|-------------|----------------|-------------|----------|----|----|-------------------------|
| CLM_LINE_PR | CLM_ORDRG_LC   | CHAR(10)    | NOT NULL | No | No | Claim Line Ordering     |
| VDR_ROLE_DC | L_FED_SPCLTY_C |             |          |    |    | Local Federal Provider  |
| MTN         | D              |             |          |    |    | Specialty Code          |
| CLM_LINE_PR | CLM_ORDRG_PR   | CHAR(1)     | NOT NULL | No | No | Claim Line Ordering     |
| VDR_ROLE_DC | VDR_PRTCPTG_C  |             |          |    |    | Provider Participating  |
| MTN         | D              |             |          |    |    | Code                    |
| CLM_LINE_PR | CLM_ORDRG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Ordering     |
| VDR_ROLE_DC | VDR_LINE_1_AD  |             |          |    |    | Provider Line 1 Address |
| MTN         | R              |             |          |    |    |                         |
| CLM_LINE_PR | CLM_ORDRG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Ordering     |
| VDR_ROLE_DC | VDR_LINE_2_AD  |             |          |    |    | Provider Line 2 Address |
| MTN         | R              |             |          |    |    |                         |
| CLM_LINE_PR | CLM_ORDRG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Ordering     |
| VDR_ROLE_DC | VDR_ADR_CITY_  |             |          |    |    | Provider Address City   |
| MTN         | NAME           |             |          |    |    | Name                    |
| CLM_LINE_PR | GEO_ORDRG_LC   | CHAR(10)    | NOT NULL | No | No | Geographic Ordering     |
| VDR_ROLE_DC | L_CNTY_CD      |             |          |    |    | Local County Code       |
| MTN         |                |             |          |    |    |                         |
| CLM_LINE_PR | GEO_ORDRG_LC   | CHAR(10)    | NOT NULL | No | No | Geographic Ordering     |
| VDR_ROLE_DC | L_STATE_CD     |             |          |    |    | Local State Code        |
| MTN         |                |             |          |    |    |                         |
| CLM_LINE_PR | CLM_OPRTG_LC   | VARCHAR(20) | NULL     | No | No | Claim Operating Local   |
| VDR_ROLE_DC | L_PRVDR_ROLE_  |             |          |    |    | Provider Role Code      |
| MTN         | CD             |             |          |    |    |                         |
| CLM_LINE_PR | CLM_OPRTG_LC   | CHAR(10)    | NOT NULL | No | No | Claim Line Operating    |
| VDR_ROLE_DC | L_PRVDR_TYPE_  |             |          |    |    | Local Provider Type     |
| MTN         | CD             |             |          |    |    | Code                    |
| CLM_LINE_PR | CLM_OPRTG_LC   | CHAR(10)    | NOT NULL | No | No | Claim Line Operating    |
| VDR_ROLE_DC | L_FED_SPCLTY_C |             |          |    |    | Local Federal Provider  |
| MTN         | D              |             |          |    |    | Specialty Code          |
| CLM_LINE_PR | CLM_OPRTG_PR   | CHAR(1)     | NOT NULL | No | No | Claim Line Operating    |
| VDR_ROLE_DC | VDR_PRTCPTG_C  |             |          |    |    | Provider Participating  |
| MTN         | D              |             |          |    |    | Code                    |
| CLM_LINE_PR | CLM_OPRTG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Operating    |
| VDR_ROLE_DC | VDR_LINE_1_AD  |             |          |    |    | Provider Line 1 Address |
| MTN         | R              |             |          |    |    |                         |
| CLM_LINE_PR | CLM_OPRTG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Operating    |
| VDR_ROLE_DC | VDR_LINE_2_AD  |             |          |    |    | Provider Line 2 Address |
| MTN         | R              |             |          |    |    |                         |
| CLM_LINE_PR | CLM_OPRTG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Operating    |
| VDR_ROLE_DC | VDR_ADR_CITY_  |             |          |    |    | Provider Address City   |
| MTN         | NAME           |             |          |    |    | Name                    |
| CLM_LINE_PR | GEO_OPRTG_LCL  | CHAR(10)    | NOT NULL | No | No | Geographic Operating    |
| VDR_ROLE_DC | _CNTY_CD       |             |          |    |    | Local County Code       |
| MTN         |                |             |          |    |    |                         |
| CLM_LINE_PR | GEO_OPRTG_LCL  | CHAR(10)    | NOT NULL | No | No | Geographic Operating    |
| VDR_ROLE_DC | _STATE_CD      |             |          |    |    | Local State Code        |
| MTN         |                |             |          |    |    |                         |
| CLM_LINE_PR | CLM_OTHR_LCL_  | VARCHAR(20) | NOT NULL | No | No | Claim Other Local       |
| VDR_ROLE_DC | PRVDR_ROLE_C   |             |          |    |    | Provider Role Code      |
| MTN         | D              |             |          |    |    |                         |
| CLM_LINE_PR | CLM_OTHR_LCL_  | CHAR(10)    | NOT NULL | No | No | Claim Line Other Local  |
| VDR_ROLE_DC | PRVDR_TYPE_CD  |             |          |    |    | Provider Type Code      |
| MTN         |                |             |          |    |    |                         |



|             |               |             |          |    |    |                                                               |
|-------------|---------------|-------------|----------|----|----|---------------------------------------------------------------|
| CLM_LINE_PR | CLM_OTHR_LCL_ | CHAR(10)    | NOT NULL | No | No | Claim Line Other Local<br>Federal Provider<br>Specialty Code  |
| VDR_ROLE_DC | FED_SPCLTY_CD |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_OTHR_PRV  | CHAR(1)     | NOT NULL | No | No | Claim Line Other<br>Provider Participating<br>Code            |
| VDR_ROLE_DC | DR_PRTCPTG_C  |             |          |    |    |                                                               |
| MTN         | D             |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_OTHR_PRV  | VARCHAR(28) | NULL     | No | No | Claim Line Other<br>Provider Line 1 Address                   |
| VDR_ROLE_DC | DR_LINE_1_ADR |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_OTHR_PRV  | VARCHAR(28) | NULL     | No | No | Claim Line Other<br>Provider Line 2 Address                   |
| VDR_ROLE_DC | DR_LINE_2_ADR |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_OTHR_PRV  | VARCHAR(28) | NULL     | No | No | Claim Line Other<br>Provider Address City<br>Name             |
| VDR_ROLE_DC | DR_ADR_CITY_N |             |          |    |    |                                                               |
| MTN         | AME           |             |          |    |    |                                                               |
| CLM_LINE_PR | GEO_OTHR_LCL_ | CHAR(10)    | NOT NULL | No | No | Geographic Other Local<br>County Code                         |
| VDR_ROLE_DC | CNTY_CD       |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | GEO_OTHR_LCL_ | CHAR(10)    | NOT NULL | No | No | Geographic Other Local<br>State Code                          |
| VDR_ROLE_DC | STATE_CD      |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PAYTO_LCL | VARCHAR(20) | NOT NULL | No | No | Claim Pay To Local<br>Provider Role Code                      |
| VDR_ROLE_DC | _PRVDR_ROLE_C |             |          |    |    |                                                               |
| MTN         | D             |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PAYTO_LCL | CHAR(10)    | NOT NULL | No | No | Claim Line Pay To Local<br>Provider Type Code                 |
| VDR_ROLE_DC | _PRVDR_TYPE_C |             |          |    |    |                                                               |
| MTN         | D             |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PAYTO_LCL | CHAR(10)    | NOT NULL | No | No | Claim Line Pay To Local<br>Federal Provider<br>Specialty Code |
| VDR_ROLE_DC | _FED_SPCLTY_C |             |          |    |    |                                                               |
| MTN         | D             |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PAYTO_PR  | CHAR(1)     | NOT NULL | No | No | Claim Line Pay To<br>Provider Participating<br>Code           |
| VDR_ROLE_DC | VDR_PRTCPTG_C |             |          |    |    |                                                               |
| MTN         | D             |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PAYTO_PR  | VARCHAR(28) | NULL     | No | No | Claim Line Pay To<br>Provider Line 1 Address                  |
| VDR_ROLE_DC | VDR_LINE_1_AD |             |          |    |    |                                                               |
| MTN         | R             |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PAYTO_PR  | VARCHAR(28) | NULL     | No | No | Claim Line Pay To<br>Provider Line 2 Address                  |
| VDR_ROLE_DC | VDR_LINE_2_AD |             |          |    |    |                                                               |
| MTN         | R             |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PAYTO_PR  | VARCHAR(28) | NULL     | No | No | Claim Line Pay To<br>Provider Address City<br>Name            |
| VDR_ROLE_DC | VDR_ADR_CITY_ |             |          |    |    |                                                               |
| MTN         | NAME          |             |          |    |    |                                                               |
| CLM_LINE_PR | GEO_PAYTO_LCL | CHAR(10)    | NOT NULL | No | No | Geographic Pay To Local<br>County Code                        |
| VDR_ROLE_DC | _CNTY_CD      |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | GEO_PAYTO_LCL | CHAR(10)    | NOT NULL | No | No | Geographic Pay To Local<br>State Code                         |
| VDR_ROLE_DC | _STATE_CD     |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PCP_LCL_P | VARCHAR(20) | NOT NULL | No | No | Claim Primary Local<br>Provider Role Code                     |
| VDR_ROLE_DC | RVDR_ROLE_CD  |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |
| CLM_LINE_PR | CLM_PCP_LCL_P | CHAR(10)    | NOT NULL | No | No | Claim Line Primary Local<br>Provider Type Code                |
| VDR_ROLE_DC | RVDR_TYPE_CD  |             |          |    |    |                                                               |
| MTN         |               |             |          |    |    |                                                               |

|                                   |                                       |             |          |    |    |                                                                    |
|-----------------------------------|---------------------------------------|-------------|----------|----|----|--------------------------------------------------------------------|
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PCP_LCL_F<br>ED_SPCLTY_CD         | CHAR(10)    | NOT NULL | No | No | Claim Line Primary Local<br>Federal Provider<br>Specialty Code     |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PCP_PRVD<br>R_PRTCPTG_CD          | CHAR(1)     | NOT NULL | No | No | Claim Line Primary<br>Provider Participating<br>Code               |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PCP_PRVD<br>R_LINE_1_ADR          | VARCHAR(28) | NULL     | No | No | Claim Line Primary<br>Provider Line 1 Address                      |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PCP_PRVD<br>R_LINE_2_ADR          | VARCHAR(28) | NULL     | No | No | Claim Line Primary<br>Provider Line 2 Address                      |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PCP_PRVD<br>R_ADR_CITY_NA<br>ME   | VARCHAR(28) | NULL     | No | No | Claim Line Primary<br>Provider Address City<br>Name                |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_PCP_LCL_C<br>NTY_CD               | CHAR(10)    | NOT NULL | No | No | Geographic Primary<br>Local County Code                            |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_PCP_LCL_S<br>TATE_CD              | CHAR(10)    | NOT NULL | No | No | Geographic Primary<br>Local State Code                             |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PRSBNG_L<br>CL_PRVDR_ROLE<br>CD   | VARCHAR(20) | NOT NULL | No | No | Claim Prescribing Local<br>Provider Role Code                      |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PRSBNG_L<br>CL_PRVDR_TYPE<br>CD   | CHAR(10)    | NOT NULL | No | No | Claim Line Prescribing<br>Local Provider Type<br>Code              |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PRSBNG_L<br>CL_FED_SPCLTY_<br>CD  | CHAR(10)    | NOT NULL | No | No | Claim Line Prescribing<br>Local Federal Provider<br>Specialty Code |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PRSBNG_P<br>RVDR_PRTCPTG<br>CD    | CHAR(1)     | NOT NULL | No | No | Claim Line Prescribing<br>Provider Participating<br>Code           |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PRSBNG_P<br>RVDR_LINE_1_A<br>DR   | VARCHAR(28) | NULL     | No | No | Claim Line Prescribing<br>Provider Line 1 Address                  |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PRSBNG_P<br>RVDR_LINE_2_A<br>DR   | VARCHAR(28) | NULL     | No | No | Claim Line Prescribing<br>Provider Line 2 Address                  |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | CLM_PRSBNG_P<br>RVDR_ADR_CITY<br>NAME | VARCHAR(28) | NULL     | No | No | Claim Line Prescribing<br>Provider Address City<br>Name            |
| CLM_LINE_PR<br>VDR_ROLE_DC<br>MTN | GEO_PRSBNG_L<br>CL_CNTY_CD            | CHAR(10)    | NOT NULL | No | No | Geographic Prescribing<br>Local County Code                        |

|             |                |             |          |    |    |                                                                  |
|-------------|----------------|-------------|----------|----|----|------------------------------------------------------------------|
| CLM_LINE_PR | GEO_PRSBNG_L   | CHAR(10)    | NOT NULL | No | No | Geographic Prescribing<br>Local State Code                       |
| VDR_ROLE_DC | CL_STATE_CD    |             |          |    |    |                                                                  |
| MTN         |                |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RFRG_LCL   | VARCHAR(20) | NOT NULL | No | No | Claim Referring Local<br>Provider Role Code                      |
| VDR_ROLE_DC | PRVDR_ROLE_C   |             |          |    |    |                                                                  |
| MTN         | D              |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RFRG_LCL   | CHAR(10)    | NOT NULL | No | No | Claim Line Referring<br>Local Provider Type<br>Code              |
| VDR_ROLE_DC | PRVDR_TYPE_CD  |             |          |    |    |                                                                  |
| MTN         |                |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RFRG_LCL   | CHAR(10)    | NOT NULL | No | No | Claim Line Referring<br>Local Federal Provider<br>Specialty Code |
| VDR_ROLE_DC | FED_SPCLTY_CD  |             |          |    |    |                                                                  |
| MTN         |                |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RFRG_PRV   | CHAR(1)     | NOT NULL | No | No | Claim Line Referring<br>Provider Participating<br>Code           |
| VDR_ROLE_DC | DR_PRTCPTG_C   |             |          |    |    |                                                                  |
| MTN         | D              |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RFRG_PRV   | VARCHAR(28) | NULL     | No | No | Claim Line Referring<br>Provider Line 1 Address                  |
| VDR_ROLE_DC | DR_LINE_1_ADR  |             |          |    |    |                                                                  |
| MTN         |                |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RFRG_PRV   | VARCHAR(28) | NULL     | No | No | Claim Line Referring<br>Provider Line 2 Address                  |
| VDR_ROLE_DC | DR_LINE_2_ADR  |             |          |    |    |                                                                  |
| MTN         |                |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RFRG_PRV   | VARCHAR(28) | NULL     | No | No | Claim Line Referring<br>Provider Address City<br>Name            |
| VDR_ROLE_DC | DR_ADR_CITY_N  |             |          |    |    |                                                                  |
| MTN         | AME            |             |          |    |    |                                                                  |
| CLM_LINE_PR | GEO_RFRG_LCL   | CHAR(10)    | NOT NULL | No | No | Geographic Referring<br>Local County Code                        |
| VDR_ROLE_DC | CNTY_CD        |             |          |    |    |                                                                  |
| MTN         |                |             |          |    |    |                                                                  |
| CLM_LINE_PR | GEO_RFRG_LCL   | CHAR(10)    | NOT NULL | No | No | Geographic Referring<br>Local State Code                         |
| VDR_ROLE_DC | STATE_CD       |             |          |    |    |                                                                  |
| MTN         |                |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RNDRG_LC   | VARCHAR(20) | NOT NULL | No | No | Claim Rendering Local<br>Provider Role Code                      |
| VDR_ROLE_DC | L_PRVDR_ROLE_  |             |          |    |    |                                                                  |
| MTN         | CD             |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RNDRG_LC   | CHAR(10)    | NOT NULL | No | No | Claim Line Rendering<br>Local Provider Type<br>Code              |
| VDR_ROLE_DC | L_PRVDR_TYPE_  |             |          |    |    |                                                                  |
| MTN         | CD             |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RNDRG_LC   | CHAR(10)    | NOT NULL | No | No | Claim Line Rendering<br>Local Federal Provider<br>Specialty Code |
| VDR_ROLE_DC | L_FED_SPCLTY_C |             |          |    |    |                                                                  |
| MTN         | D              |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RNDRG_PR   | CHAR(1)     | NOT NULL | No | No | Claim Line Rendering<br>Provider Participating<br>Code           |
| VDR_ROLE_DC | VDR_PRTCPTG_C  |             |          |    |    |                                                                  |
| MTN         | D              |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RNDRG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Rendering<br>Provider Line 1 Address                  |
| VDR_ROLE_DC | VDR_LINE_1_AD  |             |          |    |    |                                                                  |
| MTN         | R              |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RNDRG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Rendering<br>Provider Line 2 Address                  |
| VDR_ROLE_DC | VDR_LINE_2_AD  |             |          |    |    |                                                                  |
| MTN         | R              |             |          |    |    |                                                                  |
| CLM_LINE_PR | CLM_RNDRG_PR   | VARCHAR(28) | NULL     | No | No | Claim Line Rendering<br>Provider Address City<br>Name            |
| VDR_ROLE_DC | VDR_ADR_CITY_  |             |          |    |    |                                                                  |
| MTN         | NAME           |             |          |    |    |                                                                  |

|             |               |             |          |    |    |                         |
|-------------|---------------|-------------|----------|----|----|-------------------------|
| CLM_LINE_PR | GEO_RNDRG_LC  | CHAR(10)    | NOT NULL | No | No | Geographic Rendering    |
| VDR_ROLE_DC | L_CNTY_CD     |             |          |    |    | Local County Code       |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | GEO_RNDRG_LC  | CHAR(10)    | NOT NULL | No | No | Geographic Rendering    |
| VDR_ROLE_DC | L_STATE_CD    |             |          |    |    | Local State Code        |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | CLM_UNK_LCL_P | VARCHAR(20) | NOT NULL | No | No | Claim Unknown Local     |
| VDR_ROLE_DC | RVDR_ROLE_CD  |             |          |    |    | Provider Role Code      |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | CLM_UNK_LCL_P | CHAR(10)    | NOT NULL | No | No | Claim Line Unknown      |
| VDR_ROLE_DC | RVDR_TYPE_CD  |             |          |    |    | Local Provider Type     |
| MTN         |               |             |          |    |    | Code                    |
| CLM_LINE_PR | CLM_UNK_LCL_F | CHAR(10)    | NOT NULL | No | No | Claim Line              |
| VDR_ROLE_DC | ED_SPCLTY_CD  |             |          |    |    | UnknownLocal Federal    |
| MTN         |               |             |          |    |    | Provider Specialty Code |
| CLM_LINE_PR | CLM_UNK_PRVD  | CHAR(1)     | NOT NULL | No | No | Claim Line Unknown      |
| VDR_ROLE_DC | R_PRTCPTG_CD  |             |          |    |    | Provider Participating  |
| MTN         |               |             |          |    |    | Code                    |
| CLM_LINE_PR | CLM_UNK_PRVD  | VARCHAR(28) | NULL     | No | No | Claim Line Unknown      |
| VDR_ROLE_DC | R_LINE_1_ADR  |             |          |    |    | Provider Line 1 Address |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | CLM_UNK_PRVD  | VARCHAR(28) | NULL     | No | No | Claim Line Unknown      |
| VDR_ROLE_DC | R_LINE_2_ADR  |             |          |    |    | Provider Line 2 Address |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | CLM_UNK_PRVD  | VARCHAR(28) | NULL     | No | No | Claim Line Unknown      |
| VDR_ROLE_DC | R_ADR_CITY_NA |             |          |    |    | Provider Address City   |
| MTN         | ME            |             |          |    |    | Name                    |
| CLM_LINE_PR | GEO_UNK_LCL_C | CHAR(10)    | NOT NULL | No | No | Geographic Unknown      |
| VDR_ROLE_DC | NTY_CD        |             |          |    |    | Local County Code       |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | GEO_UNK_LCL_S | CHAR(10)    | NOT NULL | No | No | Geographic Unknown      |
| VDR_ROLE_DC | TATE_CD       |             |          |    |    | Local State Code        |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | META_SK       | INTEGER     | NOT NULL | No | No | Metadata SurrogateKey   |
| VDR_ROLE_DC |               |             |          |    |    |                         |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | META_SRC_SK   | SMALLINT    | NOT NULL | No | No | Metadata Source         |
| VDR_ROLE_DC |               |             |          |    |    | SurrogateKey            |
| MTN         |               |             |          |    |    |                         |
| CLM_LINE_PR | CLM_SRC_ID    | CHAR(5)     | NULL     | No | No | Claim Source Identifier |
| VDR_ROLE_DC |               |             |          |    |    |                         |
| MTN         |               |             |          |    |    |                         |

|             |                                        |               |          |     |     |                                                        |                                           |                                                |                                                                                                                     |
|-------------|----------------------------------------|---------------|----------|-----|-----|--------------------------------------------------------|-------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_RX | GEO_BENE_SK                            | INTEGER       | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                  |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_DT_SGNTR<br>SK                     | INTEGER       | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                   |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_TYPE_CD                            | SMALLINT      | NOT NULL | Yes | Yes | Claim Type Code                                        |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_NUM_SK                             | SMALLINT      | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                           |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LINE_NUM                           | INTEGER       | NOT NULL | Yes | Yes | Claim Line Number                                      | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR | 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR<br>Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_RX | CLM_RSN_CD                             | CHAR(1)       | NOT NULL | No  | No  | Claim Reason Code                                      |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_CMPND_C<br>D                       | CHAR(1)       | NOT NULL | No  | No  | Claim Compound Code                                    |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_CTSTRPHC_<br>CVRG_IND_CD           | CHAR(1)       | NOT NULL | No  | No  | Claim Catastrophic<br>Coverage Indicator Code          |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_DAW_PRO<br>D_SLCTN_CD              | CHAR(1)       | NOT NULL | No  | No  | Claim Dispense as<br>Written Product<br>Selection Code |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_DRUG_CVR<br>G_STUS_CD              | CHAR(2)       | NOT NULL | No  | No  | Claim Drug Coverage<br>Status Code                     |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_DSPNSNG_<br>STUS_CD                | CHAR(1)       | NOT NULL | No  | No  | Claim Dispensing Status<br>Code                        |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_PRCNG_EX<br>CPTN_CD                | CHAR(1)       | NOT NULL | No  | No  | Claim Prescription<br>Pricing Exception Code           |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_PKG_SIZE_<br>UNIT_MSR_CD           | CHAR(2)       | NOT NULL | No  | No  | Claim Package Size Unit<br>of Measure Code             |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LCL_PROD<br>_NDC_DEA_CLS_<br>CD    | CHAR(10)      | NOT NULL | No  | No  | Claim Local Product NDC<br>DEA Class Code              |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LCL_PROD<br>NDC_HIC3_CD            | CHAR(10)      | NOT NULL | No  | No  | Claim Local Product NDC<br>HIC3 Code                   |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LCL_THRPT<br>C_CLS_CD              | CHAR(10)      | NOT NULL | No  | No  | Claim Local Therapeutic<br>Class Code                  |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LINE_DAYS<br>SUPPLY_QTY            | DECIMAL(9)    | NULL     | No  | No  | Claim Line Days Supply<br>Quantity                     |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LINE_GRS_<br>ABOVE_THRSHL<br>D_AMT | DECIMAL(8,2)  | NULL     | No  | No  | Claim Line GRS Above<br>Threshold Amount               |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LINE_GRS_<br>BLW_THRSHLD_<br>AMT   | DECIMAL(8,2)  | NULL     | No  | No  | Claim Line GRS Below<br>Threshold Amount               |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LINE_INGR<br>DNT_CST_AMT           | DECIMAL(9,2)  | NULL     | No  | No  | Claim Line Ingredient<br>Cost Amount                   |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LINE_LIS_A<br>MT                   | DECIMAL(9,2)  | NULL     | No  | No  | Claim Line Low Income<br>Subsidy Amount                |                                           |                                                |                                                                                                                     |
| CLM_LINE_RX | CLM_LINE_MTR<br>C_QTY                  | DECIMAL(10,3) | NULL     | No  | No  | Claim Line Metric<br>Quantity                          |                                           |                                                |                                                                                                                     |

|             |                                          |              |          |     |     |                                                               |
|-------------|------------------------------------------|--------------|----------|-----|-----|---------------------------------------------------------------|
| CLM_LINE_RX | CLM_LINE_RX_FILL_NUM                     | DECIMAL(9)   | NULL     | No  | No  | Claim Line RX Fill Number                                     |
| CLM_LINE_RX | CLM_LINE_RX_ORIGIN_CD                    | CHAR(1)      | NOT NULL | No  | No  | Claim Line RX Origin Code                                     |
| CLM_LINE_RX | CLM_LINE_PATIENT_LIABILITY_REDUCTION_AMT | DECIMAL(9,2) | NULL     | No  | No  | Claim Line Patient Liability Reduction Amount                 |
| CLM_LINE_RX | CLM_LINE_PTDRX_SEQ_NUM                   | DECIMAL(7)   | NULL     | No  | No  | Claim Line Part D RX Sequence Number                          |
| CLM_LINE_RX | CLM_LINE_REBT_PASS_THRU_POS_AMT          | DECIMAL(9,2) | NULL     | No  | No  | Claim Line Estimated Rebate Pass Through Point of Sale Amount |
| CLM_LINE_RX | CLM_LINE_RX_FILL_DT                      | DATE         | NULL     | No  | No  | Claim Line Prescription Fill Date                             |
| CLM_LINE_RX | CLM_LINE_RX_NUMBER_UM                    | CHAR(11)     | NULL     | No  | No  | Claim Line Prescription Number                                |
| CLM_LINE_RX | CLM_LINE_RX_SERVICE_REF_NUM              | DECIMAL(9)   | NULL     | No  | No  | Claim Line RX Service Reference Number                        |
| CLM_LINE_RX | CLM_LINE_SLS_TAX_AMT                     | DECIMAL(9,2) | NULL     | No  | No  | Claim Line Sales Tax Amount                                   |
| CLM_LINE_RX | CLM_LINE_SERVICE_COST_AMT                | DECIMAL(9,2) | NULL     | No  | No  | Claim Line Service Cost Amount                                |
| CLM_LINE_RX | CLM_LINE_VACCINE_ADMIN_FEE_AMT           | DECIMAL(9,2) | NULL     | No  | No  | Claim Line Vaccine Administration Fee                         |
| CLM_LINE_RX | CLM_LINE_RX_DRUG_SUBCAT_ID               | SMALLINT     | NULL     | No  | No  | Claim Line Prescription Drug Subcategory Identifier           |
| CLM_LINE_RX | CLM_SRC_ID                               | CHAR(5)      | NOT NULL | No  | No  | Claim Source Identifier                                       |
| CLM_LINE_RX | PROD_DRUG_ID                             | INTEGER      | NULL     | No  | No  | Product Drug Identifier                                       |
| CLM_LINE_RX | META_SK                                  | INTEGER      | NOT NULL | No  | No  | Metadata SurrogateKey                                         |
| CLM_LINE_RX | META_FILE_SK                             | INTEGER      | NOT NULL | No  | No  | Metadata File Surrogate Key                                   |
| CLM_LINE_RX | META_PLAN_SK                             | INTEGER      | NOT NULL | No  | No  | Metadata Plan Surrogate Key                                   |
| CLM_LINE_RX | META_PKG_SK                              | INTEGER      | NOT NULL | No  | No  | Metadata Package Surrogate Key                                |
| CLM_LINE_RX | META_SRC_SK                              | SMALLINT     | NOT NULL | No  | No  | Metadata Source SurrogateKey                                  |
| CLM_LINE_RX | GEO_BENE_SK_DCMTN                        | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey                            |
| CLM_LINE_RX | CLM_DT_SIGNATURE_SK_DCMTN                | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey                             |
| CLM_LINE_RX | CLM_TYPE_CD_DCMTN                        | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                               |
| CLM_LINE_RX | CLM_NUM_SK_DCMTN                         | SMALLINT     | NOT NULL | Yes | Yes | Claim Number SurrogateKey                                     |

|                       |                                        |              |          |     |     |                                                             |                                                                                          |          |                                                                                                         |
|-----------------------|----------------------------------------|--------------|----------|-----|-----|-------------------------------------------------------------|------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_RX<br>_DCMTN | CLM_LINE_NUM                           | INTEGER      | NOT NULL | Yes | Yes | Claim Line Number                                           | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_RX<br>_DCMTN | CLM_LCL_PROD<br>_NDC_AHFS_QR<br>TNY_CD | CHAR(18)     | NOT NULL | No  | No  | Claim Local Product NDC<br>AHFS Quarternary Code            |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>_DCMTN | CLM_LCL_PROD<br>_NDC_GNRC_IN<br>D      | CHAR(1)      | NULL     | No  | No  | Claim Local Product NDC<br>Generic Indicator                |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | CLM_LCL_GNRC<br>CD_NUM                 | CHAR(10)     | NULL     | No  | No  | Claim Local Generic<br>Code Number                          |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | CLM_LINE_REFL<br>IND                   | CHAR(1)      | NULL     | No  | No  | Claim Line Refill<br>Indicator                              |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | CLM_BENE_LCT<br>N_CD                   | CHAR(2)      | NOT NULL | No  | No  | Claim Beneficiary<br>Location Code                          |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | CLM_CVRG_CD                            | CHAR(3)      | NOT NULL | No  | No  | Claim Coverage Code                                         |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | CLM_LCL_PHRM<br>CY_TYPE_CD             | CHAR(1)      | NOT NULL | No  | No  | Claim Local Pharmacy<br>Type Code                           |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>_DCMTN | CLM_LINE_RX_L<br>CL_AWP_AMT            | DECIMAL(9,5) | NULL     | No  | No  | Claim Line RX Local<br>Average Wholesale Price<br>Amount    |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>_DCMTN | CLM_LINE_RX_L<br>CL_EAC_AMT            | DECIMAL(9,5) | NULL     | No  | No  | Claim Line RX Local<br>Estimated Acquisition<br>Cost Amount |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>_DCMTN | CLM_LINE_RX_L<br>CL_MAC_AMT            | DECIMAL(9,5) | NULL     | No  | No  | Claim Line RX Local<br>Federal MAC Unit Price<br>Amount     |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | CLM_SRC_ID                             | CHAR(5)      | NOT NULL | No  | No  | Claim Source Identifier                                     |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | META_SK                                | INTEGER      | NOT NULL | No  | No  | Metadata SurrogateKey                                       |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>DCMTN  | META_SRC_SK                            | SMALLINT     | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                             |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>_P2P   | GEO_BENE_SK                            | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                       |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>P2P    | CLM_DT_SGNTR<br>SK                     | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                        |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>P2P    | CLM_TYPE_CD                            | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                             |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>P2P    | CLM_NUM_SK                             | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                |                                                                                          |          |                                                                                                         |
| CLM_LINE_RX<br>_P2P   | CLM_LINE_NUM                           | INTEGER      | NOT NULL | Yes | Yes | Claim Line Number                                           | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_RX<br>P2P    | CLM_LINE_RX_P<br>2P_ID                 | INTEGER      | NOT NULL | Yes | No  | Claim Line RX P2P<br>Identifier                             |                                                                                          |          |                                                                                                         |

|                                 |                                 |             |          |     |     |                                                          |                            |                                                   |                                                                                                      |
|---------------------------------|---------------------------------|-------------|----------|-----|-----|----------------------------------------------------------|----------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------|
| CLM_LINE_RX_P2P                 | CLM_LINE_RX_P2P_2P_SYS_SQNC_NUM | SMALLINT    | NOT NULL | Yes | No  | Claim Line RX P2P System Sequence Number                 |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | BENE_ELCT_SK                    | DECIMAL(18) | NOT NULL | No  | No  | Beneficiary Elect Surrogate Key                          |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | BENE_RCNCLED_SK                 | DECIMAL(18) | NOT NULL | No  | No  | Beneficiary Reconciled Surrogate Key                     |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_P2P_PACE_CLS_CD             | CHAR(1)     | NOT NULL | No  | No  | Claim P2P Pace Class Code                                |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_P2P_PDE_COND_CD             | CHAR(2)     | NOT NULL | No  | No  | Claim P2P PDE Condition Code                             |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_P2P_SBMT_HPMS_CLS_CD        | CHAR(1)     | NOT NULL | No  | No  | Claim P2P Submitter HPMS Class Code                      |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_P2P_UPDT_HPMS_CLS_CD        | CHAR(1)     | NOT NULL | No  | No  | Claim P2P Updated HPMS Class Code                        |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_P2P_MULTIPLE_ENRLMT_CD      | CHAR(1)     | NOT NULL | No  | No  | Claim P2P Multiple Enrollment Code                       |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_PBP_ENRLMT_BGN_DT           | DATE        | NULL     | No  | No  | Claim Line RX P2P Enrollment Begin Date                  |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_PBP_ENRLMT_END_DT           | DATE        | NULL     | No  | No  | Claim Line RX P2P Enrollment End Date                    |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_SRVC_DEL_ENRLMT_BGN_DT      | DATE        | NULL     | No  | No  | Claim Line RX P2P Service Delivery Enrollment Begin Date |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_UPDT_CNT_RCT_NUM            | CHAR(5)     | NULL     | No  | No  | Claim Line RX P2P Contract Number                        |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | CLM_UPDT_CNT_RCT_PBP_NUM        | CHAR(3)     | NULL     | No  | No  | Claim Line RX P2P Contract PBP Number                    |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | META_SK                         | INTEGER     | NOT NULL | No  | No  | Metadata SurrogateKey                                    |                            |                                                   |                                                                                                      |
| CLM_LINE_RX_P2P                 | META_SRC_SK                     | SMALLINT    | NOT NULL | No  | No  | Metadata Source SurrogateKey                             |                            |                                                   |                                                                                                      |
| CLM_LINE_SH_RD_SYSS_ANSI_RSN_VM | GEO_BENE_SK                     | INTEGER     | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey                       |                            |                                                   |                                                                                                      |
| CLM_LINE_SH_RD_SYSS_ANSI_RSN_VM | CLM_DT_SGNTR_SK                 | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey                        |                            |                                                   |                                                                                                      |
| CLM_LINE_SH_RD_SYSS_ANSI_RSN_VM | CLM_TYPE_CD                     | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code                                          |                            |                                                   |                                                                                                      |
| CLM_LINE_SH_RD_SYSS_ANSI_RSN_VM | CLM_NUM_SK                      | SMALLINT    | NOT NULL | Yes | Yes | Claim Number SurrogateKey                                |                            |                                                   |                                                                                                      |
| CLM_LINE_SH_RD_SYSS_ANSI_RSN_VM | CLM_LINE_NUM                    | INTEGER     | NOT NULL | Yes | Yes | Claim Line Number                                        | FSSCIDRP-HIPA- 5010-SL-NBR | THE INBOUND 837 LX01 SEG LINE ITEM CONTROL NUMBER | LINE-NBR<br>Designates the position of the service or item on the claim. A claim has up to 13 lines. |
| CLM_LINE_SH_RD_SYSS_ANSI_RSN_VM | CLM_LINE_ANSI_ADJUSTMT_RSN_CD   | CHAR(4)     | NOT NULL | Yes | No  | CLAIM LINE ANSI ADJUSTMENT REASON CODE                   |                            |                                                   | LI-ANSI-REASON<br>Indicates the reason the adjustment was made                                       |



|                                        |                                      |              |          |     |     |                                             |                                                                                          |                    |                                                                                                         |
|----------------------------------------|--------------------------------------|--------------|----------|-----|-----|---------------------------------------------|------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_ANSI<br>_RSN_VM | CLM_LINE_ANSI<br>_ADJSTMT_GRP<br>_CD | CHAR(2)      | NULL     | No  | No  | CLAIM LINE ANSI<br>ADJUSTMENT GROUP<br>CODE |                                                                                          | LI-ANSI-GROUP      | Identifies the<br>ANSI group<br>code for<br>payment<br>adjustment on<br>the Remittance<br>Advice.       |
| CLM_LINE_SH<br>RD_SYSS_ANSI<br>_RSN_VM | CLM_LINE_ADJS<br>TMT_AMT             | DECIMAL(7,2) | NULL     | No  | No  | CLAIM LINE<br>ADJUSTMENT AMOUNT             |                                                                                          | LI-ANSI-<br>AMOUNT | Amount of the<br>ANSI<br>adjustment.                                                                    |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | GEO_BENE_SK                          | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey       |                                                                                          |                    |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | CLM_DT_SGNTR<br>_SK                  | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey        |                                                                                          |                    |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | CLM_TYPE_CD                          | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                             |                                                                                          |                    |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | CLM_NUM_SK                           | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                |                                                                                          |                    |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | CLM_LINE_NUM                         | INTEGER      | NOT NULL | Yes | Yes | Claim Line Number                           | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR           | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | AUDT_NUM                             | NUMERIC(3)   | NOT NULL | Yes | No  | AUDIT NUMBER                                |                                                                                          |                    |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | CLM_LINE_FINCL<br>_SQNC_NUM          | NUMERIC(1)   | NOT NULL | Yes | Yes | CLAIM LINE FINANCIAL<br>SEQUENCE NUMBER     |                                                                                          |                    |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | AUDT_IND                             | CHAR(1)      | NULL     | No  | No  | AUDIT INDICATOR                             |                                                                                          |                    |                                                                                                         |

|                                        |                                    |            |          |     |     |                                                 |                                                                                                                                                                                                                |          |                                                                                                         |
|----------------------------------------|------------------------------------|------------|----------|-----|-----|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_AUD<br>T_MCS    | CLM_LINE_AUDT<br>_DISP_CD          | CHAR(1)    | NULL     | No  | No  | CLAIM LINE AUDIT<br>DISPOSITION CODE            |                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | GEO_BENE_SK                        | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey           |                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_DT_SGNTR<br>_SK                | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey            |                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_TYPE_CD                        | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                 |                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_NUM_SK                         | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                    |                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_LINE_NUM                       | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                               | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER                                                                                                                       | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_LINE_BNFT<br>_SVG_SQNC_NU<br>M | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM LINE BENEFIT<br>SAVING SEQUENCE<br>NUMBER |                                                                                                                                                                                                                |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_DNL_OVRRD_C<br>D  | CHAR(1)    | NULL     | No  | No  | CLAIM BENEFIT SAVING<br>DENIAL OVERRIDE CODE    | FSSCIDRP-BSVS- identifies the<br>DEN-OVERRIDE override code<br>that allows the<br>operator to<br>manually<br>override the<br>system<br>generated ANSI<br>codes taken<br>from the Denial<br>Reason Code<br>file |          |                                                                                                         |

|                                        |                                        |              |      |    |    |                                                         |                                     |                                                                                                                                                                                                                                                                  |
|----------------------------------------|----------------------------------------|--------------|------|----|----|---------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_NON_CVRD_CH<br>RGS_AM | DECIMAL(9,2) | NULL | No | No | CLAIM BENEFIT SAVING<br>NON COVERED CHARGES<br>AMOUNT   | FSSCIDRP-BSVS-<br>NCOV-CHRG         | This field identifies the total number of denied/rejected/non-covered charges for each line item being denied.                                                                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLAIM_BENEFIT<br>_SAVING_NON7<br>11176 | NUMERIC(9)   | NULL | No | No | CLAIM BENEFIT SAVING<br>NON COVERED DAYS<br>VISIT COUNT | FSSCIDRP-BSVS-<br>NCOV-DYS-<br>VSTS | identifies the number of days/visits that are being denied. Denied days/visits are required for those revenue codes that require units on Revenue Code file                                                                                                      |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_USER_ACTN_C<br>D      | CHAR(1)      | NULL | No | No | CLAIM BENEFIT SAVING<br>USER ACTION CODE                | FSSCIDRP-BSVS-<br>USER-ACT          | identifies the Medical Review User Action Codes. Value Description<br>1 Religious Non-Medical Health Care Institutions (RNHCI) Indicator; 'Excepted' medical treatment.<br>2 Religious Non-Medical Health Care Institutions (RNHCI) Indicator; 'Non-Excepted' me |

|                                        |                                        |         |      |    |    |                                                               |                                |                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------|----------------------------------------|---------|------|----|----|---------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_MDCL_TCHNCL<br>_DNL_I | CHAR(1) | NULL | No | No | CLAIM BENEFIT SAVING<br>MEDICAL TECHNICAL<br>DENIAL INDICATOR | FSSCIDRP-BSVS-<br>MED-TECH-IND | identifies the<br>appropriate<br>Medical<br>Technical<br>Denial indicator<br>used when<br>performing the<br>medical review<br>denial of a line<br>item.<br>Value<br>Description<br>A Home Health<br>only - not<br>intermittent<br>care - technical<br>and waiver was<br>applied<br>B Home Health<br>only - not home |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_RCNSDRTN_CD           | CHAR(1) | NULL | No | No | CLAIM BENEFIT SAVING<br>RECONSIDERATION<br>CODE               | FSSCIDRP-BSVS-<br>RECON        | identifies the<br>cause of denial<br>for the revenue<br>line and a<br>reconsideration<br>code                                                                                                                                                                                                                       |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_ANSI_GRP_CD           | CHAR(2) | NULL | No | No | CLAIM BENEFIT SAVING<br>ANSI GROUP CODE                       | FSSCIDRP-BSVS-<br>ANSI-GRP     | identifies the<br>ANSI Group<br>code.                                                                                                                                                                                                                                                                               |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_ANSI_RSN_CD           | CHAR(3) | NULL | No | No | CLAIM BENEFIT SAVING<br>ANSI REASON CODE                      | FSSCIDRP-BSVS-<br>ANSI-RSN     | identifies the<br>ANSI reason<br>code.                                                                                                                                                                                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_RSN_CD                | CHAR(5) | NULL | No | No | CLAIM BENEFIT SAVING<br>REASON CODE                           | FSSCIDRP-BSVS-<br>REASON       | Denied reason<br>code                                                                                                                                                                                                                                                                                               |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_CHRG_OVRCD            | CHAR(1) | NULL | No | No | CLAIM BENEFIT SAVING<br>CHARGES OVERRIDE<br>CODE              | FSSCIDRP-BSVS-<br>CHRG-OVR-CD  | This field<br>identifies the<br>override code<br>that allows the<br>operator to<br>manually<br>override the<br>system<br>generated ANSI<br>codes taken<br>from the Denial<br>Reason Code<br>file.                                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_1ST_ANSI_RMR<br>K_CD  | CHAR(5) | NULL | No | No | CLAIM BENEFIT SAVING<br>FIRST ANSI REMARK<br>CODE             | FSSCIDRP-BSVS-<br>ANSI-RMKS    | ANSI remarks<br>code                                                                                                                                                                                                                                                                                                |

|                                        |                                       |          |          |     |     |                                                    |                                                                                          |          |                                                                                                         |
|----------------------------------------|---------------------------------------|----------|----------|-----|-----|----------------------------------------------------|------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_2ND_ANSI_RM<br>RK_CD | CHAR(5)  | NULL     | No  | No  | CLAIM BENEFIT SAVING<br>SECOND ANSI REMARK<br>CODE | FSSCIDRP-BSVS- ANSI remarks<br>ANSI-RMKS code                                            |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_3RD_ANSI_RM<br>RK_CD | CHAR(5)  | NULL     | No  | No  | CLAIM BENEFIT SAVING<br>THIRD ANSI REMARK<br>CODE  | FSSCIDRP-BSVS- ANSI remarks<br>ANSI-RMKS code                                            |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_BNF<br>T_SVG_FI | CLM_BNFT_SVG<br>_4TH_ANSI_RM<br>RK_CD | CHAR(5)  | NULL     | No  | No  | CLAIM BENEFIT SAVING<br>FOURTH ANSI REMARK<br>CODE | FSSCIDRP-BSVS- ANSI remarks<br>ANSI-RMKS code                                            |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_OVRRD_M | GEO_BENE_SK                           | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey              |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_OVRRD_M | CLM_DT_SGNTR<br>_SK                   | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey               |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_OVRRD_M | CLM_TYPE_CD                           | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                                    |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_OVRRD_M | CLM_NUM_SK                            | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                       |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_OVRRD_M | CLM_LINE_NUM                          | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                                  | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_OVRRD_M | DTL_CWF_ERR_<br>CD1                   | CHAR(4)  | NOT NULL | Yes | No  | CLAIM LINE CWF DETAIL<br>ERROR CODE                |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_OVRRD_M | DTL_CWF_OVRD<br>_CD1                  | CHAR(1)  | NULL     | No  | No  | CLAIM LINE CWF DETAIL<br>OVERRIDE CODE             |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_VMS     | GEO_BENE_SK                           | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey              |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_VMS     | CLM_DT_SGNTR<br>_SK                   | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey               |                                                                                          |          |                                                                                                         |

|                                    |                                        |            |          |     |     |                                                    |                               |                                                               |             |                                                                                                         |
|------------------------------------|----------------------------------------|------------|----------|-----|-----|----------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_VMS | CLM_TYPE_CD                            | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                    |                               |                                                               |             |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_VMS | CLM_NUM_SK                             | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                       |                               |                                                               |             |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_VMS | CLM_LINE_NUM                           | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                                  | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR    | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_VMS | CLM_LINE_EDIT_<br>RULE_CD              | CHAR(3)    | NOT NULL | Yes | No  | CLAIM LINE EDIT RULE<br>CODE                       |                               |                                                               | RULE-NUMBER | Review<br>utilization claim<br>line edit<br>number.                                                     |
| CLM_LINE_SH<br>RD_SYSS_ERR<br>_VMS | CLM_LINE_EDIT_<br>RULE_ERR_SW          | CHAR(1)    | NULL     | No  | No  | CLAIM LINE EDIT RULE<br>ERROR SWITCH               |                               |                                                               | RULE-ERROR  | Indicates<br>whether the<br>criteria of the<br>RULE has been<br>met                                     |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L   | GEO_BENE_SK                            | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey              |                               |                                                               |             |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L   | CLM_DT_SGNTR<br>_SK                    | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey               |                               |                                                               |             |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L   | CLM_TYPE_CD                            | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                    |                               |                                                               |             |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L   | CLM_NUM_SK                             | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                       |                               |                                                               |             |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L   | CLM_LINE_NUM                           | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                                  | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR    | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L   | CLM_LINE_FINCL<br>_SQNC_NUM            | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM LINE FINANCIAL<br>SEQUENCE NUMBER            |                               |                                                               |             |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L   | CLM_LINE_ADJS<br>TMT_ORGNL_DT<br>L_NUM | NUMERIC(3) | NULL     | No  | No  | CLAIM LINE<br>ADJUSTMENT ORIGINAL<br>DETAIL NUMBER |                               |                                                               |             |                                                                                                         |

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|              |               |         |      |    |    |                     |
|--------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH  | CLM_LINE_CL_D | CHAR(2) | NULL | No | No | CLAIM LINE CLINICAL |
| RD_SYSS_FINC | EMO_1ST_CD    |         |      |    |    | LABORATORY          |
| L            |               |         |      |    |    | DEMONSTRATION FIRST |
|              |               |         |      |    |    | CODE                |

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|              |               |         |      |    |    |                     |
|--------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH  | CLM_LINE_CMPT | CHAR(3) | NULL | No | No | CLAIM LINE COMPUTER |
| RD_SYSS_FINC | R_RDCTN_MSG_  |         |      |    |    | REDUCTION MESSAGE   |
| L            | CD            |         |      |    |    | CODE                |

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|--------------|---------------|--------------|------|----|----|----------------------|
| CLM_LINE_SH  | CLM_LINE_BENE | DECIMAL(7,2) | NULL | No | No | CLAIM LINE           |
| RD_SYSS_FINC | _PRVS_PD_AMT  |              |      |    |    | BENEFICIARY PREVIOUS |
| L            |               |              |      |    |    | PAID AMOUNT          |

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|              |               |              |      |    |    |                      |
|--------------|---------------|--------------|------|----|----|----------------------|
| CLM_LINE_SH  | CLM_LINE_PRVS | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PREVIOUS  |
| RD_SYSS_FINC | _INTRST_PD_AM |              |      |    |    | INTEREST PAID AMOUNT |
| L            | T             |              |      |    |    |                      |

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|              |                |              |      |    |    |                       |
|--------------|----------------|--------------|------|----|----|-----------------------|
| CLM_LINE_SH  | CLM_LINE_PRVS  | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PREVIOUS   |
| RD_SYSS_FINC | _LATE_FILG_RDC |              |      |    |    | LATE FILING REDUCTION |
| L            | TN             |              |      |    |    | AMOUNT                |

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|              |               |              |      |    |    |                                                |
|--------------|---------------|--------------|------|----|----|------------------------------------------------|
| CLM_LINE_SH  | CLM_LINE_PRVD | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PROVIDER<br>PREVIOUS PAID<br>AMOUNT |
| RD_SYSS_FINC | R_PRVS_PD_AM  |              |      |    |    |                                                |
| L            | T             |              |      |    |    |                                                |
| CLM_LINE_SH  | CLM_LINE_HCT_ | DECIMAL(3,1) | NULL | No | No | CLAIM LINE<br>HEMATOCRIT LEVEL<br>AMOUNT       |
| RD_SYSS_FINC | LVL_AMT       |              |      |    |    |                                                |
| L            |               |              |      |    |    |                                                |
| CLM_LINE_SH  | CLM_LINE_HGB_ | DECIMAL(3,1) | NULL | No | No | CLAIM LINE<br>HEMOGLOBIN LEVEL<br>AMOUNT       |
| RD_SYSS_FINC | LVL_AMT       |              |      |    |    |                                                |
| L            |               |              |      |    |    |                                                |
| CLM_LINE_SH  | CLM_LINE_IMG_ | DECIMAL(9,2) | NULL | No | No | CLAIM LINE IMAGE CAP<br>AMOUNT                 |
| RD_SYSS_FINC | CAP_AMT       |              |      |    |    |                                                |
| L            |               |              |      |    |    |                                                |

|              |               |              |      |    |    |                                                                         |
|--------------|---------------|--------------|------|----|----|-------------------------------------------------------------------------|
| CLM_LINE_SH  | CLM_LINE_MNL  | CHAR(3)      | NULL | No | No | CLAIM LINE MANUAL<br>REDUCTION MESSAGE                                  |
| RD_SYSS_FINC | _RDCTN_MSG    |              |      |    |    |                                                                         |
| L            |               |              |      |    |    |                                                                         |
| CLM_LINE_SH  | CLM_LINE_MDC  | NUMERIC(3)   | NULL | No | No | CLAIM LINE MEDICAL<br>POLICY AUDIT<br>PROCESSING OVERRIDE<br>AUDIT CODE |
| RD_SYSS_FINC | L_PLCY_AUDT_P |              |      |    |    |                                                                         |
| L            | RCSG          |              |      |    |    |                                                                         |
| CLM_LINE_SH  | CLM_LINE_MSP_ | CHAR(1)      | NULL | No | No | CLAIM LINE MSP<br>CALCULATION TYPE<br>CODE                              |
| RD_SYSS_FINC | CLCLTN_TYPE_C |              |      |    |    |                                                                         |
| L            | D             |              |      |    |    |                                                                         |
| CLM_LINE_SH  | CLM_LINE_OTAF | DECIMAL(9,2) | NULL | No | No | CLAIM LINE OBLIGATION<br>TO ACCEPT AS FULL<br>AMOUNT                    |
| RD_SYSS_FINC | _AMT          |              |      |    |    |                                                                         |
| L            |               |              |      |    |    |                                                                         |
| CLM_LINE_SH  | K_MPA_OVR_IN  | CHAR(4)      | NULL | No | No | CLAIM LINE OVERRIDE<br>INDICATOR                                        |
| RD_SYSS_FINC | D             |              |      |    |    |                                                                         |
| L            |               |              |      |    |    |                                                                         |

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|              |              |            |      |    |    |                     |
|--------------|--------------|------------|------|----|----|---------------------|
| CLM_LINE_SH  | CLM_LINE_ORG | NUMERIC(3) | NULL | No | No | CLAIM LINE ORIGINAL |
| RD_SYSS_FINC | NL_RPTD_AUDT |            |      |    |    | REPORTED AUDIT CODE |
| L            | _CD          |            |      |    |    |                     |

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|              |                |         |      |    |    |                     |
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| CLM_LINE_SH  | CLAIM_LINE_ORI | CHAR(1) | NULL | No | No | CLAIM LINE ORIGINAL |
| RD_SYSS_FINC | GINAL_REPO709  |         |      |    |    | REPORTED AUDIT      |
| L            | 471            |         |      |    |    | DISPOSITION CODE    |

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|--------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH  | CLAIM_LINE_ORI | CHAR(1) | NULL | No | No | CLAIM LINE ORIGINAL |
| RD_SYSS_FINC | GINAL_REPO709  |         |      |    |    | REPORTED INDICATOR  |
| L            | 469            |         |      |    |    |                     |

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| CLM_LINE_SH<br>RD_SYSS_FINC<br>L | CLM_LINE_OTHR<br>_OVRRD_IND            | CHAR(4) | NULL | No | No | CLAIM LINE OTHER<br>OVERRIDE INDICATOR            |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L | CLAIM_LINE_ORI<br>GINAL_REPO709<br>473 | CHAR(1) | NULL | No | No | CLAIM LINE ORIGINAL<br>REPORT MR CATEGORY<br>CODE |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L | CLM_LINE_PRCN<br>G_RDCTN_MSG           | CHAR(3) | NULL | No | No | CLAIM LINE PRICING<br>REDUCTION MESSAGE           |
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L | CLM_LINE_REBU<br>NDLING_AUDT_S<br>W    | CHAR(1) | NULL | No | No | CLAIM LINE<br>REBUNDLING AUDIT<br>SWITCH          |

|              |               |          |      |    |    |                                                  |
|--------------|---------------|----------|------|----|----|--------------------------------------------------|
| CLM_LINE_SH  | CLM_LINE_REBU | CHAR(10) | NULL | No | No | CLAIM LINE<br>REBUNDLING<br>CERTIFICATION NUMBER |
| RD_SYSS_FINC | NDLING_CRTFCT |          |      |    |    |                                                  |
| L            | N_NU          |          |      |    |    |                                                  |
| CLM_LINE_SH  | CLM_LINE_REBU | CHAR(2)  | NULL | No | No | CLAIM LINE<br>REBUNDLING SECOND<br>MODIFIER CODE |
| RD_SYSS_FINC | NDLING_2ND_M  |          |      |    |    |                                                  |
| L            | DFR_C         |          |      |    |    |                                                  |
| CLM_LINE_SH  | CLM_LINE_REBU | CHAR(5)  | NULL | No | No | CLAIM LINE<br>REBUNDLING<br>PROCEDURE CODE       |
| RD_SYSS_FINC | NDLING_PRCDR_ |          |      |    |    |                                                  |
| L            | CD            |          |      |    |    |                                                  |
| CLM_LINE_SH  | CLM_LINE_REBU | CHAR(2)  | NULL | No | No | CLAIM LINE<br>REBUNDLING FIRST<br>MODIFIER CODE  |
| RD_SYSS_FINC | NDLING_1ST_M  |          |      |    |    |                                                  |
| L            | DFR_C         |          |      |    |    |                                                  |

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|----------------------------------|----------------------------------------|----------|----------|-----|-----|--------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_FINC<br>L | CLM_LINE_REBU<br>NDLING_TYPE_O<br>F_CR | CHAR(1)  | NULL     | No  | No  | CLAIM LINE<br>REBUNDLING TYPE OF<br>CERTIFICATION CODE |                                      |                                                                                                        |                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS      | GEO_BENE_SK                            | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                  |                                      |                                                                                                        |                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS      | CLM_DT_SGNTR<br>_SK                    | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                   |                                      |                                                                                                        |                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS      | CLM_TYPE_CD                            | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                                        |                                      |                                                                                                        |                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS      | CLM_NUM_SK                             | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                           |                                      |                                                                                                        |                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS      | CLM_LINE_NUM                           | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                                      | FSSCIDRP-HIPA-<br>5010-SL-NBR        | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER                                          | LINE-NBR<br><br>Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_FISS      | CLM_LINE_SPCL<br>_PROC_IND             | CHAR(1)  | NULL     | No  | No  | CLAIM LINE SPECIAL<br>PROCESS INDICATOR                | FSSCIDRP-SPEC-<br>PROCESS-<br>IND(1) | This field is not<br>displayed on<br>the on-line<br>screen. It is<br>derived from<br><i>other data</i> |                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS      | CLM_LINE_CWF_<br>OVRRD_SW              | CHAR(1)  | NULL     | No  | No  | CLAIM LINE CWF<br>OVERRIDE SWITCH                      | FSSCIDRP-CWF-<br>OVR-FLAG(1)         | This field<br>bypasses edit<br>5390 and does<br>not generate<br>the alert code<br>7703                 |                                                                                                                         |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_TCHN<br>CL_PROFNL_CM<br>PNT_I | CHAR(1) | NULL | No | No | CLAIM LINE TECHNICAL<br>PROFESSIONAL<br>COMPONENT<br>INDICATOR | FSSCIDRP-PC-<br>TC-IND(1)             | Professional<br>Component -<br>Technical<br>Component -<br>This field<br>identifies the<br>PC - TC<br>indicator that is<br>added to the<br>Comprehensive<br>Outpatient<br>Rehabilitation<br>Facility (CORF)<br>services<br>Supplemental<br>Fee Schedule.<br>This field is a<br>one-position<br>alphanumeric<br>field. |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_DME<br>_GNRC_CD               | CHAR(2) | NULL | No | No | CLAIM LINE DURABLE<br>MEDICAL EQUIPMENT<br>GENERIC CODE        | FSSCIDRP-DME-<br>GENERIC-<br>CODE(1)  | The generic<br>code identifies<br>all equipment<br>that fall into a<br>similar<br>category as<br>designated by<br>CMS. It is the<br>responsibility<br>of each user to<br>assign a<br>specific generic<br>code that is<br>stored on the<br>HCPCS file for<br>the range of<br>HCPCS that are<br>similar. The<br>valid   |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_DU<br>RABLE_MEDIC70<br>9268 | CHAR(1) | NULL | No | No | CLAIM LINE DURABLE<br>MEDICAL EQUIPMENT<br>CATEGORY CODE       | FSSCIDRP-DME-<br>CATEGORY-<br>CODE(1) | This field<br>identifies the<br>CMS category<br>of the Durable<br>Medical<br>Equipment.<br>This is a one-<br>position<br>alphanumeric<br>field                                                                                                                                                                        |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_2ND_<br>PRCR_IND              | CHAR(1) | NULL | No | No | CLAIM LINE SECOND<br>PRICER INDICATOR                                        | FSSCIDRP-<br>PRICER-IND2(1)             | This field identifies which type of HCPC code this is, and if the code is to be priced by a fee schedule or not.                                                                                                                                                |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_OVRR<br>D_SW                  | CHAR(1) | NULL | No | No | CLAIM LINE OVERRIDE<br>SWITCH                                                | FSSCIDRP-LINE-<br>ITEM-OVR-<br>FLAG(1)  | Internal field, not displayed on the claim screen.                                                                                                                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_OP_P<br>PS_PRCR_RTRN_<br>CD   | CHAR(2) | NULL | No | No | CLAIM LINE OUTPATIENT<br>PROSPECTIVE PAYMENT<br>SYSTEM PRICER RETURN<br>CODE | FSSCIDRP-OPPS-<br>PRICR-LINE-<br>RTC(1) | This field identifies the Return Code from Outpatient Prospective Payment System (OPPS).                                                                                                                                                                        |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_NATL<br>_CVRG_DTRMNT<br>N_OVR | CHAR(1) | NULL | No | No | CLAIM LINE NATIONAL<br>COVERAGE<br>DETERMINATION<br>OVERRIDE SWITCH          | FSSCIDRP-NCD-<br>OVR-FLAG(1)            | National Coverage Determinations Override Indicator - This field identifies whether the line has been reviewed for medical necessity and should bypass the NCD edits, the line has no covered charges and should bypass the NCD edits, or the line should not b |



|                             |                                        |         |      |    |    |                                                                             |                               |                                                                                                                                                                                                                                                                                                                       |
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| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_NA<br>TIONAL_COVE70<br>9278 | CHAR(1) | NULL | No | No | CLAIM LINE NATIONAL<br>COVERAGE<br>DETERMINATION<br>DOCUMENTATION<br>SWITCH | FSSCIDRP-NCD-<br>DOC-FLAG(1)  | National<br>Coverage<br>Determination<br>Documentation<br>Indicator – This<br>field identifies<br>whether the<br>documentation<br>was received<br>for the<br>medically<br>necessary<br>service. This is<br>a one-position<br>alphanumeric<br>field. Note: This<br>indicator will<br>not be reset on<br>resubmitted RT |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_NA<br>TIONAL_COVE70<br>9280 | CHAR(1) | NULL | No | No | CLAIM LINE NATIONAL<br>COVERAGE<br>DETERMINATION<br>RESPONSE CODE           | FSSCIDRP-NCD-<br>RESP-CODE(1) | National<br>Clinical<br>Laboratory<br>response code                                                                                                                                                                                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_EOMB<br>B_IND                 | CHAR(1) | NULL | No | No | CLAIM LINE EOMB<br>INDICATOR                                                | FSSCIDRP-<br>EOMB-IND(1)      | Identifies on<br>which line of<br>the EOMB each<br>revenue code<br>line item<br>resides                                                                                                                                                                                                                               |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_EXCP<br>TN_REV_SW             | CHAR(4) | NULL | No | No | CLAIM LINE EXCEPTION<br>REVENUE SWITCH                                      | FSSCIDRP-REV-<br>FLAG(1)      | Exception<br>revenue code                                                                                                                                                                                                                                                                                             |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_OXG<br>N_SYS_SW | CHAR(1) | NULL | No | No | CLAIM LINE OXYGEN<br>SYSTEM SWITCH | FSSCIDRP-<br>OXYGEN-<br>SYSTEM(1) | Oxygen System -<br>This field<br>identifies<br>oxygen claims.<br>Value<br>Description<br>A Stationary<br>oxygen system.<br>B Stationary<br>oxygen system<br>contents.<br>C Portable<br>oxygen system<br>add-on.<br>D Portable<br>oxygen system<br>contents<br>E Accessories.                                             |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_EOM<br>B_MSG_CD | CHAR(1) | NULL | No | No | CLAIM LINE EOMB<br>MESSAGE CODE    | FSSCIDRP-<br>MESSAGE-<br>CODE(1)  | This field<br>identifies an<br>EOMB letter<br>code for home<br>health claims<br>only.<br>Value<br>Description<br>A This is the<br>maximum<br>approved<br>amount for this<br>item.<br>B This item has<br>reached the<br>maximum<br>amount of the<br>Medicare<br>payment limit.<br>No further<br>rental<br>payments will b |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_NA<br>TIONAL_COVE70<br>9290 | CHAR(8)      | NULL | No | No | CLAIM LINE NATIONAL<br>COVERAGE<br>DETERMINATION<br>NUMBER | FSSCIDRP-NCD-<br>NUM(1)                 | National<br>Coverage<br>Determination<br>Number, This<br>field identifies<br>the NCD<br>number<br>associated with<br>the<br>beneficiaries |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_MLT_<br>CHNL_TEST_QTY         | NUMERIC(2)   | NULL | No | No | CLAIM LINE MULTI<br>CHANNEL TEST<br>QUANTITY               | FSSCIDRP-<br>MULTI-CHAN-<br>TEST-QTY(1) | This field<br>identifies the<br>number of<br>medical tests<br>associated with<br>this multi-<br>channel HCPC<br>code                      |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_CMPS<br>T_A_ADJSTMT_S<br>W    | CHAR(2)      | NULL | No | No | CLAIM LINE COMPOSITE<br>A ADJUSTMENT SWITCH                | FSSCIDRP-<br>COMPOSITE-<br>ADJ-FLAG     | OCE composite<br>adjustment flag                                                                                                          |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_RSN_<br>CD_BYPS_SW            | CHAR(1)      | NULL | No | No | CLAIM LINE REASON<br>CODE BYPASS SWITCH                    | FSSCIDRP-<br>REASON-CD-<br>BYPASS(1)    | Internal<br>indicator set<br>when bypassing<br>the setting of a<br>reason code                                                            |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ANST<br>HSA_CF_NUM            | DECIMAL(4,2) | NULL | No | No | CLAIM LINE ANESTHESIA<br>CONVERSION FACTOR<br>NUMBER       | FSSCIDRP-ANES-<br>CONV-FACTOR           | Anesthesia<br>conversion<br>factor                                                                                                        |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_CMPL<br>X_MNL_MR_IND       | CHAR(1) | NULL | No | No | CLAIM LINE COMPLEX<br>MANUAL MEDICAL<br>REVIEW INDICATOR | FSSCIDRP-CERT-<br>MR-IND             | Complex<br>Manual<br>Medical Review<br>Indicator - This<br>field identifies<br>if the service<br>received<br>complex<br>manual medical<br>review.<br>Value<br>Description<br>blank The<br>services did not<br>receive manual<br>medical review<br>(default value).<br>N Medical<br>records were<br>not received.        |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_CWF_<br>ERR_SW             | CHAR(1) | NULL | No | No | CLAIM LINE CWF ERROR<br>SWITCH                           | FSSCIDRP-<br>C7274-FLAG(1)           | This field<br>identifies the<br>CWF error Flag.<br>Value<br>Description<br>Y Yes<br>N No                                                                                                                                                                                                                                |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_SUSP<br>ED_DUP_REV_IN<br>D | CHAR(1) | NULL | No | No | CLAIM LINE SUSPENDED<br>DUPLICATE REVENUE<br>INDICATOR   | FSSCIDRP-SUSP-<br>DUP-REV-<br>IND(1) | Suspended<br>Duplicate<br>Review<br>Indicator - This<br>field identifies<br>whether a<br>suspended<br>duplicate<br>review was<br>performed.<br>Value<br>Description<br>' ' No<br>Suspended<br>Duplicate<br>Review was<br>performed.<br>'1' Approved<br>and paid for an<br>item that was<br>reviewed as a<br>Suspended D |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_NA<br>TIONAL_DRUG70<br>9310 | CHAR(2)    | NULL | No | No | CLAIM LINE NATIONAL<br>DRUG CODE QUANTITY              | FSSCIDRP-NDC-<br>QTY-QUAL(1)          | National drug<br>code quantity<br>qualifier.                                                                                                                                                                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ORG<br>NL_REV_CD              | NUMERIC(4) | NULL | No | No | CLAIM LINE ORIGINAL<br>REVENUE CODE                    | FSSCIDRP-ORIG-<br>REV-CD(1)           | Retains the<br>original<br>revenue code<br>when the<br>system changes<br>it.                                                                                                                                                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_REV_<br>CD_NON_BLBL_I<br>ND   | CHAR(1)    | NULL | No | No | CLAIM LINE REVENUE<br>CODE NON BILLABLE<br>INDICATOR   | FSSCIDRP-NON-<br>BILL-REV-<br>CODE(1) | Non-Billable<br>Code - This<br>field identifies<br>whether the<br>revenue and<br>Health<br>Insurance<br>Claim Number<br>codes are valid.<br>Value<br>Description<br>E End Stage<br>Renal Disease<br>(ESRD)<br>attachment line<br>items with N/A<br>charges.<br>H Invalid HCPC<br>code (system<br>generated on<br>EMC |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ASC_<br>PCT                   | CHAR(1)    | NULL | No | No | CLAIM LINE<br>AMBULATORY SURGICAL<br>CENTER PERCENT    | FSSCIDRP-ASC-<br>PERCENT              | This field<br>identifies the<br>percentage<br>used by the<br>ASC Pricer in its<br>calculation for<br>the indicated<br>revenue code.                                                                                                                                                                                  |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_AM<br>BULATORY_SU70<br>9322 | CHAR(3)    | NULL | No | No | CLAIM LINE<br>AMBULATORY SURGICAL<br>CENTER GROUP CODE | FSSCIDRP-ASC-<br>GRP                  | This field<br>identifies the<br>ASC Group<br>code for the<br>indicated<br>revenue code.                                                                                                                                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_RC_C<br>D                     | NUMERIC(3) | NULL | No | No | CLAIM LINE REVENUE<br>CENTER CODE                      | FSSCIDRP-REV-<br>CENTER(1)            | The first 3<br>positions of the<br>revenue code.                                                                                                                                                                                                                                                                     |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_REV_<br>UNIT_NUM      | NUMERIC(1)    | NULL | No | No | CLAIM LINE REVENUE<br>UNIT NUMBER      | FSSCIDRP-REV-<br>UNIT(1)             | The 4th<br>position of the<br>revenue code                                                                                                                                                                                                                                                                        |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_REV_<br>UNIT_BILL_NUM | NUMERIC(9)    | NULL | No | No | CLAIM LINE REVENUE<br>UNIT BILL NUMBER | FSSCIDRP-REV-<br>UNITS-<br>BILLED(1) | This field<br>identifies the<br>total units<br>billed by<br>revenue<br>category                                                                                                                                                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ERR_<br>CD            | CHAR(1)       | NULL | No | No | CLAIM LINE ERROR<br>CODE               | FSSCIDRP-LINE-<br>ERROR(1)           | This field is<br>used to identify<br>errors at line<br>that are<br>received from<br>CWF                                                                                                                                                                                                                           |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_COIN_<br>SRNC_CD      | CHAR(1)       | NULL | No | No | CLAIM LINE<br>COINSURANCE CODE         | FSSCIDRP-<br>OVERRIDE-CD             | This field<br>instructs the<br>system in<br>applying the<br>services to the<br>beneficiary's<br>deductible and<br>to coinsurance.<br>Valid Values:<br>0 Deductible<br>and<br>coinsurance<br>apply<br>1 deductible<br>does not apply<br>2 coinsurance<br>does not apply<br>3 neither<br>deductible nor<br>coinsura |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ACTL<br>_TOT_PD_AMT ) | DECIMAL(11,2) | NULL | No | No | CLAIM LINE ACTUAL<br>TOTAL PAID AMOUNT | FSSCIDRP-ACT-<br>MEDA-REIMB-<br>LINE | This field<br>identifies the<br>total Medicare<br>reimbursement<br>for the line<br>item, which is<br>the sum of the<br>patient<br>reimbursement<br>and the<br>provider<br>reimbursement                                                                                                                           |

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| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_AM<br>BULATORY_SU70 )<br>9336 | DECIMAL(11,2<br>NULL | No | No | CLAIM LINE<br>AMBULATORY SURGICAL<br>CENTER NON LABOR<br>UNADJUST AMOUNT | FSSCIDRP-ASC-<br>UNADJ-<br>NONLABOR   | This field<br>identifies the<br>non-labor<br>amount of the<br>payment as<br>calculated by<br>the Pricer                                                                                                                                                                                                                        |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_AM<br>BULATORY_SU70 )<br>9338 | DECIMAL(11,2<br>NULL | No | No | CLAIM LINE<br>AMBULATORY SURGICAL<br>CENTER LABOR<br>ADJUSTED AMOUNT     | FSSCIDRP-ASC-<br>ADJ-LABOR            | This field<br>identifies the<br>labor amount<br>of the payment<br>as calculated by<br>the Pricer                                                                                                                                                                                                                               |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_RDLG<br>Y_PRCR_AMT )            | DECIMAL(11,2<br>NULL | No | No | CLAIM LINE RADIOLOGY<br>PRICER AMOUNT                                    | FSSCIDRP-RAD-<br>PRICER-AMT(1)        | This field<br>contains data<br>returned from<br>the radiology<br>pricer                                                                                                                                                                                                                                                        |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_TOT_<br>ADJSTMT_AMT )           | DECIMAL(11,2<br>NULL | No | No | CLAIM LINE TOTAL<br>ADJUSTMENT AMOUNT                                    | FSSCIDRP-TOT-<br>CONTR-ADJ(1)         | The contractual<br>adjustment<br>amount applied<br>to this line                                                                                                                                                                                                                                                                |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_OTHR<br>_AMT )                  | DECIMAL(10,2<br>NULL | No | No | CLAIM LINE OTHER<br>AMOUNT                                               | FSSCIDRP-<br>OTHER1-<br>AMT(1)        | Value code 05<br>amount (<br>professional<br>component)                                                                                                                                                                                                                                                                        |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ESRD<br>_RDCTN_AMT )            | DECIMAL(11,2<br>NULL | No | No | CLAIM LINE ESRD<br>REDUCTION AMOUNT                                      | FSSCIDRP-PSY-<br>ESRD-BLD-<br>HEMO(1) | ESRD<br>Reduction<br>Amount /<br>Psychiatric<br>Reduction<br>Amount /<br>Hemophilia<br>Blood Clotting<br>Factor Amount -<br>This is an 11-<br>digit field in<br>999999999.99<br>format. 1. ESRD<br>Reduction<br>Amount - This<br>value refers to<br>the ESRD<br>Network<br>Reduction<br>amount. Refer<br>to claim page 2<br>in |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_MSP_<br>CASH_DDCTBL_<br>GRP_C   | CHAR(2)<br>NULL      | No | No | CLAIM LINE MSP CASH<br>DEDUCTIBLE GROUP<br>CODE                          | FSSCIDRP-MSP-<br>CASH-DED-<br>GRP(1)  | MSP ANSI<br>group code                                                                                                                                                                                                                                                                                                         |

|                             |                                  |                       |      |    |    |                                                   |                                       |                                                                                                                                                                             |
|-----------------------------|----------------------------------|-----------------------|------|----|----|---------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | CHAR(3)<br>9350       | NULL | No | No | CLAIM LINE MSP CASH<br>DEDUCTIBLE REASON<br>CODE  | FSSCIDRP-MSP-<br>CASH-DED-<br>RSN(1)  | MSP ANSI<br>reason code                                                                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | DECIMAL(9,2)<br>9352  | NULL | No | No | CLAIM LINE MSP<br>COINSURANCE AMOUNT              | FSSCIDRP-MSP-<br>COINS-LINE(1)        | MSP<br>coinsurance<br>applied to the<br>line                                                                                                                                |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | CHAR(2)<br>9354       | NULL | No | No | CLAIM LINE MSP<br>COINSURANCE GROUP<br>CODE       | FSSCIDRP-MSP-<br>COIN-GRP(1)          | MSP<br>coinsurance<br>ANSI group<br>code                                                                                                                                    |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | CHAR(3)<br>9356       | NULL | No | No | CLAIM LINE MSP<br>COINSURANCE REASON<br>CODE      | FSSCIDRP-MSP-<br>COIN-RSN(1)          | MSP<br>coinsurance<br>ANSI reason<br>code                                                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | DECIMAL(9,2)<br>9358  | NULL | No | No | CLAIM LINE MSP BLOOD<br>DEDUCTIBLE AMOUNT         | FSSCIDRP-MSP-<br>BLD-DED-<br>LINE(1)  | MSP blood<br>deductible for<br>the line                                                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | CHAR(2)<br>9360       | NULL | No | No | CLAIM LINE MSP BLOOD<br>DEDUCTIBLE GROUP<br>CODE  | FSSCIDRP-MSP-<br>BLD-DED-<br>GRP(1)   | MSP blood<br>deductible<br>ANSI group<br>code                                                                                                                               |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | CHAR(3)<br>9362       | NULL | No | No | CLAIM LINE MSP BLOOD<br>DEDUCTIBLE REASON<br>CODE | FSSCIDRP-MSP-<br>BLD-DED-<br>RSN(1)   | MSP blood<br>deductible<br>ANSI reason<br>code                                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70 ) | DECIMAL(11,2)<br>9364 | NULL | No | No | CLAIM LINE MSP MUST<br>ACCEPT IN FULL<br>AMOUNT   | FSSCIDRP-MSP-<br>OTAF-AMT(1)          | MSP 1st other<br>insurance<br>amount<br>obligated to<br>accept                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | CHAR(1)<br>9366       | NULL | No | No | CLAIM LINE MSP DENIAL<br>INDICATOR                | FSSCIDRP-MSP-<br>DENIAL-IND(1)        | MSP 2nd other<br>insurance<br>amount<br>obligated to<br>accept                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_ME<br>DICARE_SECO70   | DECIMAL(9,2)<br>9368  | NULL | No | No | CLAIM LINE MSP CASH<br>DEDUCTIBLE AMOUNT          | FSSCIDRP-MSP-<br>CASH-DED-<br>LINE(1) | MSP deductible<br>applied to the<br>line                                                                                                                                    |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_HCPC<br>_CD             | CHAR(5)               | NULL | No | No | CLAIM LINE HCPC CODE                              | FSSCIDRP-HCPC-<br>CD(1)               | Common<br>Procedure<br>Coding System -<br>This field is a<br>code assigned<br>by CMS to<br>identify certain<br>medical<br>procedures or<br>equipment for<br>special pricing |



|                             |                                        |         |      |    |    |                                                                          |                                          |                                                                                                                                                                                            |
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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_HCPC<br>_IND                  | CHAR(1) | NULL | No | No | CLAIM LINE HCPC<br>INDICATOR                                             | FSSCIDRP-ORIG-<br>HCPC-IND(1)            | Retains the<br>original HCPC<br>indicator when<br>the system<br>changes the<br>HCPC code                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_APC_<br>HCPC_CD               | CHAR(5) | NULL | No | No | CLAIM LINE APC HCPC<br>CODE                                              | FSSCIDRP-APC-<br>HCPCS-PROC              | Payment<br>Ambulatory<br>Patient<br>Classification<br>Code or HCPC<br>Ambulatory<br>Patient<br>Classification<br>Code - This<br>field displays<br>the number<br>that identifies<br>the APC |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_A_<br>PROFESSIONA70<br>9376 | CHAR(2) | NULL | No | No | CLAIM LINE APC HCPC<br>INDICATOR                                         | FSSCIDRP-APC-<br>SERV-IND                | OCE service<br>indicator flag                                                                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_A_<br>PROFESSIONA70<br>9378 | CHAR(1) | NULL | No | No | CLAIM LINE APC HCPC<br>DENIAL SWITCH                                     | FSSCIDRP-APC-<br>DEN-REJ                 | OCE Line Item<br>Denial or<br>Rejection                                                                                                                                                    |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_APC_<br>TYPE_OF_BILL          | CHAR(1) | NULL | No | No | CLAIM LINE APC HCPC<br>TYPE OF BILL CODE                                 | FSSCIDRP-APC-<br>TOB-INCL                |                                                                                                                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_A_<br>PROFESSIONA70<br>9384 | CHAR(1) | NULL | No | No | CLAIM LINE APC HCPC<br>PROFESSIONAL<br>COMPONENT ACTION<br>SWITCH        | FSSCIDRP-APC-<br>ACTION-FLAG             | OE line item<br>action flag                                                                                                                                                                |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_HC<br>_PROFESSION70<br>9386 | CHAR(1) | NULL | No | No | CLAIM LINE HCPC<br>PROFESSIONAL<br>COMPONENT<br>DUPLICATE INDICATOR      | FSSCIDRP-HCPC-<br>DUPE-IND(1)            | an indicator<br>pulled from the<br>revenue code<br>file to<br>determine if<br>HCPC is<br>required on line                                                                                  |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_HC<br>_PROFESSION70<br>9388 | CHAR(5) | NULL | No | No | CLAIM LINE HCPC<br>PROFESSIONAL<br>COMPONENT ROLLUP<br>PANEL CODE        | FSSCIDRP-HCPC-<br>ROLLUP-PANEL-<br>CD(1) | The HCPC code<br>used for multi-<br>channel HCPC<br>lab codes                                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_HCPC<br>_ROLLUP_PMT_I<br>ND   | CHAR(1) | NULL | No | No | CLAIM LINE HCPC<br>PROFESSIONAL<br>COMPONENT ROLLUP<br>PAYMENT INDICATOR | FSSCIDRP-HCPC-<br>ROLLUP-PMT-<br>IND(1)  | The payment<br>indicator that<br>goes with the<br>rollup panel<br>code                                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_HCPC<br>_PROFNLCMPN<br>T_IND  | CHAR(1) | NULL | No | No | CLAIM LINE HCPC<br>PROFESSIONAL<br>COMPONENT<br>INDICATOR                | FSSCIDRP-HCPC-<br>IND(1)                 | Indicates if<br>HCPC record is<br>for RHHI ( R ) or<br>not ( spaces )                                                                                                                      |

|                             |                                        |         |      |    |    |                                                                           |                                        |                                                                                                                                                                                            |
|-----------------------------|----------------------------------------|---------|------|----|----|---------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_HCPC<br>_DRG_CD               | CHAR(1) | NULL | No | No | CLAIM LINE HCPC<br>PROFESSIONAL<br>COMPONENT DRUG<br>CODE                 | FSSCIDRP-HCPC-<br>DRUG-CD(1)           | This field identifies whether the HCPC is a drug. Value Description E The HCPC is a drug The HCPC is not a drug                                                                            |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_HCPC<br>_MOD_IND              | CHAR(1) | NULL | No | No | CLAIM LINE HCPC<br>PROFESSIONAL<br>COMPONENT<br>MODIFICATION<br>INDICATOR | FSSCIDRP-HCPC-<br>MOD-IND(1)           | This field identifies whether the HCPC Code, Modifier, or the REV Code were changed. This is a one-position alphanumeric field. The valid values are: 'U' Upcoding 'D' Downcoding '' Blank |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_HC<br>_PROFESSION70<br>9398 | CHAR(1) | NULL | No | No | CLAIM LINE HCPC<br>PROFESSIONAL<br>COMPONENT TYPE<br>INDICATOR            | FSSCIDRP-HCPC-<br>TYPE(1)              | Identifies if HCPC is from MPFSDB fee files values: M MPFSDB fee file code '' other hcpc code                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ANSI<br>_GRP_CD               | CHAR(2) | NULL | No | No | CLAIM LINE ANSI GROUP<br>CODE                                             | FSSCIDRP-PSY-<br>ESRD-BLD-<br>HEMO-GRP | ANSI group code assigned to ESRD line                                                                                                                                                      |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ANSI<br>_RSN_CD               | CHAR(3) | NULL | No | No | CLAIM LINE ANSI<br>REASON CODE                                            | FSSCIDRP-PSY-<br>ESRD-BLD-<br>HEMO-RSN | ANSI reason code assigned to ESRD line                                                                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_RDCD<br>_CNTRCTR_ANSI<br>_GRP | CHAR(2) | NULL | No | No | CLAIM LINE REDUCED<br>CONTRACTOR ANSI<br>GROUP CODE                       | FSSCIDRP-<br>CONTR-ANSI-<br>GRP(1)     | ANSI Group code assigned to the line when a reason code is assigned to the line                                                                                                            |

|                             |                                          |               |      |    |    |                                                                       |                                          |                                                                                                                                      |
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| CLM_LINE_SH<br>RD_SYSS_FISS | CLAIM_LINE_RE<br>DUCED_CONTR7<br>09406   | CHAR(3)       | NULL | No | No | CLAIM LINE REDUCED<br>CONTRACTOR ANSI<br>REASON CODE                  | FSSCIDRP-<br>CONTR-ANSI-<br>RSN(1)       | ANSI reason<br>code assigned<br>to the line<br>when a reason<br>code is<br>assigned to the<br>line                                   |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_1ST_<br>PRCR_IND                | CHAR(1)       | NULL | No | No | CLAIM LINE FIRST<br>PRICER INDICATOR                                  | FSSCIDRP-<br>PRICER-IND(1)               | This field<br>identifies which<br>type of HCPC<br>code this is,<br>and if the code<br>is to be priced<br>by a fee<br>schedule or not |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_SRVC<br>_UNIT_CNT               | NUMERIC(9)    | NULL | No | No | CLAIM LINE SERVICE<br>UNIT COUNT                                      | FSSCIDRP-REV-<br>SERV-UNIT-<br>CNT(1)    | Number of<br>units.                                                                                                                  |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_INST<br>NL_ORGNL_RAT )<br>E_AMT | DECIMAL(12,3) | NULL | No | No | CLAIM LINE<br>INSTITUTIONAL<br>ORIGINAL RATE<br>AMOUNT                | FSSCIDRP-ORIG-<br>HCPC-RATE              | Original HCPC<br>rate on the line                                                                                                    |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_TOT_<br>CHRG_AMT                | DECIMAL(9,2)  | NULL | No | No | CLAIM LINE TOTAL<br>CHARGE AMOUNT                                     | FSSCIDRP-REV-<br>TOT-CHRG-<br>AMT(1)     | Line total<br>charges<br>submitted by<br>the provider                                                                                |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_HCPC<br>_FEE_SCHDL_A<br>MT      | DECIMAL(9,2)  | NULL | No | No | CLAIM LINE HCPC FEE<br>SCHEDULE AMOUNT                                | FSSCIDRP-TOT-<br>FEE-SCHEDULE-<br>AMT(1) | Rate amount<br>from the HCPC<br>fee file                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_1ST_<br>MR_RSN_CD               | CHAR(5)       | NULL | No | No | CLAIM LINE FIRST<br>MEDICAL REVIEW<br>REASON CODE                     | FSSCIDRP-FMR-<br>REASON(1,1)             | Line level<br>medical review<br>reason code                                                                                          |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_2ND_<br>MR_RSN_CD               | CHAR(5)       | NULL | No | No | CLAIM LINE SECOND<br>MEDICAL REVIEW<br>REASON CODE                    | FSSCIDRP-FMR-<br>REASON(1,2)             | Line level<br>medical review<br>reason code                                                                                          |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_3RD_<br>MR_RSN_CD               | CHAR(5)       | NULL | No | No | CLAIM LINE THIRD<br>MEDICAL REVIEW<br>REASON CODE                     | FSSCIDRP-FMR-<br>REASON(1,3)             | Line level<br>medical review<br>reason code                                                                                          |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_4TH_<br>MR_RSN_CD               | CHAR(5)       | NULL | No | No | CLAIM LINE FOURTH<br>MEDICAL REVIEW<br>REASON CODE                    | FSSCIDRP-FMR-<br>REASON(1,4)             | Line level<br>medical review<br>reason code                                                                                          |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_1ST_<br>ADDTNL_DVLP<br>M T_RQS  | CHAR(5)       | NULL | No | No | CLAIM LINE FIRST<br>ADDITIONAL<br>DEVELOPMENT<br>REQUEST REASON CODE  | FSSCIDRP-ADR-<br>REASON(1,1)             | Line level<br>Additional<br>Development<br>Request reason<br>code                                                                    |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_2ND_<br>ADDTNL_DVLP<br>M T_RQS  | CHAR(5)       | NULL | No | No | CLAIM LINE SECOND<br>ADDITIONAL<br>DEVELOPMENT<br>REQUEST REASON CODE | FSSCIDRP-ADR-<br>REASON(1,2)             | Line level<br>Additional<br>Development<br>Request reason<br>code                                                                    |

|                             |                                       |         |      |    |    |                                                                       |                                |                                                                                         |
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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_3RD_<br>ADDTNL_DVLP<br>T_RQS | CHAR(5) | NULL | No | No | CLAIM LINE THIRD<br>ADDITIONAL<br>DEVELOPMENT<br>REQUEST REASON CODE  | FSSCIDRP-ADR-<br>REASON(1,3)   | Line level<br>Additional<br>Development<br>Request reason<br>code                       |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_4TH_<br>ADDTNL_DVLP<br>T_RQS | CHAR(5) | NULL | No | No | CLAIM LINE FOURTH<br>ADDITIONAL<br>DEVELOPMENT<br>REQUEST REASON CODE | FSSCIDRP-ADR-<br>REASON(1,4)   | Line level<br>Additional<br>Development<br>Request reason<br>code                       |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_1ST_<br>RSN_CD               | CHAR(5) | NULL | No | No | CLAIM LINE FIRST<br>REASON CODE                                       | FSSCIDRP-LINE-<br>REASON(1,1)  | Line level<br>reason code                                                               |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_2ND_<br>RSN_CD               | CHAR(5) | NULL | No | No | CLAIM LINE SECOND<br>REASON CODE                                      | FSSCIDRP-LINE-<br>REASON(1,2)  | Line level<br>reason code                                                               |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_3RD_<br>RSN_CD               | CHAR(5) | NULL | No | No | CLAIM LINE THIRD<br>REASON CODE                                       | FSSCIDRP-LINE-<br>REASON(1,3)  | Line level<br>reason code                                                               |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_4TH_<br>RSN_CD               | CHAR(5) | NULL | No | No | CLAIM LINE FOURTH<br>REASON CODE                                      | FSSCIDRP-LINE-<br>REASON(1,4)  | Line level<br>reason code                                                               |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_APC_<br>SRVC_UNIT_CNT        | CHAR(7) | NULL | No | No | CLAIM LINE APC SERVICE<br>UNIT COUNT                                  | FSSCIDRP-APC-<br>SERV-UNIT(1)  | Total units for<br>the line                                                             |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ORG<br>NL_HCPCS_1ST_<br>MDFR | CHAR(2) | NULL | No | No | CLAIM LINE ORIGINAL<br>HCPCS FIRST MODIFIER<br>CODE                   | FSSCIDRP-ORIG-<br>HCPC-MOD1(1) | Retains the<br>original HCPC<br>modifier when<br>the system<br>changes the<br>HCPC code |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ORG<br>NL_HCPCS_2ND_<br>MDFR | CHAR(2) | NULL | No | No | CLAIM LINE ORIGINAL<br>HCPCS SECOND<br>MODIFIER CODE                  | FSSCIDRP-ORIG-<br>HCPC-MOD2(1) | Retains the<br>original HCPC<br>modifier when<br>the system<br>changes the<br>HCPC code |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ORG<br>NL_HCPCS_3RD_<br>MDFR | CHAR(2) | NULL | No | No | CLAIM LINE ORIGINAL<br>HCPCS THIRD MODIFIER<br>CODE                   | FSSCIDRP-ORIG-<br>HCPC-MOD3(1) | Retains the<br>original HCPC<br>modifier when<br>the system<br>changes the<br>HCPC code |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ORG<br>NL_HCPCS_4TH_<br>MDFR | CHAR(2) | NULL | No | No | CLAIM LINE ORIGINAL<br>HCPCS FOURTH<br>MODIFIER CODE                  | FSSCIDRP-ORIG-<br>HCPC-MOD4(1) | Retains the<br>original HCPC<br>modifier when<br>the system<br>changes the<br>HCPC code |

|                             |                                        |         |      |    |    |                                                        |                                |                                                                                                                                                                                                                                                               |
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| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_ORG<br>NL_HCPCS_5TH_<br>MDFR  | CHAR(2) | NULL | No | No | CLAIM LINE ORIGINAL<br>HCPCS FIFTH MODIFIER<br>CODE    | FSSCIDRP-ORIG-<br>HCPC-MOD5(1) | Retains the original HCPC modifier when the system changes the HCPC code                                                                                                                                                                                      |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_1ST_<br>ORGNL_LINE_US<br>ER_A | CHAR(1) | NULL | No | No | CLAIM LINE FIRST<br>ORIGINAL LINE USER<br>ACTION CODE  | FSSCIDRP-ORIG-<br>LUAC(1,1)    | Original Line User Action Code – This field identifies the original line user action code. It is only populated when there is a line user action code and a corresponding medical review denial reason code in the Benefits Savings portion of claim page 32. |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_2ND_<br>ORGNL_LINE_US<br>ER_A | CHAR(1) | NULL | No | No | CLAIM LINE SECOND<br>ORIGINAL LINE USER<br>ACTION CODE | FSSCIDRP-ORIG-<br>LUAC(1,2)    | Original Line User Action Code – This field identifies the original line user action code. It is only populated when there is a line user action code and a corresponding medical review denial reason code in the Benefits Savings portion of claim page 32. |

|                             |                                        |         |      |    |    |                                                        |                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------|----------------------------------------|---------|------|----|----|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_3RD_<br>ORGNL_LINE_US<br>ER_A | CHAR(1) | NULL | No | No | CLAIM LINE THIRD<br>ORIGINAL LINE USER<br>ACTION CODE  | FSSCIDRP-ORIG- Original Line<br>LUAC(1,3) User Action<br>Code – This<br>field identifies<br>the original line<br>user action<br>code. It is only<br>populated<br>when there is a<br>line user action<br>code and a<br>corresponding<br>medical review<br>denial reason<br>code in the<br>Benefits<br>Savings portion<br>of claim page<br>32. |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_4TH_<br>ORGNL_LINE_US<br>ER_A | CHAR(1) | NULL | No | No | CLAIM LINE FOURTH<br>ORIGINAL LINE USER<br>ACTION CODE | FSSCIDRP-ORIG- Original Line<br>LUAC(1,4) User Action<br>Code – This<br>field identifies<br>the original line<br>user action<br>code. It is only<br>populated<br>when there is a<br>line user action<br>code and a<br>corresponding<br>medical review<br>denial reason<br>code in the<br>Benefits<br>Savings portion<br>of claim page<br>32. |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_1ST_<br>ORGNL_DNL_CD          | CHAR(5) | NULL | No | No | CLAIM LINE FIRST<br>ORIGINAL DENIAL CODE               | FSSCIDRP-ORIG- Original denial<br>DENIAL(1,1) reason code                                                                                                                                                                                                                                                                                    |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_2ND_<br>ORGNL_DNL_CD          | CHAR(5) | NULL | No | No | CLAIM LINE SECOND<br>ORIGINAL DENIAL CODE              | FSSCIDRP-ORIG- Original denial<br>DENIAL(1,2) reason code                                                                                                                                                                                                                                                                                    |
| CLM_LINE_SH<br>RD_SYSS_FISS | CLM_LINE_3RD_<br>ORGNL_DNL_CD          | CHAR(5) | NULL | No | No | CLAIM LINE THIRD<br>ORIGINAL DENIAL CODE               | FSSCIDRP-ORIG- Original denial<br>DENIAL(1,3) reason code                                                                                                                                                                                                                                                                                    |

|                                        |                                        |          |          |     |     |                                                |                                        |                                                               |          |                                                                                                         |
|----------------------------------------|----------------------------------------|----------|----------|-----|-----|------------------------------------------------|----------------------------------------|---------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_FISS            | CLM_LINE_4TH_<br>ORGNL_DNL_CD          | CHAR(5)  | NULL     | No  | No  | CLAIM LINE FOURTH<br>ORIGINAL DENIAL CODE      | FSSCIDRP-ORIG-<br>DENIAL(1,4)          | Original denial<br>reason code                                |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS            | CLM_LINE_1ST_<br>CWF_OVRRD_ED<br>IT_CD | CHAR(5)  | NULL     | No  | No  | CLAIM LINE FIRST CWF<br>OVERRIDE EDIT CODE     | FSSCIDRP-CWF-<br>LNEOVR-<br>ERROR(1,1) | CWF edit code<br>to be<br>overridden                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS            | CLM_LINE_2ND_<br>CWF_OVRRD_ED<br>IT_CD | CHAR(5)  | NULL     | No  | No  | CLAIM LINE SECOND<br>CWF OVERRIDE EDIT<br>CODE | FSSCIDRP-CWF-<br>LNEOVR-<br>ERROR(1,2) | CWF edit code<br>to be<br>overridden                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS            | CLM_LINE_3RD_<br>CWF_OVRRD_ED<br>IT_CD | CHAR(5)  | NULL     | No  | No  | CLAIM LINE THIRD CWF<br>OVERRIDE EDIT CODE     | FSSCIDRP-CWF-<br>LNEOVR-<br>ERROR(1,3) | CWF edit code<br>to be<br>overridden                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS            | CLM_LINE_4TH_<br>CWF_OVRRD_ED<br>IT_CD | CHAR(5)  | NULL     | No  | No  | CLAIM LINE FOURTH<br>CWF OVERRIDE EDIT<br>CODE | FSSCIDRP-CWF-<br>LNEOVR-<br>ERROR(1,4) | CWF edit code<br>to be<br>overridden                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS            | CLM_LINE_5TH_<br>CWF_OVRRD_ED<br>IT_CD | CHAR(5)  | NULL     | No  | No  | CLAIM LINE FIFTH CWF<br>OVERRIDE EDIT CODE     | FSSCIDRP-CWF-<br>LNEOVR-<br>ERROR(1,5) | CWF edit code<br>to be<br>overridden                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FISS            | CLM_LINE_NATL_<br>_DRUG_CD             | CHAR(11) | NULL     | No  | No  | CLAIM LINE NATIONAL<br>DRUG CODE               | FSSCIDRP-NDC                           | National Drug<br>code                                         |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FLA<br>G_SGNTR  | GEO_BENE_SK                            | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey          |                                        |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FLA<br>G_SGNTR  | CLM_DT_SGNTR<br>_SK                    | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey           |                                        |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FLA<br>G_SGNTR  | CLM_TYPE_CD                            | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                                |                                        |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FLA<br>G_SGNTR  | CLM_NUM_SK                             | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                   |                                        |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_FLA<br>G_SGNTR_ | CLM_LINE_NUM                           | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                              | FSSCIDRP-HIPA-<br>5010-SL-NBR          | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |

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|             |               |         |      |    |    |                       |
|-------------|---------------|---------|------|----|----|-----------------------|
| CLM_LINE_SH | CLM_LINE_HPSA | CHAR(1) | NULL | No | No | CLAIM LINE HPSA       |
| RD_SYSS_FLG | _ELGBLTY_IND  |         |      |    |    | ELIGIBILITY INDICATOR |
| G_SGNTR_    |               |         |      |    |    |                       |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_PHYS | CHAR(1) | NULL | No | No | CLAIM LINE PHYSICIAN |
| RD_SYSS_FLG | N_SCRCTY_ELGB |         |      |    |    | SCARCITY ELIGIBILITY |
| G_SGNTR_    | LTY           |         |      |    |    | INDICATOR            |

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|                                        |                                  |         |      |    |    |                                                               |
|----------------------------------------|----------------------------------|---------|------|----|----|---------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_FLG<br>G_SGNTR_ | CLM_LINE_BLOOD_DDCTBL_SW         | CHAR(1) | NULL | No | No | CLAIM LINE BLOOD<br>DEDUCTIBLE SWITCH                         |
| CLM_LINE_SH<br>RD_SYSS_FLG<br>G_SGNTR_ | CLM_LINE_SUBJECT_TO_PT_LMT_SW    | CHAR(1) | NULL | No | No | CLAIM LINE SUBJECT TO<br>PHYSICAL THERAPY<br>LIMIT SWITCH     |
| CLM_LINE_SH<br>RD_SYSS_FLG<br>G_SGNTR_ | CLM_LINE_SUBJECT_TO_PSYCH_LMT_SW | CHAR(1) | NULL | No | No | CLAIM LINE SUBJECT TO<br>PSYCHIATRIC LIMIT<br>SWITCH          |
| CLM_LINE_SH<br>RD_SYSS_FLG<br>G_SGNTR_ | CLM_LINE_SUBJECT_TO_OT_LMT_SW    | CHAR(1) | NULL | No | No | CLAIM LINE SUBJECT TO<br>OCCUPATIONAL<br>THERAPY LIMIT SWITCH |

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|             |               |         |      |    |    |                   |
|-------------|---------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | CLM_LINE_STUS | CHAR(1) | NULL | No | No | CLAIM LINE STATUS |
| RD_SYSS_FLG | _IND          |         |      |    |    | INDICATOR         |
| G_SGNTR_    |               |         |      |    |    |                   |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_INCL | CHAR(1) | NULL | No | No | CLAIM LINE INCLUDE   |
| RD_SYSS_FLG | D_FOR_DUP_SW  |         |      |    |    | FOR DUPLICATE SWITCH |
| G_SGNTR_    |               |         |      |    |    |                      |

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|             |               |         |      |    |    |                       |
|-------------|---------------|---------|------|----|----|-----------------------|
| CLM_LINE_SH | CLM_LINE_DGNS | CHAR(1) | NULL | No | No | CLAIM LINE DIAGNOSTIC |
| RD_SYSS_FLG | TC_LAB_SW     |         |      |    |    | LABORATORY SWITCH     |
| G_SGNTR_    |               |         |      |    |    |                       |

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|             |               |         |      |    |    |                 |
|-------------|---------------|---------|------|----|----|-----------------|
| CLM_LINE_SH | CLM_LINE_PEER | CHAR(1) | NULL | No | No | CLAIM LINE PEER |
| RD_SYSS_FLG | _RVW_SW       |         |      |    |    | REVIEW SWITCH   |
| G_SGNTR_    |               |         |      |    |    |                 |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_PRCN | CHAR(1) | NULL | No | No | CLAIM LINE PRICING |
| RD_SYSS_FLG | G_IND         |         |      |    |    | INDICATOR          |
| G_SGNTR_    |               |         |      |    |    |                    |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_PRFL | CHAR(1) | NULL | No | No | CLAIM LINE PROFILE |
| RD_SYSS_FLG | _SW           |         |      |    |    | SWITCH             |
| G_SGNTR_    |               |         |      |    |    |                    |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | ASSISTANT_SUR | CHAR(1) | NULL | No | No | CLAIM LINE ASSISTANT |
| RD_SYSS_FLG | G_IND         |         |      |    |    | SURGEON INDICATOR    |
| G_SGNTR_    |               |         |      |    |    |                      |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | TWO_SURGERY_ | CHAR(1) | NULL | No | No | CLAIM LINE TWO    |
| RD_SYSS_FL  | _IND         |         |      |    |    | SURGERY INDICATOR |
| G_SGNT      |              |         |      |    |    |                   |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | TEAM_SURGERY | CHAR(1) | NULL | No | No | CLAIM LINE TEAM   |
| RD_SYSS_FL  | _IND         |         |      |    |    | SURGERY INDICATOR |
| G_SGNT      |              |         |      |    |    |                   |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | BILLABLE_SUPPL | CHAR(1) | NULL | No | No | CLAIM LINE BILLABLE |
| RD_SYSS_FLG | Y_IND          |         |      |    |    | SUPPLY INDICATOR    |
| G_SGNTR_    |                |         |      |    |    |                     |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | IMAGING_CAP_I | CHAR(1) | NULL | No | No | CLAIM LINE IMAGE CAP |
| RD_SYSS_FLG | ND            |         |      |    |    | INDICATOR            |
| G_SGNTR_    |               |         |      |    |    |                      |

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|             |          |         |      |    |    |                      |
|-------------|----------|---------|------|----|----|----------------------|
| CLM_LINE_SH | DUPE_IND | CHAR(1) | NULL | No | No | CLAIM LINE DUPLICATE |
| RD_SYSS_FL  |          |         |      |    |    | INDICATOR            |
| G_SGNTR_    |          |         |      |    |    |                      |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | DTL_ASC_PROC_ | CHAR(1) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_FL  | IND           |         |      |    |    | AMBULATORY SURGICAL |
| G_SGNTR_    |               |         |      |    |    | CENTER PROCEDURE    |
|             |               |         |      |    |    | INDICATOR           |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | DTL_ASC_COINS | CHAR(1) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_FL  | _IND          |         |      |    |    | AMBULATORY SURGICAL |
| G_SGNTR_    |               |         |      |    |    | CENTER COINSURANCE  |
|             |               |         |      |    |    | INDICATOR           |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | DTL_ASC_MULT_ | CHAR(1) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_FL  | PROC          |         |      |    |    | AMBULATORY SURGICAL |
| G_SGNTR_    |               |         |      |    |    | CENTER MULTI        |
|             |               |         |      |    |    | PROCEDURE INDICATOR |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | DTL_ASC_MOD_I | CHAR(1) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_FL  | ND            |         |      |    |    | AMBULATORY SURGICAL |
| G_SGNTR_    |               |         |      |    |    | CENTER MODIFIER     |
|             |               |         |      |    |    | INDICATOR           |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | BILATERAL_SUR | CHAR(1) | NULL | No | No | CLAIM LINE BILATERAL |
| RD_SYSS_FL  | G_IND         |         |      |    |    | SURGERY INDICATOR    |
| G_SGNT      |               |         |      |    |    |                      |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | MULTIPLE_SURG | CHAR(1) | NULL | No | No | CLAIM LINE MULTIPLE |
| RD_SYSS_FL  | ERY_IND       |         |      |    |    | SURGERY INDICATOR   |
| G_SGNT      |               |         |      |    |    |                     |

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|             |            |         |      |    |    |                       |
|-------------|------------|---------|------|----|----|-----------------------|
| CLM_LINE_SH | PAY_75_PER | CHAR(1) | NULL | No | No | CLAIM LINE PAY        |
| RD_SYSS_FL  |            |         |      |    |    | SEVENTY FIFTH PERCENT |
| G_SGNTR_    |            |         |      |    |    | SWITCH                |

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|             |              |         |      |    |    |              |
|-------------|--------------|---------|------|----|----|--------------|
| CLM_LINE_SH | PROF_TECH_CO | CHAR(1) | NULL | No | No | CLAIM LINE   |
| RD_SYSS_FL  | MPONENT      |         |      |    |    | PROFESSIONAL |
| G_SGNTR_    |              |         |      |    |    | TECHNICAL    |
|             |              |         |      |    |    | COMPONENT    |
|             |              |         |      |    |    | INDICATOR    |

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|             |               |         |      |    |    |                  |
|-------------|---------------|---------|------|----|----|------------------|
| CLM_LINE_SH | CLM_LINE_AUDT | CHAR(1) | NULL | No | No | CLAIM LINE AUDIT |
| RD_SYSS_FLG | _SW           |         |      |    |    | SWITCH           |
| G_SGNTR_    |               |         |      |    |    |                  |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_PRFR | CHAR(1) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_FLG | MG_PRVDR_GR   |         |      |    |    | PERFORMING PROVIDER |
| G_SGNTR_    | P_SW          |         |      |    |    | GROUP SWITCH        |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_DNY_ | CHAR(1) | NULL | No | No | CLAIM LINE DENY TO |
| RD_SYSS_FL  | TO_SUSP_OVRR  |         |      |    |    | SUSPEND OVERRIDE   |
| G_SGNTR_    | D_IND         |         |      |    |    | INDICATOR          |

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|             |                |         |      |    |    |                   |
|-------------|----------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | CLM_LINE_LSTD_ | CHAR(1) | NULL | No | No | CLAIM LINE LISTED |
| RD_SYSS_FL  | _AUDT_OVRRD_   |         |      |    |    | AUDIT OVERRIDE    |
| G_SGNTR_    | IND            |         |      |    |    | INDICATOR         |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_MDC  | CHAR(1) | NULL | No | No | CLAIM LINE MEDICAL |
| RD_SYSS_FL  | L_PLCY_OVRRD_ |         |      |    |    | POLICY OVERRIDE    |
| G_SGNTR_    | IND           |         |      |    |    | INDICATOR          |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_DUP_ | CHAR(1) | NULL | No | No | CLAIM LINE DUPLICATE |
| RD_SYSS_FL  | EDIT_OVRRD_IN |         |      |    |    | EDIT OVERRIDE        |
| G_SGNTR_    | D             |         |      |    |    | INDICATOR            |

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|                                        |                                       |          |          |     |     |                                                                   |                               |                                                               |                                                                                                                                                                                                                             |
|----------------------------------------|---------------------------------------|----------|----------|-----|-----|-------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MAX<br>_ALOWD_E | GEO_BENE_SK                           | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                             |                               |                                                               |                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MAX<br>_ALOWD_E | CLM_DT_SGNTR<br>_SK                   | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                              |                               |                                                               |                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MAX<br>_ALOWD_E | CLM_TYPE_CD                           | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                                                   |                               |                                                               |                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MAX<br>_ALOWD_E | CLM_NUM_SK                            | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                      |                               |                                                               |                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MAX<br>_ALOWD_E | CLM_LINE_NUM                          | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                                                 | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR<br><br>Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines.                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_MAX<br>_ALOWD_E | CLM_LINE_ATM<br>TD_FIL_NUM_ER<br>R_CD | CHAR(1)  | NOT NULL | Yes | No  | CLAIM LINE<br>AUTOMATED FILE<br>NUMBER ERROR CODE                 |                               |                                                               | AFN-ERROR<br><br>Tag within the<br>AFN system<br>identifying the<br>edit type that<br>will fire when<br>the number of                                                                                                       |
| CLM_LINE_SH<br>RD_SYSS_MAX<br>_ALOWD_E | CLM_LINE_AFN_<br>MAX_UNITS_AL<br>WD1  | CHAR(3)  | NULL     | No  | No  | CLAIM LINE<br>AUTOMATED FILE<br>NUMBER MAX UNIT<br>ALLOWED AMOUNT |                               |                                                               | AFN-NUMBER<br><br>Designates the<br>Automated File<br>Number (AFN)<br>parameter<br>record defining<br>te maximum<br>number of<br>procedures or<br>supplies<br>allowed for a<br>single or set of<br>procedures/sup<br>plies. |
| CLM_LINE_SH<br>RD_SYSS_MCS             | GEO_BENE_SK                           | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                             |                               |                                                               |                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MCS             | CLM_DT_SGNTR<br>_SK                   | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                              |                               |                                                               |                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MCS             | CLM_TYPE_CD                           | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                                                   |                               |                                                               |                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MCS             | CLM_NUM_SK                            | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                      |                               |                                                               |                                                                                                                                                                                                                             |

|                            |              |         |          |     |     |                   |                               |                                                               |          |                                                                                                         |
|----------------------------|--------------|---------|----------|-----|-----|-------------------|-------------------------------|---------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_NUM | INTEGER | NOT NULL | Yes | Yes | Claim Line Number | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
|----------------------------|--------------|---------|----------|-----|-----|-------------------|-------------------------------|---------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|

|                            |                                     |         |      |    |    |                                                 |  |  |  |  |
|----------------------------|-------------------------------------|---------|------|----|----|-------------------------------------------------|--|--|--|--|
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_RCD_<br>ORGNL_PRCDR_<br>CD | CHAR(5) | NULL | No | No | CLAIM LINE RECODE<br>ORIGINAL PROCEDURE<br>CODE |  |  |  |  |
|----------------------------|-------------------------------------|---------|------|----|----|-------------------------------------------------|--|--|--|--|

|                            |                              |         |      |    |    |                                        |  |  |  |  |
|----------------------------|------------------------------|---------|------|----|----|----------------------------------------|--|--|--|--|
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_EOM<br>B_MSG_2ND_CD | CHAR(3) | NULL | No | No | CLAIM LINE EOMB<br>MESSAGE SECOND CODE |  |  |  |  |
|----------------------------|------------------------------|---------|------|----|----|----------------------------------------|--|--|--|--|

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|             |              |         |      |    |    |                    |
|-------------|--------------|---------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_EOM | CHAR(3) | NULL | No | No | CLAIM LINE EOMB    |
| RD_SYSS_MCS | B_MSG_3RD_CD |         |      |    |    | MESSAGE THIRD CODE |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_MSP_ | CHAR(2) | NULL | No | No | CLAIM LINE MSP TYPE |
| RD_SYSS_MCS | TYPE_CD       |         |      |    |    | CODE                |

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|             |               |            |      |    |    |                     |
|-------------|---------------|------------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_PRE_ | NUMERIC(3) | NULL | No | No | CLAIM LINE PRE CARE |
| RD_SYSS_MCS | CARE_DAYS_AM  |            |      |    |    | DAYS AMOUNT         |
|             | T             |            |      |    |    |                     |

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|             |               |            |      |    |    |                      |
|-------------|---------------|------------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_PST_ | NUMERIC(3) | NULL | No | No | CLAIM LINE POST CARE |
| RD_SYSS_MCS | CARE_DAYS_AM  |            |      |    |    | DAYS AMOUNT          |
|             | T             |            |      |    |    |                      |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_PRC | CHAR(1) | NULL | No | No | CLAIM LINE PROCEDURE |
| RD_SYSS_MCS | R_STUS_CD    |         |      |    |    | STATUS CODE          |

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|             |                |         |      |    |    |                    |
|-------------|----------------|---------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_SITE_ | CHAR(1) | NULL | No | No | CLAIM LINE SITE OF |
| RD_SYSS_MCS | OF_SRVC_DIFF_  |         |      |    |    | SERVICE DIFFERENCE |
|             | CD             |         |      |    |    | CODE               |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_GLBL | CHAR(3) | NULL | No | No | CLAIM LINE GLOBAL    |
| RD_SYSS_MCS | _SRGRY_DAYS_C |         |      |    |    | SURGERY DAYS CODE    |
|             | D             |         |      |    |    |                      |
| CLM_LINE_SH | CLM_LINE_SBSQ | CHAR(5) | NULL | No | No | CLAIM LINE           |
| RD_SYSS_MCS | NT_PRCDR_CD   |         |      |    |    | SUBSEQUENT           |
|             |               |         |      |    |    | PROCEDURE CODE       |
| CLM_LINE_SH | CLM_LINE_ENDO | CHAR(5) | NULL | No | No | CLAIM LINE ENDOSCOPY |
| RD_SYSS_MCS | SCPY_PRCDR_CD |         |      |    |    | PROCEDURE CODE       |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | CLM_LINE_MNL | CHAR(1) | NULL | No | No | CLAIM LINE MANUAL |
| RD_SYSS_MCS | _PRCNG_IND   |         |      |    |    | PRICING INDICATOR |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_RDCT | CHAR(1) | NULL | No | No | CLAIM LINE REDUCTION |
| RD_SYSS_MCS | N_ACTN_CD     |         |      |    |    | ACTION CODE          |

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|                            |                                        |            |      |    |    |                                            |
|----------------------------|----------------------------------------|------------|------|----|----|--------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_CMPT<br>R_RDCTN_CD            | NUMERIC(3) | NULL | No | No | CLAIM LINE COMPUTER<br>REDUCTION CODE      |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLAIM_LINE_CO<br>MPUTER_REDU7<br>09483 | CHAR(1)    | NULL | No | No | CLAIM LINE COMPUTER<br>REDUCTION INDICATOR |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_MNL<br>_RDCTN_TYPE_C<br>D     | CHAR(1)    | NULL | No | No | CLAIM LINE MANUAL<br>REDUCTION TYPE CODE   |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_MNL<br>_RDCTN_CD              | NUMERIC(3) | NULL | No | No | CLAIM LINE MANUAL<br>REDUCTION CODE        |

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|             |              |         |      |    |    |                     |
|-------------|--------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_MNL | CHAR(1) | NULL | No | No | CLAIM LINE MANUAL   |
| RD_SYSS_MCS | _RDCTN_IND   |         |      |    |    | REDUCTION INDICATOR |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_PRCN | CHAR(1) | NULL | No | No | CLAIM LINE PRICING  |
| RD_SYSS_MCS | G_RDCTN_TYPE_ |         |      |    |    | REDUCTION TYPE CODE |
|             | CD            |         |      |    |    |                     |

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|             |               |            |      |    |    |                    |
|-------------|---------------|------------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_PRCN | NUMERIC(3) | NULL | No | No | CLAIM LINE PRICING |
| RD_SYSS_MCS | G_RDCTN_CD    |            |      |    |    | REDUCTION CODE     |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_PRCN | CHAR(1) | NULL | No | No | CLAIM LINE PRICING  |
| RD_SYSS_MCS | G_RDCTN_IND   |         |      |    |    | REDUCTION INDICATOR |

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|             |               |            |      |    |    |                |
|-------------|---------------|------------|------|----|----|----------------|
| CLM_LINE_SH | CLM_LINE_SSA_ | NUMERIC(3) | NULL | No | No | CLAIM LINE SSA |
| RD_SYSS_MCS | RDCTN_CD      |            |      |    |    | REDUCTION CODE |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_SSA_ | CHAR(1) | NULL | No | No | CLAIM LINE SSA      |
| RD_SYSS_MCS | RDCTN_IND     |         |      |    |    | REDUCTION INDICATOR |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_MU  | CHAR(3) | NULL | No | No | CLAIM LINE MULTIPLE |
| RD_SYSS_MCS | LTIPLE_SURG709 |         |      |    |    | SURGERY REDUCTION   |
|             | 501            |         |      |    |    | CODE                |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_MLTP | CHAR(1) | NULL | No | No | CLAIM LINE MULTIPLE |
| RD_SYSS_MCS | L_SRGRY_IND   |         |      |    |    | SURGERY INDICATOR   |

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|             |               |             |      |    |    |                      |
|-------------|---------------|-------------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_DTL_PRMR  | CHAR(1)     | NULL | No | No | CLAIM DETAIL PRIMARY |
| RD_SYSS_MCS | Y_DGNS_TYPE_C |             |      |    |    | DIAGNOSIS TYPE CODE  |
|             | D             |             |      |    |    |                      |
| CLM_LINE_SH | CLAIM_DETAIL_ | VARCHAR(20) | NULL | No | No | CLAIM DETAIL PRIMARY |
| RD_SYSS_MCS | PRIMARY_DIA70 |             |      |    |    | DIAGNOSIS CODE       |
|             | 9529          |             |      |    |    |                      |
| CLM_LINE_SH | CLM_HDR_DGNS  | CHAR(1)     | NULL | No | No | CLAIM HEADER         |
| RD_SYSS_MCS | _PNTR_1ST_IND |             |      |    |    | DIAGNOSIS POINTER    |
|             |               |             |      |    |    | FIRST INDICATOR      |
| CLM_LINE_SH | CLAIM_HEADER_ | CHAR(1)     | NULL | No | No | CLAIM HEADER         |
| RD_SYSS_MCS | DIAGNOSIS_P70 |             |      |    |    | DIAGNOSIS POINTER    |
|             | 9539          |             |      |    |    | SECOND INDICATOR     |
| CLM_LINE_SH | CLAIM_HEADER_ | CHAR(1)     | NULL | No | No | CLAIM HEADER         |
| RD_SYSS_MCS | DIAGNOSIS_P70 |             |      |    |    | DIAGNOSIS POINTER    |
|             | 9541          |             |      |    |    | THIRD INDICATOR      |

|                            |                                         |              |      |    |    |                                                       |
|----------------------------|-----------------------------------------|--------------|------|----|----|-------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MCS | CLAIM_HEADER_<br>DIAGNOSIS_P70<br>9543  | CHAR(1)      | NULL | No | No | CLAIM HEADER<br>DIAGNOSIS POINTER<br>FOURTH INDICATOR |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_PD_A<br>MT                     | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PAID<br>AMOUNT                             |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_MR_<br>PLCY_1ST_CD             | CHAR(11)     | NULL | No | No | CLAIM LINE MEDICAL<br>REVIEW POLICY FIRST<br>CODE     |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLAIM_LINE_ME<br>DICAL_REVIEW715<br>154 | CHAR(11)     | NULL | No | No | CLAIM LINE MEDICAL<br>REVIEW POLICY SECOND<br>CODE    |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLAIM_LINE_ME<br>DICAL_REVIEW715<br>156 | CHAR(11)     | NULL | No | No | CLAIM LINE MEDICAL<br>REVIEW POLICY THIRD<br>CODE     |



|             |                 |              |      |    |    |                        |
|-------------|-----------------|--------------|------|----|----|------------------------|
| CLM_LINE_SH | CLAIM_LINE_ME   | CHAR(11)     | NULL | No | No | CLAIM LINE MEDICAL     |
| RD_SYSS_MCS | DICAL_REVIEW715 |              |      |    |    | REVIEW POLICY FOURTH   |
|             | 158             |              |      |    |    | CODE                   |
| CLM_LINE_SH | CLM_LINE_LVL_1  | DECIMAL(7,2) | NULL | No | No | CLAIM LINE LEVEL FIRST |
| RD_SYSS_MCS | ST_PRFL_AMT     |              |      |    |    | PROFILE AMOUNT         |
| CLM_LINE_SH | CLM_LINE_LVL_2  | DECIMAL(7,2) | NULL | No | No | CLAIM LINE LEVEL       |
| RD_SYSS_MCS | ND_PRFL_AMT     |              |      |    |    | SECOND PROFILE         |
|             |                 |              |      |    |    | AMOUNT                 |

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|             |                |              |      |    |    |                        |
|-------------|----------------|--------------|------|----|----|------------------------|
| CLM_LINE_SH | CLM_LINE_LVL_3 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE LEVEL THIRD |
| RD_SYSS_MCS | RD_PRFL_AMT    |              |      |    |    | PROFILE AMOUNT         |

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|             |               |            |      |    |    |                     |
|-------------|---------------|------------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_RVU_ | NUMERIC(4) | NULL | No | No | CLAIM LINE RELATIVE |
| RD_SYSS_MCS | AMT           |            |      |    |    | VALUE UNIT AMOUNT   |

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|             |               |              |      |    |    |                 |
|-------------|---------------|--------------|------|----|----|-----------------|
| CLM_LINE_SH | CLM_LINE_HPSA | DECIMAL(7,2) | NULL | No | No | CLAIM LINE HPSA |
| RD_SYSS_MCS | _PYMT_AMT     |              |      |    |    | PAYMENT AMOUNT  |

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|                            |                                         |              |      |    |    |                                                                 |
|----------------------------|-----------------------------------------|--------------|------|----|----|-----------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_SCRC<br>TY_PYMT_AMT            | DECIMAL(7,2) | NULL | No | No | CLAIM LINE SCARCITY<br>PAYMENT AMOUNT                           |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_PRVD<br>R_ORGNL_ALLOW<br>D_AMT | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PROVIDER<br>ORIGINAL ALLOWED<br>AMOUNT               |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_RSND<br>L_AMT                  | DECIMAL(7,2) | NULL | No | No | CLAIM LINE<br>REASONABLE AMOUNT                                 |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_CLM_<br>PRCSG_TMLNS_I<br>NTRS  | DECIMAL(7,2) | NULL | No | No | CLAIM LINE CLAIM<br>PROCESSING<br>TIMELINESS INTEREST<br>AMOUNT |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_PROF<br>NL_CMPNT_AM<br>T       | DECIMAL(7,2) | NULL | No | No | CLAIM LINE<br>PROFESSIONAL<br>COMPONENT AMOUNT                  |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLAIM_LINE_ME<br>DICARE_SECO70<br>9585  | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MSP<br>REDUCTION AMOUNT                              |

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|             |               |              |      |    |    |                |
|-------------|---------------|--------------|------|----|----|----------------|
| CLM_LINE_SH | CLM_LINE_MSP_ | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MSP |
| RD_SYSS_MCS | ALLOWED_AMT   |              |      |    |    | ALLOWED AMOUNT |

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|             |               |              |      |    |    |                |
|-------------|---------------|--------------|------|----|----|----------------|
| CLM_LINE_SH | CLM_LINE_MSP_ | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MSP |
| RD_SYSS_MCS | PAYABLE_AMT   |              |      |    |    | PAYABLE AMOUNT |

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|             |               |              |      |    |    |                      |
|-------------|---------------|--------------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_ENDO | DECIMAL(7,2) | NULL | No | No | CLAIM LINE ENDOSCOPY |
| RD_SYSS_MCS | SCPY_FEE_SCHD |              |      |    |    | FEE SCHEDULE AMOUNT  |
|             | L_AM          |              |      |    |    |                      |

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|                            |                                        |              |      |    |    |                                                 |
|----------------------------|----------------------------------------|--------------|------|----|----|-------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_DEM<br>O_RDCTN_AMT            | DECIMAL(7,2) | NULL | No | No | CLAIM LINE<br>DEMONSTRATION<br>REDUCTION AMOUNT |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLAIM_LINE_CO<br>MPUTER_REDU7<br>09605 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE COMPUTER<br>REDUCTION AMOUNT         |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_MNL<br>_RDCTN_AMT             | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MANUAL<br>REDUCTION AMOUNT           |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_PRCN<br>G_RDCTN_AMT           | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PRICING<br>REDUCTION AMOUNT          |
| CLM_LINE_SH<br>RD_SYSS_MCS | CLM_LINE_SSA_<br>RDCTN_AMT             | DECIMAL(7,2) | NULL | No | No | CLAIM LINE SSA<br>REDUCTION AMOUNT              |

|             |               |              |      |    |    |                     |
|-------------|---------------|--------------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_MLTP | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MULTIPLE |
| RD_SYSS_MCS | L_SRGRY_RDCTN |              |      |    |    | SURGERY REDUCTION   |
|             | _AMT          |              |      |    |    | AMOUNT              |
| CLM_LINE_SH | CLM_LINE_NON  | CHAR(3)      | NULL | No | No | CLAIM LINE NON      |
| RD_SYSS_MCS | _CVRD_MSG_CD  |              |      |    |    | COVERED MESSAGE     |
|             |               |              |      |    |    | CODE                |
| CLM_LINE_SH | CLM_LINE_NON  | NUMERIC(3)   | NULL | No | No | CLAIM LINE NON      |
| RD_SYSS_MCS | _CVRD_AUDT_C  |              |      |    |    | COVERED AUDIT CODE  |
|             | D             |              |      |    |    |                     |

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|             |               |          |      |    |    |                     |
|-------------|---------------|----------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_PRFR | CHAR(10) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | MG_PRVDR_EIN  |          |      |    |    | PERFORMING PROVIDER |
|             | _NUM          |          |      |    |    | EIN NUMBER          |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(1) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PR71   |         |      |    |    | PERFORMING PROVIDER |
|             | 0531           |         |      |    |    | STATUS CODE         |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(2) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PR71   |         |      |    |    | PERFORMING PROVIDER |
|             | 0533           |         |      |    |    | LOCALITY CODE       |

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|             |                |        |      |    |    |                     |
|-------------|----------------|--------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR() | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PR71   |        |      |    |    | PERFORMING PROVIDER |
|             | 0535           |        |      |    |    | ZIP CODE            |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(2) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PR71   |         |      |    |    | PERFORMING PROVIDER |
|             | 3594           |         |      |    |    | TYPE CODE           |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(2) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PR71   |         |      |    |    | PERFORMING PROVIDER |
|             | 3596           |         |      |    |    | SPECIALTY CODE      |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(2) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PR71   |         |      |    |    | PERFORMING PROVIDER |
|             | 3598           |         |      |    |    | PRICING SPECIALTY   |
|             |                |         |      |    |    | CODE                |

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|             |               |              |      |    |    |                   |
|-------------|---------------|--------------|------|----|----|-------------------|
| CLM_LINE_SH | CLM_LINE_PSYC | NUMERIC(7,2) | NULL | No | No | CLAIM LINE        |
| RD_SYSS_MCS | H_DDCTBL_AMT  |              |      |    |    | PSYCHIATRIC       |
|             |               |              |      |    |    | DEDUCTIBLE AMOUNT |

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|             |               |            |      |    |    |                     |
|-------------|---------------|------------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_PT_D | NUMERIC(7) | NULL | No | No | CLAIM LINE PHYSICAL |
| RD_SYSS_MCS | DCTBL_AMT     |            |      |    |    | THERAPY DEDUCTIBLE  |
|             |               |            |      |    |    | AMOUNT              |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_PRCR | CHAR(7) | NULL | No | No | CLAIM LINE PROCEDURE |
| RD_SYSS_MCS | R_CD          |         |      |    |    | CODE                 |

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|             |               |          |      |    |    |                      |
|-------------|---------------|----------|------|----|----|----------------------|
| CLM_LINE_SH | CLM_LINE_RNDR | CHAR(10) | NULL | No | No | CLAIM LINE RENDERING |
| RD_SYSS_MCS | NG_LGCV_PRVD  |          |      |    |    | LEGACY PROVIDER      |
|             | R_NUM         |          |      |    |    | NUMBER               |

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|                                     |                            |            |          |     |     |                                                   |                                  |                                                               |                     |                                                                                                         |
|-------------------------------------|----------------------------|------------|----------|-----|-----|---------------------------------------------------|----------------------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_CNTRCTR_<br>NUM        | CHAR(5)    | NOT NULL | Yes | No  | Claim Contractor<br>Number                        | FSSCIDRP-<br>INTERMEDIARY-<br>NB | Fiscal<br>Intermediary<br>Number<br>assigned by<br>CMS        | IDR-REC-<br>CARRIER |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_XREF<br>_SQNC_NUM | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM LINE CROSS<br>REFERENCE SEQUENCE<br>NUMBER  |                                  |                                                               |                     |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | GEO_BENE_SK                | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey             |                                  |                                                               |                     |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_DT_SGNTR<br>_SK        | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey              |                                  |                                                               |                     |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_TYPE_CD                | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                   |                                  |                                                               |                     |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_NUM_SK                 | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                      |                                  |                                                               |                     |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_NUM               | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                                 | FSSCIDRP-HIPA-<br>5010-SL-NBR    | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR            | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_XREF<br>_ACTV_IND | CHAR(1)    | NULL     | No  | No  | CLAIM LINE CROSS<br>REFERENCE ACTIVE<br>INDICATOR |                                  |                                                               |                     |                                                                                                         |

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|             |              |             |      |    |    |                                       |
|-------------|--------------|-------------|------|----|----|---------------------------------------|
| CLM_LINE_SH | CLM_LINE_ICN | NUMERIC(13) | NULL | No | No | CLAIM LINE INTERNAL<br>CONTROL NUMBER |
| RD_SYSS_MCS |              |             |      |    |    |                                       |
| _XREF       |              |             |      |    |    |                                       |

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|             |               |         |      |    |    |                                          |
|-------------|---------------|---------|------|----|----|------------------------------------------|
| CLM_LINE_SH | CLM_LINE_NCVR | CHAR(3) | NULL | No | No | CLAIM LINE<br>NONCOVERED MESSAGE<br>CODE |
| RD_SYSS_MCS | D_MSG_CD      |         |      |    |    |                                          |
| _XREF       |               |         |      |    |    |                                          |

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|             |               |         |      |    |    |                                        |
|-------------|---------------|---------|------|----|----|----------------------------------------|
| CLM_LINE_SH | CLM_LINE_NCVR | CHAR(3) | NULL | No | No | CLAIM LINE<br>NONCOVERED AUDIT<br>CODE |
| RD_SYSS_MCS | D_AUDT_CD     |         |      |    |    |                                        |
| _XREF       |               |         |      |    |    |                                        |

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|             |               |          |      |    |    |                     |
|-------------|---------------|----------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_PRFR | CHAR(10) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | MG_PRVDR_NU   |          |      |    |    | PERFORMING PROVIDER |
| _XREF       | M             |          |      |    |    | NUMBER              |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(2) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PROV   |         |      |    |    | PERFORMING PROVIDER |
| _XREF       | I293           |         |      |    |    | TYPE CODE           |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(2) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PROV   |         |      |    |    | PERFORMING PROVIDER |
| _XREF       | I296           |         |      |    |    | COUNTY CODE         |

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|-------------|----------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLAIM_LINE_PER | CHAR(2) | NULL | No | No | CLAIM LINE          |
| RD_SYSS_MCS | FORMING_PROV   |         |      |    |    | PERFORMING PROVIDER |
| _XREF       | I299           |         |      |    |    | LOCALITY CODE       |

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|-------------|---------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | CLM_LINE_2ND_ | CHAR(3) | NULL | No | No | CLAIM LINE SECOND |
| RD_SYSS_MCS | EOMB_MSG_CD   |         |      |    |    | EOMB MESSAGE CODE |
| _XREF       |               |         |      |    |    |                   |

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|             |               |             |      |    |    |                                                    |
|-------------|---------------|-------------|------|----|----|----------------------------------------------------|
| CLM_LINE_SH | CLM_LINE_3RD_ | CHAR(3)     | NULL | No | No | CLAIM LINE THIRD<br>EOMB MESSAGE CODE              |
| RD_SYSS_MCS | EOMB_MSG_CD   |             |      |    |    |                                                    |
| _XREF       |               |             |      |    |    |                                                    |
| CLM_LINE_SH | CLM_LINE_DUP_ | NUMERIC(15) | NULL | No | No | CLAIM LINE DUPLICATE<br>INTERNAL CONTROL<br>NUMBER |
| RD_SYSS_MCS | ICN           |             |      |    |    |                                                    |
| _XREF       |               |             |      |    |    |                                                    |
| CLM_LINE_SH | CLM_LINE_DUP_ | NUMERIC(9)  | NULL | No | No | CLAIM LINE DUPLICATE<br>EXTERNAL CHECK<br>NUMBER   |
| RD_SYSS_MCS | EXTRNL_CHK_N  |             |      |    |    |                                                    |
| _XREF       | UM            |             |      |    |    |                                                    |
| CLM_LINE_SH | CLM_LINE_RNDR | CHAR(10)    | NULL | No | No | CLAIM LINE RENDERING<br>PROVIDER NUMBER            |
| RD_SYSS_MCS | NG_PRVDR_NU   |             |      |    |    |                                                    |
| _XREF       | M             |             |      |    |    |                                                    |

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|-------------|---------------|---------|------|----|----|----------------------|
| CLM_LINE_SH | CLAIM_LINE_RE | CHAR(2) | NULL | No | No | CLAIM LINE RENDERING |
| RD_SYSS_MCS | NDERING_PROVI |         |      |    |    | PROVIDER TYPE CODE   |
| _XREF       | D317          |         |      |    |    |                      |

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|-------------|---------------|---------|------|----|----|---------------------|
| CLM_LINE_SH | CLM_LINE_CMPT | CHAR(3) | NULL | No | No | CLAIM LINE COMPUTER |
| RD_SYSS_MCS | R_RDCTN_CD    |         |      |    |    | REDUCTION CODE      |
| _XREF       |               |         |      |    |    |                     |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | CLM_LINE_MNL | CHAR(3) | NULL | No | No | CLAIM LINE MANUAL |
| RD_SYSS_MCS | _RDCTN_CD    |         |      |    |    | REDUCTION CODE    |
| _XREF       |              |         |      |    |    |                   |

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| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_PRCN<br>G_RDCTN_CD           | CHAR(3)    | NULL | No | No | CLAIM LINE PRICING<br>REDUCTION CODE                                    |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_SSA_<br>RDCTN_CD             | CHAR(3)    | NULL | No | No | CLAIM LINE SSA<br>REDUCTION CODE                                        |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_MLTP<br>L_SRGRY_RDCTN<br>_CD | CHAR(3)    | NULL | No | No | CLAIM LINE MULTIPLE<br>SURGERY REDUCTION<br>CODE                        |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_RDCT<br>N_AUDT_CD            | CHAR(3)    | NULL | No | No | CLAIM LINE REDUCTION<br>AUDIT CODE                                      |
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF | CLM_LINE_MDC<br>L_PLCY_AUDT_P<br>RCSG | NUMERIC(3) | NULL | No | No | CLAIM LINE MEDICAL<br>POLICY AUDIT<br>PROCESSING OVERRIDE<br>AUDIT CODE |

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| CLM_LINE_SH | CLAIM_LINE_CO | CHAR(3) | NULL | No | No | CLAIM LINE COMPUTER |
| RD_SYSS_MCS | MPUTER_REDU   |         |      |    |    | REDUCTION MESSAGE   |
| _XREF       | TI341         |         |      |    |    | CODE                |

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|-------------|---------------|---------|------|----|----|--------------------|
| CLM_LINE_SH | CLM_LINE_PRCN | CHAR(3) | NULL | No | No | CLAIM LINE PRICING |
| RD_SYSS_MCS | G_RDCTN_MSG_  |         |      |    |    | REDUCTION MESSAGE  |
| _XREF       | CD            |         |      |    |    | CODE               |

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|-------------|--------------|---------|------|----|----|-------------------|
| CLM_LINE_SH | CLM_LINE_MNL | CHAR(3) | NULL | No | No | CLAIM LINE MANUAL |
| RD_SYSS_MCS | _RDCTN_MSG_C |         |      |    |    | REDUCTION MESSAGE |
| _XREF       | D            |         |      |    |    | CODE              |

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|                                       |                                        |            |          |     |     |                                                      |                                                                                          |                                                                                                                                             |
|---------------------------------------|----------------------------------------|------------|----------|-----|-----|------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_MCS<br>_XREF   | CLM_LINE_ORG<br>NL_RPTING_AUD<br>T_CD  | CHAR(3)    | NULL     | No  | No  | CLAIM LINE ORIGINAL<br>REPORTING AUDIT CODE          |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MST<br>R_PRCDR | GEO_BENE_SK                            | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MST<br>R_PRCDR | CLM_DT_SGNTR<br>_SK                    | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                 |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MST<br>R_PRCDR | CLM_TYPE_CD                            | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                      |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MST<br>R_PRCDR | CLM_NUM_SK                             | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                         |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_MST<br>R_PRCDR | CLM_LINE_NUM                           | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                                    | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR<br>Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines.                         |
| CLM_LINE_SH<br>RD_SYSS_MST<br>R_PRCDR | CLM_LINE_MSTR<br>_PRCDR_REC_O<br>PTN_C | CHAR(2)    | NOT NULL | Yes | No  | CLAIM LINE MASTER<br>PROCEDURE RECORD<br>OPTION CODE |                                                                                          | MPR-OPTION<br>Master<br>Procedure<br>Record (MPR)<br>options used to<br>determine<br>processing and<br>pricing action<br>for a<br>procedure |
| CLM_LINE_SH<br>RD_SYSS_PRC<br>DR_MCS  | CLM_LINE_PRC<br>R_SQNC_NUM             | NUMERIC(2) | NOT NULL | Yes | No  | CLAIM LINE PROCEDURE<br>SEQUENCE NUMBER              |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_PRC<br>DR_MCS  | GEO_BENE_SK                            | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_PRC<br>DR_MCS  | CLM_DT_SGNTR<br>_SK                    | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                 |                                                                                          |                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_PRC<br>DR_MCS  | CLM_TYPE_CD                            | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                      |                                                                                          |                                                                                                                                             |

|                                      |                          |          |          |     |     |                                        |                               |                                                               |          |                                                                                                         |
|--------------------------------------|--------------------------|----------|----------|-----|-----|----------------------------------------|-------------------------------|---------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_PRC<br>DR_MCS | CLM_NUM_SK               | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey           |                               |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_PRC<br>DR_MCS | CLM_LINE_NUM             | INTEGER  | NOT NULL | Yes | Yes | Claim Line Number                      | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |
| CLM_LINE_SH<br>RD_SYSS_PRC<br>DR_MCS | CLM_LINE_PRC<br>R_CD_IND | CHAR(1)  | NULL     | No  | No  | CLAIM LINE PROCEDURE<br>CODE INDICATOR |                               |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_RMR<br>K_VMS  | GEO_BENE_SK              | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey  |                               |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_RMR<br>K_VMS  | CLM_DT_SGNTR<br>_SK      | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey   |                               |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_RMR<br>K_VMS  | CLM_TYPE_CD              | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                        |                               |                                                               |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_RMR<br>K_VMS  | CLM_NUM_SK               | SMALLINT | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey           |                               |                                                               |          |                                                                                                         |

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|----------------------------------------|-----------------------------|------------|----------|-----|-----|-----------------------------------------|-------------------------------|---------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------|
| CLM_LINE_SH<br>RD_SYSS_RMR<br>K_VMS    | CLM_LINE_NUM                | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                       | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR             | Designates the position of the service or item on the claim. A claim has up to 13 lines.   |
| CLM_LINE_SH<br>RD_SYSS_RMR<br>K_VMS    | CLM_LINE_RMR<br>K_CD        | CHAR(5)    | NOT NULL | Yes | No  | CLAIM LINE REMARK<br>CODE               |                               |                                                               | LI-ANSI-RMK-<br>CODE | The value that indicates the ANSI Remark that will appear on the Remittance Advice and MSA |
| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | GEO_BENE_SK                 | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey   |                               |                                                               |                      |                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | CLM_DT_SGNTR<br>_SK         | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey    |                               |                                                               |                      |                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | CLM_TYPE_CD                 | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                         |                               |                                                               |                      |                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | CLM_NUM_SK                  | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey            |                               |                                                               |                      |                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | CLM_LINE_NUM                | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                       | FSSCIDRP-HIPA-<br>5010-SL-NBR | THE INBOUND<br>837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR             | Designates the position of the service or item on the claim. A claim has up to 13 lines.   |
| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | CLM_LINE_UPDT<br>_RULE_NUM  | CHAR(4)    | NOT NULL | Yes | No  | CLAIM LINE UPDATE<br>RULE NUMBER        |                               |                                                               |                      |                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | CLM_LINE_FINCL<br>_SQNC_NUM | NUMERIC(1) | NOT NULL | Yes | Yes | CLAIM LINE FINANCIAL<br>SEQUENCE NUMBER |                               |                                                               |                      |                                                                                            |

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| CLM_LINE_SH<br>RD_SYSS_UPD<br>T_RULE_M | CLM_LINE_SCF_<br>UPDT_RULE_DT | NUMERIC(8) | NULL     | No  | No  | CLAIM LINE UPDATE<br>RULE APPLIED DATE |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_VMS             | GEO_BENE_SK                   | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey  |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_VMS             | CLM_DT_SGNTR<br>_SK           | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey   |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_VMS             | CLM_TYPE_CD                   | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                        |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_VMS             | CLM_NUM_SK                    | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey           |                                                                                          |          |                                                                                                         |
| CLM_LINE_SH<br>RD_SYSS_VMS             | CLM_LINE_NUM                  | INTEGER    | NOT NULL | Yes | Yes | Claim Line Number                      | FSSCIDRP-HIPA- THE INBOUND<br>5010-SL-NBR 837 LX01 SEG<br>LINE ITEM<br>CONTROL<br>NUMBER | LINE-NBR | Designates the<br>position of the<br>service or item<br>on the claim. A<br>claim has up to<br>13 lines. |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_CNM<br>_QCN_BASE_TXT        | CHAR(15)   | NULL | No | Yes | CLAIM LINE CMN<br>QUALITY CONTROL<br>NUMBER BASE TEXT          | IDR-REC-QCN-<br>BASE   | The first 13<br>digits of the<br>Quality Control<br>Number (QCN)<br>consisting of<br>the following<br>information<br>presented in<br>the format<br>CYJJTSSSSL<br>L:<br>• C is the<br>century of<br>creation;<br>specify 0 for<br>19xx or 1 for<br>20xx<br>• YYJJ is the<br>date of<br>creation in<br>Julian (YYJJ)<br>for |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_CMN<br>_QC_NUM_SQN<br>C_NUM | NUMERIC(1) | NULL | No | Yes | CLAIM LINE CMN<br>QUALITY CONTROL<br>NUMBER SEQUENCE<br>NUMBER | IDR-REC-QCN-<br>SEQ-NO | The last two<br>digits of the<br>QCN presented<br>in the following<br>format<br>CYJJTSSSSL<br>L where LL is<br>the level of<br>revision or<br>recertification<br>available:<br>specifically two<br>digits from the<br>range of 00<br>through 99.                                                                          |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRC<br>R_PAY_RATE_CD        | CHAR(01)   | NULL | No | No  | CLAIM LINE PROCEDURE<br>PAY RATE CODE                          | PAY-IND                | This code<br>identifies the<br>rate paid for a<br>procedure. Only<br>values seen are<br>J and 5 – from<br>VMAP<br>MODTABLE                                                                                                                                                                                                |

|                            |                                        |              |      |    |    |                                                                                   |                          |                                                                                                                                   |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRCN<br>G_PRVDR_NSC_<br>NUM   | CHAR(10)     | NULL | No | No | CLAIM LINE PRICING<br>PROVIDER NATIONAL<br>SUPPLIER<br>CLEARINGHOUSE<br>NUMBER    | PRCG-PROV                | This field is the<br>NSC provider<br>number of the<br>provider whose<br>customary<br>charges are<br>used in pricing<br>the claim. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRCN<br>MG_PRVDR_NSC_<br>_NUM | CHAR(10)     | NULL | No | No | CLAIM LINE<br>PERFORMING PROVIDER<br>NATIONAL SUPPLIER<br>CLEARINGHOUSE<br>NUMBER | PERF-PROV                | The NSC<br>provider<br>number of the<br>provider/suppli<br>er performing<br>the procedure<br>or supplying<br>the item.            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_HLTH<br>_CARE_CMN_PR<br>CDR_C | CHAR(05)     | NULL | No | No | CLAIM LINE HEALTH<br>CARE COMMON<br>PROCEDURE CODE                                | HCPCS                    | The procedure<br>code for the<br>action<br>performed or<br>item provided<br>on the claim<br>line.                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_NATL<br>_DRUG_CD_DES<br>C     | CHAR(10)     | NULL | No | No | CLAIM LINE NATIONAL<br>DRUG CODE<br>DESCRIPTION                                   | DMERC-NOC-<br>DESCRIPTOR | Text field<br>usually<br>associated with<br>the NDC code.                                                                         |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_NA<br>TIONAL_DRUG70<br>6578 | CHAR(2)      | NULL | No | No | CLAIM LINE MODIFIER<br>NATIONAL DRUG CODE                                         | DMERC-NDC-<br>MOD        | Modifier for<br>the NDC code.                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRSC<br>RBD_DRUG_DC<br>ML_QTY | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PRESCRIBED<br>DRUG DECIMAL<br>QUANTITY                                 | METRIC-DEC-<br>QTY       | The decimal<br>portion of the<br>metric weight<br>of prescribed<br>drug                                                           |



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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_2ND_<br>ACTN_CD | CHAR(2) | NULL | No | No | CLAIM LINE SECOND<br>ACTION CODE | ACTION-CODE-<br>2 | A two digit field<br>linked to<br>messages that<br>will be<br>displayed on<br>the MSN<br>(Medicare<br>Summary<br>Notice) and/or<br>RA (Remittance<br>Advice) that<br>explains how a<br>claim line was<br>paid. Default =<br>spaces<br>Listed in VMS<br>manuals<br>There are<br>several action<br>codes on a<br>claim. 18 a |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_HLD_<br>ACTN_CD | CHAR(2) | NULL | No | No | CLAIM LINE HOLD<br>ACTION CODE | HOLD-ACTION-<br>CODE | A two digit field<br>linked to<br>messages that<br>will be<br>displayed on<br>the MSN<br>(Medicare<br>Summary<br>Notice) and/or<br>RA (Remittance<br>Advice) that<br>explains how a<br>claim line was<br>paid. Default =<br>spaces<br>Listed in VMS<br>manuals<br>Same set of<br>values as<br>previous. Hold<br>is for a w |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_1ST_<br>ACTN_CD               | CHAR(2)  | NULL | No | No | CLAIM LINE FIRST<br>ACTION CODE                         | ACTION-CODE   | A two digit field<br>linked to<br>messages that<br>will be<br>displayed on<br>the MSN<br>(Medicare<br>Summary<br>Notice) and/or<br>RA (Remittance<br>Advice) that<br>explains how a<br>claim line was<br>paid. Default =<br>spaces<br>Listed in VMS<br>manuals<br>Defined by<br>VMS for use by<br>the DME MACs<br>and is t |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_DGNS_<br>_CD                  | CHAR(7)  | NULL | No | No | CLAIM LINE DIAGNOSIS<br>CODE                            | DIAGNOSIS     | The health<br>condition for<br>which the<br>beneficiary is<br><del>being treated</del>                                                                                                                                                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_HDR_<br>DGNS_LINE_RFR<br>NC_N | CHAR(2)  | NULL | No | No | CLAIM LINE HEADER<br>DIAGNOSIS LINE<br>REFERENCE NUMBER | DIAG-REF-NBR  | This is a line<br>level indicator<br>referring to a<br>diagnosis in<br>the claim<br>header.                                                                                                                                                                                                                                |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRCN_<br>G_SUPLR_NPI_N<br>UM  | CHAR(10) | NULL | No | No | CLAIM LINE PRICING<br>SUPPLIER NPI NUMBER               | PRCG-PHYS-NPI | The National<br>Provider<br>Identifier (NPI)<br>for the<br>physician/suppl<br>ier who<br>provided the<br>service/item                                                                                                                                                                                                      |

|                            |                                   |          |      |    |    |                                                   |                          |                                                                                                                                                                                                                                                                                                                            |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_CMN<br>_DMERC_QC_N<br>UM | CHAR(15) | NULL | No | No | CLAIM LINE CMN<br>DMERC QUALITY<br>CONTROL NUMBER | DMERC-CMN-<br>QCN        | The first 13<br>digits of the<br>Quality Control<br>Number (QCN)<br>consisting of<br>the following<br>information<br>presented in<br>the format<br>CYJJTSSSSSL<br>L:<br>• C is the<br>century of<br>creation;<br>specify 0 for<br>19xx or 1 for<br>20xx<br>• YYJJ is the<br>date of<br>creation in<br>Julian (YYJJ)<br>for |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_EDIT_<br>STUS_SW         | CHAR(01) | NULL | No | No | CLAIM LINE EDIT STATUS<br>SWITCH                  | LI-STATUS                | Indicates<br>whether an edit<br>has fired for<br>the claim line<br>and the type of<br>edit that fired.<br>This field is<br>used during the<br>online claim<br>edit process<br>within VMS to<br>indicate the<br>level of edits<br>that have been<br>encountered.<br>This field<br>should not be<br>populated on<br>th       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRCN<br>G_MTHD_CD        | CHAR(01) | NULL | No | No | CLAIM LINE PRICING<br>METHOD CODE                 | LI-PRE-PRICED-<br>STATUS | This field<br>indicates the<br>method of how<br>the claim line<br>was priced.                                                                                                                                                                                                                                              |

|                            |                                        |            |      |    |    |                                                               |                       |                                                                                                                                                                  |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRC<br>R_PRICE_MDFR_CD        | CHAR(13)   | NULL | No | No | CLAIM LINE PROCEDURE<br>PRICE MODIFIER CODE                   | REPRICE-PROC          | Procedure code and modifiers the system is using for downcoding.                                                                                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVS<br>LY_SBM TD_ICN         | CHAR(15)   | NULL | No | No | CLAIM LINE PREVIOUSLY<br>SUBMITTED INTERNAL<br>CONTROL NUMBER | DUP-ICN               | The item has previously been submitted. This is the ICN (Internal Control Number) of the claim that has already been submitted that contains the duplicate item. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_PRE<br>VIOUSLY_SU706<br>606 | DECIMAL(3) | NULL | No | No | CLAIM LINE PREVIOUSLY<br>SUBMITTED LINE<br>NUMBER             | DUP-LINE              | The line number that the duplicate item appears on                                                                                                               |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_CMN<br>_SUPLR_MATCH<br>_SW    | CHAR(1)    | NULL | No | No | CLAIM LINE CMN<br>SUPPLIER MATCH<br>SWITCH                    | DME-SUPLRS-<br>DIFFER | Indicates whether the supplier name on the DMERC Certificate for Medical Necessity (CMN) matches the supplier name on the claim.                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_SSN                 | CHAR(9)    | NULL | No | No | CLAIM LINE PROVIDER<br>SOCIAL SECURITY<br>NUMBER              | PROV-SSN-NBR          | Provider Social Security Number.                                                                                                                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRC<br>R_PRCNG_AREA<br>_CD    | CHAR(2)    | NULL | No | No | CLAIM LINE PROCEDURE<br>PRICING AREA CODE                     | PRICING-AREA          | This field indicates the geographic pricing area where the procedure was performed. Spaces (was used in MEDB)                                                    |

|                            |                                        |          |      |    |    |                                                        |                   |                                                                                                                                                                                                                                   |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRCN<br>G_PRVDR_SPCLT<br>Y_CD | CHAR(2)  | NULL | No | No | CLAIM LINE PRICING<br>PROVIDER SPECIALTY<br>CODE       | PRICING-SPEC      | The specialty of a provider/supplier used for pricing a claim. The PRICING-SPEC and PROV-AREA are the same. This field captures the primary specialty of the supplier (PRCG-PROV or PERF-PROV). The values are controlled by CMS. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MSN<br>_PRVDR_NAME            | CHAR(14) | NULL | No | No | CLAIM LINE MEDICARE<br>SUMMARY NOTICE<br>PROVIDER NAME | EOB-NAME          | Provider name appearing on the Medicare Summary Notice (MSN).                                                                                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_SPCLTY_CD           | CHAR(2)  | NULL | No | No | CLAIM LINE PROVIDER<br>SPECIALTY CODE                  | PROV-SPEC         | The specialty of a provider/supplier used for pricing a claim. The PRICING-SPEC and PROV-AREA are the same. This field captures the primary specialty of the supplier. The values are controlled by CMS.                          |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_GEO_<br>AREA_CD               | CHAR(2)  | NULL | No | No | CLAIM LINE<br>GEOGRAPHIC AREA<br>CODE                  | PROV-AREA         | Indicates the geographic area where the procedure was performed. Spaces (was used in MEDB)                                                                                                                                        |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_ZIP_CD              | CHAR(9)  | NULL | No | No | CLAIM LINE PROVIDER<br>ZIP CODE                        | PROV-ZIP-<br>CODE | Nine digit Provider/Supplier zip code.                                                                                                                                                                                            |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVS<br>_CMN_QC_NUM           | CHAR(15) | NULL | No | No | CLAIM LINE PREVIOUS<br>CMN QUALITY CONTROL<br>NUMBER              | DMERC-QCN-<br>PREV   | This is the<br>previous Query<br>Control<br>Number (QCN)<br>on the DMERC<br>Certificate of<br>Medical<br>Necessity<br>(CMN).     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_PER<br>FORMING_PR70<br>6626 | CHAR(2)  | NULL | No | No | CLAIM LINE<br>PERFORMING PROVIDER<br>SPECIALTY CODE               | PERF-PROV-<br>SPEC   | Performing<br>provider<br>specialty code.                                                                                        |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRC<br>D_NATL_CMPTV<br>_BID   | CHAR(3)  | NULL | No | No | CLAIM LINE PROCEDURE<br>NATIONAL COMPETITIVE<br>BID CATEGORY CODE | CBA-CATEGORY         | The National<br>Competitive<br>Bid category in<br>with which the<br>procedure code<br>is associated.                             |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_UR_E<br>RR_CD                 | CHAR(3)  | NULL | No | No | CLAIM LINE UTILIZATION<br>REVIEW ERROR CODE                       | UR-ERROR-<br>CODE    | The review<br>error code used<br>for Utilization<br>Review (UR).                                                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_UTI<br>LIZATION_R7066<br>32 | CHAR(1)  | NULL | No | No | CLAIM LINE UTILIZATION<br>REVIEW ERROR TYPE<br>CODE               | UR-ERROR-<br>TYPE    | The type of<br>Utilization/Revi<br>ew (UR) error<br>that occurred.                                                               |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_UTI<br>LIZATION_R7066<br>34 | CHAR(3)  | NULL | No | No | CLAIM LINE UTILIZATION<br>REVIEW CASE NUMBER                      | UR-SCREEN-<br>NUMBER | The case or file<br>number used<br>for the<br>utilization<br>review                                                              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ORG<br>NL_SRVC_FROM<br>_DT    | CHAR(7)  | NULL | No | No | CLAIM LINE ORIGINAL<br>SERVICE FROM DATE                          | ORIG-FROM-DT         | The first date<br>the service was<br>performed or<br>the date the<br>supply was<br>acquired.                                     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_WRKL<br>D_CTGRY_CD            | CHAR(2)  | NULL | No | No | CLAIM LINE WORKLOAD<br>CATEGORY CODE                              | WRKLD-CAT            | The category in<br>which claim is<br>reported on the<br>CMS 1565<br>Workload<br>Report -10, 11,<br>12, 13, 14, 15,<br>16, 17, 18 |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_TIME<br>_SUPPLY_NEED_A<br>MT  | DECIMAL(3) | NULL | No | No | CLAIM LINE TIME<br>SUPPLY NEED AMOUNT                  | LI-MED-NECESS          | This field indicates the length of time the supply is considered a medical necessity.                                                                               |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MR_<br>PLCY_SCRN_NUM          | CHAR(3)    | NULL | No | No | CLAIM LINE MEDICAL<br>REVIEW POLICY SCREEN<br>NUMBER   | RB-SCREEN-<br>NUMBER   | The number assigned to a medical review policy for rebundling.                                                                                                      |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_CMN_<br>_GRID_SCRN_NUM        | CHAR(3)    | NULL | No | No | CLAIM LINE CMN GRID<br>SCREEN NUMBER                   | CMN-GRID-<br>SCREEN    | This indicates the screen number from the grid review.                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_PER<br>FORMING_PR70<br>6652 | CHAR(25)   | NULL | No | No | CLAIM LINE<br>PERFORMING PROVIDER<br>NAME              | PERF-PROV-<br>NAME     | The name of the provider/supplier that performed the procedure or provided the supply.                                                                              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_RSET<br>_INITL_ALOWD_<br>AMT  | CHAR(1)    | NULL | No | No | CLAIM LINE RESET<br>INITIAL ALLOWED<br>AMOUNT SWITCH   | RESET-INIT-<br>ALLOWED | Tells the system whether to reset the initial allowed amount when a line is reduced or denied after the claim has been returned from the Common Working File (CWF). |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_REBU<br>NDLING_MTCHG<br>_PRCD | CHAR(9)    | NULL | No | No | CLAIM LINE<br>REBUNDLING<br>MATCHING PROCEDURE<br>CODE | RBN-PROC-<br>CODE      | The matching procedure code in a rebundling code pair.                                                                                                              |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRCN<br>G_GRP_CD              | CHAR(2)    | NULL | No | No | CLAIM LINE PRICING<br>GROUP CODE                                      | PRICING-FY            | Identifier for the pricing bucket used for pricing. Pricing bucket - The table occurrences for the fee schedules. CMS releases new fee schedules with specific effective time frames. The fees are stored in tables. The FY equals the subscript from the table |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRCN<br>G_YR_OPTN_CD          | CHAR(2)    | NULL | No | No | CLAIM LINE PRICING<br>YEAR OPTION CODE                                | PRICING-YR-<br>OPTION | The pricing option used. The pricing option from the PRICNGYR table associated with the HCPCS based on the type of pricing (which fee schedule)                                                                                                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ANSI<br>_LINE_NUM             | DECIMAL(4) | NULL | No | No | CLAIM LINE ANSI LINE<br>NUMBER                                        | ANSI-LI-NBR           | The ANSI Line Number on the store and forward files.                                                                                                                                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ADV<br>NC_BENE_NTC_X<br>REF_N | DECIMAL(2) | NULL | No | No | CLAIM LINE ADVANCE<br>BENEFICIARY NOTICE<br>CROSS REFERENCE<br>NUMBER | INFO-LN-XREF          | The line number associated with the other half of the ABN code pair.                                                                                                                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ORG<br>NL_PRCDR_CD            | CHAR(5)    | NULL | No | No | CLAIM LINE ORIGINAL<br>PROCEDURE CODE                                 | ORIG-<br>PROCEDURE    | The original procedure/supply code.                                                                                                                                                                                                                             |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ORG<br>NL_NATL_DRUG<br>_CD    | CHAR(11)   | NULL | No | No | CLAIM LINE ORIGINAL<br>NATIONAL DRUG CODE                             | ORIG-NDC-<br>CODE     | The original NDC (National Drug Code) code submitted electronically.                                                                                                                                                                                            |



|                            |                                          |                      |      |    |    |                                                                      |                          |                                                                                                                    |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_NA<br>TIONAL_DRUG70 )<br>6672 | DECIMAL(15,6<br>NULL | NULL | No | No | CLAIM LINE NATIONAL<br>DRUG CODE UNIT<br>CONVERSION FACTOR<br>NUMBER | NDC-HCPCS-CF             | NDC units<br>conversion<br>factor.                                                                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_DUP_<br>CARR_CWF_ERR<br>_CD     | CHAR(5)<br>NULL      | NULL | No | No | CLAIM LINE DUPLICATE<br>CARRIER CWF ERROR<br>CODE                    | DUPE-CARRIER             | Carrier<br>associated with<br>CWF error<br>7282. No<br>longer used for<br>DMAC.                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_PER<br>FORMING_PR70<br>6676   | CHAR(10)<br>NULL     | NULL | No | No | CLAIM LINE<br>PERFORMING PROVIDER<br>NPI NUMBER                      | PERF-PROV-NPI            | The NPI<br>number for the<br>provider/suppli<br>er who<br>performed/pro<br>vided the<br>procedure/sup<br>ply.      |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MDC<br>LLY_UNLIKELY_E<br>DIT    | DECIMAL(5)<br>NULL   | NULL | No | No | CLAIM LINE MEDICALLY<br>UNLIKELY EDIT SERVICES<br>COUNT              | MUE                      | Number of<br>services<br>associated with<br>an Medically<br>Unlikely Edit<br>(MUE).                                |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_NATL<br>_CMPTV_BID_19<br>0161   | CHAR(3)<br>NULL      | NULL | No | No | CLAIM LINE NATIONAL<br>COMPETITIVE BID<br>CATEGORY CODE              | CBA-SEC-<br>CATEGORY     | National<br>Competitive<br>Bid category<br>associated with<br>a downcoded<br>procedure.                            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_NATL<br>_CMPTV_BID_SU<br>PLR    | CHAR(3)<br>NULL      | NULL | No | No | CLAIM LINE NATIONAL<br>COMPETITIVE BID<br>SUPPLIER CATEGORY<br>CODE  | CBA-SUPPL-<br>CATEGORY   | National<br>Competitive<br>Bid supplier<br>category.                                                               |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ORDR<br>_WRTN_DT                | NUMERIC(7)<br>NULL   | NULL | No | No | CLAIM LINE ORDER<br>WRITTEN DATE                                     | ORDER-<br>WRITTEN-DATE   | Date the<br>Referring<br>Physician<br>ordered the<br>item                                                          |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_RCRT<br>FCTN_STRT_DT            | CHAR(7)<br>NULL      | NULL | No | No | CLAIM LINE<br>RECERTIFICATION START<br>DATE                          | LI-START-<br>RECERT-DATE | The start date<br>for the<br>recertification<br>of a Certificate<br>of Medical<br>Necessity<br>(CMN) for<br>DMERC. |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ENT_<br>ACTN_REC_TYPE<br>_CD  | DECIMAL(1) | NULL | No | No | CLAIM LINE ENTITY<br>ACTION RECORD TYPE<br>CODE           | EAR-SUB            | Indicates the<br>type of Entity<br>Action Record<br>(EAR) that the<br>claim line<br>edited against              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_EN<br>TITY_ACTION706<br>696 | CHAR(2)    | NULL | No | No | CLAIM LINE ENTITY<br>ACTION RECORD ACTION<br>CODE         | EAR-ACTION         | The action to<br>be taken by the<br>system when<br>the claim hits<br>an Entity Action<br>Record (EAR).          |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_EN<br>TITY_ACTON_70<br>6698 | CHAR(3)    | NULL | No | No | CLAIM LINE ENTITY<br>ACTION RECORD ERROR<br>NUMBER        | EAR-ERR-NUM        | The error<br>number for<br>Entity Action<br>Record (EAR)<br>errors                                              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_EN<br>TITY_ACTON_70<br>6700 | DECIMAL(5) | NULL | No | No | CLAIM LINE ENTITY<br>FIRST ACTION RECORD<br>TYPE CODE     | EAR-SEQ(1)         | This field<br>denotes the<br>type of Entity<br>Action Record<br>(EAR) that the<br>claim line<br>edited against. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ENT_<br>ACTON_REC_T19<br>0675 | DECIMAL(5) | NULL | No | No | CLAIM LINE ENTITY<br>SECOND ACTION<br>RECORD TYPE CODE    | EAR-SEQ(2)         | This field<br>denotes the<br>type of Entity<br>Action Record<br>(EAR) that the<br>claim line<br>edited against. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_1ST_<br>PRCDR_MDFR_T<br>YPE_I | CHAR(1)    | NULL | No | No | CLAIM LINE FIRST<br>PROCEDURE MODIFIER<br>TYPE INDICATOR  | HCPCS-MF1-<br>FLAG | Indicates the<br>type of<br>modifier used<br>on the<br>procedure                                                |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_2ND_<br>PRCDR_MDFR_T<br>YPE_I | CHAR(1)    | NULL | No | No | CLAIM LINE SECOND<br>PROCEDURE MODIFIER<br>TYPE INDICATOR | HCPCS-MF2-<br>FLAG | Indicates the<br>type of<br>modifier used<br>on the<br>procedure                                                |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_3RD_<br>PRCDR_MDFR_T<br>YPE_I | CHAR(1)    | NULL | No | No | CLAIM LINE THIRD<br>PROCEDURE MODIFIER<br>TYPE INDICATOR  | HCPCS-MF3-<br>FLAG | Indicates the<br>type of<br>modifier used<br>on the<br>procedure                                                |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_4TH_<br>PRCDR_MDFR_T<br>YPE_I | CHAR(1)    | NULL | No | No | CLAIM LINE FOURTH<br>PROCEDURE MODIFIER<br>TYPE INDICATOR | HCPCS-MF4-<br>FLAG | Indicates the<br>type of<br>modifier used<br>on the<br>procedure                                                |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_1ST_<br>ATMTD_DVLPMT  | CHAR(3)<br>_SYS  | NULL | No | No | CLAIM LINE FIRST<br>AUTOMATED<br>DEVELOPMENT SYSTEM<br>MESSAGE NUMBER | LINE-ADS-MSG                    | This is the ADS<br>(Automated<br>Development<br>System)<br>message<br>number that<br>will be included<br>in the ADS<br>letter.                                                                                                                                                                                       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_FIR<br>ST_AUTOMAT70 | CHAR(3)<br>6728  | NULL | No | No | CLAIM LINE FIRST<br>AUTOMATED<br>DEVELOPMENT SYSTEM<br>REQUEST CODE   | ADS-LINE-<br>REQUEST-CODE       | This is the ADS<br>(Automated<br>Development<br>System)<br>message<br>number that<br>will be included<br>in the ADS<br>letter.                                                                                                                                                                                       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_2ND_<br>ATMTD_DVLPMT  | CHAR(3)<br>_SYS  | NULL | No | No | CLAIM LINE SECOND<br>AUTOMATED<br>DEVELOPMENT SYSTEM<br>REQUEST CODE  | ADS-LINE-<br>REQUEST-CODE<br>-2 | This is the ADS<br>(Automated<br>Development<br>System)<br>message<br>number that<br>will be included<br>in the ADS<br>letter.                                                                                                                                                                                       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_AD<br>VANCED_BENE7  | CHAR(1)<br>06812 | NULL | No | No | CLAIM LINE ADVANCE<br>BENEFICIARY NOTICE<br>LINE INDICATOR            | INFO-LN-IND                     | ABN lines are<br>identified as<br>ABN code pairs.<br>One line<br>represents the<br>upgraded item<br>and the other<br>line represents<br>the prescribed<br>item. This field<br>and the INFO-<br>LN-XREF field<br>define these<br>ABN code pairs.<br>This field<br>indicates<br>whether the<br>procedure/sup<br>ply on |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_BUN<br>DLING_ON_CHK<br>_IND   | CHAR(1) | NULL | No | No | CLAIM LINE BUNDLING<br>ON CHECK INDICATOR                                    | SUMMARY-CHK-<br>IND | Denotes how<br>remittances are<br>to be bundled<br>together for<br>creation of<br>benefit checks.                                                                                                                                                                  |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_DEM<br>O_IND                  | CHAR(1) | NULL | No | No | CLAIM LINE<br>DEMONSTRATION<br>INDICATOR                                     | LINE-DEMO-<br>IND   | Indicates if the<br>beneficiary is<br>involved in a<br>CMS<br>demonstration.<br>B, E - Center of<br>Excellence<br>P – Partners<br>Y - Choices<br>R - ESRD. There<br>are no current<br>DME demos.<br>CMS develops<br>the criteria and<br>the areas for<br>each demo |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_DWN<br>CDD_IND                | CHAR(1) | NULL | No | No | CLAIM LINE<br>DOWNCODED<br>INDICATOR                                         | DOWNCODE-<br>IND    | Indicates that<br>the claim line<br>was<br>downcoded.                                                                                                                                                                                                              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_FEE_<br>ORGNTN_IND            | CHAR(1) | NULL | No | No | CLAIM LINE FEE<br>ORINATION<br>INDICATOR                                     | RC-ORIGIN-<br>FLAG  | Indicates<br>where the fee<br>used in<br>determining<br>payment<br>originated                                                                                                                                                                                      |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ADDT<br>NL_ADVNC_BEN<br>E_NTC | CHAR(1) | NULL | No | No | CLAIM LINE ADDITIONAL<br>ADVANCE BENEFICIARY<br>NOTICE MODIFIER<br>INDICATOR | ABN-IND             | This field<br>represents<br>additional ABN<br>modifiers that<br>could not fit on<br>the procedure<br>codes.                                                                                                                                                        |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_SPCL<br>_PYMT_IND_ENT<br>RY_C | CHAR(1) | NULL | No | No | CLAIM LINE SPECIAL<br>PAYMENT INDICATOR<br>ENTRY CODE                                       | LI-SPI-ENTERED         | The Special<br>Payment<br>Indicator (SPI)<br>denotes the<br>payment rate<br>for each<br>procedure/sup<br>ply. If the SPI<br>on the line has<br>been retrieved<br>from the VMAP<br>parameter<br>table, this field<br>is set to '1' by<br>the system. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_CMPT<br>V_BID_GRNDFT<br>HR_IN | CHAR(1) | NULL | No | No | CLAIM LINE<br>COMPETITIVE BID<br>GRANDFATHER<br>INDICATOR                                   | GRANDFATHER-<br>IND    | This field<br>indicates<br>"grand<br>fathering" used<br>in the<br>Competitive<br>Bid program.                                                                                                                                                       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_DU<br>RABLE_MEDIC70<br>6828 | CHAR(1) | NULL | No | No | CLAIM LINE DURABLE<br>MEDICAL EQUIPMENT<br>REGIONAL CARRIER<br>TEAM PROCESSING<br>INDICATOR | TEAM-IND-LINE          | This field is a<br>special<br>indicator for<br>Durable<br>Medical<br>Equipment<br>Carrier<br>(DMERC) team<br>processing.                                                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_HCPC<br>S_TYPE_IND            | CHAR(1) | NULL | No | No | CLAIM LINE<br>HEALTHCARE COMMON<br>PROCEDURE CODING<br>SYSTEM TYPE<br>INDICATOR             | HCPCS-TYPE             | Type of HCPCS<br>entered.                                                                                                                                                                                                                           |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_INITL<br>_ALOWD_AMT_I<br>ND   | CHAR(1) | NULL | No | No | CLAIM LINE INITIAL<br>ALLOWED AMOUNT<br>INDICATOR                                           | INIT-ALLOW-<br>IND     | Designates the<br>allowed<br>amount is the<br>initial allowed<br>amount.                                                                                                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MSP_<br>PRMRY_SRC_IN<br>D     | CHAR(1) | NULL | No | No | CLAIM LINE MSP<br>PRIMARY SOURCE<br>INDICATOR                                               | MSP-PRIMARY-<br>SOURCE | This is the<br>source of the<br>previous two<br>MSP fields.                                                                                                                                                                                         |

|                            |                                                |      |    |    |                                                                   |                                |                                                                                                                                                    |
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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MSP_ CHAR(1)<br>TYPE_IND              | NULL | No | No | CLAIM LINE MSP TYPE<br>INDICATOR                                  | LI-MSPPAY-<br>TYPE             | Indicates<br>whether<br>Medicare is<br>primary or<br>secondary<br>payer for a<br>Medicare<br>Secondary<br>Payer (MSP)                              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_PER CHAR(1)<br>FORMING_PR70<br>6838 | NULL | No | No | CLAIM LINE<br>PERFORMING PROVIDER<br>REFORMAT INDICATOR           | PERF-PROV-<br>REFORMAT-<br>IND | This field tells<br>how the name<br>was<br>reformatted.                                                                                            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PI_M CHAR(1)<br>GMT_ACTN_IND          | NULL | No | No | CLAIM LINE PROGRAM<br>INTEGRITY<br>MANAGEMENT ACTION<br>INDICATOR | AUDIT-REC-IND                  | Indicates the<br>activity taken<br>on a claim line<br>during a<br>medical review<br>for Program<br>Integrity<br>Management<br>Reporting<br>(PIMR). |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_QUER CHAR(1)<br>Y_CNTL_NUM_O<br>RGN_I | NULL | No | No | CLAIM LINE QUERY<br>CONTROL NUMBER<br>ORIGIN INDICATOR            | QCN-ORIGIN-<br>IND             | Indicates how<br>the Query<br>Control<br>Number (QCN)<br>was selected<br>for the<br>Certificate of<br>Medical<br>Necessity.                        |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_TOS_ CHAR(1)<br>FOR_PRCNG_PR<br>CDR_I | NULL | No | No | CLAIM LINE TYPE OF<br>SERVICE FOR PRICING<br>PROCEDURE INDICATOR  | REPR-PROC-<br>TYPE             | Type of service<br>for the reprice<br>procedure or<br>supply.                                                                                      |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_SUPL CHAR(1)<br>R_CMPTV_BID_S<br>TUS  | NULL | No | No | CLAIM LINE SUPPLIER<br>COMPETITIVE BID<br>STATUS INDICATOR        | MSA-PRICING-<br>IND            | This field shows<br>the supplier<br>Competitive<br>Bid contract<br>status                                                                          |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_SUPL CHAR(1)<br>R_NPI_VLD_VAL<br>_IND | NULL | No | No | CLAIM LINE SUPPLIER<br>NPI VALID VALUE<br>INDICATOR               | LINE-<br>PLACEHOLDER-<br>NPI   | Indicates<br>whether the<br>supplier NPI on<br>the claim is a<br>valid<br>placeholder<br>value.                                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_SUPL CHAR(1)<br>R_ERR_IND             | NULL | No | No | CLAIM LINE SUPPLIER<br>ERROR INDICATOR                            | DOC-SUPF-ERR-<br>IND           | Set when a<br>supplier error is<br>encountered.                                                                                                    |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_RVW<br>_IND                     | CHAR(01)     | NULL | No | No | CLAIM LINE REVIEW<br>INDICATOR                                      | LINE-REVIEW               | Indicator<br>showing that<br>the claim line<br>has been<br>reviewed for<br>certain edits.                                                                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_ALLOWED_AMT<br>_PRE_O | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PROVIDER<br>ALLOWED AMOUNT PRE<br>OFFSET AMOUNT          | LI-BUDS-<br>ALLOWED-AMT   | The amount<br>that Medicare<br>will allow the<br>provider/suppli<br>er to charge for<br>the procedure.<br>This is the<br>amount prior<br>to any<br>deductions or<br>offsets. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_DME<br>_PURC_PRICE_A<br>MT      | DECIMAL(7,2) | NULL | No | No | CLAIM LINE DURABLE<br>MEDICAL EQUIPMENT<br>PURCHASE PRICE<br>AMOUNT | LI-CERT-PURCH-<br>PRICE   | The purchase<br>price of the<br>supply.                                                                                                                                      |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_BENE<br>_ESTMTD_PYMT<br>_AMT    | DECIMAL(7,2) | NULL | No | No | CLAIM LINE<br>BENEFICIARY<br>ESTIMATED PAYMENT<br>AMOUNT            | CWF-EST-BENE-<br>PAYMENT  | The claim line<br>level estimated<br>payment to the<br>beneficiary<br>which is sent to<br>CWF.                                                                               |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_ESTMTD_PYM<br>T_AMT   | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PROVIDER<br>ESTIMATED PAYMENT<br>AMOUNT                  | CWF-EST-PROV-<br>PAYMENT  | The claim line<br>level estimated<br>payment to the<br>provider which<br>is sent to CWF.                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_BENE<br>_PRVSLY_PYMT_<br>AMT    | DECIMAL(7,2) | NULL | No | No | CLAIM LINE<br>BENEFICIARY<br>PREVIOUSLY PAYMENT<br>AMOUNT           | LI-PREV-AMT-<br>PAID-BENE | The previous<br>amount paid to<br>the Beneficiary<br>by Medicare<br>for the<br>treatment or<br>supplies listed<br>on the claim<br>line.                                      |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_PRVSLY_PYMT<br>_AMT   | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PROVIDER<br>PREVIOUSLY PAYMENT<br>AMOUNT                 | LI-PREV-AMT-<br>PAID-PROV | The previous<br>amount paid to<br>the Provider by<br>Medicare for<br>the treatment<br>or supplies<br>listed on the<br>claim line.                                            |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_TEMP<br>_RSNBL_CHRG_<br>AMT   | DECIMAL(7,2) | NULL | No | No | CLAIM LINE TEMPORARY<br>REASONABLE CHARGE<br>AMOUNT                 | WORK-RC-CHG-<br>AMT     | Temporary<br>reasonable<br>charge amount<br>calculated<br>within the<br>system.                                                   |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_DU<br>RABLE_MEDIC70<br>6870 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE DURABLE<br>MEDICAL EQUIPMENT<br>MEDICARE PRICE<br>AMOUNT | DME-CR-FEE              | The dollar<br>amount used in<br>pricing the<br>supply for<br>Medicare                                                             |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_EN<br>TITY_ACTON_70<br>6872 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE ENTITY<br>ACTION RECORD<br>SAVINGS AMOUNT                | EAR-SAVINGS             | Amount of<br>savings realized<br>by the<br>utilization of<br>the Entity<br>Action Record<br>(EAR) process                         |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_ME<br>DICARE_SECO70<br>6876 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MSP<br>PRIMARY ALLOWED<br>AMOUNT                         | MSP-PRIMARY-<br>ALLOWED | The line<br>amount the<br>primary<br>insurance<br>allowed when<br>Medicare is the<br>secondary<br>payer                           |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_ME<br>DICARE_SECO70<br>6878 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MSP<br>PRIMARY PAYMENT<br>AMOUNT                         | MSP-PRIMARY-<br>PAID    | The line<br>amount the<br>primary<br>insurance paid<br>when Medicare<br>is the<br>secondary<br>payer                              |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MSP_<br>OBLIGATED_T19<br>1875 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE MSP<br>OBLIGATION TO ACCEPT<br>AS FULL AMOUNT            | MSP-OTA-<br>AMOUNT      | The claim line<br>amount that<br>the primary<br>payer is<br>contracted to<br>accept for the<br>procedure or<br>supply<br>provided |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_ME<br>DICARE_SECO70<br>6882 | CHAR(1)      | NULL | No | No | CLAIM LINE MSP<br>AMOUNT                                            | MSP-AMT-IND             | Indicates which<br>MSP amount<br>fields should be<br>sent to MSP<br>Pay.                                                          |



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| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_BE<br>NEFICIARY_E706<br>884 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE<br>BENEFICIARY<br>ESTIMATED INTEREST<br>AMOUNT  | CWF-EST-<br>INTEREST-AMT-<br>BENE | Estimated<br>amount of<br>Claim<br>Processing<br>Timeliness<br>(CPT) interest<br>paid to the<br>beneficiary due<br>to late<br>processing of<br>claim which is<br>sent to CWF.        |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_PR<br>OVIDER_ESTI706<br>886 | DECIMAL(7,2) | NULL | No | No | CLAIM LINE PROVIDER<br>ESTIMATED INTEREST<br>AMOUNT        | CWF-EST-<br>INTEREST-AMT-<br>PROV | Estimated<br>amount of<br>Claim<br>Processing<br>Timeliness<br>(CPT) interest<br>paid to the<br>provider/suppli<br>er due to late<br>processing of<br>claim which is<br>sent to CWF. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MNL<br>_RVW_SW                | CHAR(1)      | NULL | No | No | CLAIM LINE MANUAL<br>REVIEW SWITCH                         | AUTO-REVIEW-<br>IND               | Indicates<br>whether an MR<br>(Manual<br>Review) edit<br>has fired                                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PROF<br>NL_RVW_ORG_S<br>W     | CHAR(1)      | NULL | No | No | CLAIM LINE<br>PROFESSIONAL REVIEW<br>ORGANIZATION SWITCH   | PRO-AUTH                          | This field<br>indicates<br>whether a<br>claim line has<br>been reviewed<br>for PRO<br>authorization                                                                                  |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_EN<br>TITY_ACTION706<br>894 | CHAR(1)      | NULL | No | No | CLAIM LINE ENTITY<br>ACTION RECORD<br>RETURN REJECT SWITCH | EAR-RR-SW                         | Indicates that<br>an EAR has<br>denied a claim<br>line with a<br>return reject<br>action code.                                                                                       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_EN<br>TITY_ACTION706<br>896 | CHAR(1)      | NULL | No | No | CLAIM LINE ENTITY<br>ACTION RECORD<br>REVIEW SWITCH        | EAR-REVIEW                        | This field<br>indicates<br>whether a<br>claim line has<br>been reviewed<br>for current EAR<br>processing for<br>the line.                                                            |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_LATE<br>_SUBMSN_RVW<br>_SW   | CHAR(1) | NULL | No | No | CLAIM LINE LATE<br>SUBMISSION REVIEW<br>SWITCH                 | LATE-REVIEW         | This field indicates whether a line has been reviewed for late submission.                                            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_DUP_<br>RVW_SW               | CHAR(1) | NULL | No | No | CLAIM LINE DUPLICATE<br>REVIEW SWITCH                          | DUPE-REVIEW         | This field indicates whether a claim line has been reviewed for suspect duplicate.                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_LCL_<br>MR_PLCY_WRTN<br>_SW  | CHAR(1) | NULL | No | No | CLAIM LINE LOCAL<br>MEDICAL REVIEW<br>POLICY WRITTEN<br>SWITCH | LMRP-NCD-IND        | This field indicates whether LMRP/NCDs were written out for the claim line.                                           |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MDC<br>R_CNTRCT_SUPL<br>R_SW | CHAR(1) | NULL | No | No | CLAIM LINE MEDICARE<br>CONTRACT SUPPLIER<br>SWITCH             | PR-PAR-IND          | Indicates whether the provider/supplier has contracted with Medicare to provide services and/or supplies.             |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MLT_<br>MSP_RVW_SW           | CHAR(1) | NULL | No | No | CLAIM LINE MULTI<br>MEDICARE SECONDARY<br>PAYER REVIEW SWITCH  | MULT-MSP-<br>REVIEW | This field indicates whether a claim line has been reviewed for MSP.                                                  |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_AUTOMTC_RV<br>W_SW | CHAR(1) | NULL | No | No | CLAIM LINE PROVIDER<br>AUTOMATIC REVIEW<br>SWITCH              | PROV-REVIEW         | This field indicates whether a claim line has been reviewed for payment to a physician/supplier flagged for automatic |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PURC<br>_DGNSTC_LTR_S<br>W   | CHAR(1) | NULL | No | No | CLAIM LINE PURCHASE<br>DIAGNOSTIC LETTER<br>SWITCH             | GEN-LETTER-<br>SW   | Indicates whether a letter for purchased diagnostics has been sent.                                                   |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_RCVD<br>_PRFRMG_PRVD<br>R_NPI | CHAR(1)  | NULL | No | No | CLAIM LINE RECEIVED<br>PERFORMING PROVIDER<br>NPI SWITCH          | PERF-PROV-NPI-<br>IND             | Indicates<br>whether the<br>performing<br>provider/suppli<br>ers legacy<br>number, NPI or<br>both were<br>received |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRVD<br>R_MDCR_PRTCP<br>TN_RV | CHAR(1)  | NULL | No | No | CLAIM LINE PROVIDER<br>MEDICARE<br>PARTICIPATION REVIEW<br>SWITCH | PROV-<br>PARTICIPATION-<br>REVIEW | indicates<br>whether a<br>claim line has<br>been reviewed<br>for provider<br>Medicare<br>participation.            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ESRD<br>_SW                   | CHAR(01) | NULL | No | No | CLAIM LINE END STAGE<br>RENAL DISEASE SWITCH                      | BENE-ESRD-<br>FLAG                | Indicates<br>whether the<br>beneficiary is<br>being treated<br>for End Stage<br>Renal Disease<br>(ESRD)            |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_1ST_<br>ENT_ACTN_REC_<br>TYPE | CHAR(2)  | NULL | No | No | CLAIM LINE FIRST<br>ENTITY ACTION RECORD<br>TYPE SWITCH           | EAR-ID(1)                         | Indicates if the<br>Entity Action<br>Record is for a<br>claim line or<br>the complete<br>claim.                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_EAR_<br>TYPE_SW_2             | CHAR(2)  | NULL | No | No | CLAIM LINE SECOND<br>ENTITY ACTION RECORD<br>TYPE SWITCH          | EAR-ID(2)                         | Indicates if the<br>Entity Action<br>Record is for a<br>claim line or<br>the complete<br>claim.                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_SUSP<br>_FOR_RVW_SW           | CHAR(1)  | NULL | No | No | CLAIM LINE SUSPEND<br>FOR REVIEW SWITCH                           | CR-IND                            | Indicates<br>whether a<br>claim line has<br>hit an edit<br>causing the<br>claim to<br>suspend for<br>review        |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_UTI<br>LIZATION_R7069<br>26 | CHAR(1)  | NULL | No | No | CLAIM LINE UTILIZATION<br>REVIEW SWITCH                           | UT-REVIEW                         | Indicates<br>whether a<br>claim line that<br>has been<br>reviewed for<br>over-utilization.                         |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_DGNS<br>TC_RVW_SW            | CHAR(1) | NULL | No | No | CLAIM LINE DIAGNOSTIC<br>REVIEW SWITCH             | DIAG-REVIEW          | Indicates<br>whether a<br>claim line has<br>been reviewed<br>for a diagnosis<br>and sex conflict<br>or diagnosis<br>code and age<br>conflict |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_SUPL<br>R_RVW_SW             | CHAR(1) | NULL | No | No | CLAIM LINE SUPPLIER<br>REVIEW SWITCH               | SUPPLIER-<br>REVIEW  | This field<br>indicates<br>whether a<br>claim has been<br>reviewed for a<br>change in<br>suppliers                                           |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MAX<br>_ALOWD_RVW_<br>SW     | CHAR(1) | NULL | No | No | CLAIM LINE MAXIMUM<br>ALLOWED REVIEW<br>SWITCH     | MAXAL-<br>REVIEW     | This field<br>indicates<br>whether a<br>claim line has<br>been reviewed<br>for maximum<br>number of<br>services/units.                       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_WVR<br>_OF_LBLTY_RVW_<br>_SW | CHAR(1) | NULL | No | No | CLAIM LINE WAIVER OF<br>LIABILITY REVIEW<br>SWITCH | LIAB-STAT-<br>REVIEW | This field<br>indicates<br>whether a<br>claim line has<br>been reviewed<br>for waiver of<br>liability.                                       |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MDC<br>R_PMRRY_PYR_<br>SW    | CHAR(1) | NULL | No | No | CLAIM LINE MEDICARE<br>PRIMARY PAYER SWITCH        | TPL-REVIEW           | This field<br>indicates<br>whether an<br>MSP line is to<br>be paid primary<br>in Medicare                                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_RVW<br>_FOR_DCMTN_S<br>W     | CHAR(1) | NULL | No | No | CLAIM LINE REVIEW FOR<br>DOCUMENTATION<br>SWITCH   | DOCUMENT-<br>REVIEW  | This field<br>indicates<br>whether a<br>claim line has<br>been reviewed<br>for<br>documentatio                                               |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_ME<br>DICAL_REVIEW707<br>028 | CHAR(1) | NULL | No | No | CLAIM LINE MEDICAL<br>REVIEW UTILIZATION<br>REVIEW CATEGORY<br>INDICATOR | MEDICAL-<br>REVIEW-CAT  | The category of<br>manual medical<br>review/utilizati<br>on review<br>(MRUR)<br>performed.                |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_MR_<br>UR_ACTN_IND             | CHAR(1) | NULL | No | No | CLAIM LINE MEDICAL<br>REVIEW UTILIZATION<br>REVIEW ACTION<br>INDICATOR   | MEDICAL-<br>REVIEW-IND  | Action taken<br>due to the<br>medical<br>review/utilizati<br>on review<br>(MRUR)                          |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_ME<br>DICAL_REVIEW707<br>032 | CHAR(1) | NULL | No | No | CLAIM LINE MEDICAL<br>REVIEW UTILIZATION<br>REVIEW LEVEL<br>INDICATOR    | AUTO-REV-LVL-<br>IND    | The category<br>level of medical<br>review/utilizati<br>on review<br>(MRUR) done<br>on the claim<br>line. |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_1ST_<br>OVRRD_ERR_CD           | CHAR(4) | NULL | No | No | CLAIM LINE FIRST<br>OVERRIDE ERROR CODE                                  | CWF-LNE-<br>OVERRIDE(1) | The CWF Line<br>error code that<br>was overridden<br>by the DME<br>MAC                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_2ND_<br>OVRRD_ERR_CD           | CHAR(4) | NULL | No | No | CLAIM LINE SECOND<br>OVERRIDE ERROR CODE                                 | CWF-LNE-<br>OVERRIDE(2) | The CWF Line<br>error code that<br>was overridden<br>by the DME<br>MAC                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_3RD_<br>OVRRD_ERR_CD           | CHAR(4) | NULL | No | No | CLAIM LINE THIRD<br>OVERRIDE ERROR CODE                                  | CWF-LNE-<br>OVERRIDE(3) | The CWF Line<br>error code that<br>was overridden<br>by the DME<br>MAC                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_4TH_<br>OVRRD_ERR_CD           | CHAR(4) | NULL | No | No | CLAIM LINE FOURTH<br>OVERRIDE ERROR CODE                                 | CWF-LNE-<br>OVERRIDE(4) | The CWF Line<br>error code that<br>was overridden<br>by the DME<br>MAC                                    |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_5TH_<br>OVRRD_ERR_CD           | CHAR(4) | NULL | No | No | CLAIM LINE FIFTH<br>OVERRIDE ERROR CODE                                  | CWF-LNE-<br>OVERRIDE(5) | The CWF Line<br>error code that<br>was overridden<br>by the DME<br>MAC                                    |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_INITL<br>_ACTN_CD             | CHAR(2)    | NULL | No | No | CLAIM LINE INITIAL<br>ACTION CODE                              | INIT-ACTION  | The initial<br>action code<br>linked to<br>messages that<br>will be<br>displayed on<br>the MSN<br>(Medicare<br>Summary<br>Notice) and/or<br>RA (Remittance<br>Advice) that<br>explains how a<br>claim line was<br>paid.                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_FORC<br>E_EDIT_OVRRD_<br>CD   | CHAR(2)    | NULL | No | No | CLAIM LINE FORCE EDIT<br>OVERRIDE CODE                         | LINE-FORCE   | The code<br>entered which<br>causes an edit<br>to be ignored<br>and a claim line<br>to pay.                                                                                                                                                                                                                                 |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_SPE<br>CIAL_PAYME707<br>052 | CHAR(1)    | NULL | No | No | CLAIM LINE SPECIAL<br>PAYMENT INDICATOR<br>CODE                | SPI          | The Special<br>Payment<br>Indicator (SPI)<br>denotes the<br>payment rate<br>for each<br>procedure/sup<br>ply. The SPI is<br>an indicator<br>that had been<br>used more<br>extensively<br>with Part B<br>processing.<br>SPI = D<br>denoted that<br>the item was a<br>DME item<br>when the DME<br>claims were<br>processed as |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_PRICE<br>_DT                  | CHAR(7)    | NULL | No | No | CLAIM LINE PRICE DATE                                          | DATE-PRICED  | The date the<br>claim line was<br>priced.                                                                                                                                                                                                                                                                                   |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_IDR_<br>REC_LINE_NUM          | NUMERIC(2) | NULL | No | No | CLAIM LINE INTEGRATED<br>DATA REPOSITORY<br>RECORD LINE NUMBER | IDR-REC-LINE | Zero filled two<br>byte<br>placeholder to<br>maintain<br>consistency<br>with related<br>records (always<br>ZERO for<br>header                                                                                                                                                                                               |

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| CLM_LINE_SH<br>RD_SYSS_VMS | CLAIM_LINE_NA<br>TIONAL_DRUG71<br>4974 | CHAR(11)           | NULL     | No  | No  | CLAIM LINE NATIONAL<br>DRUG CODE                  |                                | DMERC-NDC-<br>CODE  | The NDC code                                                                                                                                                                                                  |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_LINE_ORG<br>NL_SRVC_TO_DT          | CHAR(7)            | NULL     | No  | No  | CLAIM LINE ORIGINAL<br>SERVICE TO DATE            |                                | ORIG-TO-DT          | This is the last<br>date the<br>service was<br>performed.                                                                                                                                                     |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_INFRMTL_<br>ACTN_CD                | CHAR(2)            | NULL     | No  | No  | CLAIM INFORMATIONAL<br>ACTION CODE                |                                | INFO-AC             | An<br>informational<br>action code<br>linked to<br>messages that<br>will be<br>displayed on<br>the Medicare<br>Summary<br>Notice (MSN)<br>and/or<br>Remittance<br>Advice (RA)<br>that explains<br>how a claim |
| CLM_LINE_SH<br>RD_SYSS_VMS | CLM_CNTRCTR_<br>NUM                    | CHAR(5)            | NULL     | No  | Yes | CLAIM CMN<br>CONTRACTOR NUMBER                    |                                | IDR-REC-<br>CARRIER | Unique<br>identification<br>number for<br>each carrier                                                                                                                                                        |
| CLM_OCRNC_<br>SGNTR        | CLM_OCRNC_SG<br>NTR_SK                 | DECIMAL(9)         | NOT NULL | Yes | No  | Claim Occurrence<br>Signature Surrogate Key       |                                |                     |                                                                                                                                                                                                               |
| CLM_OCRNC_<br>SGNTR        | CLM_OCRNC_SG<br>NTR_PRIME_LO<br>G_NUM  | DECIMAL(18,1<br>5) | NULL     | No  | No  | Claim Occurrence<br>Signature Prime Log<br>Number |                                |                     |                                                                                                                                                                                                               |
| CLM_OCRNC_<br>SGNTR        | CLM_OCRNC_SG<br>NTR_MBR_CNT            | SMALLINT           | NULL     | No  | No  | Claim Occurrence<br>Signature Member<br>Count     |                                |                     |                                                                                                                                                                                                               |
| CLM_OCRNC_<br>SGNTR        | META_SK                                | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                             |                                |                     |                                                                                                                                                                                                               |
| CLM_OCRNC_<br>SGNTR        | META_SRC_SK                            | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                   |                                |                     |                                                                                                                                                                                                               |
| CLM_OCRNC_<br>SGNTR_MBR    | CLM_OCRNC_SG<br>NTR_SK                 | DECIMAL(9)         | NOT NULL | Yes | Yes | Claim Occurrence<br>Signature Surrogate Key       |                                |                     |                                                                                                                                                                                                               |
| CLM_OCRNC_<br>SGNTR_MBR    | CLM_OCRNC_SP<br>AN_CD                  | CHAR(2)            | NOT NULL | Yes | No  | Claim Occurrence Span<br>Code                     | FSSCIDRP-<br>OCCUR-SPAN-<br>CD |                     | Occurrence<br>Span Codes<br>identify events<br>that relate to<br>the payment of<br>the claim.                                                                                                                 |

|                     |                         |          |          |     |     |                                    |                                |                                                                                                                                                                                                                    |
|---------------------|-------------------------|----------|----------|-----|-----|------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_OCRNC_SGNTR_MBR | CLM_OCRNC_SP_AN_FROM_DT | DATE     | NOT NULL | Yes | No  | Claim Occurrence Span From Date    | FSSCIDRP-OCUR-SPAN-FRM-DT-CYMD | Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim. |
| CLM_OCRNC_SGNTR_MBR | CLM_OCRNC_SP_AN_THRU_DT | DATE     | NOT NULL | Yes | No  | Claim Occurrence Span Through Date | FSSCIDRP-OCUR-SPAN-TO-DT-CYMD  | Occurrence Span Dates (From/Through) - These fields identify events that relate to the payment of the claim. The date identifies the commencement and ending of an event that relates to the payment of the claim. |
| CLM_OCRNC_SGNTR_MBR | META_SK                 | INTEGER  | NOT NULL | No  | No  | Metadata SurrogateKey              |                                |                                                                                                                                                                                                                    |
| CLM_OCRNC_SGNTR_MBR | META_SRC_SK             | SMALLINT | NOT NULL | No  | No  | Metadata Source SurrogateKey       |                                |                                                                                                                                                                                                                    |
| CLM_PRCDR           | PROD_PRCDR_SK           | INTEGER  | NOT NULL | Yes | Yes | Product Procedure Surrogate Key    | FSSCIDRP-PROC-CD               |                                                                                                                                                                                                                    |
| CLM_PRCDR           | CLM_PRCDR_PR_FRM_DT     | DATE     | NOT NULL | Yes | No  | Claim Procedure Perform Date       | FSSCIDRP-PROC-DT-CYMD          | The procedure date is the date on which the procedure identified in the corresponding Procedure Code was initiated.                                                                                                |
| CLM_PRCDR           | GEO_BENE_SK             | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey |                                |                                                                                                                                                                                                                    |
| CLM_PRCDR           | CLM_TYPE_CD             | SMALLINT | NOT NULL | Yes | Yes | Claim Type Code                    |                                |                                                                                                                                                                                                                    |
| CLM_PRCDR           | CLM_NUM_SK              | SMALLINT | NOT NULL | Yes | Yes | Claim Number SurrogateKey          |                                |                                                                                                                                                                                                                    |



|           |                                       |               |          |     |     |                                                                    |                           |                                                                       |
|-----------|---------------------------------------|---------------|----------|-----|-----|--------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------|
| CLM_PRCDR | CLM_DT_SGNTR<br>SK                    | INTEGER       | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                               |                           |                                                                       |
| CLM_PRCDR | META_SK                               | INTEGER       | NOT NULL | No  | No  | Metadata SurrogateKey                                              |                           |                                                                       |
| CLM_PRCDR | META_SRC_SK                           | SMALLINT      | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                                    |                           |                                                                       |
| CLM_PRFNL | GEO_BENE_SK                           | INTEGER       | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                              |                           |                                                                       |
| CLM_PRFNL | CLM_DT_SGNTR<br>SK                    | INTEGER       | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                               |                           |                                                                       |
| CLM_PRFNL | CLM_TYPE_CD                           | SMALLINT      | NOT NULL | Yes | Yes | Claim Type Code                                                    |                           |                                                                       |
| CLM_PRFNL | CLM_NUM_SK                            | SMALLINT      | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                       |                           |                                                                       |
| CLM_PRFNL | CLM_CARR_PMT<br>DNL_CD                | CHAR(2)       | NOT NULL | No  | No  | Claim Carrier Payment<br>Denial Code                               |                           |                                                                       |
| CLM_PRFNL | CLM_CLNCL_TRI<br>L_NUM                | CHAR(8)       | NULL     | No  | No  | Claim Clinical Trial<br>Number                                     | CLINICAL-<br>REGISTRY-NUM | The<br>identification<br>number<br>assigned to the<br>clinical trial. |
| CLM_PRFNL | CLM_HOSPC_OV<br>RRD_CD                | CHAR(1)       | NOT NULL | No  | No  | Claim Hospice Override<br>Code                                     |                           |                                                                       |
| CLM_PRFNL | CLM_MCO_OVR<br>RD_CD                  | CHAR(1)       | NOT NULL | No  | No  | Claim MCO Override<br>Code                                         |                           |                                                                       |
| CLM_PRFNL | CLM_MDCR_PRF<br>NL_BENE_PD_A )<br>MT  | DECIMAL(11,2) | NULL     | No  | No  | Claim Medicare<br>Professional Beneficiary<br>Paid Amount          |                           |                                                                       |
| CLM_PRFNL | CLM_MDCR_PRF<br>NL_BENE_PMT_ )<br>AMT | DECIMAL(11,2) | NULL     | No  | No  | Claim Medicare<br>Professional Beneficiary<br>Payment Amount       |                           |                                                                       |
| CLM_PRFNL | CLM_MDCR_PRF<br>NL_BUSNS_SGM<br>T_CD  | CHAR(4)       | NULL     | No  | No  | Claim Medicare<br>Professional Business<br>Segment Identifier Code |                           |                                                                       |
| CLM_PRFNL | CLM_MDCR_PRF<br>NL_MCO_PRD_C<br>NT    | DECIMAL(1)    | NULL     | No  | No  | Claim Medicare<br>Professional MCO Period<br>Count                 |                           |                                                                       |

|           |                                        |               |          |     |     |                                                        |                                                                                                                                                                  |                                                                                                                                                        |
|-----------|----------------------------------------|---------------|----------|-----|-----|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_PRFNL | CLM_MDCR_PRF<br>NL_PRMRY_PYR )<br>AMT  | DECIMAL(11,2) | NULL     | No  | No  | Claim Medicare Professional Primary Payer Paid Amount  |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PRFNL | CLM_MDCR_PRF<br>NL_PRVDR_ASG<br>NMT_SW | CHAR(1)       | NULL     | No  | No  | Claim Medicare Professional Provider Assignment Switch |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PRFNL | CLM_PRFNL_SB<br>MT_SRVC_QTY            | INTEGER       | NULL     | No  | No  | Claim Professional Submit Service Quantity             |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PRFNL | CLM_SRC_ID                             | CHAR(5)       | NULL     | No  | No  | Claim Source Identifier                                |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PRFNL | META_SK                                | INTEGER       | NOT NULL | No  | No  | Metadata SurrogateKey                                  |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PRFNL | META_SRC_SK                            | SMALLINT      | NOT NULL | No  | No  | Metadata Source SurrogateKey                           |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PROD  | GEO_BENE_SK                            | INTEGER       | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey                     |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PROD  | CLM_DT_SGNTR<br>SK                     | INTEGER       | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey                      |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PROD  | CLM_TYPE_CD                            | SMALLINT      | NOT NULL | Yes | Yes | Claim Type Code                                        |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PROD  | CLM_NUM_SK                             | SMALLINT      | NOT NULL | Yes | Yes | Claim Number SurrogateKey                              |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PROD  | PROD_SK                                | INTEGER       | NOT NULL | Yes | Yes | Product SurrogateKey                                   | FSSCIDRP-DIAGNOSIS-CODES, FSSCIDRP-PRINCIPLE-DIAG-CODE, FSSCIDRP-EXT-INJURY-DIAGNOSIS, FSSCIDRP-ADMIT-DIAG-CODE, FSSCIDRP-ICD9-10-IND, FSSCIDRP-EXT-INJURY-DIAG- | HDR-DIAG, HDR-DIAG-TYPE                                                                                                                                |
| CLM_PROD  | CLM_VAL_SEQNC<br>NUM                   | INTEGER       | NULL     | No  | No  | Claim Value Sequence Number                            |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PROD  | CLM_PRCDR_PR<br>FRM_DT                 | DATE          | NOT NULL | No  | No  | Claim Procedure Perform Date                           |                                                                                                                                                                  |                                                                                                                                                        |
| CLM_PROD  | DGNS_BIT_FLAG<br>S                     | CHAR(4)       | NULL     | No  | No  | CLAIM DIAGNOSIS BIT FLAGS                              | FSSCIDRP-BIT-FLAGS                                                                                                                                               | This is a set of flags returned by OCE (Outpatient Code Editor) or MCE (Inpatient Code Editor) to indicate various errors. The default value is space. |

|          |                           |          |      |    |    |                                                   |                              |                                                                                                                                                                                                                                                                             |
|----------|---------------------------|----------|------|----|----|---------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_PROD | CLM_EXTRNL_IN<br>JURY_SW  | CHAR(4)  | NULL | No | No | CLAIM EXTERNAL<br>INJURY_SWITCH                   | FSSCIDRP-EXT-<br>INJURY-FLAG | internal system<br>flag which is<br>used for<br>determining an<br>external injury                                                                                                                                                                                           |
| CLM_PROD | CLM_ADMTTAN<br>CE_DGNS_SW | CHAR(4)  | NULL | No | No | CLAIM ADMITTANCE<br>DIAGNOSIS SWITCH              | FSSCIDRP-ADM-<br>DIAG-FLAG   | This is a field<br>populated by<br>the system<br>based upon<br>values returned<br>from the<br>Medicare Code<br>Editor program.                                                                                                                                              |
| CLM_PROD | CLM_END_OF_P<br>OA_IND    | CHAR(1)  | NULL | No | No | CLAIM END OF POA<br>INDICATOR                     | FSSCIDRP-END-<br>OF-POA-IND  | present on<br>admission end<br>flag                                                                                                                                                                                                                                         |
| CLM_PROD | DIAG_POA_IND              | CHAR(1)  | NULL | No | No | CLAIM DIAGNOSIS<br>PRESENT ON<br>ADMISSION SWITCH | FSSCIDRP-DIAG-<br>POA-IND    | Present on<br>Admission<br>indicator<br>Values:<br>' '<br><br>Z = THE END OF<br>POA<br>INDICATORS<br>FOR PRINCIPAL<br>AND, IF<br>APPLICABLE,<br>OTHER<br>DIAGNOSES.<br>X = THE END OF<br>POA<br>INDICATORS<br>FOR PRINCIPAL<br>AND, IF<br>APPLICABLE,<br>OTHER<br>DIAGNOSES |
| CLM_PROD | CLM_PRCDR_BIT<br>_FLAGS   | CHAR(4)  | NULL | No | No | CLAIM PROCEDURE BIT<br>FLAGS                      | FSSCIDRP-<br>PROC-FLAG       | Bit flags<br>returned from<br>MCE editor.<br>This is a 4<br>positions<br>alphanumeric<br>field that<br>occurs 10 times                                                                                                                                                      |
| CLM_PROD | META_SK                   | INTEGER  | NULL | No | No | Metadata SurrogateKey                             |                              |                                                                                                                                                                                                                                                                             |
| CLM_PROD | META_SRC_SK               | SMALLINT | NULL | No | No | Metadata Source<br>SurrogateKey                   |                              |                                                                                                                                                                                                                                                                             |

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| CLM_PROD       | CLM_DGNS_PRN<br>CPAL_SW               | CHAR(1)     | NULL     | No  | No  | CLAIM DIAGNOSIS<br>PRINCIPAL SWITCH                                |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | GEO_BENE_SK                           | INTEGER     | NOT NULL | Yes | Yes | Geography Beneficiary<br>Surrogate Key                             |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | CLM_TYPE_CD                           | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code                                                    |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | CLM_NUM_SK                            | SMALLINT    | NOT NULL | Yes | Yes | Claim Number Surrogate<br>Key                                      |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | CLM_DT_SGNTR<br>SK                    | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature<br>Surrogate Key                              |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | CLM_ATNDG_PR<br>VDR_GNRC_ID_<br>NUM   | VARCHAR(20) | NULL     | No  | No  | Claim Attending Provider<br>Generic Identifier<br>Number           | FSSCIDRP-FED-<br>TAX-NB              | identifies the<br>number<br>assigned to the<br>provider by the<br>Federal<br>Government<br>for tax<br>reporting<br>purposes. It is<br>also known as a<br>tax<br>identification<br>number (TIN)<br>or an employer<br>identification<br>number (EIN). |
| CLM_PRVDR_ROLE | PRVDR_ATNDG_<br>ID_QLFYR_CD           | CHAR(2)     | NOT NULL | No  | No  | Party Attending<br>Identifier Qualifier Code                       |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | CLM_ATNDG_PR<br>VDR_NPI_NUM           | VARCHAR(10) | NULL     | No  | No  | Claim Attending Provider<br>NPI Number                             | FSSCIDRP-<br>ATTEND-PHYS-<br>NPI-NUM | identifies the<br>National<br>Provider<br>Identifier<br>number                                                                                                                                                                                      |
| CLM_PRVDR_ROLE | CLM_ATNDG_PR<br>VDR_NAME              | VARCHAR(35) | NULL     | No  | No  | Claim Attending Provider<br>Name                                   | FSSCIDRP-<br>ATTEND-PHYS-<br>NAME    | Name of the<br>attending<br>physician                                                                                                                                                                                                               |
| CLM_PRVDR_ROLE | CLM_ATNDG_PR<br>VDR_TYPE_CD           | CHAR(3)     | NOT NULL | No  | No  | Claim Attending Provider<br>Type Code                              |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | CLM_ATNDG_PR<br>VDR_TXNMY_CD          | CHAR(10)    | NOT NULL | No  | No  | Claim Attending Provider<br>Taxonomy Code                          |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | CLM_ATNDG_FE<br>D_PRVDR_SPCLT<br>Y_CD | CHAR(2)     | NOT NULL | No  | No  | Claim Attending Federal<br>Provider Specialty Code                 |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | GEO_ATNDG_SK                          | INTEGER     | NOT NULL | No  | No  | Geographic Attending<br>SurrogateKey                               |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | GEO_ATNDG_ZIP<br>4_CD                 | CHAR(4)     | NOT NULL | No  | No  | Geographic Attending<br>ZIP4 Code                                  |                                      |                                                                                                                                                                                                                                                     |
| CLM_PRVDR_ROLE | GEO_ATNDG_US<br>PS_STATE_CD           | CHAR(2)     | NOT NULL | No  | No  | Geographic Attending<br>United States Postal<br>Service State Code |                                      |                                                                                                                                                                                                                                                     |

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| CLM_PRVDR_ROLE | CLM_BLG_PRVD_R_GNRC_ID_NUM | VARCHAR(20) | NULL     | No | No | Claim Billing Provider<br>Generic Identifier<br>Number |
| CLM_PRVDR_ROLE | PRVDR_BLG_ID_QLFYR_CD      | CHAR(2)     | NOT NULL | No | No | Party Billing Identifier<br>Qualifier Code             |
| CLM_PRVDR_ROLE | CLM_BLG_PRVD_R_NPI_NUM     | VARCHAR(10) | NULL     | No | No | Claim Billing Provider<br>NPI Number                   |
| CLM_PRVDR_ROLE | CLM_BLG_PRVD_R_NAME        | VARCHAR(35) | NULL     | No | No | Claim Billing Provider<br>Name                         |
| CLM_PRVDR_ROLE | CLM_BLG_PRVD_R_TYPE_CD     | CHAR(3)     | NOT NULL | No | No | Claim Billing Provider<br>Type Code                    |

|                |                              |          |          |    |    |                                               |                                                                                                                                                                                                                                                  |
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| CLM_PRVDR_ROLE | CLM_BLG_PRVDR_TXNMY_CD       | CHAR(10) | NOT NULL | No | No | Claim Billing Provider Taxonomy Code          | FSSCIDRP-TAXO-Health Care Provider Taxonomy Code - This field identifies a collection of unique alphanumeric codes. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization. |
| CLM_PRVDR_ROLE | CLM_BLG_FED_P RVDR_SPCLTY_CD | CHAR(2)  | NOT NULL | No | No | Claim Billing Federal Provider Specialty Code |                                                                                                                                                                                                                                                  |
| CLM_PRVDR_ROLE | GEO_BLG_SK                   | INTEGER  | NOT NULL | No | No | Geographic Billing SurrogateKey               |                                                                                                                                                                                                                                                  |
| CLM_PRVDR_ROLE | GEO_BLG_ZIP4_CD              | CHAR(4)  | NOT NULL | No | No | Geographic Billing ZIP4 Code                  |                                                                                                                                                                                                                                                  |

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| CLM_PRVDR_ROLE | GEO_BLG_USPS_STATE_CD           | CHAR(2)     | NOT NULL | No | No | Geographic Billing United States Postal Service State Code    | FSSCIDRP-PROV-STATE-CD | First two positions of provider number representing the state the provider practices. | PAYEE-STATE | The payment recipient's state. |
| CLM_PRVDR_ROLE | CLM_DSPSNG_P_RVDR_GNRC_ID_NUM   | VARCHAR(20) | NULL     | No | No | Claim Dispensing Provider Generic Identifier Number           |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | PRVDR_DSPSNG_ID_QLFYR_CD        | CHAR(2)     | NOT NULL | No | No | Party Dispensing Identifier Qualifier Code                    |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | CLM_DSPSNG_P_RVDR_NPI_NUM       | VARCHAR(10) | NULL     | No | No | Claim Dispensing Provider NPI Number                          |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | CLM_DSPSNG_P_RVDR_NAME          | VARCHAR(35) | NULL     | No | No | Claim Dispensing Provider Name                                |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | CLM_DSPSNG_P_RVDR_TYPE_CD       | CHAR(3)     | NOT NULL | No | No | Claim Dispensing Provider Type Code                           |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | CLM_DSPSNG_P_RVDR_TXNMY_CD      | CHAR(10)    | NOT NULL | No | No | Claim Dispensing Provider Taxonomy Code                       |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | CLM_DSPSNG_F_ED_PRVDR_SPCLTY_CD | CHAR(2)     | NOT NULL | No | No | Claim Dispensing Federal Provider Specialty Code              |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | GEO_DSPSNG_S_K                  | INTEGER     | NOT NULL | No | No | Geographic Dispensing SurrogateKey                            |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | GEO_DSPSNG_ZI_P4_CD             | CHAR(4)     | NOT NULL | No | No | Geographic Dispensing ZIP4 Code                               |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | GEO_DSPSNG_U_SPS_STATE_CD       | CHAR(2)     | NOT NULL | No | No | Geographic Dispensing United States Postal Service State Code |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | CLM_FAC_PRVDR_R_GNRC_ID_NUM     | VARCHAR(20) | NULL     | No | No | Claim Facility Provider Generic Identifier Number             |                        |                                                                                       |             |                                |
| CLM_PRVDR_ROLE | PRVDR_FAC_ID_QLFYR_CD           | CHAR(2)     | NOT NULL | No | No | Party Facility Identifier Qualifier Code                      |                        |                                                                                       |             |                                |

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|----------------|--------------------------------------|-------------|----------|----|----|------------------------------------------------------------------------------------------------|
| CLM_PRVDR_ROLE | CLM_FAC_PRVD<br>R_CPO_ORG_NP<br>I_ID | VARCHAR(20) | NULL     | No | No | Claim Facility Provider<br>Care Plan Oversight<br>Organization National<br>Provider Identifier |
| CLM_PRVDR_ROLE | CLM_FAC_PRVD<br>R_NPI_NUM            | VARCHAR(10) | NULL     | No | No | Claim Facility Provider<br>NPI Number                                                          |
| CLM_PRVDR_ROLE | CLM_FAC_PRVD<br>R_NAME               | VARCHAR(35) | NULL     | No | No | Claim Facility Provider<br>Name                                                                |
| CLM_PRVDR_ROLE | CLM_FAC_PRVD<br>R_TYPE_CD            | CHAR(3)     | NOT NULL | No | No | Claim Facility Provider<br>Type Code                                                           |
| CLM_PRVDR_ROLE | CLM_FAC_PRVD<br>R_TXNMY_CD           | CHAR(10)    | NOT NULL | No | No | Claim Facility Provider<br>Taxonomy Code                                                       |



|                |                              |             |          |    |    |                                                                        |                            |                                                    |
|----------------|------------------------------|-------------|----------|----|----|------------------------------------------------------------------------|----------------------------|----------------------------------------------------|
| CLM_PRVDR_ROLE | CLM_FAC_FED_P_RVDR_SPCLTY_CD | CHAR(2)     | NOT NULL | No | No | Claim Facility Federal Provider Specialty Code                         |                            |                                                    |
| CLM_PRVDR_ROLE | GEO_FAC_SK                   | INTEGER     | NOT NULL | No | No | Geographic Facility SurrogateKey                                       |                            |                                                    |
| CLM_PRVDR_ROLE | GEO_FAC_ZIP4_CD              | CHAR(4)     | NOT NULL | No | No | Geographic Facility ZIP4 Code                                          | FSSCIDRP-FACILITY-ZIP      | identifies the provider or subpart zip code        |
| CLM_PRVDR_ROLE | GEO_FAC_USPS_STATE_CD        | CHAR(2)     | NOT NULL | No | No | Geographic Facility United States Postal Service State Code            |                            |                                                    |
| CLM_PRVDR_ROLE | PRVDR_FAC_OS_CAR_NUM         | CHAR(6)     | NOT NULL | No | No | Provider Facility Online Survey Certification and Report System Number |                            |                                                    |
| CLM_PRVDR_ROLE | CLM_OPRTG_PR_VDR_GNRC_ID_NUM | VARCHAR(20) | NULL     | No | No | Claim Operating Provider Generic Identifier Number                     |                            |                                                    |
| CLM_PRVDR_ROLE | PRVDR_OPRTG_ID_QLFYR_CD      | CHAR(2)     | NOT NULL | No | No | Party Operating Identifier Qualifier Code                              |                            |                                                    |
| CLM_PRVDR_ROLE | CLM_OPRTG_PR_VDR_NPI_NUM     | VARCHAR(10) | NULL     | No | No | Claim Operating Provider NPI Number                                    | FSSCIDRP-OPER-PHYS-NPI-NUM | identifies the National Provider Identifier number |
| CLM_PRVDR_ROLE | CLM_OPRTG_PR_VDR_NAME        | VARCHAR(35) | NULL     | No | No | Claim Operating Provider Name                                          | FSSCIDRP-OPER-PHYS-NAME    | Name of the operating physician                    |
| CLM_PRVDR_ROLE | CLM_OPRTG_PR_VDR_TYPE_CD     | CHAR(3)     | NOT NULL | No | No | Claim Operating Provider Type Code                                     |                            |                                                    |
| CLM_PRVDR_ROLE | CLM_OPRTG_PR_VDR_TXNMY_CD    | CHAR(10)    | NOT NULL | No | No | Claim Operating Provider Taxonomy Code                                 |                            |                                                    |
| CLM_PRVDR_ROLE | CLM_OPRTG_PR_VDR_SPCLTY_CD   | CHAR(2)     | NOT NULL | No | No | Claim Operating Federal Provider Specialty Code                        |                            |                                                    |
| CLM_PRVDR_ROLE | GEO_OPRTG_SK                 | INTEGER     | NOT NULL | No | No | Geographic Operating SurrogateKey                                      |                            |                                                    |
| CLM_PRVDR_ROLE | GEO_OPRTG_PR_VDR_ZIP4_CD     | CHAR(4)     | NOT NULL | No | No | Geographic Operating ZIP4 Code                                         |                            |                                                    |
| CLM_PRVDR_ROLE | GEO_OPRTG_PR_VDR_PS_STATE_CD | CHAR(2)     | NOT NULL | No | No | Geographic Operating United States Postal Service State Code           |                            |                                                    |

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|----------------|--------------------------------|-------------|----------|----|----|-------------------------------------------------------------|---------------------------|----------------------------------------------------|
| CLM_PRVDR_ROLE | CLM_ORDRG_PR_VDR_GNRC_ID_NUM   | VARCHAR(20) | NULL     | No | No | Claim Ordering Provider Generic Identifier Number           |                           |                                                    |
| CLM_PRVDR_ROLE | PRVDR_ORDRG_ID_QLFYR_CD        | CHAR(2)     | NOT NULL | No | No | Provider Ordering Identifier Qualifier Code                 |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_ORDRG_PR_VDR_NPI_NUM       | VARCHAR(10) | NULL     | No | No | Claim Ordering Provider NPI Number                          |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_ORDRG_PR_VDR_NAME          | VARCHAR(35) | NULL     | No | No | Claim Ordering Provider Name                                |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_ORDRG_PR_VDR_TYPE_CD       | CHAR(3)     | NOT NULL | No | No | Claim Ordering Provider Type Code                           |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_ORDRG_PR_VDR_TXNMY_CD      | CHAR(10)    | NOT NULL | No | No | Claim Ordering Provider Taxonomy Code                       |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_ORDRG_FE_D_PRVDR_SPCLTY_CD | CHAR(2)     | NOT NULL | No | No | Claim Ordering Federal Provider Specialty Code              |                           |                                                    |
| CLM_PRVDR_ROLE | GEO_ORDRG_SK                   | INTEGER     | NOT NULL | No | No | Geographic Ordering SurrogateKey                            |                           |                                                    |
| CLM_PRVDR_ROLE | GEO_ORDRG_ZI_P4_CD             | CHAR(4)     | NOT NULL | No | No | Geographic Ordering ZIP4 Code                               |                           |                                                    |
| CLM_PRVDR_ROLE | GEO_ORDRG_US_PS_STATE_CD       | CHAR(2)     | NOT NULL | No | No | Geographic Ordering United States Postal Service State Code |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_OTHR_PRV_DR_GNRC_ID_NUM    | VARCHAR(20) | NULL     | No | No | Claim Other Provider Generic Identifier Number              |                           |                                                    |
| CLM_PRVDR_ROLE | PRVDR_OTHR_ID_QLFYR_CD         | CHAR(2)     | NOT NULL | No | No | Party Other Identifier Qualifier Code                       |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_OTHR_PRV_DR_NPI_NUM        | VARCHAR(10) | NULL     | No | No | Claim Other Provider NPI Number                             | FSSCIDRP-OTH-PHYS-NPI-NUM | identifies the National Provider Identifier number |
| CLM_PRVDR_ROLE | CLM_OTHR_PRV_DR_NAME           | VARCHAR(35) | NULL     | No | No | Claim Other Provider Name                                   | FSSCIDRP-OTH-PHYS-NAME    | Name of the assisting physician                    |
| CLM_PRVDR_ROLE | CLM_OTHR_PRV_DR_TYPE_CD        | CHAR(3)     | NOT NULL | No | No | Claim Other Provider Type Code                              |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_OTHR_PRV_DR_TXNMY_CD       | CHAR(10)    | NOT NULL | No | No | Claim Other Provider Taxonomy Code                          |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_OTHR_FED_PRVDR_SPCLTY_CD   | CHAR(2)     | NOT NULL | No | No | Claim Other Federal Provider Specialty Code                 |                           |                                                    |
| CLM_PRVDR_ROLE | GEO_OTHR_SK                    | INTEGER     | NOT NULL | No | No | Geographic Other SurrogateKey                               |                           |                                                    |
| CLM_PRVDR_ROLE | GEO_OTHR_ZIP4_CD               | CHAR(4)     | NOT NULL | No | No | Geographic Other ZIP4 Code                                  |                           |                                                    |
| CLM_PRVDR_ROLE | GEO_OTHR_USP_S_STATE_CD        | CHAR(2)     | NOT NULL | No | No | Geographic Other United States Postal Service State Code    |                           |                                                    |
| CLM_PRVDR_ROLE | CLM_PAYTO_PR_VDR_GNRC_ID_NUM   | VARCHAR(20) | NULL     | No | No | Claim Pay To Provider Generic Identifier Number             |                           |                                                    |

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| CLM_PRVDR_ROLE | PRVDR_PAYTO_ID_QLFYR_CD          | CHAR(2)     | NOT NULL | No | No | Party Pay To Identifier Qualifier Code                    |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PAYTO_PRVDR_NPI_NUM          | VARCHAR(10) | NULL     | No | No | Claim Pay To Provider NPI Number                          | FSSCIDRP-NPI-NUMBER | National Provider ID                                                                                                                                                                                                               |
| CLM_PRVDR_ROLE | CLM_PAYTO_PRVDR_NAME             | VARCHAR(35) | NULL     | No | No | Claim Pay To Provider Name                                |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PAYTO_PRVDR_TYPE_CD          | CHAR(3)     | NOT NULL | No | No | Claim Pay To Provider Type Code                           |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PAYTO_PRVDR_TXNMY_CD         | CHAR(10)    | NOT NULL | No | No | Claim Pay To Provider Taxonomy Code                       | FSSCIDRP-TAXO-CODE  | Health Care Provider Taxonomy Code - This field identifies a collection of unique alphanumeric codes. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization. |
| CLM_PRVDR_ROLE | CLM_PAYTO_FED_PRVDR_SPECIALTY_CD | CHAR(2)     | NOT NULL | No | No | Claim Pay To Federal Provider Specialty Code              |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | GEO_PAYTO_SURROGATE_KEY          | INTEGER     | NOT NULL | No | No | Geographic Pay To SurrogateKey                            |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | GEO_PAYTO_ZIP4_CD                | CHAR(4)     | NOT NULL | No | No | Geographic Pay To ZIP4 Code                               |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | GEO_PAYTO_USPS_STATE_CD          | CHAR(2)     | NOT NULL | No | No | Geographic Pay To United States Postal Service State Code |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PCP_PRVDR_GNRC_ID_NUM        | VARCHAR(20) | NULL     | No | No | Claim Primary Provider Generic Identifier Number          |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | PRVDR_PCP_ID_QLFYR_CD            | CHAR(2)     | NOT NULL | No | No | Party Primary Identifier Qualifier Code                   |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PCP_PRVDR_NPI_NUM            | VARCHAR(10) | NULL     | No | No | Claim Primary Provider NPI Number                         |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PCP_PRVDR_NAME               | VARCHAR(35) | NULL     | No | No | Claim Primary Provider Name                               |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PCP_PRVDR_TYPE_CD            | CHAR(3)     | NOT NULL | No | No | Claim Primary Provider Type Code                          |                     |                                                                                                                                                                                                                                    |
| CLM_PRVDR_ROLE | CLM_PCP_PRVDR_TXNMY_CD           | CHAR(10)    | NOT NULL | No | No | Claim Primary Provider Taxonomy Code                      |                     |                                                                                                                                                                                                                                    |

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| CLM_PRVDR_ROLE | CLM_PCP_FED_P<br>RVDR_SPCLTY_CD     | CHAR(2)     | NOT NULL | No | No | Claim Primary Federal<br>Provider Specialty Code                     |
| CLM_PRVDR_ROLE | GEO_PCP_SK                          | INTEGER     | NOT NULL | No | No | Geographic Primary<br>SurrogateKey                                   |
| CLM_PRVDR_ROLE | GEO_PCP_ZIP4_CD                     | CHAR(4)     | NOT NULL | No | No | Geographic Primary ZIP4<br>Code                                      |
| CLM_PRVDR_ROLE | GEO_PCP_USPS_STATE_CD               | CHAR(2)     | NOT NULL | No | No | Geographic Primary<br>United States Postal<br>Service State Code     |
| CLM_PRVDR_ROLE | CLM_PRSBNG_P<br>RVDR_GNRC_ID<br>NUM | VARCHAR(20) | NULL     | No | No | Claim Prescribing<br>Provider Generic<br>Identifier Number           |
| CLM_PRVDR_ROLE | PRVDR_PRSBNG_ID_QLFYR_CD            | CHAR(2)     | NOT NULL | No | No | Party Prescribing<br>Identifier Qualifier Code                       |
| CLM_PRVDR_ROLE | CLM_PRSBNG_P<br>RVDR_NPI_NUM        | VARCHAR(10) | NULL     | No | No | Claim Prescribing<br>Provider NPI Number                             |
| CLM_PRVDR_ROLE | CLM_PRSBNG_P<br>RVDR_NAME           | VARCHAR(35) | NULL     | No | No | Claim Prescribing<br>Provider Name                                   |
| CLM_PRVDR_ROLE | CLM_PRSBNG_P<br>RVDR_TYPE_CD        | CHAR(3)     | NOT NULL | No | No | Claim Prescribing<br>Provider Type Code                              |
| CLM_PRVDR_ROLE | CLM_PRSBNG_P<br>RVDR_TXNMY_CD       | CHAR(10)    | NOT NULL | No | No | Claim Prescribing<br>Provider Taxonomy<br>Code                       |
| CLM_PRVDR_ROLE | CLM_PRSBNG_F<br>ED_PRVDR_SPCLTY_CD  | CHAR(2)     | NOT NULL | No | No | Claim Prescribing<br>Federal Provider<br>Specialty Code              |
| CLM_PRVDR_ROLE | GEO_PRSBNG_S<br>K                   | INTEGER     | NOT NULL | No | No | Geographic Prescribing<br>SurrogateKey                               |
| CLM_PRVDR_ROLE | GEO_PRSBNG_ZI<br>P4_CD              | CHAR(4)     | NOT NULL | No | No | Geographic Prescribing<br>ZIP4 Code                                  |
| CLM_PRVDR_ROLE | GEO_PRSBNG_U<br>SPS_STATE_CD        | CHAR(2)     | NOT NULL | No | No | Geographic Prescribing<br>United States Postal<br>Service State Code |

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| CLM_PRVDR_ROLE | CLM_RFRG_PRV_DR_GNRC_ID_NUM  | VARCHAR(20) | NULL     | No | No | Claim Referring Provider Generic Identifier Number           |              |                                                                                     |
| CLM_PRVDR_ROLE | PRVDR_RFRG_ID_QLFYR_CD       | CHAR(2)     | NOT NULL | No | No | Party Referring Identifier Qualifier Code                    |              |                                                                                     |
| CLM_PRVDR_ROLE | CLM_RFRG_PRV_DR_NPI_NUM      | VARCHAR(10) | NULL     | No | No | Claim Referring Provider NPI Number                          | REF-PHYS-NPI | The unique National Provider Identifier (NPI) identifier for the Provider/Supplier. |
| CLM_PRVDR_ROLE | CLM_RFRG_PRV_DR_NAME         | VARCHAR(35) | NULL     | No | No | Claim Referring Provider Name                                |              |                                                                                     |
| CLM_PRVDR_ROLE | CLM_RFRG_PRV_DR_TYPE_CD      | CHAR(3)     | NOT NULL | No | No | Claim Referring Provider Type Code                           |              |                                                                                     |
| CLM_PRVDR_ROLE | CLM_RFRG_PRV_DR_TXNMY_CD     | CHAR(10)    | NOT NULL | No | No | Claim Referring Provider Taxonomy Code                       |              |                                                                                     |
| CLM_PRVDR_ROLE | CLM_RFRG_FED_PRVDR_SPCLTY_CD | CHAR(2)     | NOT NULL | No | No | Claim Referring Federal Provider Specialty Code              |              |                                                                                     |
| CLM_PRVDR_ROLE | CLM_RFRG_PRV_DR_PIN_NUM      | VARCHAR(20) | NULL     | No | No | Claim Referring Provider PIN Number                          |              |                                                                                     |
| CLM_PRVDR_ROLE | GEO_RFRG_SK                  | INTEGER     | NOT NULL | No | No | Geographic Referring SurrogateKey                            |              |                                                                                     |
| CLM_PRVDR_ROLE | GEO_RFRG_ZIP4_CD             | CHAR(4)     | NOT NULL | No | No | Geographic Referring ZIP4 Code                               |              |                                                                                     |
| CLM_PRVDR_ROLE | GEO_RFRG_USP_S_STATE_CD      | CHAR(2)     | NOT NULL | No | No | Geographic Referring United States Postal Service State Code |              |                                                                                     |

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| CLM_PRVDR_ROLE | CLM_RNDRG_PR_VDR_GNRC_ID_NUM   | VARCHAR(20) | NULL     | No | No | Claim Rendering Provider Generic Identifier Number           | UPIN-REF-PHYS | The unique physician identification number for the referring physician |
| CLM_PRVDR_ROLE | PRVDR_RNDRG_ID_QLFYR_CD        | CHAR(2)     | NOT NULL | No | No | Party Rendering Identifier Qualifier Code                    |               |                                                                        |
| CLM_PRVDR_ROLE | CLM_RNDRG_PR_VDR_NPI_NUM       | VARCHAR(10) | NULL     | No | No | Claim Rendering Provider NPI Number                          |               |                                                                        |
| CLM_PRVDR_ROLE | CLM_RNDRG_PR_VDR_NAME          | VARCHAR(35) | NULL     | No | No | Claim Rendering Provider Name                                |               |                                                                        |
| CLM_PRVDR_ROLE | CLM_RNDRG_PR_VDR_TYPE_CD       | CHAR(3)     | NOT NULL | No | No | Claim Rendering Provider Type Code                           |               |                                                                        |
| CLM_PRVDR_ROLE | CLM_RNDRG_PR_VDR_TXNMY_CD      | CHAR(10)    | NOT NULL | No | No | Claim Rendering Provider Taxonomy Code                       |               |                                                                        |
| CLM_PRVDR_ROLE | CLM_RNDRG_FE_D_PRVDR_SPCLTY_CD | CHAR(2)     | NOT NULL | No | No | Claim Rendering Federal Provider Specialty Code              |               |                                                                        |
| CLM_PRVDR_ROLE | GEO_RNDRG_SK                   | INTEGER     | NOT NULL | No | No | Geographic Rendering SurrogateKey                            |               |                                                                        |
| CLM_PRVDR_ROLE | GEO_RNDRG_ZI_P4_CD             | CHAR(4)     | NOT NULL | No | No | Geographic Rendering ZIP4 Code                               |               |                                                                        |
| CLM_PRVDR_ROLE | GEO_RNDRG_US_PS_STATE_CD       | CHAR(2)     | NOT NULL | No | No | Geographic Rendering United States Postal Service State Code |               |                                                                        |
| CLM_PRVDR_ROLE | CLM_UNK_PRVDR_GNRC_ID_NUM      | VARCHAR(20) | NULL     | No | No | Claim Unknown Provider Generic Identifier Number             |               |                                                                        |
| CLM_PRVDR_ROLE | PRVDR_UNK_ID_QLFYR_CD          | CHAR(2)     | NOT NULL | No | No | Party Unknown Identifier Qualifier Code                      |               |                                                                        |
| CLM_PRVDR_ROLE | CLM_UNK_PRVDR_NPI_NUM          | VARCHAR(10) | NULL     | No | No | Claim Unknown Provider NPI Number                            |               |                                                                        |

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| CLM_PRVDR_ROLE       | CLM_UNK_PRVDR_R_NAME           | VARCHAR(35) | NULL     | No  | No  | Claim Unknown Provider Name                                |
| CLM_PRVDR_ROLE       | CLM_UNK_PRVDR_R_TYPE_CD        | CHAR(3)     | NOT NULL | No  | No  | Claim Unknown Provider Type Code                           |
| CLM_PRVDR_ROLE       | CLM_UNK_PRVDR_R_TXNMY_CD       | CHAR(10)    | NOT NULL | No  | No  | Claim Unknown Provider Taxonomy Code                       |
| CLM_PRVDR_ROLE       | CLM_UNK_FED_PRVDR_SPCLTY_CD    | CHAR(2)     | NOT NULL | No  | No  | Claim Unknown Federal Provider Specialty Code              |
| CLM_PRVDR_ROLE       | GEO_UNK_SK                     | INTEGER     | NOT NULL | No  | No  | Geographic Unknown SurrogateKey                            |
| CLM_PRVDR_ROLE       | GEO_UNK_ZIP4_CD                | CHAR(4)     | NOT NULL | No  | No  | Geographic Unknown ZIP4 Code                               |
| CLM_PRVDR_ROLE       | GEO_UNK_USPS_STATE_CD          | CHAR(2)     | NOT NULL | No  | No  | Geographic Unknown United States Postal Service State Code |
| CLM_PRVDR_ROLE       | META_SK                        | INTEGER     | NOT NULL | No  | No  | Metadata Surrogate Key                                     |
| CLM_PRVDR_ROLE       | META_SRC_SK                    | SMALLINT    | NOT NULL | No  | No  | Metadata Source Surrogate Key                              |
| CLM_PRVDR_ROLE       | CLM_SRC_ID                     | CHAR(5)     | NULL     | No  | No  | Claim Source Identifier                                    |
| CLM_PRVDR_ROLE_DCMTN | GEO_BENE_SK                    | INTEGER     | NOT NULL | Yes | Yes | Geography Beneficiary Surrogate Key                        |
| CLM_PRVDR_ROLE_DCMTN | CLM_TYPE_CD                    | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code                                            |
| CLM_PRVDR_ROLE_DCMTN | CLM_NUM_SK                     | SMALLINT    | NOT NULL | Yes | Yes | Claim Number Surrogate Key                                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_DT_SGNTR_SK                | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature Surrogate Key                         |
| CLM_PRVDR_ROLE_DCMTN | CLM_ATNDG_L_PRVDR_ROLE_CD      | VARCHAR(20) | NOT NULL | No  | No  | Claim Attending Local Provider Role Code                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_ATNDG_L_PRVDR_TYPE_CD      | CHAR(10)    | NOT NULL | No  | No  | Claim Attending Local Provider Type Code                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_ATNDG_L_FED_SPCLTY_CD      | CHAR(10)    | NOT NULL | No  | No  | Claim Attending Local Federal Provider Specialty Code      |
| CLM_PRVDR_ROLE_DCMTN | CLM_ATNDG_PR_VDR_PRTCPTG_CD    | CHAR(1)     | NOT NULL | No  | No  | Claim Attending Provider Participating Code                |
| CLM_PRVDR_ROLE_DCMTN | CLM_ATNDG_PR_VDR_LINE_1_ADDR   | VARCHAR(28) | NULL     | No  | No  | Claim Attending Provider Line 1 Address                    |
| CLM_PRVDR_ROLE_DCMTN | CLM_ATNDG_PR_VDR_LINE_2_ADDR   | VARCHAR(28) | NULL     | No  | No  | Claim Attending Provider Line 2 Address                    |
| CLM_PRVDR_ROLE_DCMTN | CLM_ATNDG_PR_VDR_ADR_CITY_NAME | VARCHAR(28) | NULL     | No  | No  | Claim Attending Provider Address City Name                 |

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| CLM_PRVDR_ROLE_DCMTN | GEO_ATNDG_LC_L_CNTY_CD       | CHAR(10)    | NOT NULL | No | No | Geographic Attending<br>Local County Code                 |
| CLM_PRVDR_ROLE_DCMTN | GEO_ATNDG_LC_L_STATE_CD      | CHAR(10)    | NOT NULL | No | No | Geographic Attending<br>Local State Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_BLG_LCL_P_RVDR_ROLE_CD   | VARCHAR(20) | NOT NULL | No | No | Claim Billing Local<br>Provider Role Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_BLG_LCL_P_RVDR_TYPE_CD   | CHAR(10)    | NOT NULL | No | No | Claim Billing Local<br>Provider Type Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_BLG_LCL_F_ED_SPCLTY_CD   | CHAR(10)    | NOT NULL | No | No | Claim Billing Local<br>Federal Provider<br>Specialty Code |
| CLM_PRVDR_ROLE_DCMTN | CLM_BLG_PRVD_R_PRTCPTG_CD    | CHAR(1)     | NOT NULL | No | No | Claim Billing Provider<br>Participating Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_BLG_PRVD_R_LINE_1_ADR    | VARCHAR(28) | NULL     | No | No | Claim Billing Provider<br>Line 1 Address                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_BLG_PRVD_R_LINE_2_ADR    | VARCHAR(28) | NULL     | No | No | Claim Billing Provider<br>Line 2 Address                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_BLG_PRVD_R_ADR_CITY_NAME | VARCHAR(28) | NULL     | No | No | Claim Billing Provider<br>Address City Name               |
| CLM_PRVDR_ROLE_DCMTN | GEO_BLG_LCL_C_NTY_CD         | CHAR(10)    | NOT NULL | No | No | Geographic Billing Local<br>County Code                   |
| CLM_PRVDR_ROLE_DCMTN | GEO_BLG_LCL_S_TATE_CD        | CHAR(10)    | NOT NULL | No | No | Geographic Billing Local<br>State Code                    |



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| CLM_PRVDR_ROLE_DCMTN | CLM_DSPSNG_L<br>CL_PRIVDR_ROLE_CD  | VARCHAR(20) | NOT NULL | No | No | Claim Dispensing Local<br>Provider Role Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_DSPSNG_L<br>CL_PRIVDR_TYPE_CD  | CHAR(10)    | NOT NULL | No | No | Claim Dispensing Local<br>Provider Type Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_DSPSNG_L<br>CL_FED_SPCLTY_CD   | CHAR(10)    | NOT NULL | No | No | Claim Dispensing Local<br>Federal Provider<br>Specialty Code |
| CLM_PRVDR_ROLE_DCMTN | CLM_DSPSNG_P<br>RVDR_PRTCPTG_CD    | CHAR(1)     | NOT NULL | No | No | Claim Dispensing<br>Provider Participating<br>Code           |
| CLM_PRVDR_ROLE_DCMTN | CLM_DSPSNG_P<br>RVDR_LINE_1_ADR    | VARCHAR(28) | NULL     | No | No | Claim Dispensing<br>Provider Line 1 Address                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_DSPSNG_P<br>RVDR_LINE_2_ADR    | VARCHAR(28) | NULL     | No | No | Claim Dispensing<br>Provider Line 2 Address                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_DSPSNG_P<br>RVDR_ADR_CITY_NAME | VARCHAR(28) | NULL     | No | No | Claim Dispensing<br>Provider Address City<br>Name            |
| CLM_PRVDR_ROLE_DCMTN | GEO_DSPSNG_L<br>CL_CNTY_CD         | CHAR(10)    | NOT NULL | No | No | Geographic Dispensing<br>Local County Code                   |
| CLM_PRVDR_ROLE_DCMTN | GEO_DSPSNG_L<br>CL_STATE_CD        | CHAR(10)    | NOT NULL | No | No | Geographic Dispensing<br>Local State Code                    |
| CLM_PRVDR_ROLE_DCMTN | CLM_FAC_LCL_P<br>RVDR_ROLE_CD      | VARCHAR(20) | NOT NULL | No | No | Claim Facility Local<br>Provider Role Code                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_FAC_LCL_P<br>RVDR_TYPE_CD      | CHAR(10)    | NOT NULL | No | No | Claim Facility Local<br>Provider Type Code                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_FAC_LCL_F<br>ED_SPCLTY_CD      | CHAR(10)    | NOT NULL | No | No | Claim Facility Local<br>Federal Provider<br>Specialty Code   |
| CLM_PRVDR_ROLE_DCMTN | CLM_FAC_PRVD<br>R_PRTCPTG_CD       | CHAR(1)     | NOT NULL | No | No | Claim Facility Provider<br>Participating Code                |
| CLM_PRVDR_ROLE_DCMTN | CLM_FAC_PRVD<br>R_LINE_1_ADR       | VARCHAR(28) | NULL     | No | No | Claim Facility Provider<br>Line 1 Address                    |
| CLM_PRVDR_ROLE_DCMTN | CLM_FAC_PRVD<br>R_LINE_2_ADR       | VARCHAR(28) | NULL     | No | No | Claim Facility Provider<br>Line 2 Address                    |

|                      |                                    |             |          |    |    |                                                             |
|----------------------|------------------------------------|-------------|----------|----|----|-------------------------------------------------------------|
| CLM_PRVDR_ROLE_DCMTN | CLM_FAC_PRVD<br>R_ADR_CITY_NAME    | VARCHAR(28) | NULL     | No | No | Claim Facility Provider<br>Address City Name                |
| CLM_PRVDR_ROLE_DCMTN | GEO_FAC_LCL_C<br>NTY_CD            | CHAR(10)    | NOT NULL | No | No | Geographic Facility Local<br>County Code                    |
| CLM_PRVDR_ROLE_DCMTN | GEO_FAC_LCL_S<br>TATE_CD           | CHAR(10)    | NOT NULL | No | No | Geographic Facility Local<br>State Code                     |
| CLM_PRVDR_ROLE_DCMTN | CLM_OPRTG_LC<br>L_PRVDR_ROLE_CD    | VARCHAR(20) | NOT NULL | No | No | Claim Operating Local<br>Provider Role Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_OPRTG_LC<br>L_PRVDR_TYPE_CD    | CHAR(10)    | NOT NULL | No | No | Claim Operating Local<br>Provider Type Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_OPRTG_LC<br>L_FED_SPCLTY_CD    | CHAR(10)    | NOT NULL | No | No | Claim Operating Local<br>Federal Provider<br>Specialty Code |
| CLM_PRVDR_ROLE_DCMTN | CLM_OPRTG_PR<br>VDR_PRTCPTG_CD     | CHAR(1)     | NOT NULL | No | No | Claim Operating<br>Provider Participating<br>Code           |
| CLM_PRVDR_ROLE_DCMTN | CLM_OPRTG_PR<br>VDR_LINE_1_ADDRESS | VARCHAR(28) | NULL     | No | No | Claim Operating<br>Provider Line 1 Address                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_OPRTG_PR<br>VDR_LINE_2_ADDRESS | VARCHAR(28) | NULL     | No | No | Claim Operating<br>Provider Line 2 Address                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_OPRTG_PR<br>VDR_ADR_CITY_NAME  | VARCHAR(28) | NULL     | No | No | Claim Operating<br>Provider Address City<br>Name            |
| CLM_PRVDR_ROLE_DCMTN | GEO_OPRTG_LCL<br>CNTY_CD           | CHAR(10)    | NOT NULL | No | No | Geographic Operating<br>Local County Code                   |
| CLM_PRVDR_ROLE_DCMTN | GEO_OPRTG_LCL<br>STATE_CD          | CHAR(10)    | NOT NULL | No | No | Geographic Operating<br>Local State Code                    |
| CLM_PRVDR_ROLE_DCMTN | CLM_ORDRG_LC<br>L_PRVDR_ROLE_CD    | VARCHAR(20) | NOT NULL | No | No | Claim Ordering Local<br>Provider Role Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_ORDRG_LC<br>L_PRVDR_TYPE_CD    | CHAR(10)    | NOT NULL | No | No | Claim Ordering Local<br>Provider Type Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_ORDRG_LC<br>L_FED_SPCLTY_CD    | CHAR(10)    | NOT NULL | No | No | Claim Ordering Local<br>Federal Provider<br>Specialty Code  |
| CLM_PRVDR_ROLE_DCMTN | CLM_ORDRG_PR<br>VDR_PRTCPTG_CD     | CHAR(1)     | NOT NULL | No | No | Claim Ordering Provider<br>Participating Code               |

|                      |                                |             |          |    |    |                                                          |
|----------------------|--------------------------------|-------------|----------|----|----|----------------------------------------------------------|
| CLM_PRVDR_ROLE_DCMTN | CLM_ORDRG_PR_VDR_LINE_1_ADDR   | VARCHAR(28) | NULL     | No | No | Claim Ordering Provider<br>Line 1 Address                |
| CLM_PRVDR_ROLE_DCMTN | CLM_ORDRG_PR_VDR_LINE_2_ADDR   | VARCHAR(28) | NULL     | No | No | Claim Ordering Provider<br>Line 2 Address                |
| CLM_PRVDR_ROLE_DCMTN | CLM_ORDRG_PR_VDR_ADR_CITY_NAME | VARCHAR(28) | NULL     | No | No | Claim Ordering Provider<br>Address City Name             |
| CLM_PRVDR_ROLE_DCMTN | GEO_ORDRG_LC_L_CNTY_CD         | CHAR(10)    | NOT NULL | No | No | Geographic Ordering<br>Local County Code                 |
| CLM_PRVDR_ROLE_DCMTN | GEO_ORDRG_LC_L_STATE_CD        | CHAR(10)    | NOT NULL | No | No | Geographic Ordering<br>Local State Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_OTHR_LCL_PRIVDR_ROLE_CD    | VARCHAR(20) | NOT NULL | No | No | Claim Other Local<br>Provider Role Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_OTHR_LCL_PRIVDR_TYPE_CD    | CHAR(10)    | NOT NULL | No | No | Claim Other Local<br>Provider Type Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_OTHR_LCL_FED_SPCLTY_CD     | CHAR(10)    | NOT NULL | No | No | Claim Other Local<br>Federal Provider<br>Specialty Code  |
| CLM_PRVDR_ROLE_DCMTN | CLM_OTHR_PRIV_DR_PRTCPTG_CD    | CHAR(1)     | NOT NULL | No | No | Claim Other Provider<br>Participating Code               |
| CLM_PRVDR_ROLE_DCMTN | CLM_OTHR_PRIV_DR_LINE_1_ADR    | VARCHAR(28) | NULL     | No | No | Claim Other Provider<br>Line 1 Address                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_OTHR_PRIV_DR_LINE_2_ADR    | VARCHAR(28) | NULL     | No | No | Claim Other Provider<br>Line 2 Address                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_OTHR_PRIV_DR_ADR_CITY_NAME | VARCHAR(28) | NULL     | No | No | Claim Other Provider<br>Address City Name                |
| CLM_PRVDR_ROLE_DCMTN | GEO_OTHR_LCL_CNTY_CD           | CHAR(10)    | NOT NULL | No | No | Geographic Other Local<br>County Code                    |
| CLM_PRVDR_ROLE_DCMTN | GEO_OTHR_LCL_STATE_CD          | CHAR(10)    | NOT NULL | No | No | Geographic Other Local<br>State Code                     |
| CLM_PRVDR_ROLE_DCMTN | CLM_PAYTO_LCL_PRIVDR_ROLE_CD   | VARCHAR(20) | NOT NULL | No | No | Claim Pay To Local<br>Provider Role Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_PAYTO_LCL_PRIVDR_TYPE_CD   | CHAR(10)    | NOT NULL | No | No | Claim Pay To Local<br>Provider Type Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_PAYTO_LCL_FED_SPCLTY_CD    | CHAR(10)    | NOT NULL | No | No | Claim Pay To Local<br>Federal Provider<br>Specialty Code |
| CLM_PRVDR_ROLE_DCMTN | CLM_PAYTO_PRIVDR_PRTCPTG_CD    | CHAR(1)     | NOT NULL | No | No | Claim Pay To Provider<br>Participating Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_PAYTO_PRIVDR_LINE_1_ADR    | VARCHAR(28) | NULL     | No | No | Claim Pay To Provider<br>Line 1 Address                  |

|                      |                                |             |          |    |    |                                                         |
|----------------------|--------------------------------|-------------|----------|----|----|---------------------------------------------------------|
| CLM_PRVDR_ROLE_DCMTN | CLM_PAYTO_PR_VDR_LINE_2_ADDR   | VARCHAR(28) | NULL     | No | No | Claim Pay To Provider Line 2 Address                    |
| CLM_PRVDR_ROLE_DCMTN | CLM_PAYTO_PR_VDR_ADR_CITY_NAME | VARCHAR(28) | NULL     | No | No | Claim Pay To Provider Address City Name                 |
| CLM_PRVDR_ROLE_DCMTN | GEO_PAYTO_LCL_CNTY_CD          | CHAR(10)    | NOT NULL | No | No | Geographic Pay To Local County Code                     |
| CLM_PRVDR_ROLE_DCMTN | GEO_PAYTO_LCL_STATE_CD         | CHAR(10)    | NOT NULL | No | No | Geographic Pay To Local State Code                      |
| CLM_PRVDR_ROLE_DCMTN | CLM_PCP_LCL_P_RVDR_ROLE_CD     | VARCHAR(20) | NOT NULL | No | No | Claim Primary Local Provider Role Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_PCP_LCL_P_RVDR_TYPE_CD     | CHAR(10)    | NOT NULL | No | No | Claim Primary Local Provider Type Code                  |
| CLM_PRVDR_ROLE_DCMTN | CLM_PCP_LCL_F_ED_SPCLTY_CD     | CHAR(10)    | NOT NULL | No | No | Claim Primary Local Federal Provider Specialty Code     |
| CLM_PRVDR_ROLE_DCMTN | CLM_PCP_PRVD_R_PRTCPTG_CD      | CHAR(1)     | NOT NULL | No | No | Claim Primary Provider Participating Code               |
| CLM_PRVDR_ROLE_DCMTN | CLM_PCP_PRVD_R_LINE_1_ADR      | VARCHAR(28) | NULL     | No | No | Claim Primary Provider Line 1 Address                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_PCP_PRVD_R_LINE_2_ADR      | VARCHAR(28) | NULL     | No | No | Claim Primary Provider Line 2 Address                   |
| CLM_PRVDR_ROLE_DCMTN | CLM_PCP_PRVD_R_ADR_CITY_NAME   | VARCHAR(28) | NULL     | No | No | Claim Primary Provider Address City Name                |
| CLM_PRVDR_ROLE_DCMTN | GEO_PCP_LCL_C_NTY_CD           | CHAR(10)    | NOT NULL | No | No | Geographic Primary Local County Code                    |
| CLM_PRVDR_ROLE_DCMTN | GEO_PCP_LCL_S_TATE_CD          | CHAR(10)    | NOT NULL | No | No | Geographic Primary Local State Code                     |
| CLM_PRVDR_ROLE_DCMTN | CLM_PRSBNG_L_CL_PRVDR_ROLE_CD  | VARCHAR(20) | NOT NULL | No | No | Claim Prescribing Local Provider Role Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_PRSBNG_L_CL_PRVDR_TYPE_CD  | CHAR(10)    | NOT NULL | No | No | Claim Prescribing Local Provider Type Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_PRSBNG_L_CL_FED_SPCLTY_CD  | CHAR(10)    | NOT NULL | No | No | Claim Prescribing Local Federal Provider Specialty Code |
| CLM_PRVDR_ROLE_DCMTN | CLM_PRSBNG_P_RVDR_PRTCPTG_CD   | CHAR(1)     | NOT NULL | No | No | Claim Prescribing Provider Participating Code           |
| CLM_PRVDR_ROLE_DCMTN | CLM_PRSBNG_P_RVDR_LINE_1_ADR   | VARCHAR(28) | NULL     | No | No | Claim Prescribing Provider Line 1 Address               |
| CLM_PRVDR_ROLE_DCMTN | CLM_PRSBNG_P_RVDR_LINE_2_ADR   | VARCHAR(28) | NULL     | No | No | Claim Prescribing Provider Line 2 Address               |

|                      |                                 |             |          |    |    |                                                       |
|----------------------|---------------------------------|-------------|----------|----|----|-------------------------------------------------------|
| CLM_PRVDR_ROLE_DCMTN | CLM_PRSBNG_P_RVDR_ADR_CITY_NAME | VARCHAR(28) | NULL     | No | No | Claim Prescribing Provider Address City Name          |
| CLM_PRVDR_ROLE_DCMTN | GEO_PRSBNG_L_CL_CNTY_CD         | CHAR(10)    | NOT NULL | No | No | Geographic Prescribing Local County Code              |
| CLM_PRVDR_ROLE_DCMTN | GEO_PRSBNG_L_CL_STATE_CD        | CHAR(10)    | NOT NULL | No | No | Geographic Prescribing Local State Code               |
| CLM_PRVDR_ROLE_DCMTN | CLM_RFRG_LCL_PRVDR_ROLE_CD      | VARCHAR(20) | NOT NULL | No | No | Claim Referring Local Provider Role Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_RFRG_LCL_PRVDR_TYPE_CD      | CHAR(10)    | NOT NULL | No | No | Claim Referring Local Provider Type Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_RFRG_LCL_FED_SPCLTY_CD      | CHAR(10)    | NOT NULL | No | No | Claim Referring Local Federal Provider Specialty Code |
| CLM_PRVDR_ROLE_DCMTN | CLM_RFRG_PRV_DR_PRTCPTG_CD      | CHAR(1)     | NOT NULL | No | No | Claim Referring Provider Participating Code           |
| CLM_PRVDR_ROLE_DCMTN | CLM_RFRG_PRV_DR_LINE_1_ADR      | VARCHAR(28) | NULL     | No | No | Claim Referring Provider Line 1 Address               |
| CLM_PRVDR_ROLE_DCMTN | CLM_RFRG_PRV_DR_LINE_2_ADR      | VARCHAR(28) | NULL     | No | No | Claim Referring Provider Line 2 Address               |
| CLM_PRVDR_ROLE_DCMTN | CLM_RFRG_PRV_DR_ADR_CITY_NAME   | VARCHAR(28) | NULL     | No | No | Claim Referring Provider Address City Name            |
| CLM_PRVDR_ROLE_DCMTN | GEO_RFRG_LCL_CNTY_CD            | CHAR(10)    | NOT NULL | No | No | Geographic Referring Local County Code                |
| CLM_PRVDR_ROLE_DCMTN | GEO_RFRG_LCL_STATE_CD           | CHAR(10)    | NOT NULL | No | No | Geographic Referring Local State Code                 |
| CLM_PRVDR_ROLE_DCMTN | CLM_RNDRG_LCL_PRVDR_ROLE_CD     | VARCHAR(20) | NOT NULL | No | No | Claim Rendering Local Provider Role Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_RNDRG_LCL_PRVDR_TYPE_CD     | CHAR(10)    | NOT NULL | No | No | Claim Rendering Local Provider Type Code              |
| CLM_PRVDR_ROLE_DCMTN | CLM_RNDRG_LCL_FED_SPCLTY_CD     | CHAR(10)    | NOT NULL | No | No | Claim Rendering Local Federal Provider Specialty Code |
| CLM_PRVDR_ROLE_DCMTN | CLM_RNDRG_PRVDR_PRTCPTG_CD      | CHAR(1)     | NOT NULL | No | No | Claim Rendering Provider Participating Code           |
| CLM_PRVDR_ROLE_DCMTN | CLM_RNDRG_PRVDR_LINE_1_ADR      | VARCHAR(28) | NULL     | No | No | Claim Rendering Provider Line 1 Address               |
| CLM_PRVDR_ROLE_DCMTN | CLM_RNDRG_PRVDR_LINE_2_ADR      | VARCHAR(28) | NULL     | No | No | Claim Rendering Provider Line 2 Address               |
| CLM_PRVDR_ROLE_DCMTN | CLM_RNDRG_PRVDR_ADR_CITY_NAME   | VARCHAR(28) | NULL     | No | No | Claim Rendering Provider Address City Name            |

|                        |                               |               |          |     |     |                                                           |
|------------------------|-------------------------------|---------------|----------|-----|-----|-----------------------------------------------------------|
| CLM_PRVDR_ROLE_DCMTN   | GEO_RNDRG_LC_L_CNTY_CD        | CHAR(10)      | NOT NULL | No  | No  | Geographic Rendering<br>Local County Code                 |
| CLM_PRVDR_ROLE_DCMTN   | GEO_RNDRG_LC_L_STATE_CD       | CHAR(10)      | NOT NULL | No  | No  | Geographic Rendering<br>Local State Code                  |
| CLM_PRVDR_ROLE_DCMTN   | CLM_UNK_LCL_P_RVDR_ROLE_CD    | VARCHAR(20)   | NOT NULL | No  | No  | Claim Unknown Local<br>Provider Role Code                 |
| CLM_PRVDR_ROLE_DCMTN   | CLM_UNK_LCL_P_RVDR_TYPE_CD    | CHAR(10)      | NOT NULL | No  | No  | Claim Unknown Local<br>Provider Type Code                 |
| CLM_PRVDR_ROLE_DCMTN   | CLM_UNK_LCL_F_ED_SPCLTY_CD    | CHAR(10)      | NOT NULL | No  | No  | Claim Unknown Local<br>Federal Provider<br>Specialty Code |
| CLM_PRVDR_ROLE_DCMTN   | CLM_UNK_PRVD_R_PRTCPTG_CD     | CHAR(1)       | NOT NULL | No  | No  | Claim Unknown Provider<br>Participating Code              |
| CLM_PRVDR_ROLE_DCMTN   | CLM_UNK_PRVD_R_LINE_1_ADR     | VARCHAR(28)   | NULL     | No  | No  | Claim Unknown Provider<br>Line 1 Address                  |
| CLM_PRVDR_ROLE_DCMTN   | CLM_UNK_PRVD_R_LINE_2_ADR     | VARCHAR(28)   | NULL     | No  | No  | Claim Unknown Provider<br>Line 2 Address                  |
| CLM_PRVDR_ROLE_DCMTN   | CLM_UNK_PRVD_R_ADR_CITY_NAME  | VARCHAR(28)   | NULL     | No  | No  | Claim Unknown Provider<br>Address City Name               |
| CLM_PRVDR_ROLE_DCMTN   | GEO_UNK_LCL_C_NTY_CD          | CHAR(10)      | NOT NULL | No  | No  | Geographic Unknown<br>Local County Code                   |
| CLM_PRVDR_ROLE_DCMTN   | GEO_UNK_LCL_S_TATE_CD         | CHAR(10)      | NOT NULL | No  | No  | Geographic Unknown<br>Local State Code                    |
| CLM_PRVDR_ROLE_DCMTN   | META_SK                       | INTEGER       | NOT NULL | No  | No  | Metadata Surrogate Key                                    |
| CLM_PRVDR_ROLE_DCMTN   | META_SRC_SK                   | SMALLINT      | NOT NULL | No  | No  | Metadata Source<br>Surrogate Key                          |
| CLM_PRVDR_ROLE_DCMTN   | CLM_SRC_ID                    | CHAR(5)       | NULL     | No  | No  | Claim Source Identifier                                   |
| CLM_PTCH_GRP_SGNTR     | CLM_PTCH_GRP_SGNTR_SK         | DECIMAL(9)    | NOT NULL | Yes | No  | Claim Patch Group<br>Signature Surrogate Key              |
| CLM_PTCH_GRP_SGNTR     | CLM_PTCH_SGN_TR_PRIME_LOG_NUM | DECIMAL(18,1) | NULL     | No  | No  | Claim Patch Group<br>Signature Prime Log<br>Number        |
| CLM_PTCH_GRP_SGNTR     | CLM_PTCH_SGN_TR_MBR_CNT       | SMALLINT      | NULL     | No  | No  | Claim Patch Group<br>Signature Member<br>Count            |
| CLM_PTCH_GRP_SGNTR     | META_SK                       | INTEGER       | NOT NULL | No  | No  | Metadata SurrogateKey                                     |
| CLM_PTCH_GRP_SGNTR     | META_SRC_SK                   | SMALLINT      | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                           |
| CLM_PTCH_GRP_SGNTR_MBR | CLM_PTCH_GRP_SGNTR_SK         | DECIMAL(9)    | NOT NULL | Yes | Yes | Claim Patch Group<br>Signature Surrogate Key              |

|                                |                                       |                    |          |     |     |                                                           |                      |                                                                                                                 |
|--------------------------------|---------------------------------------|--------------------|----------|-----|-----|-----------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------|
| CLM_PTCH_G<br>RP_SGNTR_M<br>BR | CLM_PTCH_CD                           | CHAR(2)            | NOT NULL | Yes | No  | Claim Patch Code                                          |                      |                                                                                                                 |
| CLM_PTCH_G<br>RP_SGNTR_M<br>BR | CLM_PTCH_APPL<br>Y_DT                 | DATE               | NOT NULL | Yes | No  | Claim Patch Apply Date                                    |                      |                                                                                                                 |
| CLM_PTCH_G<br>RP_SGNTR_M<br>BR | META_SK                               | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                                     |                      |                                                                                                                 |
| CLM_PTCH_G<br>RP_SGNTR_M<br>BR | META_SRC_SK                           | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                           |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR         | CLM_RLT_COND<br>_SGNTR_SK             | DECIMAL(18,0<br>)  | NOT NULL | Yes | No  | Claim Related Condition<br>Signature Surrogate Key        |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR         | CLM_RLT_COND<br>_SGNTR_PRIME_<br>NUM  | DECIMAL(18,1<br>5) | NULL     | No  | No  | Claim Related Condition<br>Signature Prime Log<br>Number  |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR         | CLM_RLT_COND<br>_SGNTR_MBR_C<br>NT    | SMALLINT           | NULL     | No  | No  | Claim Related Condition<br>Signature Member<br>Count      |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR         | CLM_SRC_ID                            | VARCHAR(20)        | NULL     | No  | No  | Claim Source Identifier                                   |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR         | META_SK                               | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                                     |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR         | META_SRC_SK                           | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                           |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR_M<br>BR | CLM_RLT_COND<br>_SGNTR_SK             | DECIMAL(18,0<br>)  | NOT NULL | Yes | Yes | Claim Related Condition<br>Signature Surrogate Key        |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR_M<br>BR | CLM_RLT_COND<br>_CD                   | CHAR(2)            | NOT NULL | Yes | No  | Claim Related Condition<br>Code                           | FSSCIDRP-<br>COND-CD | the codes used<br>to identify<br>conditions<br>relating to the<br>claim that may<br>affect payer<br>processing. |
| CLM_RLT_CO<br>ND_SGNTR_M<br>BR | CLM_RLT_COND<br>_PRNCPL_IND_C<br>D    | CHAR(2)            | NULL     | No  | No  | Claim Related Condition<br>Principal Indicator Code       |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR_M<br>BR | CLM_SRC_ID                            | CHAR(5)            | NULL     | No  | No  | Claim Source Identifier                                   |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR_M<br>BR | META_SK                               | INTEGER            | NOT NULL | No  | No  | Metadata SurrogateKey                                     |                      |                                                                                                                 |
| CLM_RLT_CO<br>ND_SGNTR_M<br>BR | META_SRC_SK                           | SMALLINT           | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                           |                      |                                                                                                                 |
| CLM_RLT_OCR<br>NC_SGNTR        | CLM_RLT_OCRN<br>C_SGNTR_SK            | DECIMAL(9)         | NOT NULL | Yes | No  | Claim Related Occurrence<br>Signature Surrogate Key       |                      |                                                                                                                 |
| CLM_RLT_OCR<br>NC_SGNTR        | CLM_RLT_OCRN<br>C_SGNTR_PRIME_<br>NUM | DECIMAL(18,1<br>5) | NULL     | No  | No  | Claim Related<br>Occurrence Signature<br>Prime Log Number |                      |                                                                                                                 |

|                                       |                                     |            |          |     |     |                                                       |                                |                                                                                            |
|---------------------------------------|-------------------------------------|------------|----------|-----|-----|-------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------|
| CLM_RLT_OCR<br>NC_SGNTR               | CLM_RLT_OCRN<br>C_SGNTR_MBR_<br>CNT | SMALLINT   | NULL     | No  | No  | Claim Related<br>Occurrence Signature<br>Member Count |                                |                                                                                            |
| CLM_RLT_OCR<br>NC_SGNTR               | CLM_SRC_ID                          | CHAR(5)    | NULL     | No  | No  | Meta Source ID                                        |                                |                                                                                            |
| CLM_RLT_OCR<br>NC_SGNTR               | META_SK                             | INTEGER    | NOT NULL | No  | No  | Metadata SurrogateKey                                 |                                |                                                                                            |
| CLM_RLT_OCR<br>NC_SGNTR               | META_SRC_SK                         | SMALLINT   | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                       |                                |                                                                                            |
| CLM_RLT_OCR<br>NC_SGNTR_M<br>BR       | CLM_RLT_OCRN<br>C_SGNTR_SK          | DECIMAL(9) | NOT NULL | Yes | Yes | Claim Related Occurrence<br>Signature Surrogate Key   |                                |                                                                                            |
| CLM_RLT_OCR<br>NC_SGNTR_M<br>BR       | CLM_RLT_OCRN<br>C_CD                | CHAR(2)    | NOT NULL | Yes | No  | Claim Related<br>Occurrence Code                      | FSSCIDRP-<br>OCCUR-CD          | These fields<br>identify a<br>significant<br>event relating<br>to payment of<br>this claim |
| CLM_RLT_OCR<br>NC_SGNTR_M<br>BR       | CLM_RLT_OCRN<br>C_DT                | DATE       | NOT NULL | Yes | No  | Claim Related<br>Occurrence Date                      | FSSCIDRP-<br>OCCUR-DT-<br>CYMD | Occurrence<br>code date                                                                    |
| CLM_RLT_OCR<br>NC_SGNTR_M<br>BR       | META_SK                             | INTEGER    | NOT NULL | No  | No  | Metadata SurrogateKey                                 |                                |                                                                                            |
| CLM_RLT_OCR<br>NC_SGNTR_M<br>BR       | META_SRC_SK                         | SMALLINT   | NOT NULL | No  | No  | Metadata Source<br>SurrogateKey                       |                                |                                                                                            |
| CLM_RLT_OCR<br>NC_SGNTR_M<br>BR       | CLM_SRC_ID                          | CHAR(5)    | NULL     | No  | No  | Claim Source Identifier                               |                                |                                                                                            |
| CLM_SHRD_SY<br>SS_ACNT_ACN<br>T_RCVBL | GEO_BENE_SK                         | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                 |                                |                                                                                            |
| CLM_SHRD_SY<br>SS_ACNT_ACN<br>T_RCVBL | CLM_DT_SGNTR<br>_SK                 | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                  |                                |                                                                                            |
| CLM_SHRD_SY<br>SS_ACNT_ACN<br>T_RCVBL | CLM_TYPE_CD                         | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                       |                                |                                                                                            |
| CLM_SHRD_SY<br>SS_ACNT_ACN<br>T_RCVBL | CLM_NUM_SK                          | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                          |                                |                                                                                            |



|             |              |            |          |     |     |                                               |
|-------------|--------------|------------|----------|-----|-----|-----------------------------------------------|
| CLM_SHRD_SY | CLM_ACNT_RCV | CHAR(15)   | NOT NULL | Yes | No  | CLAIM ACCOUNT<br>RECEIVABLE NUMBER            |
| SS_ACNT_ACN | BL_NUM       |            |          |     |     |                                               |
| T_RCVBL_    |              |            |          |     |     |                                               |
| CLM_SHRD_SY | CLM_ACNT_RCV | CHAR(1)    | NULL     | No  | No  | CLAIM ACCOUNT<br>RECEIVABLE CLOSURE<br>SWITCH |
| SS_ACNT_ACN | BL_CLSR_SW   |            |          |     |     |                                               |
| T_RCVBL_    |              |            |          |     |     |                                               |
| CLM_SHRD_SY | CLM_ACNT_RCV | NUMERIC(8) | NULL     | No  | No  | CLAIM ACCOUNT<br>RECEIVABLE TRAILER<br>DATE   |
| SS_ACNT_ACN | BL_TRLR_DT   |            |          |     |     |                                               |
| T_RCVBL_    |              |            |          |     |     |                                               |
| CLM_SHRD_SY | GEO_BENE_SK  | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey         |
| SS_ADJSTMT_ |              |            |          |     |     |                                               |
| MCS         |              |            |          |     |     |                                               |

|             |               |            |          |     |     |                      |
|-------------|---------------|------------|----------|-----|-----|----------------------|
| CLM_SHRD_SY | CLM_DT_SGNTR  | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature |
| SS_ADJSTMT_ | _SK           |            |          |     |     | SurrogateKey         |
| MCS         |               |            |          |     |     |                      |
| CLM_SHRD_SY | CLM_TYPE_CD   | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code      |
| SS_ADJSTMT_ |               |            |          |     |     |                      |
| MCS         |               |            |          |     |     |                      |
| CLM_SHRD_SY | CLM_NUM_SK    | SMALLINT   | NOT NULL | Yes | Yes | Claim Number         |
| SS_ADJSTMT_ |               |            |          |     |     | SurrogateKey         |
| MCS         |               |            |          |     |     |                      |
| CLM_SHRD_SY | CLM_ADJSTMT_  | NUMERIC(8) | NOT NULL | Yes | No  | CLAIM ADJUSTMENT     |
| SS_ADJSTMT_ | DT            |            |          |     |     | DATE                 |
| MCS         |               |            |          |     |     |                      |
| CLM_SHRD_SY | CLM_XREF_ICN_ | CHAR(15)   | NULL     | No  | No  | CLAIM CROSS          |
| SS_ADJSTMT_ | NUM           |            |          |     |     | REFERENCE ICN        |
| MCS         |               |            |          |     |     | NUMBER               |
| CLM_SHRD_SY | CLM_INITG_CLM | CHAR(15)   | NULL     | No  | No  | CLAIM INITIATING     |
| SS_ADJSTMT_ | _CNTL_NUM     |            |          |     |     | CLAIM CONTROL        |
| MCS         |               |            |          |     |     | NUMBER               |

|             |                 |              |          |     |    |                  |
|-------------|-----------------|--------------|----------|-----|----|------------------|
| CLM_SHRD_SY | CLM_ADJSTMT_    | CHAR(4)      | NULL     | No  | No | CLAIM ADJUSTMENT |
| SS_ADJSTMT_ | CLRK_NUM        |              |          |     |    | CLERK NUMBER     |
| MCS         |                 |              |          |     |    |                  |
| CLM_SHRD_SY | CLM_ADJSTMT_    | NUMERIC(8)   | NULL     | No  | No | CLAIM ADJUSTMENT |
| SS_ADJSTMT_ | CHK_WRT_DT      |              |          |     |    | CHECK WRITE DATE |
| MCS         |                 |              |          |     |    |                  |
| CLM_SHRD_SY | CLM_DSCVRY_R    | CHAR(1)      | NULL     | No  | No | CLAIM DISCOVERY  |
| SS_ADJSTMT_ | SN_CD           |              |          |     |    | REASON CODE      |
| MCS         |                 |              |          |     |    |                  |
| CLM_SHRD_SY | CLM_ADJSTMT_    | CHAR(2)      | NOT NULL | Yes | No | CLAIM ADJUSTMENT |
| SS_ADJSTMT_ | RSN_CD          |              |          |     |    | REASON CODE      |
| RSN_CD      |                 |              |          |     |    |                  |
| CLM_SHRD_SY | SS_Claim_Adjust | VARCHAR(100) | NULL     | No  | No | CLAIM ADJUSTMENT |
| SS_ADJSTMT_ | ment_Reas6378 ) |              |          |     |    | REASON CODE      |
| RSN_CD      | 42              |              |          |     |    | DESCRIPTION      |

|                                                                 |               |          |     |     |                                        |                  |                                                                                                                                                  |
|-----------------------------------------------------------------|---------------|----------|-----|-----|----------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY META_SK<br>SS_ADJSTMT_<br>RSN_CD                    | INTEGER       | NULL     | No  | No  | Metadata SurrogateKey                  |                  |                                                                                                                                                  |
| CLM_SHRD_SY META_SRC_SK<br>SS_ADJSTMT_<br>RSN_CD                | SMALLINT      | NULL     | No  | No  | Metadata Source SurrogateKey           |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_ADJSTMT_<br>SS_ADJSTMT_ RSN_TYPE_CD<br>RSN_CD   | CHAR(1)       | NULL     | No  | No  | CLAIM ADJUSTMENT REASON TYPE CODE      |                  |                                                                                                                                                  |
| CLM_SHRD_SY GEO_BENE_SK<br>SS_ANSI_RMR<br>K_VMS                 | INTEGER       | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey     |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_DT_SGNTR<br>SS_ANSI_RMR _SK<br>K_VMS            | INTEGER       | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey      |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_TYPE_CD<br>SS_ANSI_RMR<br>K_VMS                 | SMALLINT      | NOT NULL | Yes | Yes | Claim Type Code                        |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_NUM_SK<br>SS_ANSI_RMR<br>K_VMS                  | SMALLINT      | NOT NULL | Yes | Yes | Claim Number SurrogateKey              |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_ANSI_RMR<br>SS_ANSI_RMR K_CD_SQNC_NU<br>K_VMS M | NUMERIC(1)    | NOT NULL | Yes | No  | CLAIM ANSI REMARK CODE SEQUENCE NUMBER |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_ANSI_RMR<br>SS_ANSI_RMR K_CD<br>K_VMS           | CHAR(5)       | NULL     | No  | No  | CLAIM ANSI REMARK CODE                 | CL-ANSI-MOA-CODE | This is the number of the message tied to the American National Standards Institute (ANSI) Remark Code that is printed on the Remittance Advice. |
| CLM_SHRD_SY CLM_ASGNMT_<br>SS_ASGNMT_ CD<br>CD                  | CHAR(2)       | NOT NULL | Yes | No  | CLAIM ASSIGNMENT CODE                  |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_ASGNMT_<br>SS_ASGNMT_ CD_DESC<br>CD             | VARCHAR(100 ) | NULL     | No  | No  | CLAIM ASSIGNMENT CODE DESCRIPTION      |                  |                                                                                                                                                  |
| CLM_SHRD_SY META_SK<br>SS_ASGNMT_<br>CD                         | INTEGER       | NULL     | No  | No  | Metadata SurrogateKey                  |                  |                                                                                                                                                  |
| CLM_SHRD_SY META_SRC_SK<br>SS_ASGNMT_<br>CD                     | SMALLINT      | NULL     | No  | No  | Metadata Source SurrogateKey           |                  |                                                                                                                                                  |
| CLM_SHRD_SY GEO_BENE_SK<br>SS_BNFT_DNL<br>LTR_FIS               | INTEGER       | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey     |                  |                                                                                                                                                  |
| CLM_SHRD_SY CLM_DT_SGNTR<br>SS_BNFT_DNL _SK<br>LTR_FIS          | INTEGER       | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey      |                  |                                                                                                                                                  |

|             |               |            |          |     |     |                       |               |                                                                                                                                                 |
|-------------|---------------|------------|----------|-----|-----|-----------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_TYPE_CD   | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code       |               |                                                                                                                                                 |
| SS_BNFT_DNL |               |            |          |     |     |                       |               |                                                                                                                                                 |
| LTR_FIS     |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_NUM_SK    | SMALLINT   | NOT NULL | Yes | Yes | Claim Number          |               |                                                                                                                                                 |
| SS_BNFT_DNL |               |            |          |     |     | SurrogateKey          |               |                                                                                                                                                 |
| LTR_FIS     |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_BNFT_DNL  | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM BENEFIT DENIAL  |               |                                                                                                                                                 |
| SS_BNFT_DNL | _LTR_SQNC_NU  |            |          |     |     | LETTER SEQUENCE       |               |                                                                                                                                                 |
| LTR_FIS     | M             |            |          |     |     | NUMBER                |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_BNFT_DNL  | CHAR(5)    | NULL     | No  | No  | CLAIM BENEFIT DENIAL  | FSSCIDRP-BDL- | This is a multi-purpose field that may hold a Return to Provider code, a Benefit Denial Letter code, or an Additional Development Request code. |
| SS_BNFT_DNL | _LTR_CD       |            |          |     |     | LETTER CODE           | LETTER-CD     |                                                                                                                                                 |
| LTR_FIS     |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | GEO_BENE_SK   | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary |               |                                                                                                                                                 |
| SS_CLM_AUD  |               |            |          |     |     | SurrogateKey          |               |                                                                                                                                                 |
| T_MCS       |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_DT_SGNTR  | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature  |               |                                                                                                                                                 |
| SS_CLM_AUD  | _SK           |            |          |     |     | SurrogateKey          |               |                                                                                                                                                 |
| T_MCS       |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_TYPE_CD   | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code       |               |                                                                                                                                                 |
| SS_CLM_AUD  |               |            |          |     |     |                       |               |                                                                                                                                                 |
| T_MCS       |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_NUM_SK    | SMALLINT   | NOT NULL | Yes | Yes | Claim Number          |               |                                                                                                                                                 |
| SS_CLM_AUD  |               |            |          |     |     | SurrogateKey          |               |                                                                                                                                                 |
| T_MCS       |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_AUDT_NU   | NUMERIC(3) | NOT NULL | Yes | No  | CLAIM AUDIT NUMBER    |               |                                                                                                                                                 |
| SS_CLM_AUD  | M             |            |          |     |     |                       |               |                                                                                                                                                 |
| T_MCS       |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_FINCL_SQN | NUMERIC(1) | NOT NULL | Yes | Yes | CLAIM FINANCIAL       |               |                                                                                                                                                 |
| SS_CLM_AUD  | C_NUM         |            |          |     |     | SEQUENCE NUMBER       |               |                                                                                                                                                 |
| T_MCS       |               |            |          |     |     |                       |               |                                                                                                                                                 |
| CLM_SHRD_SY | CLM_AUDT_IND  | CHAR(1)    | NULL     | No  | No  | CLAIM AUDIT           |               |                                                                                                                                                 |
| SS_CLM_AUD  |               |            |          |     |     | INDICATOR             |               |                                                                                                                                                 |
| T_MCS       |               |            |          |     |     |                       |               |                                                                                                                                                 |

|                                      |                                          |              |          |     |     |                                                               |                                                                                             |
|--------------------------------------|------------------------------------------|--------------|----------|-----|-----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_CLM_AUD<br>T_MCS   | CLM_AUDT_DISP<br>_CD                     | CHAR(1)      | NULL     | No  | No  | CLAIM AUDIT<br>DISPOSITION CODE                               |                                                                                             |
| CLM_SHRD_SY<br>SS_CMPTR_R<br>DCTN_CD | CLM_CMPTR_RD<br>CTN_CD                   | CHAR(2)      | NOT NULL | Yes | No  | CLAIM COMPUTER<br>REDUCTION CODE                              |                                                                                             |
| CLM_SHRD_SY<br>SS_CMPTR_R<br>DCTN_CD | SS_Claim_Comp<br>uter_Cutbac6382 )<br>67 | VARCHAR(100) | NULL     | No  | No  | CLAIM COMPUTER<br>REDUCTION CODE<br>DESCRIPTION               |                                                                                             |
| CLM_SHRD_SY<br>SS_CMPTR_R<br>DCTN_CD | META_SK                                  | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                         |                                                                                             |
| CLM_SHRD_SY<br>SS_CMPTR_R<br>DCTN_CD | META_SRC_SK                              | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                               |                                                                                             |
| CLM_SHRD_SY<br>SS_COB_FISS           | GEO_BENE_SK                              | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                         |                                                                                             |
| CLM_SHRD_SY<br>SS_COB_FISS           | CLM_DT_SGNTR<br>_SK                      | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                          |                                                                                             |
| CLM_SHRD_SY<br>SS_COB_FISS           | CLM_TYPE_CD                              | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                               |                                                                                             |
| CLM_SHRD_SY<br>SS_COB_FISS           | CLM_NUM_SK                               | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                  |                                                                                             |
| CLM_SHRD_SY<br>SS_COB_FISS           | CLM_COB_SQNC<br>_NUM                     | NUMERIC(1)   | NOT NULL | Yes | No  | CLAIM COORDINATION<br>OF BENEFITS SEQUENCE<br>NUMBER          |                                                                                             |
| CLM_SHRD_SY<br>SS_COB_FISS           | CLM_COB_TRAD<br>ING_PRTNR_ID             | CHAR(9)      | NULL     | No  | No  | CLAIM COORDINATION<br>OF BENEFITS TRADE<br>PARTNER IDENTIFIER | FSSCIDRP-COB-<br>TRD-PRTNR-TID<br>identification<br>number of the<br>COB Trading<br>Partner |

|                            |                                        |            |          |     |     |                                                              |                                        |                                                                                                                                                                                                                                                  |
|----------------------------|----------------------------------------|------------|----------|-----|-----|--------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_COB_FISS | CLAIM_COORDI<br>NATION_OF_BE7<br>08282 | CHAR(1)    | NULL     | No  | No  | CLAIM COORDINATION<br>OF BENEFITS TRADE<br>PARTNER INDICATOR | FSSCIDRP-COB-<br>TRD-PRTNR-TID-<br>IND | identifies the<br>production<br>COBA Trading<br>Partner(s) that<br>did not receive<br>the claim due<br>to claim errors.<br>Value<br>Description<br>' ' Crossed<br>Over<br>'N' Not crossed<br>over due to<br>claim data<br>errors<br>'R' Recovery |
| CLM_SHRD_SY<br>SS_COB_MCS  | GEO_BENE_SK                            | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                        |                                        |                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_COB_MCS  | CLM_DT_SGNTR<br>_SK                    | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                         |                                        |                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_COB_MCS  | CLM_TYPE_CD                            | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                              |                                        |                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_COB_MCS  | CLM_NUM_SK                             | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                 |                                        |                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_COB_MCS  | CLAIM_COORDI<br>NATION_OF_BE7<br>09044 | CHAR(5)    | NOT NULL | Yes | No  | CLAIM COORDINATION<br>OF BENEFITS NUMBER                     |                                        |                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_COB_MCS  | CLAIM_COORDI<br>NATION_OF_BE7<br>09046 | NUMERIC(8) | NULL     | No  | No  | CLAIM COORDINATION<br>OF BENEFITS INSURER<br>EFFECTIVE DATE  |                                        |                                                                                                                                                                                                                                                  |

|             |               |            |          |     |     |                       |
|-------------|---------------|------------|----------|-----|-----|-----------------------|
| CLM_SHRD_SY | CLAIM_COORDI  | NUMERIC(8) | NULL     | No  | No  | CLAIM COORDINATION    |
| SS_COB_MCS  | NATION_OF_BE7 |            |          |     |     | OF BENEFITS INSURER   |
|             | 09048         |            |          |     |     | END DATE              |
| CLM_SHRD_SY | CLAIM_COORDI  | CHAR(1)    | NULL     | No  | No  | CLAIM COORDINATION    |
| SS_COB_MCS  | NATION_OF_BE7 |            |          |     |     | OF BENEFITS INSURER   |
|             | 09050         |            |          |     |     | TEST INDICATOR        |
| CLM_SHRD_SY | CLAIM_COORDI  | CHAR(32)   | NULL     | No  | No  | CLAIM COORDINATION    |
| SS_COB_MCS  | NATION_OF_BE7 |            |          |     |     | OF BENEFITS INSURER   |
|             | 09052         |            |          |     |     | NAME                  |
| CLM_SHRD_SY | CLM_COB_INSR  | NUMERIC(8) | NULL     | No  | No  | CLAIM COORDINATION    |
| SS_COB_MCS  | R_CNCL_DT     |            |          |     |     | OF BENEFITS INSURER   |
|             |               |            |          |     |     | CANCEL DATE           |
| CLM_SHRD_SY | GEO_BENE_SK   | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary |
| SS_CRED_MCS |               |            |          |     |     | SurrogateKey          |



|                            |                       |            |          |     |     |                                      |
|----------------------------|-----------------------|------------|----------|-----|-----|--------------------------------------|
| CLM_SHRD_SY<br>SS_CRED_MCS | CLM_DT_SGNTR<br>_SK   | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey |
| CLM_SHRD_SY<br>SS_CRED_MCS | CLM_TYPE_CD           | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                      |
| CLM_SHRD_SY<br>SS_CRED_MCS | CLM_NUM_SK            | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey         |
| CLM_SHRD_SY<br>SS_CRED_MCS | CLM_CRED_SQN<br>C_NUM | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM CREDIT<br>SEQUENCE NUMBER      |
| CLM_SHRD_SY<br>SS_CRED_MCS | CLM_CRED_TYPE<br>_CD  | CHAR(1)    | NULL     | No  | No  | CLAIM CREDIT TYPE<br>CODE            |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_PRIOR_STU | CHAR(1) | NULL | No | No | CLAIM PRIOR STATUS |
| SS_CRED_MCS | S_CD          |         |      |    |    | CODE               |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_CRNT_STU | CHAR(1) | NULL | No | No | CLAIM CURRENT STATUS |
| SS_CRED_MCS | S_CD         |         |      |    |    | CODE                 |

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|             |              |         |      |    |    |                     |
|-------------|--------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_CRED_DTL | CHAR(2) | NULL | No | No | CLAIM CREDIT DETAIL |
| SS_CRED_MCS | _APLD_NUM    |         |      |    |    | APPLIED NUMBER      |

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|             |              |          |      |    |    |                  |
|-------------|--------------|----------|------|----|----|------------------|
| CLM_SHRD_SY | CLM_CRED_ICN | CHAR(13) | NULL | No | No | CLAIM CREDIT ICN |
| SS_CRED_MCS | NUM          |          |      |    |    | NUMBER           |

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|             |              |         |      |    |    |                     |
|-------------|--------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_CRED_RSN | CHAR(3) | NULL | No | No | CLAIM CREDIT REASON |
| SS_CRED_MCS | _CD          |         |      |    |    | CODE                |

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|             |              |         |      |    |    |                     |
|-------------|--------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_CRED_RSN | CHAR(2) | NULL | No | No | CLAIM CREDIT REASON |
| SS_CRED_MCS | _TYPE_CD     |         |      |    |    | TYPE CODE           |

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|                                       |                       |              |          |     |     |                                       |
|---------------------------------------|-----------------------|--------------|----------|-----|-----|---------------------------------------|
| CLM_SHRD_SY<br>SS_CRED_MCS            | CLM_CRED_CLR<br>K_ID  | CHAR(4)      | NULL     | No  | No  | CLAIM CREDIT CLERK<br>IDENTIFIER      |
| CLM_SHRD_SY<br>SS_CRED_MCS            | CLM_CRED_TRLR<br>_DT  | NUMERIC(8)   | NULL     | No  | No  | CLAIM CREDIT TRAILER<br>DATE          |
| CLM_SHRD_SY<br>SS_CRED_MCS            | CLM_CRED_APL<br>D_AMT | DECIMAL(7,2) | NULL     | No  | No  | CLAIM CREDIT APPLIED<br>AMOUNT        |
| CLM_SHRD_SY<br>SS_CRNT_RSN<br>CD_FISS | GEO_BENE_SK           | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey |
| CLM_SHRD_SY<br>SS_CRNT_RSN<br>CD_FISS | CLM_DT_SGNTR<br>_SK   | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey  |
| CLM_SHRD_SY<br>SS_CRNT_RSN<br>CD_FISS | CLM_TYPE_CD           | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                       |
| CLM_SHRD_SY<br>SS_CRNT_RSN<br>CD_FISS | CLM_NUM_SK            | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey          |

|                               |              |              |          |     |     |                                         |                       |                                                                                              |
|-------------------------------|--------------|--------------|----------|-----|-----|-----------------------------------------|-----------------------|----------------------------------------------------------------------------------------------|
| CLM_SHRD_SY                   | CLM_CRNT_RSN | CHAR(5)      | NOT NULL | Yes | No  | CLAIM CURRENT REASON CODE               | FSSCIDRP-CURR-REAS-CD | Each reason code listed identifies a specific condition detected during processing a record. |
| SS_CRNT_RSN_CD_FISS           |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | CLM_RDCTN_AC | CHAR(2)      | NOT NULL | Yes | No  | CLAIM REDUCTION ACTION CODE             |                       |                                                                                              |
| SS_CUTBACK_TN_CD_ACTN_CD      |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | CLM_RDCTN_AC | VARCHAR(100) | NULL     | No  | No  | CLAIM REDUCTION ACTION CODE DESCRIPTION |                       |                                                                                              |
| SS_CUTBACK_TN_CD_DESC_ACTN_CD |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | META_SK      | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                   |                       |                                                                                              |
| SS_CUTBACK_ACTN_CD            |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | META_SRC_SK  | SMALLINT     | NULL     | No  | No  | Metadata Source SurrogateKey            |                       |                                                                                              |
| SS_CUTBACK_ACTN_CD            |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | GEO_BENE_SK  | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey      |                       |                                                                                              |
| SS_CWF_RQST_MCS               |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | CLM_DT_SGNTR | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey       |                       |                                                                                              |
| SS_CWF_RQST_MCS               |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | CLM_TYPE_CD  | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                         |                       |                                                                                              |
| SS_CWF_RQST_MCS               |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | CLM_NUM_SK   | SMALLINT     | NOT NULL | Yes | Yes | Claim Number SurrogateKey               |                       |                                                                                              |
| SS_CWF_RQST_MCS               |              |              |          |     |     |                                         |                       |                                                                                              |
| CLM_SHRD_SY                   | CLM_CWF_RQST | NUMERIC(8)   | NOT NULL | Yes | No  | CLAIM CWF REQUEST DATE                  |                       |                                                                                              |
| SS_CWF_RQST_DT_MCS            |              |              |          |     |     |                                         |                       |                                                                                              |

|             |              |            |          |     |     |                                                  |                    |                                                                                                                                                     |
|-------------|--------------|------------|----------|-----|-----|--------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_CWF_RQST | CHAR()     | NULL     | No  | No  | CLAIM CWF REQUEST<br>CODE                        |                    |                                                                                                                                                     |
| SS_CWF_RQST | _CD          |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| _MCS        |              |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| CLM_SHRD_SY | GEO_BENE_SK  | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey            |                    |                                                                                                                                                     |
| SS_CWF_RQST | _VMS         |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| CLM_SHRD_SY | CLM_DT_SGNTR | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey             |                    |                                                                                                                                                     |
| SS_CWF_RQST | _SK          |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| _VMS        |              |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| CLM_SHRD_SY | CLM_TYPE_CD  | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                  |                    |                                                                                                                                                     |
| SS_CWF_RQST | _VMS         |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| CLM_SHRD_SY | CLM_NUM_SK   | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                     |                    |                                                                                                                                                     |
| SS_CWF_RQST | _VMS         |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| CLM_SHRD_SY | CLM_CWF_RQST | DECIMAL(3) | NULL     | No  | No  | CLAIM CWF REQUEST<br>AGE FACTOR NUMBER           | QRY-AGE-<br>FACTOR | The days the<br>claim will be<br>held before the<br>next CWF<br>query is sent                                                                       |
| SS_CWF_RQST | _AGE_FCTR_NU |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| _VMS        | M            |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| CLM_SHRD_SY | CLM_CWF_RQST | CHAR(13)   | NULL     | No  | No  | CLAIM CWF REQUEST<br>BENEFICIARY NAME            | QRY-NAME           | The name of<br>the Beneficiary<br>that will be<br>included on the<br>claim query<br>record to be<br>sent to the<br>Common<br>Working File<br>(CWF). |
| SS_CWF_RQST | _BENE_NAME   |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| _VMS        |              |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| CLM_SHRD_SY | CLM_CWF_RQST | CHAR(1)    | NULL     | No  | No  | CLAIM CWF REQUEST<br>SEX BLOOD REMAINING<br>CODE | QRY-SEX-<br>BLOOD  | The sex and the<br>unused units of<br>blood<br>deductible for<br>the Beneficiary.<br><br>This field may<br>also contain<br>low values.              |
| SS_CWF_RQST | _SEX_BLOOD_R |            |          |     |     |                                                  |                    |                                                                                                                                                     |
| _VMS        | MNG_CD       |            |          |     |     |                                                  |                    |                                                                                                                                                     |

|             |               |              |          |     |     |                                                           |                 |                                                                                                                    |
|-------------|---------------|--------------|----------|-----|-----|-----------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_CWF_RQST  | DECIMAL(7,2) | NULL     | No  | No  | CLAIM CWF REQUEST<br>CLAIM AMOUNT                         | QRY-AMOUNT-PAID | The amount paid value that will be included on the claim query record to be sent to the Common Working File (CWF). |
| SS_CWF_RQST | _CLM_AMT      |              |          |     |     |                                                           |                 |                                                                                                                    |
| _VMS        |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_1ST_  | CHAR(7)      | NULL     | No  | No  | CLAIM CWF FIRST<br>REQUEST DATE                           | QRY-DATE-1      | Current claim version's CWF query date                                                                             |
| SS_CWF_RQST | RQST_DT       |              |          |     |     |                                                           |                 |                                                                                                                    |
| _VMS        |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_2ND_  | CHAR(7)      | NULL     | No  | No  | CLAIM CWF SECOND<br>REQUEST DATE                          | QRY-DATE-2      | Previous claim version's CWF query date.                                                                           |
| SS_CWF_RQST | RQST_DT       |              |          |     |     |                                                           |                 |                                                                                                                    |
| _VMS        |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_3RD_  | CHAR(7)      | NULL     | No  | No  | CLAIM CWF THIRD<br>REQUEST DATE                           | QRY-DATE-3      | CWF query date of the claim two versions prior to the current claim version.                                       |
| SS_CWF_RQST | RQST_DT       |              |          |     |     |                                                           |                 |                                                                                                                    |
| _VMS        |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | GEO_BENE_SK   | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                     |                 |                                                                                                                    |
| SS_CWF_RSPN |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_DT_SGNTR  | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                      |                 |                                                                                                                    |
| SS_CWF_RSPN | _SK           |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_TYPE_CD   | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                           |                 |                                                                                                                    |
| SS_CWF_RSPN |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_NUM_SK    | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                              |                 |                                                                                                                    |
| SS_CWF_RSPN |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_RSPN  | NUMERIC(1)   | NOT NULL | Yes | No  | CLAIM CWF RESPONSE<br>SEQUENCE NUMBER                     |                 |                                                                                                                    |
| SS_CWF_RSPN | S_SQNC_NUM    |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_RSPN  | NUMERIC(8)   | NULL     | No  | No  | CLAIM CWF RESPONSE<br>FIRST DATE                          |                 |                                                                                                                    |
| SS_CWF_RSPN | S_DT_1        |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(2)      | NULL     | No  | No  | CLAIM CWF RESPONSE<br>FIRST CODE                          |                 |                                                                                                                    |
| SS_CWF_RSPN | S_CD_1        |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           |               |              |          |     |     |                                                           |                 |                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_RGLR  | NUMERIC(5)   | NULL     | No  | No  | CLAIM CWF REGULAR<br>DEDUCTIBLE FIRST<br>REMAINING AMOUNT |                 |                                                                                                                    |
| SS_CWF_RSPN | _DDCTBL_1ST_R |              |          |     |     |                                                           |                 |                                                                                                                    |
| S           | MNG_A         |              |          |     |     |                                                           |                 |                                                                                                                    |



|             |               |              |      |    |    |                                                              |
|-------------|---------------|--------------|------|----|----|--------------------------------------------------------------|
| CLM_SHRD_SY | CLM_CWF_PSYC  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF<br>PSYCHIATRIC LIMIT<br>FIRST REMAINING<br>AMOUNT  |
| SS_CWF_RSPN | H_LMT_1ST_RM  |              |      |    |    |                                                              |
| S           | NG_AMT        |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLM_CWF_THRP  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF THERAPY<br>REMAINING FIRST<br>AMOUNT               |
| SS_CWF_RSPN | Y_RMNG_1ST_A  |              |      |    |    |                                                              |
| S           | MT            |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(2)      | NULL | No | No | CLAIM CWF RESPONSE<br>FIRST TRAILER CODE                     |
| SS_CWF_RSPN | S_1ST_TRLR_CD |              |      |    |    |                                                              |
| S           |               |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLM_CWF_TYPE  | CHAR(1)      | NULL | No | No | CLAIM CWF TYPE OF<br>THERAPY FIRST<br>INDICATOR              |
| SS_CWF_RSPN | _OF_THRPY_1ST |              |      |    |    |                                                              |
| S           | _IND          |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLM_CWF_RSPN  | NUMERIC(8)   | NULL | No | No | CLAIM CWF RESPONSE<br>SECOND DATE                            |
| SS_CWF_RSPN | S_2ND_DT      |              |      |    |    |                                                              |
| S           |               |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(2)      | NULL | No | No | CLAIM CWF RESPONSE<br>SECOND CODE                            |
| SS_CWF_RSPN | S_CD_2        |              |      |    |    |                                                              |
| S           |               |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLM_CWF_RGLR  | NUMERIC(5)   | NULL | No | No | CLAIM CWF REGULAR<br>DEDUCTIBLE SECOND<br>REMAINING AMOUNT   |
| SS_CWF_RSPN | _DDCTBL_R6717 |              |      |    |    |                                                              |
| S           | 48            |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLM_CWF_PSYC  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF<br>PSYCHIATRIC LIMIT<br>SECOND REMAINING<br>AMOUNT |
| SS_CWF_RSPN | H_LMT_RMN671  |              |      |    |    |                                                              |
| S           | 753           |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLAIM_CWF_TH  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF THERAPY<br>REMAINING SECOND<br>AMOUNT              |
| SS_CWF_RSPN | ERAPY_REMAIN6 |              |      |    |    |                                                              |
| S           | 71758         |              |      |    |    |                                                              |
| CLM_SHRD_SY | CLAIM_CWF_RE  | CHAR(2)      | NULL | No | No | CLAIM CWF RESPONSE<br>SECOND TRAILER CODE                    |
| SS_CWF_RSPN | SPONSE_TRAIL6 |              |      |    |    |                                                              |
| S           | 71763         |              |      |    |    |                                                              |

|             |               |              |      |    |    |                                                     |
|-------------|---------------|--------------|------|----|----|-----------------------------------------------------|
| CLM_SHRD_SY | CLAIM_CWF_TY  | CHAR(1)      | NULL | No | No | CLAIM CWF TYPE OF THERAPY SECOND INDICATOR          |
| SS_CWF_RSPN | PE_OF_THERAP6 |              |      |    |    |                                                     |
| S           | 71768         |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLM_CWF_RSPN  | NUMERIC(8)   | NULL | No | No | CLAIM CWF RESPONSE THIRD DATE                       |
| SS_CWF_RSPN | S_3RD_DT      |              |      |    |    |                                                     |
| S           |               |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(2)      | NULL | No | No | CLAIM CWF RESPONSE THIRD CODE                       |
| SS_CWF_RSPN | S_CD_3        |              |      |    |    |                                                     |
| S           |               |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLM_CWF_RGLR  | NUMERIC(5)   | NULL | No | No | CLAIM CWF REGULAR DEDUCTIBLE THIRD REMAINING AMOUNT |
| SS_CWF_RSPN | _DDCTBL_R6717 |              |      |    |    |                                                     |
| S           | 88            |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLM_CWF_PSYC  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF PSYCHIATRIC LIMIT THIRD REMAINING AMOUNT  |
| SS_CWF_RSPN | H_LMT_RMN671  |              |      |    |    |                                                     |
| S           | 793           |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLAIM_CWF_TH  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF THERAPY REMAINING THIRD AMOUNT            |
| SS_CWF_RSPN | ERAPY_REMAIN6 |              |      |    |    |                                                     |
| S           | 71798         |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLAIM_CWF_RE  | CHAR(2)      | NULL | No | No | CLAIM CWF RESPONSE THIRD TRAILER CODE               |
| SS_CWF_RSPN | SPONSE_TRAIL6 |              |      |    |    |                                                     |
| S           | 71803         |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLAIM_CWF_TY  | CHAR(1)      | NULL | No | No | CLAIM CWF TYPE OF THERAPY THIRD INDICATOR           |
| SS_CWF_RSPN | PE_OF_THERAP6 |              |      |    |    |                                                     |
| S           | 71808         |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLM_CWF_RSPN  | NUMERIC(8)   | NULL | No | No | CLAIM CWF RESPONSE FOURTH DATE                      |
| SS_CWF_RSPN | S_4TH_DT      |              |      |    |    |                                                     |
| S           |               |              |      |    |    |                                                     |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(2)      | NULL | No | No | CLAIM CWF RESPONSE FOURTH CODE                      |
| SS_CWF_RSPN | S_CD_4        |              |      |    |    |                                                     |
| S           |               |              |      |    |    |                                                     |

|             |               |              |      |    |    |                                                      |                                                                                |
|-------------|---------------|--------------|------|----|----|------------------------------------------------------|--------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_CWF_RGLR  | NUMERIC(5)   | NULL | No | No | CLAIM CWF REGULAR DEDUCTIBLE FOURTH REMAINING AMOUNT |                                                                                |
| SS_CWF_RSPN | _DDCTBL_R6718 |              |      |    |    |                                                      |                                                                                |
| S           | 28            |              |      |    |    |                                                      |                                                                                |
| CLM_SHRD_SY | CLM_CWF_PSYC  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF PSYCHIATRIC LIMIT FOURTH REMAINING AMOUNT  |                                                                                |
| SS_CWF_RSPN | H_LMT_RMN671  |              |      |    |    |                                                      |                                                                                |
| S           | 833           |              |      |    |    |                                                      |                                                                                |
| CLM_SHRD_SY | CLAIM_CWF_TH  | DECIMAL(8,2) | NULL | No | No | CLAIM CWF THERAPY REMAINING FOURTH AMOUNT            |                                                                                |
| SS_CWF_RSPN | ERAPY_REMAIN6 |              |      |    |    |                                                      |                                                                                |
| S           | 71838         |              |      |    |    |                                                      |                                                                                |
| CLM_SHRD_SY | CLAIM_CWF_RE  | CHAR(2)      | NULL | No | No | CLAIM CWF RESPONSE FOURTH TRAILER CODE               |                                                                                |
| SS_CWF_RSPN | SPONSE_TRAIL6 |              |      |    |    |                                                      |                                                                                |
| S           | 71843         |              |      |    |    |                                                      |                                                                                |
| CLM_SHRD_SY | CLAIM_CWF_TY  | CHAR(1)      | NULL | No | No | CLAIM CWF TYPE OF THERAPY FOURTH INDICATOR           |                                                                                |
| SS_CWF_RSPN | PE_OF_THERAP6 |              |      |    |    |                                                      |                                                                                |
| S           | 71848         |              |      |    |    |                                                      |                                                                                |
| CLM_SHRD_SY | CLM_CWF_1ST_  | CHAR(1)      | NULL | No | No | CLAIM CWF FIRST OVERRIDE INDICATOR                   | CWF-OVERRIDE-The CWF                                                           |
| SS_CWF_RSPN | OVERRD_IND    |              |      |    |    |                                                      | IND(1) override                                                                |
| S           |               |              |      |    |    |                                                      | indicator entered by the operator working on the claim. No longer used by DMAC |
| CLM_SHRD_SY | CLM_CWF_2ND_  | CHAR(1)      | NULL | No | No | CLAIM CWF SECOND OVERRIDE INDICATOR                  | CWF-OVERRIDE-The CWF                                                           |
| SS_CWF_RSPN | OVERRD_IND    |              |      |    |    |                                                      | IND(2) override                                                                |
| S           |               |              |      |    |    |                                                      | indicator entered by the operator working on the claim. No longer used by DMAC |
| CLM_SHRD_SY | CLM_CWF_3RD_  | CHAR(1)      | NULL | No | No | CLAIM CWF THIRD OVERRIDE INDICATOR                   | CWF-OVERRIDE-The CWF                                                           |
| SS_CWF_RSPN | OVERRD_IND    |              |      |    |    |                                                      | IND(3) override                                                                |
| S           |               |              |      |    |    |                                                      | indicator entered by the operator working on the claim. No longer used by DMAC |

|                                                                          |      |    |    |                                              |                                                                          |                     |                                                                                                                         |
|--------------------------------------------------------------------------|------|----|----|----------------------------------------------|--------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY CLM_CWF_4TH_ CHAR(1)<br>SS_CWF_RSPN OVRRD_IND<br>S           | NULL | No | No | CLAIM CWF FOURTH<br>OVERRIDE INDICATOR       | CLM_SHRD_SY CLM_CWF_4TH_ CHAR(1)<br>SS_CWF_RSPN OVRRD_IND<br>S           | CWF-OVERRIDE-IND(4) | The CWF<br>override<br>indicator<br>entered by the<br>operator<br>working on the<br>claim. No<br>longer used by<br>DMAC |
| CLM_SHRD_SY CLM_CWF_5TH_ CHAR(1)<br>SS_CWF_RSPN OVRRD_IND<br>S           | NULL | No | No | CLAIM CWF FIFTH<br>OVERRIDE INDICATOR        | CLM_SHRD_SY CLM_CWF_5TH_ CHAR(1)<br>SS_CWF_RSPN OVRRD_IND<br>S           | CWF-OVERRIDE-IND(5) | The CWF<br>override<br>indicator<br>entered by the<br>operator<br>working on the<br>claim. No<br>longer used by<br>DMAC |
| CLM_SHRD_SY CLM_1ST_OVRRI CHAR(4)<br>SS_CWF_RSPN DDEN_CWF_ERR<br>S _CD   | NULL | No | No | CLAIM FIRST<br>OVERRIDDEN CWF<br>ERROR CODE  | CLM_SHRD_SY CLM_1ST_OVRRI CHAR(4)<br>SS_CWF_RSPN DDEN_CWF_ERR<br>S _CD   | CWF-HDR-OVERRIDE    | The CWF<br>Header error<br>code that was<br>overridden by<br>the operator                                               |
| CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71938 | NULL | No | No | CLAIM SECOND<br>OVERRIDDEN CWF<br>ERROR CODE | CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71938 | CWF-HDR-OVERRIDE(2) | The CWF<br>Header error<br>code that was<br>overridden by<br>the operator                                               |
| CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71943 | NULL | No | No | CLAIM THIRD<br>OVERRIDDEN CWF<br>ERROR CODE  | CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71943 | CWF-HDR-OVERRIDE(3) | The CWF<br>Header error<br>code that was<br>overridden by<br>the operator                                               |
| CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71948 | NULL | No | No | CLAIM FOURTH<br>OVERRIDDEN CWF<br>ERROR CODE | CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71948 | CWF-HDR-OVERRIDE(4) | The CWF<br>Header error<br>code that was<br>overridden by<br>the operator                                               |
| CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71953 | NULL | No | No | CLAIM FIFTH<br>OVERRIDDEN CWF<br>ERROR CODE  | CLM_SHRD_SY CLAIM_OVERRID CHAR(4)<br>SS_CWF_RSPN DEN_CWF_ERR6<br>S 71953 | CWF-HDR-OVERRIDE(5) | The CWF<br>Header error<br>code that was<br>overridden by<br>the operator                                               |
| CLM_SHRD_SY CLM_1ST_FORCE CHAR(1)<br>SS_CWF_RSPN _ERR_BYPS_CD<br>S       | NULL | No | No | CLAIM FIRST FORCE<br>ERROR BYPASS CODE       | CLM_SHRD_SY CLM_1ST_FORCE CHAR(1)<br>SS_CWF_RSPN _ERR_BYPS_CD<br>S       | CLAIM-FORCE         | Code entered<br>to bypass an<br>error received<br>on the claim.                                                         |
| CLM_SHRD_SY CLM_1ST_ERR_O CHAR(1)<br>SS_CWF_RSPN VRRD_CD<br>S            | NULL | No | No | CLAIM FIRST ERROR<br>OVERRIDE CODE           | CLM_SHRD_SY CLM_1ST_ERR_O CHAR(1)<br>SS_CWF_RSPN VRRD_CD<br>S            | ENTERED-CLAIM-FORCE | Force code<br>value entered<br>by the operator<br>to bypass an<br>error message<br>received during<br>processing.       |

|                                                                              |      |    |    |                                                      |
|------------------------------------------------------------------------------|------|----|----|------------------------------------------------------|
| CLM_SHRD_SY CLM_CWF_HDR_ CHAR(1)<br>SS_CWF_RSPN OVRRD_1ST_CD<br>S            | NULL | No | No | CLAIM CWF HEADER<br>OVERRIDE FIRST CODE              |
| CLM_SHRD_SY CLAIM_CWF_HE CHAR(1)<br>SS_CWF_RSPN ADER_OVERRID6<br>S 72013     | NULL | No | No | CLAIM CWF HEADER<br>OVERRIDE SECOND<br>CODE          |
| CLM_SHRD_SY CLAIM_CWF_HE CHAR(1)<br>SS_CWF_RSPN ADER_OVERRID6<br>S 72018     | NULL | No | No | CLAIM CWF HEADER<br>OVERRIDE THIRD CODE              |
| CLM_SHRD_SY CLAIM_CWF_HE CHAR(1)<br>SS_CWF_RSPN ADER_OVERRID6<br>S 72023     | NULL | No | No | CLAIM CWF HEADER<br>OVERRIDE FOURTH<br>CODE          |
| CLM_SHRD_SY CLM_CWF_HDR_ CHAR(4)<br>SS_CWF_RSPN ERR_CD_1<br>S                | NULL | No | No | CLAIM CWF ERROR<br>FIRST CODE                        |
| CLM_SHRD_SY CLM_CWF_HDR_ CHAR(4)<br>SS_CWF_RSPN ERR_CD_2<br>S                | NULL | No | No | CLAIM CWF ERROR<br>SECOND CODE                       |
| CLM_SHRD_SY CLM_CWF_HDR_ CHAR(4)<br>SS_CWF_RSPN ERR_CD_3<br>S                | NULL | No | No | CLAIM CWF ERROR<br>THIRD CODE                        |
| CLM_SHRD_SY CLM_CWF_HDR_ CHAR(4)<br>SS_CWF_RSPN ERR_CD_4<br>S                | NULL | No | No | CLAIM CWF ERROR<br>FOURTH CODE                       |
| CLM_SHRD_SY CLM_BLOOD_DD DECIMAL(9,2)<br>SS_CWF_RSPN CTBL_1ST_RMN<br>S G_AMT | NULL | No | No | CLAIM BLOOD<br>DEDUCTIBLE FIRST<br>REMAINING AMOUNT  |
| CLM_SHRD_SY CLM_BLOOD_DD DECIMAL(9,2)<br>SS_CWF_RSPN CTBL_2ND_RMN<br>S G_AMT | NULL | No | No | CLAIM BLOOD<br>DEDUCTIBLE SECOND<br>REMAINING AMOUNT |
| CLM_SHRD_SY CLM_BLOOD_DD DECIMAL(9,2)<br>SS_CWF_RSPN CTBL_3RD_RMN<br>S G_AMT | NULL | No | No | CLAIM BLOOD<br>DEDUCTIBLE THIRD<br>REMAINING AMOUNT  |

|             |               |              |      |    |    |                                                |                   |                                                                          |
|-------------|---------------|--------------|------|----|----|------------------------------------------------|-------------------|--------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_BLOOD_DD  | DECIMAL(9,2) | NULL | No | No | CLAIM BLOOD DEDUCTIBLE FOURTH REMAINING AMOUNT |                   |                                                                          |
| SS_CWF_RSPN | CTBL_4TH_RMN  |              |      |    |    |                                                |                   |                                                                          |
| S           | G_AMT         |              |      |    |    |                                                |                   |                                                                          |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(7)      | NULL | No | No | CLAIM CWF RESPONSE DATE                        | RPL-DATE          | The current date of the Common Working File (CWF) response               |
| SS_CWF_RSPN | S_DT          |              |      |    |    |                                                |                   |                                                                          |
| S           |               |              |      |    |    |                                                |                   |                                                                          |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(12)     | NULL | No | No | CLAIM CWF RESPONSE CORRECTED HIC NUMBER        | RPL-CORRECT-HICN  | The corrected HICN which has been received from CWF.                     |
| SS_CWF_RSPN | S_CRCTD_HIC_N |              |      |    |    |                                                |                   |                                                                          |
| S           | UM            |              |      |    |    |                                                |                   |                                                                          |
| CLM_SHRD_SY | CLAIM_CWF_RE  | CHAR(4)      | NULL | No | No | CLAIM CWF RESPONSE FIRST CURRENT ERROR CODE    | RPL-ERROR-CODE(1) | The most recent CWF error code received, associated with REPLY-DISP-CODE |
| SS_CWF_RSPN | SPONSE_FIRST7 |              |      |    |    |                                                |                   |                                                                          |
| S           | 1351          |              |      |    |    |                                                |                   |                                                                          |
| CLM_SHRD_SY | CLAIM_CWF_RE  | CHAR(4)      | NULL | No | No | CLAIM CWF RESPONSE SECOND CURRENT ERROR CODE   | RPL-ERROR-CODE(2) | The most recent CWF error code received, associated with REPLY-DISP-CODE |
| SS_CWF_RSPN | SPONSE_CURRE7 |              |      |    |    |                                                |                   |                                                                          |
| S           | 06475         |              |      |    |    |                                                |                   |                                                                          |
| CLM_SHRD_SY | CLAIM_CWF_RE  | CHAR(4)      | NULL | No | No | CLAIM CWF RESPONSE THIRD CURRENT ERROR CODE    | RPL-ERROR-CODE(3) | The most recent CWF error code received, associated with REPLY-DISP-CODE |
| SS_CWF_RSPN | SPONSE_CURRE7 |              |      |    |    |                                                |                   |                                                                          |
| S           | 06477         |              |      |    |    |                                                |                   |                                                                          |
| CLM_SHRD_SY | CLAIM_CWF_RE  | CHAR(4)      | NULL | No | No | CLAIM CWF RESPONSE FOURTH CURRENT ERROR CODE   | RPL-ERROR-CODE(4) | The most recent CWF error code received, associated with REPLY-DISP-CODE |
| SS_CWF_RSPN | SPONSE_CURRE7 |              |      |    |    |                                                |                   |                                                                          |
| S           | 06479         |              |      |    |    |                                                |                   |                                                                          |

|             |                |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
|-------------|----------------|---------|------|----|----|----------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_CWF_RSPN   | CHAR(2) | NULL | No | No | CLAIM CWF RESPONSE<br>FIRST CURRENT<br>DISPOSITION CODE  | RPL-DISP-CODE       | The disposition<br>code sent back<br>by the<br>Common<br>Working File<br>(CWF) with the<br>RPL-DATE<br>response. This<br>field is the CWF<br>disposition<br>code that has<br>been received<br>on the CWF<br>reply. This field<br>will be spaces<br>in Phase I and<br>should always<br>be '01' for<br>Phases II and I |
| SS_CWF_RSPN | S_1ST_CRNT_DIS |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
| S           | P_CD           |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
| CLM_SHRD_SY | CLM_CWF_RSPN   | CHAR(2) | NULL | No | No | CLAIM CWF RESPONSE<br>SECOND CURRENT<br>DISPOSITION CODE | RPL-DISP-CODE-<br>2 | The disposition<br>code sent back<br>by the<br>Common<br>Working File<br>(CWF) with the<br>RPL-DATE-2<br>response.                                                                                                                                                                                                   |
| SS_CWF_RSPN | S_CRNT_DI6718  |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
| S           | 78             |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
| CLM_SHRD_SY | CLM_CWF_RSPN   | CHAR(2) | NULL | No | No | CLAIM CWF RESPONSE<br>THIRD CURRENT<br>DISPOSITION CODE  | RPL-DISP-CODE-<br>3 | The disposition<br>code sent back<br>by the<br>Common<br>Working File<br>(CWF) with the<br>RPL-DATE-3<br>response.                                                                                                                                                                                                   |
| SS_CWF_RSPN | S_CRNT_DI6718  |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
| S           | 83             |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
| CLM_SHRD_SY | CLM_CWF_RSPN   | CHAR(1) | NULL | No | No | CLAIM CWF RESPONSE<br>ERROR STATUS                       | REPLY-STATUS        | This field<br>indicates if<br>there is an<br>error with the<br>Common<br>Working File<br>(CWF)<br>response, and<br>will list the<br>CWF reply edits<br>received from                                                                                                                                                 |
| SS_CWF_RSPN | S_ERR_STUS     |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |
| S           |                |         |      |    |    |                                                          |                     |                                                                                                                                                                                                                                                                                                                      |

|             |               |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
|-------------|---------------|--------------|------|----|----|--------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_CWF_BLOO  | CHAR(1)      | NULL | No | No | CLAIM CWF RESPONSE<br>BLOOD DEDUCTIBLE<br>REMAINING UNIT<br>AMOUNT       | RPL-BLOOD-<br>DED-REM | The units<br>(pints) of blood<br>remaining in<br>the<br>Beneficiary's<br>blood<br>deductible<br>prior to the<br>processing of<br>the current<br>claim. |
| SS_CWF_RSPN | D_DDCTBL_RMN  |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| S           | G_AMT         |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| CLM_SHRD_SY | CLM_CWF_CASH  | DECIMAL(5,2) | NULL | No | No | CLAIM CWF RESPONSE<br>CASH DEDUCTIBLE<br>REMAINING AMOUNT                | RPL-CASH-DED-<br>REM  | Cash amount of<br>the deductible<br>remaining prior<br>to the<br>processing of<br>the current<br>claim.                                                |
| SS_CWF_RSPN | _DDCTBL_RMNG  |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| S           | _AMT          |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| CLM_SHRD_SY | CLM_CWF_RSPN  | CHAR(18)     | NULL | No | No | CLAIM CWF RESPONSE<br>TRAILER RECEIVED<br>COUNT                          | RPL-TRAILERS          | The Common<br>Working File<br>(CWF)<br>response (9<br>possible)<br>trailers<br>received                                                                |
| SS_CWF_RSPN | S_TRLR_RCVD_C |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| S           | NT            |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| CLM_SHRD_SY | CLM_CWF_PSYC  | DECIMAL(7,2) | NULL | No | No | CLAIM CWF RESPONSE<br>PSYCHIATRIC<br>DEDUCTIBLE<br>REMAINING AMOUNT      | RPL-PSYCH-<br>REM     | The amount<br>remaining in<br>the<br>Beneficiary's<br>PSYCH<br>deductible<br>prior to the<br>processing of<br>the current<br>claim.                    |
| SS_CWF_RSPN | H_DDCTBL_RMN  |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| S           | G_AMT         |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| CLM_SHRD_SY | CLM_CWF_PT_D  | DECIMAL(7,2) | NULL | No | No | CLAIM CWF RESPONSE<br>PHYSICAL THERAPY<br>DEDUCTIBLE<br>REMAINING AMOUNT | RPL-PT-REM            | The amount<br>remaining in<br>the<br>Beneficiary's PT<br>(Physical<br>Therapy)<br>deductible<br>prior to the<br>processing of<br>the current<br>claim. |
| SS_CWF_RSPN | DCTBL_RMNG_A  |              |      |    |    |                                                                          |                       |                                                                                                                                                        |
| S           | MT            |              |      |    |    |                                                                          |                       |                                                                                                                                                        |



|                                 |                                    |              |          |     |     |                                                                              |                                     |             |                                                                                                                       |
|---------------------------------|------------------------------------|--------------|----------|-----|-----|------------------------------------------------------------------------------|-------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_CWF_RSPN<br>S | CLM_CWF_OT_D<br>DCTBL_RMNG_A<br>MT | DECIMAL(7,2) | NULL     | No  | No  | CLAIM CWF RESPONSE<br>OCCUPATIONAL<br>THERAPY DEDUCTIBLE<br>REMAINING AMOUNT |                                     | RPL-OT-REM  | The amount remaining in the Beneficiary's OT (Occupational Therapy) deductible prior to the processing of the current |
| CLM_SHRD_SY<br>SS_CWF_RSPN<br>S | CLM_CWF_RSPN<br>S_2ND_ERR_CD       | CHAR(4)      | NULL     | No  | No  | CLAIM CWF RESPONSE<br>SECOND ERROR CODE                                      |                                     | RPL-ERROR-2 | Previous CWF Reply error code associated with RPL-DISP-CODE-2                                                         |
| CLM_SHRD_SY<br>SS_CWF_RSPN<br>S | CLM_CWF_RSPN<br>S_3RD_ERR_CD       | CHAR(4)      | NULL     | No  | No  | CLAIM CWF RESPONSE<br>THIRD ERROR CODE                                       |                                     | RPL-ERROR-3 | Previous CWF Reply error code associated with RPL-DISP-CODE-3                                                         |
| CLM_SHRD_SY<br>SS_EMC_FISS      | CLM_FORM_LCT<br>N_SQNC_NUM         | NUMERIC(1)   | NOT NULL | Yes | No  | CLAIM FORM LOCATION<br>SEQUENCE NUMBER                                       |                                     |             |                                                                                                                       |
| CLM_SHRD_SY<br>SS_EMC_FISS      | GEO_BENE_SK                        | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                                        |                                     |             |                                                                                                                       |
| CLM_SHRD_SY<br>SS_EMC_FISS      | CLM_DT_SGNTR<br>_SK                | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                                         |                                     |             |                                                                                                                       |
| CLM_SHRD_SY<br>SS_EMC_FISS      | CLM_TYPE_CD                        | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                                              |                                     |             |                                                                                                                       |
| CLM_SHRD_SY<br>SS_EMC_FISS      | CLM_NUM_SK                         | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                                 |                                     |             |                                                                                                                       |
| CLM_SHRD_SY<br>SS_EMC_FISS      | EMC_R22_STATE<br>_CODE             | CHAR(2)      | NULL     | No  | No  | CLAIM EMC STATE CODE                                                         | FSSCIDRP-EMC-<br>R22-STATE-<br>CODE |             | identifies the patients state abbreviation on EMC file record 22 (Unassigned State Form Locators).                    |
| CLM_SHRD_SY<br>SS_EMC_FISS      | EMC_R22_FORM<br>_LOC2U             | CHAR(29)     | NULL     | No  | No  | CLAIM EMC FORM<br>LOCATOR TWO UPPER<br>LINE TEXT                             | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC2U |             | This field is used to hold form locator 2 - upper line received via EMC on record type 22                             |

|                                                           |      |    |    |                                                         |                                       |                                                                                                               |
|-----------------------------------------------------------|------|----|----|---------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY EMC_R22_FORM CHAR(30)<br>SS_EMC_FISS _LOC2L   | NULL | No | No | CLAIM EMC FORM<br>LOCATOR TWO LOWER<br>LINE TEXT        | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC2L   | This field is<br>used to hold<br>form locator 2 -<br>lower line<br>received via<br>EMC on record<br>type 22.  |
| CLM_SHRD_SY EMC_R22_FORM CHAR(12)<br>SS_EMC_FISS _LOC11U  | NULL | No | No | CLAIM EMC FORM<br>LOCATOR ELEVEN UPPER<br>LINE TEXT     | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC11U  | This field is<br>used to hold<br>form locator 11<br>- upper line<br>received via<br>EMC on record<br>type 22  |
| CLM_SHRD_SY EMC_R22_FORM CHAR(13)<br>SS_EMC_FISS _LOC11L  | NULL | No | No | CLAIM EMC FORM<br>LOCATOR ELEVEN<br>LOWER LINE TEXT     | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC11L  | This field is<br>used to hold<br>form locator 11<br>- lower line<br>received via<br>EMC on record<br>type 22  |
| CLM_SHRD_SY EMC_R22_FORM CHAR(13)<br>SS_EMC_FISS _LOC56U  | NULL | No | No | CLAIM EMC FORM<br>LOCATOR FIFTY SIX<br>UPPER LINE TEXT  | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC56U  | This field is<br>used to hold<br>form locator 56<br>- upper line<br>received via<br>EMC on record<br>type 22. |
| CLM_SHRD_SY EMC_R22_FORM CHAR(14)<br>SS_EMC_FISS _LOC56L2 | NULL | No | No | CLAIM EMC FORM<br>LOCATOR FIFTY SIX<br>SECOND LINE TEXT | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC56L2 | This field is<br>used to hold<br>form locator 56<br>- 2nd line<br>received via<br>EMC on record<br>type 22    |
| CLM_SHRD_SY EMC_R22_FORM CHAR(14)<br>SS_EMC_FISS _LOC56L3 | NULL | No | No | CLAIM EMC FORM<br>LOCATOR FIFTY SIX<br>THIRD LINE TEXT  | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC56L3 | This field is<br>used to hold<br>form locator 56<br>- 3rd line<br>received via<br>EMC on record<br>type 22    |
| CLM_SHRD_SY EMC_R22_FORM CHAR(14)<br>SS_EMC_FISS _LOC56L4 | NULL | No | No | CLAIM EMC FORM<br>LOCATOR FIFTY SIX<br>FOURTH LINE TEXT | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC56L4 | This field is<br>used to hold<br>form locator 56<br>- 4th line<br>received via<br>EMC on record<br>type 22    |

|                                                                   |          |     |     |                                                            |                                       |                                                                                                                |
|-------------------------------------------------------------------|----------|-----|-----|------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY EMC_R22_FORM CHAR(14)<br>SS_EMCFISS _LOC56PL          | NULL     | No  | No  | CLAIM EMC FORM<br>LOCATOR FIFTY SIX<br>PATIENT LINE TEXT   | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC56PL | This field is<br>used to hold<br>form locator 56<br>- patient line<br>received via<br>EMC on record<br>type 22 |
| CLM_SHRD_SY EMC_R22_FORM CHAR(2)<br>SS_EMCFISS _LOC78U            | NULL     | No  | No  | CLAIM EMC FORM<br>LOCATOR SEVENTY<br>EIGHT UPPER LINE TEXT | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC78U  | This field is<br>used to hold<br>form locator 78<br>- upper line<br>received via<br>EMC on record<br>type 22   |
| CLM_SHRD_SY EMC_R22_FORM CHAR(3)<br>SS_EMCFISS _LOC78L            | NULL     | No  | No  | CLAIM EMC FORM<br>LOCATOR SEVENTY<br>EIGHT LOWER LINE TEXT | FSSCIDRP-EMC-<br>R22-FORM-<br>LOC78L  | This field is<br>used to hold<br>form locator 78<br>- lower line<br>received via<br>EMC on record<br>type 22   |
| CLM_SHRD_SY EMC_R22_LOCA CHAR(8)<br>SS_EMCFISS L_USE              | NULL     | No  | No  | CLAIM EMC FORM<br>LOCAL USE TEXT                           | FSSCIDRP-EMC-<br>R22-LOCAL-USE        | This field is<br>intended for<br>local use<br>information on<br>EMC file record<br>22                          |
| CLM_SHRD_SY GEO_BENE_SK INTEGER<br>SS_EMPLR_FIS<br>S              | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                      |                                       |                                                                                                                |
| CLM_SHRD_SY CLM_DT_SGNTR INTEGER<br>SS_EMPLR_FIS _SK<br>S         | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                       |                                       |                                                                                                                |
| CLM_SHRD_SY CLM_TYPE_CD SMALLINT<br>SS_EMPLR_FIS<br>S             | NOT NULL | Yes | Yes | Claim Type Code                                            |                                       |                                                                                                                |
| CLM_SHRD_SY CLM_NUM_SK SMALLINT<br>SS_EMPLR_FIS<br>S              | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                               |                                       |                                                                                                                |
| CLM_SHRD_SY CLM EMC_EMPL CHAR(24)<br>SS_EMPLR_FIS R_NAME<br>S     | NOT NULL | Yes | No  | CLAIM EMC EMPLOYER<br>NAME                                 | FSSCIDRP-EMC-<br>R21-EMPLYR-<br>NAME  | identifies the<br>employer name<br>on EMC file<br>record 21<br>(Noninsured<br>Employment<br>Information)       |
| CLM_SHRD_SY CLM EMC_EMPL CHAR(18)<br>SS_EMPLR_FIS R_ADR<br>S      | NULL     | No  | No  | CLAIM EMC EMPLOYER<br>ADDRESS                              | FSSCIDRP-EMC-<br>R21-EMPLYR-<br>ADDR  | identifies the<br>employer<br>address                                                                          |
| CLM_SHRD_SY CLM EMC_EMPL CHAR(15)<br>SS_EMPLR_FIS R_CITY_ADR<br>S | NULL     | No  | No  | CLAIM EMC EMPLOYER<br>CITY ADDRESS                         | FSSCIDRP-EMC-<br>R21-EMPLYR-<br>CITY  | identifies the<br>employer city                                                                                |
| CLM_SHRD_SY CLM EMC_EMPL CHAR(9)<br>SS_EMPLR_FIS R_ZIP_CD<br>S    | NULL     | No  | No  | CLAIM EMC EMPLOYER<br>ZIP CODE                             | FSSCIDRP-EMC-<br>R21-EMPLYR-<br>ZIP   | identifies the<br>employer zip<br>code                                                                         |

|                                              |                             |            |          |     |     |                                          |                                       |                                                                                                                                  |
|----------------------------------------------|-----------------------------|------------|----------|-----|-----|------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY CLM_EMPLR_FIS R_STATE_ADR<br>S   | CLM_EMPLR_FIS R_STATE_ADR   | CHAR(2)    | NULL     | No  | No  | CLAIM EMC EMPLOYER<br>STATE ADDRESS      | FSSCIDRP-EMC-<br>R21-EMPLYR-<br>STATE | identifies the<br>employer state                                                                                                 |
| CLM_SHRD_SY CLM_EMPLR_FIS R_STUS_CD<br>S     | CLM_EMPLR_FIS R_STUS_CD     | NUMERIC(1) | NULL     | No  | No  | CLAIM EMC EMPLOYER<br>STATUS CODE        | FSSCIDRP-EMC-<br>R21-EMPL-<br>STATUS  | This field<br>identifies the<br>Employment<br>Status Code on<br>EMC file record<br>21 (Noninsured<br>Employment<br>Information). |
| CLM_SHRD_SY CLM_EMPLR_FIS YMT_STUS_CD<br>S   | CLM_EMPLR_FIS YMT_STUS_CD   | NUMERIC(2) | NULL     | No  | No  | CLAIM EMC<br>EMPLOYMENT STATUS<br>CODE   | FSSCIDRP-EMC-<br>R21-EMPLYR-<br>QUAL  | This field<br>identifies the<br>Employment<br>Status Code on<br>EMC file record<br>21 (Noninsured<br>Employment<br>Information). |
| CLM_SHRD_SY CLM_EMPLR_FIS R_QUALN_CD<br>S    | CLM_EMPLR_FIS R_QUALN_CD    | NUMERIC(2) | NULL     | No  | No  | CLAIM EMC EMPLOYER<br>QUALIFICATION CODE | FSSCIDRP-RT21-<br>QUAL-CODE           | Employer<br>qualification<br>codes.                                                                                              |
| CLM_SHRD_SY CLM_EMPLR_FIS GEO_BENE_SK<br>S   | CLM_EMPLR_FIS GEO_BENE_SK   | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey    |                                       |                                                                                                                                  |
| CLM_SHRD_SY CLM_EMPLR_FIS CLM_DT_SGNTR<br>S  | CLM_EMPLR_FIS CLM_DT_SGNTR  | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey     |                                       |                                                                                                                                  |
| CLM_SHRD_SY CLM_EMPLR_FIS CLM_TYPE_CD<br>S   | CLM_EMPLR_FIS CLM_TYPE_CD   | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                          |                                       |                                                                                                                                  |
| CLM_SHRD_SY CLM_EMPLR_FIS CLM_NUM_SK<br>S    | CLM_EMPLR_FIS CLM_NUM_SK    | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey             |                                       |                                                                                                                                  |
| CLM_SHRD_SY CLM_EMPLR_FIS CLM_FINCL SQN<br>S | CLM_EMPLR_FIS CLM_FINCL SQN | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM FINANCIAL<br>SEQUENCE NUMBER       |                                       |                                                                                                                                  |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_BENE_CHK | CHAR(2) | NULL | No | No | CLAIM BENEFICIARY |
| SS_FINCL    | _STUS_CD     |         |      |    |    | CHECK STATUS CODE |

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|             |               |            |      |    |    |                           |
|-------------|---------------|------------|------|----|----|---------------------------|
| CLM_SHRD_SY | CLM_LAST_BENE | NUMERIC(8) | NULL | No | No | CLAIM LAST                |
| SS_FINCL    | _CHK_DT       |            |      |    |    | BENEFICIARY CHECK<br>DATE |

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|             |               |            |      |    |    |                          |
|-------------|---------------|------------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_BENE_INTR | NUMERIC(9) | NULL | No | No | CLAIM BENEFICIARY        |
| SS_FINCL    | NL_CHK_NUM    |            |      |    |    | INTERNAL CHECK<br>NUMBER |

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|             |               |              |      |    |    |                    |
|-------------|---------------|--------------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_BENE_ACN  | DECIMAL(8,2) | NULL | No | No | CLAIM BENEFICIARY  |
| SS_FINCL    | T_RCVBL_OFST_ |              |      |    |    | ACCOUNT RECEIVABLE |
|             | AMT           |              |      |    |    | OFFSET AMOUNT      |

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|             |               |            |      |    |    |                          |
|-------------|---------------|------------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_BENE_EXTR | NUMERIC(9) | NULL | No | No | CLAIM BENEFICIARY        |
| SS_FINCL    | NL_CHK_NUM    |            |      |    |    | EXTERNAL CHECK<br>NUMBER |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_PRVDR_CH | CHAR(2) | NULL | No | No | CLAIM PROVIDER CHECK |
| SS_FINCL    | K_STUS_CD    |         |      |    |    | STATUS CODE          |

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|                         |                                       |              |      |    |    |                                                           |                     |                                                                           |
|-------------------------|---------------------------------------|--------------|------|----|----|-----------------------------------------------------------|---------------------|---------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FINCL | CLM_PRVDR_LA<br>ST_CHK_DT             | NUMERIC(8)   | NULL | No | No | CLAIM PROVIDER LAST<br>CHECK DATE                         |                     |                                                                           |
| CLM_SHRD_SY<br>SS_FINCL | CLM_CHK_IND                           | CHAR(1)      | NULL | No | No | CLAIM CHECK<br>INDICATOR                                  | CHECK-<br>INDICATOR | Indicates that a<br>check for<br>payment is to<br>be cut for the<br>claim |
| CLM_SHRD_SY<br>SS_FINCL | CLM_BENE_CHK<br>_AMT                  | DECIMAL(7,2) | NULL | No | No | CLAIM BENEFICIARY<br>CHECK AMOUNT                         | CHECK-AMT-<br>BENE  | Amount of the<br>payment made<br>to the<br>Beneficiary.                   |
| CLM_SHRD_SY<br>SS_FINCL | CLM_BENE_PD_I<br>ND                   | CHAR(1)      | NULL | No | No | CLAIM BENEFICIARY<br>PAID INDICATOR                       | BENE-PAY-IND        | Indicates<br>payment was<br>mailed to the<br>Beneficiary.                 |
| CLM_SHRD_SY<br>SS_FINCL | CLM_ATMTD_D<br>VLPMT_SYS_LTR<br>_MAIL | CHAR(7)      | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>LETTER MAIL DATE | ADS-MAIL-<br>DATE   | The date the<br>ADS letter was<br>mailed.                                 |
| CLM_SHRD_SY<br>SS_FINCL | CLM_PRVDR_INT<br>RNL_CHK_NUM          | CHAR(9)      | NULL | No | No | CLAIM PROVIDER<br>INTERNAL CHECK<br>NUMBER                |                     |                                                                           |



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|             |                |         |      |    |    |                      |
|-------------|----------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_TITLE_9TEE | CHAR(1) | NULL | No | No | CLAIM TITLE NINETEEN |
| SS_FINCL    | N_CHK_DGT_CD   |         |      |    |    | CHECK DIGIT CODE     |

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|             |              |              |      |    |    |                   |
|-------------|--------------|--------------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_BENE_PD_ | DECIMAL(9,2) | NULL | No | No | CLAIM BENEFICIARY |
| SS_FINCL    | BY_AMT       |              |      |    |    | PAID BY AMOUNT    |

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|             |               |            |      |    |    |                    |
|-------------|---------------|------------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_SPLIT_PAY | NUMERIC(3) | NULL | No | No | CLAIM SPLIT PAY    |
| SS_FINCL    | _SPRSN_AMT    |            |      |    |    | SUPPRESSION AMOUNT |

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|             |              |              |      |    |    |                             |
|-------------|--------------|--------------|------|----|----|-----------------------------|
| CLM_SHRD_SY | CLM_PRVDR_RC | DECIMAL(8,2) | NULL | No | No | CLAIM PROVIDER              |
| SS_FINCL    | VBL_OFST_AMT |              |      |    |    | RECEIVABLE OFFSET<br>AMOUNT |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_MDCL_PLC | CHAR(1) | NULL | No | No | CLAIM MEDICAL POLICY |
| SS_FINCL    | Y_AUDT_PRCSG |         |      |    |    | AUDIT PROCESSING     |
|             | _OVRRD       |         |      |    |    | OVERRIDE INDICATOR   |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_INTRNL_CL | CHAR(4) | NULL | No | No | CLAIM INTERNAL CLERK |
| SS_FINCL    | RK_NUM        |         |      |    |    | NUMBER               |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_FCLTY_PRV | CHAR(1) | NULL | No | No | CLAIM FACILITY       |
| SS_FINCL    | DR_STUS_CD    |         |      |    |    | PROVIDER STATUS CODE |

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|             |              |         |      |    |    |                    |
|-------------|--------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_CWF_SNCT | CHAR(1) | NULL | No | No | CLAIM CWF SANCTION |
| SS_FINCL    | N_PRVDR_IND  |         |      |    |    | PROVIDER INDICATOR |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_XOVR_TYP | CHAR(1) | NULL | No | No | CLAIM CROSSOVER TYPE |
| SS_FINCL    | E_CD         |         |      |    |    | CODE                 |

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|             |              |         |      |    |    |                    |
|-------------|--------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_XOVR_INS | CHAR(6) | NULL | No | No | CLAIM CROSSOVER    |
| SS_FINCL    | RR_1_NUM     |         |      |    |    | INSURER ONE NUMBER |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLAIM_CROSSO  | CHAR(6) | NULL | No | No | CLAIM CROSSOVER    |
| SS_FINCL    | VER_INSURER_7 |         |      |    |    | INSURER TWO NUMBER |
|             | 09220         |         |      |    |    |                    |

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|                         |                                        |             |      |    |    |                                                  |                    |                                                            |
|-------------------------|----------------------------------------|-------------|------|----|----|--------------------------------------------------|--------------------|------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FINCL | CLAIM_CROSSO<br>VER_INSURER_7<br>09222 | CHAR(6)     | NULL | No | No | CLAIM CROSSOVER<br>INSURER THREE<br>NUMBER       |                    |                                                            |
| CLM_SHRD_SY<br>SS_FINCL | CLAIM_CROSSO<br>VER_INSURER_7<br>09226 | CHAR(6)     | NULL | No | No | CLAIM CROSSOVER<br>INSURER FIVE NUMBER           |                    |                                                            |
| CLM_SHRD_SY<br>SS_FINCL | CLAIM_CROSSO<br>VER_INSURER_7<br>09224 | CHAR(6)     | NULL | No | No | CLAIM CROSSOVER<br>INSURER FOUR NUMBER           |                    |                                                            |
| CLM_SHRD_SY<br>SS_FINCL | CLM_PRVDR_EX<br>TRNL_CHK_NUM           | CHAR(9)     | NULL | No | No | CLAIM PROVIDER<br>EXTERNAL CHECK<br>NUMBER       | CHECK-NBR-<br>PROV | Check number<br>of the check<br>mailed to the<br>Provider. |
| CLM_SHRD_SY<br>SS_FINCL | CLM_LINE_DUP_<br>ICN_NUM               | NUMERIC(15) | NULL | No | No | CLAIM LINE DUPLICATE<br>ICN NUMBER               |                    |                                                            |
| CLM_SHRD_SY<br>SS_FINCL | CLM_LINE_DUP_<br>PD_DT                 | NUMERIC(8)  | NULL | No | No | CLAIM LINE DUPLICATE<br>PAID DATE                |                    |                                                            |
| CLM_SHRD_SY<br>SS_FINCL | CLM_LINE_DUP_<br>EXTRNL_CHK_N<br>UM    | NUMERIC(9)  | NULL | No | No | CLAIM LINE DUPLICATE<br>EXTERNAL CHECK<br>NUMBER |                    |                                                            |

|                         |                             |         |      |    |    |                                      |                                        |                                                |                       |                                                                                                              |
|-------------------------|-----------------------------|---------|------|----|----|--------------------------------------|----------------------------------------|------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FINCL | CLM_CHK_RMT<br>NC_DT        | CHAR(8) | NULL | No | No | CLAIM CHECK<br>REMITTANCE DATE       | FSSCIDRP-<br>SFSCINFO-CK-<br>REMIT-DTE | Check date<br>from the<br>Remittance<br>advice |                       |                                                                                                              |
| CLM_SHRD_SY<br>SS_FINCL | CLM_PRVDR_CH<br>K_DT        | CHAR(7) | NULL | No | No | CLAIM PROVIDER CHECK<br>DATE         |                                        |                                                | CHECK-DATE-<br>PROV   | Date the check<br>that was mailed<br>to the Provider<br>was cut.                                             |
| CLM_SHRD_SY<br>SS_FINCL | CLM_ESTMTD_P<br>YMT_MAIL_DT | CHAR(7) | NULL | No | No | CLAIM ESTIMATED<br>PAYMENT MAIL DATE |                                        |                                                | EST-MAIL-DATE         | Estimated date<br>that the claim<br>will be mailed<br>out for claims<br>on the payment<br>floor.             |
| CLM_SHRD_SY<br>SS_FINCL | CLM_PRVDR_CH<br>K_MAIL_DT   | CHAR(7) | NULL | No | No | CLAIM PROVIDER CHECK<br>MAIL DATE    |                                        |                                                | MAIL-DATE             | Date the check<br>was mailed to<br>the Provider.                                                             |
| CLM_SHRD_SY<br>SS_FINCL | CLM_BENE_CHK<br>_MAIL_DT    | CHAR(7) | NULL | No | No | CLAIM BENEFICIARY<br>CHECK MAIL DATE |                                        |                                                | BENE-MAIL-<br>DATE    | Date the check<br>was mailed to<br>the Beneficiary.                                                          |
| CLM_SHRD_SY<br>SS_FINCL | CLM_BENE_CHK<br>_DT         | CHAR(7) | NULL | No | No | CLAIM BENEFICIARY<br>CHECK DATE      |                                        |                                                | CHECK-DATE-<br>BENE   | Date the check<br>that was mailed<br>to the<br>Beneficiary was<br>cut.                                       |
| CLM_SHRD_SY<br>SS_FINCL | CLM_INTRNL_CH<br>K_NUM      | CHAR(8) | NULL | No | No | CLAIM INTERNAL CHECK<br>NUMBER       |                                        |                                                | INTERNAL-<br>CHECK-NO | Internal<br>number used to<br>identify a check<br>that has been<br>sent out in<br>relation to this<br>claim. |

|                         |                                        |              |          |     |     |                                        |                                        |                                                                                                                                                                                                                                                                                                                     |                    |                                                   |
|-------------------------|----------------------------------------|--------------|----------|-----|-----|----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------|
| CLM_SHRD_SY<br>SS_FINCL | CLAIM_SFSCINF<br>O_CHECK_REMIT<br>T278 | CHAR(10)     | NULL     | No  | No  | CLAIM CHECK<br>REMITTANCE NUMBER       | FSSCIDRP-<br>SFSCINFO-CK-<br>REMIT-NBR | Check number<br>from the<br>Remittance<br>advice - not<br>available from<br>FISS at this<br>time                                                                                                                                                                                                                    |                    |                                                   |
| CLM_SHRD_SY<br>SS_FINCL | CLM_PRVDR_CH<br>K_AMT                  | DECIMAL(9,2) | NULL     | No  | No  | CLAIM PROVIDER CHECK<br>AMOUNT         |                                        |                                                                                                                                                                                                                                                                                                                     | CHECK-AMT-<br>PROV | Amount of the<br>payment made<br>to the Provider. |
| CLM_SHRD_SY<br>SS_FINCL | CLM_FINCL_CRN<br>T_SW                  | CHAR(1)      | NULL     | No  | No  | CLAIM FINANCIAL<br>CURRENT SWITCH      |                                        |                                                                                                                                                                                                                                                                                                                     |                    |                                                   |
| CLM_SHRD_SY<br>SS_FISS  | GEO_BENE_SK                            | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey  |                                        |                                                                                                                                                                                                                                                                                                                     |                    |                                                   |
| CLM_SHRD_SY<br>SS_FISS  | CLM_DT_SGNTR<br>SK                     | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey   |                                        |                                                                                                                                                                                                                                                                                                                     |                    |                                                   |
| CLM_SHRD_SY<br>SS_FISS  | CLM_TYPE_CD                            | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                        |                                        |                                                                                                                                                                                                                                                                                                                     |                    |                                                   |
| CLM_SHRD_SY<br>SS_FISS  | CLM_NUM_SK                             | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey           |                                        |                                                                                                                                                                                                                                                                                                                     |                    |                                                   |
| CLM_SHRD_SY<br>SS_FISS  | CLM_FORCE_CD                           | CHAR(1)      | NULL     | No  | No  | CLAIM FORCE CODE                       | FSSCIDRP-BSVS-<br>FORCE-CODE           | Benefit Savings<br>force code                                                                                                                                                                                                                                                                                       |                    |                                                   |
| CLM_SHRD_SY<br>SS_FISS  | CLM_MLT_CHNL<br>_LAB_CD                | CHAR(1)      | NULL     | No  | No  | CLAIM MULTI CHANNEL<br>LABORATORY CODE | FSSCIDRP-HCPC-<br>MULTI-LAB            | identifies how a<br>multi-channel<br>laboratory<br>claim was<br>processed<br>Value<br>Description<br>M Lab services<br>were manually<br>rolled up,<br>therefore the<br>system roll-up<br>process should<br>not be<br>performed.<br>S The system<br>roll-up process<br>was applied to<br>this claim.<br>Y A manual d | Y                  | Y                                                 |

|                        |                              |         |      |    |    |                                                       |                                    |                                                                                                                                                                                                                                                                                                                         |   |   |
|------------------------|------------------------------|---------|------|----|----|-------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_CASH_DDC<br>TBL_OVRRD_CD | CHAR(1) | NULL | No | No | CLAIM CASH<br>DEDUCTIBLE OVERRIDE<br>CODE             | FSSCIDRP-CASH-<br>DED-OVRD-CD      | Cash<br>Deductible<br>Override Code -<br>This field<br>identifies the<br>code that<br>indicates the<br>cash deductible<br>should not be<br>applied to this<br>claim. This is a<br>one position<br>alphanumeric<br>field.<br>Value<br>Description<br>A Deductible<br>met.<br>B Deductible<br>not met, but<br>overridden. |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_METSA_PR<br>CR_CD        | CHAR(4) | NULL | No | No | CLAIM METROPOLITAN<br>STATISTICAL AREA<br>PRICER CODE | FSSCIDRP-MSA-<br>PRICER-CD         | the geographic<br>location of the<br>metropolitan<br>statistical area<br>used in<br>reimbursing<br>PPS claims                                                                                                                                                                                                           |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_TYPE_OF_S<br>VG_CD       | CHAR(1) | NULL | No | No | CLAIM TYPE OF SAVING<br>CODE                          | FSSCIDRP-TYP-<br>OF-SAVINGS-<br>CD | identifies the<br>type of savings<br>incurred on this<br>claim<br>Value<br>Description<br>1 MSP                                                                                                                                                                                                                         | Y | Y |



|                        |                             |         |      |    |    |                                                    |                            |                                                                                                                                                                                                                                                                                                     |   |   |
|------------------------|-----------------------------|---------|------|----|----|----------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_CPTL_PYM<br>T_TYPE_CD   | CHAR(1) | NULL | No | No | CLAIM CAPITAL<br>PAYMENT TYPE CODE                 | FSSCIDRP-CAP2-<br>PAY-CODE | the type of<br>capital<br>payment<br>methodology.<br>Value<br>Description<br>A Hold<br>harmless - cost<br>payment for<br>old capital.<br>B Hold<br>harmless -<br>100% federal<br>rate.<br>Blank if<br>hospital is in<br>first two years<br>of operation.<br>C Fully<br>prospective<br>blended rate. | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_UNIBILL_PT<br>A_PT_B_CD | CHAR(1) | NULL | No | No | CLAIM UNIBILL PART A<br>PART B CODE                | FSSCIDRP-<br>UNIBIL-RIC    | identifies<br>whether the<br>services being<br>rendered are<br>for Part A or<br>Part B<br>Valid Values:<br>W = Part B, V =<br>Part A, U=both                                                                                                                                                        |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_ASC_RTRN<br>_CD         | CHAR(4) | NULL | No | No | CLAIM AMBULATORY<br>SURGICAL CENTER<br>RETURN CODE | FSSCIDRP-ASC-<br>RTC       | identifies the<br>claim level ASC<br>return code<br>from ASC Pricer                                                                                                                                                                                                                                 |   |   |

|                        |                                        |            |      |    |    |                                                 |                                     |                                                                                                                                                                                                                                                                                                                       |
|------------------------|----------------------------------------|------------|------|----|----|-------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_PRCDR_CD<br>G_MTHD_CD              | NUMERIC(1) | NULL | No | No | CLAIM PROCEDURE<br>CODING METHOD CODE           | FSSCIDRP-<br>PROC-CODING-<br>METHOD | Procedure<br>Coding Method<br>- This field<br>identifies the<br>coding method<br>used for<br>procedure<br>coding on the<br>claim<br>Value<br>Description<br>1 - 3 Reserved<br>for State.<br>4 CPT-4.<br>5 HCPCS (HCFA<br>(Health Care<br>Financing<br>Administration)<br>Common<br>Procedure<br>Coding System)<br>6 - |
| CLM_SHRD_SY<br>SS_FISS | CLM_CNTRCTL_<br>AMT_ANSI_GRP<br>_CD    | CHAR(2)    | NULL | No | No | CLAIM CONTRACTUAL<br>AMOUNT ANSI GROUP<br>CODE  | FSSCIDRP-<br>CONTR-CLM-<br>ANSI-GRP | identifies the<br>claim level<br>ANSI codes for<br>the contractual<br>amount                                                                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_CONTRA<br>CTUAL_AMOUN<br>T707087 | CHAR(3)    | NULL | No | No | CLAIM CONTRACTUAL<br>AMOUNT ANSI REASON<br>CODE | FSSCIDRP-<br>CONTR-CLM-<br>ANSI-RSN | identifies the<br>claim level<br>ANSI codes for<br>the contractual<br>amount                                                                                                                                                                                                                                          |

|                        |                                    |            |      |    |    |                                              |                                    |                                                                                                                                                                                                                                                                                                          |
|------------------------|------------------------------------|------------|------|----|----|----------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_B_RV<br>W_CD               | NUMERIC(2) | NULL | No | No | CLAIM PPS B REVIEW<br>CODE                   | FSSCIDRP-B-<br>REVIEW-CD           | Prospective<br>Payment<br>System B<br>Review Code -<br>This field<br>identifies the<br>code used by<br>the PPS Pricer<br>program to<br>indicate<br>options for<br>calculating<br>reimbursement<br>.<br>Value<br>Description<br>00 Pay with<br>outlier<br>01 Pay day<br>outlier<br>02 Pay cost<br>outlier |
| CLM_SHRD_SY<br>SS_FISS | CLM_SCNDRY_P<br>YR_SVG_TYPE_C<br>D | CHAR(2)    | NULL | No | No | CLAIM SECONDARY<br>PAYER SAVING TYPE<br>CODE | FSSCIDRP-SEC-<br>PAYOR-TYP-<br>SVG | identifies the<br>secondary<br>payer savings<br>type                                                                                                                                                                                                                                                     |
| CLM_SHRD_SY<br>SS_FISS | CLM_COB_NATL<br>DRUG_CD            | CHAR(24)   | NULL | No | No | CLAIM COB NATIONAL<br>DRUG CODE              | FSSCIDRP-COB-<br>NDC               | National drug<br>code                                                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_FAC_CARR<br>_CD_ID             | CHAR(5)    | NULL | No | No | CLAIM FACILITY CARRIER<br>CODE IDENTIFIER    | FSSCIDRP-<br>VALCD-<br>CARRIER     | THE CARRIER<br>THAT IS<br>ASSOCIATED<br>WITH THE NINE<br>DIGIT SERVICE<br>FACILITY ZIP<br>CODE ON THE<br>CLAIM RECORD                                                                                                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_FAC_LCLTY<br>_CD               | CHAR(2)    | NULL | No | No | CLAIM FACILITY<br>LOCALITY CODE              | FSSCIDRP-<br>VALCD-<br>LOCALITY    | THE LOCALITY<br>THAT IS<br>ASSOCIATED<br>WITH THE NINE<br>DIGIT SERVICE<br>FACILITY ZIP<br>CODE ON THE<br>CLAIM RECORD                                                                                                                                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_ATNDG_PH<br>YSN_SW             | CHAR(1)    | NULL | No | No | CLAIM ATTENDING<br>PHYSICIAN SWITCH          | FSSCIDRP-<br>ATTEND-PHYS-<br>FLAG  | will be<br>populated with<br>a N if there is<br>no physician ID<br>present                                                                                                                                                                                                                               |

|                        |                               |         |      |    |    |                                                                 |                                  |                                                                                                                                                                           |   |   |
|------------------------|-------------------------------|---------|------|----|----|-----------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_OPRTG_PH<br>YSN_SW        | CHAR(1) | NULL | No | No | CLAIM OPERATING<br>PHYSICIAN SWITCH                             | FSSCIDRP-OPER-<br>PHYS-FLAG      | will be<br>populated with<br>a N if there is<br>no physician ID<br>present                                                                                                |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PHY<br>SN_SW         | CHAR(1) | NULL | No | No | CLAIM OTHER<br>PHYSICIAN SWITCH                                 | FSSCIDRP-OTH-<br>PHYS-FLAG       | will be<br>populated with<br>a N if there is<br>no physician ID<br>present                                                                                                |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_BYPS_PHYS<br>N_SNCTN_SW   | CHAR(1) | NULL | No | No | CLAIM BYPASS<br>PHYSICIAN SANCTION<br>SWITCH                    | FSSCIDRP-PHY-<br>SAN             | This field allows<br>the ability for a<br>claim to be<br>bypassed if it<br>suspends for a<br>physician that<br>has been<br>sanctioned.                                    | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_LRD_BYPS_<br>SW           | CHAR(1) | NULL | No | No | CLAIM LIFETIME<br>RESERVE DAYS BYPASS<br>SWITCH                 | FSSCIDRP-LTR-<br>RATE-BYPASS     | identifies if it is<br>allowable for<br>the lifetime<br>reserve days to<br>exceed the<br>average daily<br>charge                                                          | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_RJCT_RSN_<br>CD_OVRRD_SW  | CHAR(1) | NULL | No | No | CLAIM REJECT REASON<br>CODE OVERRIDE<br>SWITCH                  | FSSCIDRP-REJ-<br>RSN-OVERRIDE    | This field<br>identifies the<br>override flag<br>for rejected<br>claims entered<br>with TOB 320,<br>330, 810, 820.<br>Value<br>Description<br>N No override<br>Y Override | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_BNFT_DNL<br>_LTR_OVRRD_SW | CHAR(1) | NULL | No | No | CLAIM BENEFIT DENIAL<br>LETTER OVERRIDE<br>SWITCH               | FSSCIDRP-BDL-<br>CHK-OVR         | Indicator to<br>bypass BDL<br>generation.<br>' ' = default<br>Y = bypass                                                                                                  | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_PI_MGMT_<br>RPT_PRICE_SW  | CHAR(1) | NULL | No | No | CLAIM PROGRAM<br>INTEGRITY<br>MANAGEMENT REPORT<br>PRICE SWITCH | FSSCIDRP-<br>REPRICE-PIMR-<br>SW | indicates if<br>claim was<br>repriced thru<br>PIMR                                                                                                                        |   |   |

|                        |                             |            |      |    |    |                                               |                                    |                                                                                                                                                                                                                                                                                                                  |   |   |
|------------------------|-----------------------------|------------|------|----|----|-----------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_NEW_HIC_<br>NUM         | CHAR(12)   | NULL | No | No | CLAIM NEW HEALTH<br>INSURANCE CLAIM<br>NUMBER | FSSCIDRP-NEW-<br>HIC               | When a Y has<br>been entered in<br>the Process<br>New Health<br>Insurance<br>Claim Field, the<br>correct HIC<br>number is to be<br>entered in the<br>New HIC field.<br>The system<br>processes the<br>claim based on<br>this HIC<br>number and<br>establish a<br>Beneficiary File<br>for this new<br>HIC number. |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_TRLR_SQN<br>C_NUM       | NUMERIC(2) | NULL | No | No | CLAIM TRAILER<br>SEQUENCE NUMBER              | FSSCIDRP-<br>TRAILER-SEQ           | Record number<br>00 for first<br>record 1-27 for<br>additional<br>revenue line<br>data.                                                                                                                                                                                                                          | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_REV_LINE_<br>CNT        | NUMERIC(3) | NULL | No | No | CLAIM REVENUE LINE<br>COUNT                   | FSSCIDRP-PHYS-<br>REV-RECS         | the number of<br>revenue - IDRR,<br>records                                                                                                                                                                                                                                                                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_OPRTR_ID                | CHAR(6)    | NULL | No | No | CLAIM OPERATOR<br>IDENTIFIER                  | FSSCIDRP-DDE-<br>PROV              | The DDE-PROV<br>is the first 6<br>positions of the<br>OPER ID                                                                                                                                                                                                                                                    |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_OPRTR_DE<br>PT_ID       | CHAR(3)    | NULL | No | No | CLAIM OPERATOR<br>DEPARTMENT<br>IDENTIFIER    | FSSCIDRP-OPER-<br>ID-DEPT          | the department<br>number of the<br>operator.                                                                                                                                                                                                                                                                     |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_BIL<br>L_CTGRY_CD | CHAR(2)    | NULL | No | No | CLAIM ORIGINAL BILL<br>CATEGORY CODE          | FSSCIDRP-<br>ORIGINAL-CAT          | original bill<br>category of the<br>claim                                                                                                                                                                                                                                                                        |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_OSCAR_ID                | CHAR(1)    | NULL | No | No | CLAIM OSCAR<br>IDENTIFIER                     | FSSCIDRP-<br>OSCAR-<br>IDENTIFIER  | indicates if the<br>Oscar or NPI<br>number was<br>used on EMC<br>claims                                                                                                                                                                                                                                          |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMV_VRSN<br>_CD         | CHAR(3)    | NULL | No | No | CLAIM EMC VERSION<br>CODE                     | FSSCIDRP-EMC-<br>VERSION-CODE      | identifies the<br>EMC version.                                                                                                                                                                                                                                                                                   |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_CRNT_TRA<br>NS_DT       | NUMERIC(8) | NULL | No | No | CLAIM CURRENT<br>TRANSACTION DATE             | FSSCIDRP-<br>CURR-TRAN-DT-<br>CYMD | The last date<br>the claim was<br>updated                                                                                                                                                                                                                                                                        |   |   |

|                        |                                        |            |      |    |    |                                                       |                                        |                                                                                                                                                                                  |
|------------------------|----------------------------------------|------------|------|----|----|-------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_MDCR_CA<br>RR_CD_PVDR_I<br>D       | NUMERIC(5) | NULL | No | No | CLAIM MEDICARE<br>CARRIER CODE<br>PROVIDER IDENTIFIER | FSSCIDRP-<br>CARRIER-CD-ID             | This field<br>displays the<br>identification<br>number of the<br>carrier for the<br>Medicare<br>provider on the<br>claim                                                         |
| CLM_SHRD_SY<br>SS_FISS | CLM_CNCL_DT                            | NUMERIC(8) | NULL | No | No | CLAIM CANCEL DATE                                     | FSSCIDRP-<br>CANCEL-DATE-<br>CYMD      | Cancel date of<br>the claim                                                                                                                                                      |
| CLM_SHRD_SY<br>SS_FISS | CLM_HOSPC_NT<br>C_OF_ELCTN_OR<br>GNL_D | NUMERIC(8) | NULL | No | No | CLAIM HOSPICE NOTICE<br>OF ELECTION ORIGINAL<br>DATE  | FSSCIDRP-NOE-<br>ORIG-DT-CYMD          | identifies<br>original date of<br>hospice<br>election for<br>claims with a<br>type of bill 8XA<br>or the original<br>revocation date<br>for claims with<br>a type of bill<br>8XB |
| CLM_SHRD_SY<br>SS_FISS | CLM_LAST_PAP_<br>DT                    | NUMERIC(8) | NULL | No | No | CLAIM LAST CERVICAL<br>CANCER TEST DATE               | FSSCIDRP-LST-<br>PAP-SMEAR-DT-<br>CYMD | identifies the<br>date on which<br>the most<br>recent pap<br>smear<br>procedure was<br>performed for<br>the beneficiary                                                          |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_BIL<br>L_TYPE_TRANS_<br>DT   | NUMERIC(8) | NULL | No | No | CLAIM ORIGINAL BILL<br>TYPE TRANSACTION<br>DATE       | FSSCIDRP-DATE-<br>TOB-CHANGED-<br>CYMD | This field is the<br>transaction<br>date of the<br>original bill<br>type entered.                                                                                                |

|                        |                                        |            |      |    |    |                                                        |                                     |                                                                                                                                                                                                                                                                                                                         |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707145 | CHAR(1)    | NULL | No | No | CLAIM MSP REPORT<br>TYPE CODE                          | FSSCIDRP-SEC-<br>PAYOR-RPT-<br>TYPE | Medicare<br>Secondary<br>Payer (MSP)<br>Codes (Reports<br>Only) - This<br>field identifies<br>the code<br>indicating the<br>category in<br>which savings<br>are reported to<br>CMS on the<br>workload<br>report<br>Value<br>Description<br>1 Working<br>Aged<br>2 ESRD<br>3 Automobile<br>No-Fault<br>4 Worker's<br>Com | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_IDE_NUM                            | CHAR(15)   | NULL | No | No | CLAIM<br>INVESTIGATIONAL<br>DEVICE EXEMPTION<br>NUMBER | FSSCIDRP-IDE-<br>NUMBER-T           | INVESTIGATION<br>AL DEVICE<br>EXEMPTION<br>NUMBERS (IDE)                                                                                                                                                                                                                                                                |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PTNT_DSC<br>HRG_MINUTE_TI<br>ME    | NUMERIC(2) | NULL | No | No | CLAIM PATIENT<br>DISCHARGE MINUTE<br>TIME              | FSSCIDRP-DISC-<br>MIN               | Discharge<br>minutes.                                                                                                                                                                                                                                                                                                   |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_RADMTTD<br>_7_DAY_SW               | CHAR(1)    | NULL | No | No | CLAIM READMITTED<br>SEVEN DAY SWITCH                   | FSSCIDRP-<br>READMIT-7-DY           | Seven Day<br>Readmit - This<br>field identifies<br>the code<br>indicating the<br>admission was<br>within seven<br>days from<br>discharge of<br>the previous<br>admission. This<br>is a one-<br>position<br>alphanumeric<br>field. The valid<br>values are:<br><br>'Y' Yes<br>'N' No                                     |   |   |

|                        |                               |         |      |    |    |                                                    |                                      |                                                                                                                                                                                                                                                                                                                         |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_QLFYNG_S<br>TAY_DT_SET_SW | CHAR(1) | NULL | No | No | CLAIM QUALIFYING<br>STAY DATE SET SWITCH           | FSSCIDRP-OSC-<br>70-SET              | Qualifying Stay<br>Dates Set - This<br>field is updated<br>when the<br>system<br>calculates the<br>qualifying stay<br>dates<br>(occurrence<br>span code 70).<br>Value<br>Description<br>Y Overrides any<br>system<br>generated or<br>processing of<br>occurrence<br>span code 70<br>(found in the<br>occurrence<br>span |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SNF_TRNSF<br>R_CD         | CHAR(1) | NULL | No | No | CLAIM SKILLED NURSING<br>FACILITY TRANSFER<br>CODE | FSSCIDRP-SNF-<br>TRANSFER-CD         | Skilled Nursing<br>Facility Transfer<br>- This field<br>identifies the<br>reason a<br>beneficiary did<br>not transfer<br>from a hospital<br>to an SNF<br>during a<br>specified length<br>of time. T<br>Value<br>Description<br>1 Bed shortage.<br>2 Medical<br>necessity.<br>3 Readmitted<br>less than 30<br>days a     | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_PTNT_BILL<br>_CD          | CHAR(1) | NULL | No | No | CLAIM PATIENT BILL<br>CODE                         | FSSCIDRP-PAT-<br>FILED-BILL-<br>CODE | identifies the<br>patient filed bill<br>code and is<br>used for<br>emergency<br>claims<br>Value<br>Description<br>E Patient filled                                                                                                                                                                                      |   |   |



|                        |                                   |         |      |    |    |                                              |                                      |                                                                                                                                                                          |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PTNT_VISIT<br>_RSN_CD         | CHAR(7) | NULL | No | No | CLAIM PATIENT VISIT<br>REASON CODE           | FSSCIDRP-PAT-<br>VISIT-REASON-<br>T  | Patient's<br>reason for visit                                                                                                                                            |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_AIR_THRPY<br>_IND             | CHAR(1) | NULL | No | No | CLAIM AIR THERAPY<br>INDICATOR               | FSSCIDRP-AIR-<br>THERAPY-IND         | identifies<br>whether an<br>Air/Ambulance<br>attachment<br>record has<br>been submitted<br>by the provider<br>and attached to<br>the claim.                              | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_HH_ATCH<br>MNT_IND            | CHAR(1) | NULL | No | No | CLAIM HOME HEALTH<br>ATTACHMENT<br>INDICATOR | FSSCIDRP-HME-<br>HTLH-ATTCH-<br>IND  | Home Health<br>Attachments -<br>Attachment<br>records are<br>additional<br>required<br>documents that<br>are submitted<br>by the provider<br>and attached to<br>a claim. | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_PACEMAKE<br>R_ATCHMNT_IN<br>D | CHAR(1) | NULL | No | No | CLAIM PACEMAKER<br>ATTACHMENT<br>INDICATOR   | FSSCIDRP-<br>PACEMAKER-<br>ATTCH-IND | Attachment<br>records are<br>additional<br>required<br>documents that<br>are submitted<br>by the provider<br>and attached to<br>a claim.                                 | Y | Y |

|                        |                                   |         |      |    |    |                                                    |                                 |                                                                                                                                                                                                                                                                                                                       |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_EXCED_PR<br>CSG_TMLNS_IN<br>D | CHAR(1) | NULL | No | No | CLAIM EXCEED<br>PROCESSING<br>TIMELINESS INDICATOR | FSSCIDRP-<br>TIMELINESS-<br>IND | The timeliness<br>indicator<br>instructs the<br>system to<br>process a claim<br>that has<br>exceeded CMS<br>timeliness<br>requirements.<br>Value<br>Description<br>blank no<br>timeliness<br>issue, unless<br>reason code is<br>39011<br>R Timeliness<br>issue has been<br>overridden<br>with a claim<br>remark.<br>Y | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_RSN_CD_A<br>PLCTN_IND         | CHAR(1) | NULL | No | No | CLAIM REASON CODE<br>APPLICATION<br>INDICATOR      | FSSCIDRP-<br>AHSM-PASS-<br>IND  | an indicator<br>used for setting<br>some reason<br>codes for home<br>health claims.                                                                                                                                                                                                                                   |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_RTRN_TO_<br>PRVDR_IND         | CHAR(1) | NULL | No | No | CLAIM RETURN TO<br>PROVIDER INDICATOR              | FSSCIDRP-RTP-<br>IND            | Return To<br>Provider/Histor<br>y/Adjustment<br>Indicator - This<br>field identifies<br>claims that<br>need to be<br>retrieved for<br>reprocessing. IF<br>claims are not<br>being<br>processed in<br>this batch, this<br>field should be<br>left blank                                                                |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_MSP_PAY_I<br>ND               | CHAR(1) | NULL | No | No | CLAIM MSP PAY<br>INDICATOR                         | FSSCIDRP-<br>MSPPAY-IND         | code indicating<br>if MSP savings<br>were calculated<br>by MSPPAY -<br>default value ''<br>Y = MSPPAY                                                                                                                                                                                                                 |   |   |

|                        |                           |         |      |    |    |                                                 |                                     |                                                                                                                                                                                                                                                                                                     |
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| CLM_SHRD_SY<br>SS_FISS | CLM_NEW_CLM<br>_IND       | CHAR(1) | NULL | No | No | CLAIM NEW CLAIM<br>INDICATOR                    | FSSCIDRP-NEW-<br>CLAIM-IND          | identify new<br>claims being<br>processed by<br>the system.<br>This field is<br>used to capture<br>new receipts,<br>provide claim<br>error statistics<br>to the provider,<br>and to<br>determine if<br>the automated<br>or hard copy<br>status code is<br>used for claim<br>correction.             |
| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_LBLT<br>Y_IND    | CHAR(1) | NULL | No | No | CLAIM BENEFICIARY<br>LIABILITY INDICATOR        | FSSCIDRP-BENE-<br>LIAB-IND          | identifies<br>whether the<br>beneficiary has<br>payment<br>liability for<br>services or<br>service lines.<br>Value<br>Description<br>L Fully denied<br>claims with<br>ANSI Group<br>Code of 'PR'<br>N Fully denied<br>claims with no<br>ANSI Group<br>code of 'PR'<br>' ' No fully<br>denied claims |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_BE<br>NE_PD_IND | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>BENEFICIARY PAID<br>INDICATOR | FSSCIDRP-<br>PVDR-BENE-<br>PAID-IND | identifies<br>whether a<br>payment is for<br>the provider or<br>beneficiary.<br>Value<br>Description<br>B Beneficiary<br>P Provider<br>X Both                                                                                                                                                       |

|                        |                           |         |      |    |    |                                                             |                              |                                                                                                                                                                                                                                                                                                                      |
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| CLM_SHRD_SY<br>SS_FISS | CLM_OP_CD_ED<br>TR_MR_IND | CHAR(1) | NULL | No | No | CLAIM OUTPATIENT<br>CODE EDITOR MEDICAL<br>REVIEW INDICATOR | FSSCIDRP-OCE-<br>MED-REV-IND | identifies the<br>indicator to<br>determine OCE<br>medical review.<br>Value<br>Description<br>' ' No OCE Med<br>review<br>(default)<br>Y OCE Med<br>review                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_CLN_IND               | CHAR(1) | NULL | No | No | CLAIM CLEAN<br>INDICATOR                                    | FSSCIDRP-<br>CLEAN-IND       | identifies<br>whether<br>interest is to be<br>paid on the<br>claim if the<br>claim is not<br>paid within the<br>mandated<br>payment<br>timeframe.                                                                                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_CMLX_M<br>R_IND       | CHAR(1) | NULL | No | No | CLAIM COMPLEX<br>MEDICAL REVIEW<br>INDICATOR                | FSSCIDRP-CERT-<br>CL-MR-IND  | Complex<br>Manual<br>Medical Review<br>Indicator - This<br>field identifies<br>if the service<br>received<br>complex<br>manual medical<br>review. This is a<br>one-position<br>alphanumeric<br>field. This is a<br>protected field<br>in DDE.<br>Value<br>Description<br>blank The<br>services did not<br>receive ma |

|                        |                      |         |      |    |    |                             |                           |                                                                                                                                                                                                                                                                                                                            |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_TYPE_IND         | CHAR(1) | NULL | No | No | CLAIM TYPE INDICATOR        | FSSCIDRP-CLM-<br>TYP-IND  | Claim Type -<br>This field<br>identifies the<br>type of claim.<br>Value<br>Description<br>1 Inpatient.<br>2 SNF (Skilled<br>Nursing<br>Facility).<br>3 Outpatient.<br>4 Home health.<br>5 Hospice.<br>6 Part B.<br>A For Type of<br>Bills 120 - 128,<br>220 - 228, 420 -<br>428, and 520 -<br>528.<br>B For T              |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_DME_ESRD<br>_IND | CHAR(1) | NULL | No | No | CLAIM DME ESRD<br>INDICATOR | FSSCIDRP-DME-<br>ESRD-IND | Durable<br>Medical<br>Equipment/End<br>Stage Renal<br>Disease<br>Indicator - This<br>system-set field<br>identifies<br>claims for<br>durable<br>medical<br>equipment,<br>ESRD, or PPV.<br>Value<br>Description<br>' ' default - if<br>not DME, ESRD,<br>or PPV<br>D DME<br>(Durable<br>Medical<br>Equipment).<br>H ESRD (E | Y | Y |

|                        |                              |            |      |    |    |                                                             |                                     |                                                                                                                                                                                                    |   |   |
|------------------------|------------------------------|------------|------|----|----|-------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_BNFT_SVG<br>_ATCHMNT_IND | CHAR(1)    | NULL | No | No | CLAIM BENEFIT SAVING<br>ATTACHMENT<br>INDICATOR             | FSSCIDRP-BENE-<br>SAV-ATTCH-<br>IND | Benefit Savings<br>Indicator<br>Value<br>Description<br>' ' Benefit<br>Savings data is<br>not present.<br>N Benefit<br>Savings data is<br>not present.<br>Y Benefit<br>Savings data is<br>present. |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_ESRD_ATC<br>HMNT_IND     | CHAR(1)    | NULL | No | No | CLAIM END STAGE<br>RENAL DISEASE<br>ATTACHMENT<br>INDICATOR | FSSCIDRP-ESRD-<br>ATTCH-IND         | ESRD<br>Attachment<br>records are<br>additional<br>required<br>documents that<br>are submitted<br>by the provider<br>and attached to<br>a claim.                                                   |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_HH_SPLIT_I<br>ND         | CHAR(1)    | NULL | No | No | CLAIM HOME HEALTH<br>SPLIT INDICATOR                        | FSSCIDRP-HH-<br>SPLIT-IND           | used to identify<br>Home Health<br>claims after<br>9/31/00<br>Value<br>Description<br>F Final.<br>P Pass.                                                                                          |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_HH_RCD_I<br>ND           | NUMERIC(1) | NULL | No | No | CLAIM HOME HEALTH<br>RECODE INDICATOR                       | FSSCIDRP-HH-<br>RECODE-IND          | Home Health<br>recode<br>indicator                                                                                                                                                                 |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_MDCL_REC<br>_ATCHMNT_IND | CHAR(1)    | NULL | No | No | CLAIM MEDICAL<br>RECORD ATTACHMENT<br>INDICATOR             | FSSCIDRP-MED-<br>REC-ATTACH-<br>IND | This field<br>denotes the<br>presence of<br>medical<br>records<br>attached to the<br>claim                                                                                                         | Y | Y |

|                        |                              |         |      |    |    |                                                               |                                     |                                                                                                                                                                                                           |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_OP_REHAB<br>_ATCHMNT_IND | CHAR(1) | NULL | No | No | CLAIM OUTPATIENT<br>REHABILITATION<br>ATTACHMENT<br>INDICATOR | FSSCIDRP-OP-<br>REHAB-ATTCH-<br>IND | This field is<br>identifying the<br>existence of<br>corresponding<br>attachment.<br>Value<br>Description<br>blank No<br>attachment<br>exists.<br>N No<br>attachment<br>exists.<br>Y Attachment<br>exists. |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SOLE_CMN<br>TY_HOSP_IND  | CHAR(1) | NULL | No | No | CLAIM SOLE<br>COMMUNITY HOSPITAL<br>INDICATOR                 | FSSCIDRP-SOLE-<br>COMM-HOSP-<br>IND | Sole<br>Community<br>Hospital<br>Indicator - This<br>field identifies<br>if the provider<br>is considered a<br>sole<br>community<br>hospital.<br>Value<br>Description<br>N NO.<br>Y YES.                  | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_THRPY_AT<br>CHMNT_IND    | CHAR(1) | NULL | No | No | CLAIM THERAPY<br>ATTACHMENT<br>INDICATOR                      | FSSCIDRP-<br>THERAPY-<br>ATTACH-IND | identify that<br>some type of<br>therapy<br>attachment has<br>been submitted<br>with the claim.                                                                                                           | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_OUTLIER_P<br>YMT_RLS_IND | CHAR(1) | NULL | No | No | CLAIM OUTLIER<br>PAYMENT RELEASE<br>INDICATOR                 | FSSCIDRP-<br>OUTLIER-RLSE-<br>IND   | identifies<br>whether a<br>provider is<br>accepting<br>outlier<br>payment for<br>this claim                                                                                                               | Y | Y |

|                        |                                  |         |      |    |    |                                                                    |                                   |                                                                                                                                                                                                                                                                                                                      |   |   |
|------------------------|----------------------------------|---------|------|----|----|--------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_PIP_IND                      | CHAR(1) | NULL | No | No | CLAIM PERIODIC<br>INTERIM PAYMENT<br>INDICATOR                     | FSSCIDRP-PIP-<br>IND              | Periodic<br>Interim<br>Payment<br>Indicator - This<br>field identifies<br>whether or not<br>a provider is<br>reimbursed by<br>the PIP<br>reimbursement<br>method.                                                                                                                                                    | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_PROC_NE<br>W_HIC_NUM_IN<br>D | CHAR(1) | NULL | No | No | CLAIM PROCESS NEW<br>HEALTH INSURANCE<br>CLAIM NUMBER<br>INDICATOR | FSSCIDRP-<br>PROC-NEW-HIC-<br>IND | Process New<br>Health<br>Insurance<br>Claim Number -<br>Entry is<br>required in this<br>field when the<br>HIC number is<br>incorrect on<br>the claim that<br>is being<br>entered.<br>Value<br>Description<br>E The new HIC<br>entered is cross-<br>referenced on<br>the Beneficiary<br>file and this<br>cross-revere | Y | Y |



|                        |                               |         |      |    |    |                                                       |                          |                                                                                                                                                                                                                                                                   |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PT_ATCHM<br>NT_IND        | CHAR(1) | NULL | No | No | CLAIM PHYSICAL<br>THERAPY ATTACHMENT<br>INDICATOR     | FSSCIDRP-THPY-<br>PT-IND | Attachment records are additional required documents that are submitted by the provider and attached to a claim<br>Valid Values:<br>R = An attachment record is needed, but not present<br>X = claim is in an ADR or Medical Policy location code and has an atta |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_OT_ATCH<br>MNT_IND        | CHAR(1) | NULL | No | No | CLAIM OCCUPATIONAL<br>THERAPY ATTACHMENT<br>INDICATOR | FSSCIDRP-THPY-<br>OT-IND | Attachment records are additional required documents that are submitted by the provider and attached to a claim<br>Valid Values:<br>R = An attachment record is needed, but not present<br>X = claim is in an ADR or Medical Policy location code and has an atta |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PYSCHLGCL<br>_ATCHMNT_IND | CHAR(1) | NULL | No | No | CLAIM PSYCHOLOGICAL<br>ATTACHMENT<br>INDICATOR        | FSSCIDRP-THPY-<br>PS-IND | Attachment records are additional required documents that are submitted by the provider and attached to a claim.                                                                                                                                                  | Y | Y |

|                        |                                        |         |      |    |    |                                                                   |                          |                                                                                                                                                                                                                                                                                                                   |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PULMONA<br>RY_REHAB_ATC<br>HMNT_IN | CHAR(1) | NULL | No | No | CLAIM PULMONARY<br>REHABILITATION<br>ATTACHMENT<br>INDICATOR      | FSSCIDRP-THPY-<br>PR-IND | This field was<br>previously<br>utilized for<br>Pulmonary<br>Rehabilitation<br>attachments                                                                                                                                                                                                                        |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SKLD_NRS<br>NG_THRPY_ATC<br>HMNT_I | CHAR(1) | NULL | No | No | CLAIM SKILLED NURSING<br>THERAPY ATTACHMENT<br>INDICATOR          | FSSCIDRP-THPY-<br>SN-IND | Attachment<br>records are<br>additional<br>required<br>documents that<br>are submitted<br>by the provider<br>and attached to<br>a claim.                                                                                                                                                                          | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_MDCL_SCL<br>_WORKR_THRPY<br>_ATCHM | CHAR(1) | NULL | No | No | CLAIM MEDICAL SOCIAL<br>WORKER THERAPY<br>ATTACHMENT<br>INDICATOR | FSSCIDRP-THPY-<br>MS-IND | Attachment<br>records are<br>additional<br>required<br>documents that<br>are submitted<br>by the provider<br>and attached to<br>a claim.                                                                                                                                                                          | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_SPCH_THR<br>PY_ATCHMNT_I<br>ND     | CHAR(1) | NULL | No | No | CLAIM SPEECH THERAPY<br>ATTACHMENT<br>INDICATOR                   | FSSCIDRP-THPY-<br>ST-IND | Attachment<br>records are<br>additional<br>required<br>documents that<br>are submitted<br>by the provider<br>and attached to<br>a claim<br>Valid Values:<br>R = An<br>attachment<br>record is<br>needed, but<br>not present<br>X = claim is in<br>an ADR or<br>Medical Policy<br>location code<br>and has an atta |   |   |

|                        |                                        |         |      |    |    |                                                                    |                          |                                                                                                                                                                                                                                                                   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_RT_ATCHM<br>NT_IND                 | CHAR(1) | NULL | No | No | CLAIM RESPIRATORY<br>THERAPY ATTACHMENT<br>INDICATOR               | FSSCIDRP-THPY-<br>RT-IND | Attachment records are additional required documents that are submitted by the provider and attached to a claim<br>Valid Values:<br>R = An attachment record is needed, but not present<br>X = claim is in an ADR or Medical Policy location code and has an atta |
| CLM_SHRD_SY<br>SS_FISS | CLM_CRDC_REH<br>AB_THRPY_ATC<br>HMNT_I | CHAR(1) | NULL | No | No | CLAIM CARDIAC<br>REHABILITATION<br>THERAPY ATTACHMENT<br>INDICATOR | FSSCIDRP-THPY-<br>CR-IND | Attachment records are additional required documents that are submitted by the provider and attached to a claim<br>Valid Values:<br>R = An attachment record is needed, but not present<br>X = claim is in an ADR or Medical Policy location code and has an atta |

|                        |                          |         |      |    |    |                                         |                                     |                                                                                                                                                                                                                                                                                                               |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_UTLZTN_O<br>VRRD_IND | CHAR(1) | NULL | No | No | CLAIM UTILIZATION<br>OVERRIDE INDICATOR | FSSCIDRP-UTIL-<br>OVERRIDE-IND      | Utilization<br>Override<br>Indicator - This<br>field identifies<br>the indicator<br>allowing the<br>system to<br>bypass the<br>beneficiary/pati<br>ent's utilization<br>that is reflected<br>in the<br>Beneficiary file,<br>keeping what<br>FISS calculated<br>instead of the<br>data returned<br>from CWF.   | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_TERMNL_IL<br>L_IND   | CHAR(1) | NULL | No | No | CLAIM TERMINAL<br>ILLNESS INDICATOR     | FSSCIDRP-<br>TERM-ILL-IND           | This field<br>identifies<br>whether or not<br>a hospice<br>patient has a<br>terminal illness                                                                                                                                                                                                                  | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_INFLNZ_HC<br>PC_IND  | CHAR(1) | NULL | No | No | CLAIM INFLUENZA HCPC<br>INDICATOR       | FSSCIDRP-<br>INFLUENZA-<br>HCPC-IND | Indicator used<br>to determine<br>types of HCPCs<br>appearing on<br>the claim. This<br>indicator will<br>be used in<br>producing<br>MSNs.<br>Value<br>Description<br>H Hepatitis B<br>HCPC on claim<br>(only one).<br>P At least 1<br>Hepatitis HCPC<br>and 1 other<br>HCPC.<br>Y influenza<br>HCPC on claim. | Y | Y |

|                        |                          |         |      |    |    |                                                                                 |                                   |                                                                                                                                                                                                                                     |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PS&R_RPT<br>_RVW_IND | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>STATISTICS AND<br>REIMBURSEMENT<br>REPORT REVIEW<br>INDICATOR | FSSCIDRP-LCC-<br>MSP-IND          | Denotes if<br>claim is subject<br>to PSR review<br>Value<br>Description<br>blank Not<br>subject to PSR<br>review.<br>M MSP claim<br>subject to PSR<br>review                                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_XOVR_IND             | CHAR(1) | NULL | No | No | CLAIM CROSSOVER<br>INDICATOR                                                    | FSSCIDRP-<br>CROSSOVER-<br>IND    | identifies the<br>Medicare Payer<br>on the claim for<br>payment<br>evaluation of<br>claims crossed<br>over to another<br>insurer to<br>coordinate<br>benefits.<br>Value<br>Description<br>1 Primary.<br>2 Secondary.<br>3 Tertiary. |
| CLM_SHRD_SY<br>SS_FISS | CLM_OLD_BNFT<br>_SVG_IND | CHAR(1) | NULL | No | No | CLAIM OLD BENEFIT<br>SAVING INDICATOR                                           | FSSCIDRP-OLD-<br>BSVS-IND         | identifies the<br>Pre-CELIP BSVS-<br>IND                                                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_FISS | CLM_RMRK_IND             | CHAR(1) | NULL | No | No | CLAIM REMARK<br>INDICATOR                                                       | FSSCIDRP-<br>CLAIM-<br>REMARK-IND | This field is<br>populated if<br>the claim<br>remarks field<br>has data                                                                                                                                                             |

|                        |                                        |               |      |    |    |                                                         |                                      |                                                                                                                                                                                                                                                                                                                      |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_GNRT_HRD<br>CPY_IND                | CHAR(1)       | NULL | No | No | CLAIM GENERATE<br>HARDCOPY INDICATOR                    | FSSCIDRP-<br>GENER-<br>HARDCOPY-IND  | This field<br>instructs the<br>system to<br>generate a<br>specific type of<br>hard copy<br>document.<br>Value<br>Description<br>2 Medical ADR.<br>3 Non-Medical<br>ADR.<br>4 MSP ADR.<br>5 MSP Cost<br>Avoidance<br>ADR.<br>7 ADR to<br>Beneficiary.<br>8 MSN (Line<br>Item) or Partial<br>Benefit Denial<br>Letter. | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_IP_CD_EDT<br>R_BYPS_IND            | CHAR(1)       | NULL | No | No | CLAIM INPATIENT CODE<br>EDITOR BYPASS<br>INDICATOR      | FSSCIDRP-MCE-<br>BYP-IND             | The MCE/OCE<br>modules are<br>bypassed when<br>a Y is inserted<br>in this field                                                                                                                                                                                                                                      | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_PRI<br>OR_RCVD_FRO<br>M_INSR | DECIMAL(9,2)  | NULL | No | No | CLAIM PROVIDER PRIOR<br>RECEIVED FROM<br>INSURER AMOUNT | FSSCIDRP-DUE-<br>PRIOR-PMT           | This field<br>identifies the<br>amount the<br>provider has<br>received<br>toward<br>payment of the<br>claim prior to<br>the billing date<br>by the<br>indicated<br>payer, and is<br>required on<br>outpatient<br>claims if<br>applicable.                                                                            |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_TOT_ACM<br>DTN_AMT                 | DECIMAL(11,2) | NULL | No | No | CLAIM TOTAL<br>ACCOMODATION<br>AMOUNT                   | FSSCIDRP-EMC-<br>REC90-ACCOM-<br>TOT | This field is the<br>total<br>accommodatio<br>n charges for<br>revenue<br>centers for<br>EMC file record<br>90 (claim<br>control screen).                                                                                                                                                                            |   |   |

|                        |                                          |              |      |    |    |                                                       |                                       |                                                                                                                                                                                            |
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| CLM_SHRD_SY<br>SS_FISS | CLM_TOT_NON_<br>CVRD_ACM DTN_<br>AMT )   | DECIMAL(11,2 | NULL | No | No | CLAIM TOTAL NON<br>COVERED<br>ACCOMODATION<br>AMOUNT  | FSSCIDRP-EMC-<br>REC90-ACCOM-<br>NCOV | This field is the<br>non-covered<br>accommodatio<br>n charges for<br>EMC file record<br>90 (claim<br>control screen).                                                                      |
| CLM_SHRD_SY<br>SS_FISS | CLM_TOT_ANCL<br>RY_CHRG_AMT )            | DECIMAL(11,2 | NULL | No | No | CLAIM TOTAL<br>ANCILLARY CHARGE<br>AMOUNT             | FSSCIDRP-EMC-<br>REC90-ANCIL-<br>TOT  | This field is the<br>total Ancillary<br>Charges for<br>Revenue<br>Centers on<br>EMC file record<br>90. (Claim<br>control screen).                                                          |
| CLM_SHRD_SY<br>SS_FISS | CLM_TOT_NON_<br>CVRD_ANCLRY_<br>CHRG_A ) | DECIMAL(11,2 | NULL | No | No | CLAIM TOTAL NON<br>COVERED ANCILLARY<br>CHARGE AMOUNT | FSSCIDRP-EMC-<br>REC90-ANCIL-<br>NCOV | This field is the<br>Non-Covered<br>Ancillary<br>Charges for<br>EMC file record<br>90 (claim<br>control screen).                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_BLO<br>OD_DDCTBL_PD<br>_AMT     | DECIMAL(9,2) | NULL | No | No | CLAIM BENEFICIARY<br>BLOOD DEDUCTIBLE<br>PAID AMOUNT  | FSSCIDRP-PAT-<br>PAID-BLD-DED         | identifies the<br>amount of<br>money paid on<br>behalf of the<br>beneficiary/pati<br>ent for any<br>blood<br>deductible (up<br>to three pints).<br>It applies to<br>Part B claims<br>only. |

|                        |                                        |               |      |    |    |                                                                 |                               |                                                                                                                                                                                                                                                              |
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| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_ORG<br>NL_BLOOD_DDC<br>TBL_AM | DECIMAL(9,2)  | NULL | No | No | CLAIM BENEFICIARY<br>ORIGINAL BLOOD<br>DEDUCTIBLE AMOUNT        | FSSCIDRP-ORIG-<br>PAT-DED-BLD | Original Patient<br>Paid Blood<br>Deductible -<br>The amount of<br>money<br>originally paid<br>on behalf of<br>the<br>beneficiary/pati<br>ent for his or<br>her blood<br>deductible (up<br>to 3 pints) on<br>the clean,<br>process Part B<br>claim.          |
| CLM_SHRD_SY<br>SS_FISS | CLM_BNFT_SVG<br>_AMT                   | DECIMAL(11,2) | NULL | No | No | CLAIM BENEFIT SAVING<br>AMOUNT                                  | FSSCIDRP-BENE-<br>SAVINGS     | This field holds<br>the Benefit<br>Savings amount                                                                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_DRG_<br>REIMBRSMT_A<br>MT      | DECIMAL(11,2) | NULL | No | No | CLAIM PPS DIAGNOSIS<br>RELATED GROUP<br>REIMBURSEMENT<br>AMOUNT | FSSCIDRP-DRG-<br>REIMB-AMT    | identifies the<br>prospective<br>payment<br>reimbursement<br>amount<br>calculated by<br>the CMS Pricer<br>Program minus<br>any outlier<br>payment.<br>However, when<br>applicable, the<br>amount<br>includes the<br>Hemophilia add-<br>on payment<br>amount. |
| CLM_SHRD_SY<br>SS_FISS | CLM_DOLLAR_T<br>HRSHLD_AMT             | DECIMAL(7,2)  | NULL | No | No | CLAIM DOLLAR<br>THRESHOLD AMOUNT                                | FSSCIDRP-PPS-<br>DOLLAR-THRES | This field<br>identifies the<br>dollar threshold<br>for a claim<br>identified by<br>PPS Pricer as a<br>cost outlier                                                                                                                                          |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_END_STA<br>GE_RENAL_DI70<br>7283 | DECIMAL(6,2)  | NULL | No | No | CLAIM END STAGE<br>RENAL DISEASE WAGE<br>ADJUSTED RATE          | FSSCIDRP-ESRD-<br>WADJ-RATE   | identifies the<br>adjusted wage<br>index that is<br>returned by the<br>ESRD Pricer                                                                                                                                                                           |



|                        |                                          |                   |      |    |    |                                                    |                                       |                                                                                                                                                                                                            |
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| CLM_SHRD_SY<br>SS_FISS | CLM_EXPNS_TO<br>_DDCT_AMT                | DECIMAL(11,2<br>) | NULL | No | No | CLAIM EXPENSE TO<br>DEDUCT AMOUNT                  | FSSCIDRP-<br>EXPENSES-TO-<br>DED      | identifies the<br>Part B expenses<br>to be applied to<br>cash deductible                                                                                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRRT<br>RST_PD_AMT                 | DECIMAL(11,2<br>) | NULL | No | No | CLAIM INSURER<br>INTEREST PAID AMOUNT              | FSSCIDRP-<br>INTEREST-AMT             | This field<br>identifies the<br>amount of<br>interest paid to<br>the provider for<br>late payment<br>on clean claims                                                                                       |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707289   | DECIMAL(9,2)      | NULL | No | No | CLAIM MSP BLOOD<br>DEDUCTIBLE AMOUNT               | FSSCIDRP-MSP-<br>BLOOD-DED            | Blood<br>deductible for<br>MSP claim                                                                                                                                                                       |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707291   | DECIMAL(9,2)      | NULL | No | No | CLAIM MSP DEDUCTIBLE<br>AMOUNT                     | FSSCIDRP-MSP-<br>CASH-DED             | this field<br>identifies the<br>cash deduction<br>amount<br>calculated<br>within the MSP<br>pay module.                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_EX<br>PNS_TO_DDCT_<br>AMT      | DECIMAL(11,2<br>) | NULL | No | No | CLAIM ORIGINAL<br>EXPENSE TO DEDUCT<br>AMOUNT      | FSSCIDRP-ORIG-<br>EXPENSES-TO-<br>DED | The Medicare<br>Part B expenses<br>which were<br>originally<br>applied to the<br>case deductible<br>(excluding<br>charges with an<br>override code<br>of 1, 3, or 4) on<br>a clean,<br>processed<br>claim. |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRIVDR_TC<br>HNCL_CHRGS_A<br>MT      | DECIMAL(11,2<br>) | NULL | No | No | CLAIM PROVIDER<br>TECHNICAL CHARGES<br>AMOUNT      | FSSCIDRP-TECH-<br>PROV-CHRGS          | Identifies the<br>non-covered<br>charges on the<br>benefit savings<br>lines for claims<br>with<br>occurrence<br>space 77.                                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_NON_CVR<br>D_CNTRCTL_CHR )<br>GS_AMT | DECIMAL(11,2<br>) | NULL | No | No | CLAIM NON COVERED<br>CONTRACTUAL<br>CHARGES AMOUNT | FSSCIDRP-<br>CONTR-CLM-<br>NCOV-CHRGS | identifies the<br>claim level<br>Contractual<br>ANSI amount                                                                                                                                                |

|                        |                              |              |      |    |    |                                                                      |                          |                                                                                                                                                                                                                                                                                                                                   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_IRF_F<br>ED_PCT      | CHAR(4)      | NULL | No | No | CLAIM PPS INPATIENT<br>REHABILITATION<br>FACILITY FEDERAL<br>PERCENT | FSSCIDRP-NAT-<br>PCT     | This represents<br>the percent of<br>the total PPS<br>Blended<br>Payment that is<br>the national<br>amount. For<br>Inpatient<br>Rehabilitation<br>Facility (IRF)<br>PPS claims, this<br>represents the<br>facility specific<br>payment<br>percent.                                                                                |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_TOT_P<br>YMT_FED_PCT | VARCHAR(20)  | NULL | No | No | CLAIM PPS TOTAL<br>PAYMENT FEDERAL<br>PERCENT                        | FSSCIDRP-FSP-<br>PCT     | This represents<br>the percent of<br>the total PPS<br>blended<br>payment that is<br>the federal<br>portion                                                                                                                                                                                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_BLND<br>D_PYMT_AMT   | DECIMAL(9,2) | NULL | No | No | CLAIM PPS BLENDED<br>PAYMENT AMOUNT                                  | FSSCIDRP-PPS-<br>PAYMENT | This represents<br>the PPS<br>blended<br>payment<br>amount<br>consisting of<br>the federal,<br>hospital,<br>outlier, and<br>indirect<br>teaching<br>portions. For a<br>SNF RUG<br>demonstration<br>claim, this<br>represents the<br>NHCMQ<br>prospective<br>payment that<br>includes the<br>NHC<br>demonstration<br>rate times th |

|                        |                                        |              |      |    |    |                                                                 |                                |                                                                                                                                                                                     |
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| CLM_SHRD_SY<br>SS_FISS | CLM_CPTL_PAY_<br>CD_2_FED_PRTN<br>_AMT | DECIMAL(9,2) | NULL | No | No | CLAIM CAPITAL PAY<br>CODE TWO FEDERAL<br>PORTION AMOUNT         | FSSCIDRP-CAP2-<br>B-FSP        | Capital Pay<br>Code 2 Federal<br>Specific Portion<br>- This field<br>identifies the<br>federal amount<br>paid if the pay<br>code is B (hold<br>harmless -<br>100% federal<br>rate). |
| CLM_SHRD_SY<br>SS_FISS | CLM_BLOOD_PN<br>T_UNIT_VAL_A<br>MT     | DECIMAL(9,2) | NULL | No | No | CLAIM BLOOD PINT UNIT<br>VALUE AMOUNT                           | FSSCIDRP-BLD-<br>PINT-UNIT-VAL | This field<br>identifies the<br>calculated<br>amount for a<br>pint of blood.                                                                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_TOT_CPTL_<br>B_OUTLIER_AMT         | DECIMAL(9,2) | NULL | No | No | CLAIM TOTAL CAPITAL B<br>OUTLIER AMOUNT                         | FSSCIDRP-CAP2-<br>B-OUTLIER    | This field<br>identifies the<br>outlier amount<br>paid if the pay<br>code is B (hold<br>harmless -<br>100% federal<br>rate).                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_ES<br>RD_FINL_REIMB<br>RSMT  | DECIMAL(9,2) | NULL | No | No | CLAIM PROVIDER ESRD<br>FINAL REIMBURSEMENT<br>AMOUNT            | FSSCIDRP-ESRD-<br>FINAL-REIMB  | Represents the<br>new provider<br>reimbursement<br>amount on<br>ESRD claims.                                                                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_ES<br>RD_PRE_RDCTN<br>_REIMB | DECIMAL(9,2) | NULL | No | No | CLAIM PROVIDER ESRD<br>PRE REDUCTION<br>REIMBURSEMENT<br>AMOUNT | FSSCIDRP-ESRD-<br>HOLD-REIMB   | This represents<br>the provider<br>reimbursement<br>amount on<br>ESRD claims<br>prior to being<br>reduced by the<br>ESRD network<br>reduction<br>amount.                            |

|                        |                                        |              |      |    |    |                                                                  |                                       |                                                                                                                                                                                                              |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_CA<br>LCD_MDCR_REI<br>MBRSMT | DECIMAL(9,2) | NULL | No | No | CLAIM ORIGINAL<br>CALCULATED MEDICARE<br>REIMBURSEMENT<br>AMOUNT | FSSCIDRP-ORIG-<br>CALC-MEDA-<br>REIMB | Original<br>Medicare A<br>Reimbursemen<br>t - The amount<br>of Medicare<br>reimbursement<br>originally paid<br>on the clean,<br>processed<br>claim                                                           |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_ORGN<br>L_BLNDD_PYMT<br>_AMT   | DECIMAL(9,2) | NULL | No | No | CLAIM PPS ORIGINAL<br>BLENDED PAYMENT<br>AMOUNT                  | FSSCIDRP-ORIG-<br>PPS-PAYMENT         | The PPS<br>blended<br>payment<br>amount<br>(consisting of<br>the Federal,<br>hospital,<br>outlier, and<br>indirect<br>teaching<br>portions) that<br>applied to the<br>original clean,<br>processed<br>claim. |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_BATCH_NU<br>M                      | CHAR(4)      | NULL | No | No | CLAIM BATCH NUMBER                                               | FSSCIDRP-DCN-<br>BTCH-NBR             | The batch<br>sequence<br>number as<br>assigned by the<br>system through<br>Batch Entry<br>ranges '0000' -<br>'9999'. This is a<br>four-digit field.                                                          | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_SEQNC_NU<br>M                      | CHAR(2)      | NULL | No | No | CLAIM SEQUENCE<br>NUMBER                                         | FSSCIDRP-DCN-<br>CLM-SEQ-NBR          | The claim<br>sequence<br>number as<br>assigned by the<br>system through<br>Batch Entry<br>ranges '00' -<br>'99'. This is a<br>two-digit field.                                                               | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_1ST_PYR_I<br>D_ENTRY_TYPE_I<br>ND  | CHAR(1)      | NULL | No | No | CLAIM FIRST PAYER<br>IDENTIFIER ENTRY TYPE<br>INDICATOR          | FSSCIDRP-<br>PAYER-ID-IND             | This is the<br>Payer id entry<br>type<br>Valid Values ''<br>(default) PR                                                                                                                                     |   |   |

|                        |                                        |             |      |    |    |                                                                                         |                                  |                                                                                                                                                                                                                                                                                                               |   |   |
|------------------------|----------------------------------------|-------------|------|----|----|-----------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLAIM_PAYER_I<br>D_ENTRY_TYP70<br>8243 | CHAR(1)     | NULL | No | No | CLAIM SECOND PAYER<br>IDENTIFIER ENTRY TYPE<br>INDICATOR                                | FSSCIDRP-<br>PAYER-ID-<br>IND(2) | This is the<br>Payer id entry<br>type<br>Valid Values ''<br>(default) PR                                                                                                                                                                                                                                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_PAYER_I<br>D_ENTRY_TYP70<br>8245 | CHAR(1)     | NULL | No | No | CLAIM THIRD PAYER<br>IDENTIFIER ENTRY TYPE<br>INDICATOR                                 | FSSCIDRP-<br>PAYER-ID-<br>IND(3) | This is the<br>Payer id entry<br>type<br>Valid Values ''<br>(default) PR                                                                                                                                                                                                                                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SPLIT_CD                           | CHAR(1)     | NULL | No | No | CLAIM SPLIT CODE                                                                        | FSSCIDRP-DCN-<br>SPLIT-CD        | The site-<br>specific field<br>used on split<br>bills                                                                                                                                                                                                                                                         | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_SITE_ID                            | VARCHAR(20) | NULL | No | No | CLAIM SITE IDENTIFIER                                                                   | FSSCIDRP-DCN-<br>SITE-ID         | The field<br>populated<br>when field -<br>Use Site<br>Processing on<br>the Site Control<br>record is set to<br>Y                                                                                                                                                                                              | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_HM<br>O_OPTN_CD               | CHAR(1)     | NULL | No | No | CLAIM BENEFICIARY<br>HMO OPTION CODE                                                    | FSSCIDRP-HMO-<br>OPTION-CD       | Health<br>Maintenance<br>Organization<br>Option - This<br>field identifies<br>the code for<br>the<br>beneficiary's<br>relationship<br>with the HMO.<br>Value<br>Description<br>(Unrestricted)<br>blank<br>1 Intermediary<br>to process all<br>claims.<br>2 HMO to<br>process claims<br>for directly<br>provid |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_AGE<br>_NUM                   | NUMERIC(3)  | NULL | No | No | CLAIM BENEFICIARY AGE<br>NUMBER                                                         | FSSCIDRP-<br>PATIENT-AGE         | identifies the<br>beneficiary's/p<br>atients age at<br>the time of<br>claim<br>processing                                                                                                                                                                                                                     |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_SSN<br>_HLTH_IDENT_C<br>LM_NU | CHAR(19)    | NULL | No | No | CLAIM BENEFICIARY<br>SOCIAL SECURITY<br>NUMBER HEALTH<br>IDENTIFICATION CLAIM<br>NUMBER | FSSCIDRP-BENE-<br>SSN-HIC(1)     | social security<br>number / HIC<br>of the<br>Beneficiary                                                                                                                                                                                                                                                      |   |   |

|                        |                                    |         |      |    |    |                                                  |                                    |                                                                                                                                                                                                                                                                                                                         |
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| CLM_SHRD_SY<br>SS_FISS | CLM_BNFT_EXH<br>STD_DT_SET_IN<br>D | CHAR(1) | NULL | No | No | CLAIM BENEFIT<br>EXHAUSTED DATE SET<br>INDICATOR | FSSCIDRP-OCC-<br>23-SET            | Benefits<br>Exhausted Date<br>Set - This field<br>is automatically<br>updated when<br>the system<br>calculates the<br>benefits<br>exhausted date<br>(occurrence<br>code A3, B3, or<br>C3).<br>Value<br>Description<br>Y When Y<br>appears in this<br>field, the<br>system<br>generated a<br>benefits<br>exhausted date  |
| CLM_SHRD_SY<br>SS_FISS | CLM_SPRS_RPT_<br>IND               | CHAR(1) | NULL | No | No | CLAIM SUPPRESS<br>REPORT INDICATOR               | FSSCIDRP-<br>SUMM-<br>SUPPRESS-IND | basically the<br>same as the<br>suppress view<br>field.                                                                                                                                                                                                                                                                 |
| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_MR_<br>SW                 | CHAR(1) | NULL | No | No | CLAIM BENEFICIARY<br>MEDICAL REVIEW<br>SWITCH    | FSSCIDRP-MR-<br>FLAG               | identifies<br>whether or not<br>the Medical<br>Review<br>department<br>has determined<br>to suspend<br>(hook) all<br>submitted<br>claims for the<br>beneficiary, for<br>which a<br>Medical Review<br>Flag has been<br>entered on the<br>beneficiary file<br>(10I).<br>Value<br>Description<br>blank Do not<br>suspend c |

|                        |                                      |          |      |    |    |                                                 |                                           |                                                                                                                 |
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| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_LINE_1_1ST_A<br>DR | CHAR(18) | NULL | No | No | CLAIM EMC INSURED<br>LINE ONE FIRST<br>ADDRESS  | FSSCIDRP-EMC-<br>R31-INSURED-<br>ADDR1(1) | This field is line<br>1 of the<br>insured's<br>address on<br>EMC file record<br>31 (Third Party<br>Payer Data). |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_LINE_1_2ND_<br>ADR | CHAR(18) | NULL | No | No | CLAIM EMC INSURED<br>LINE ONE SECOND<br>ADDRESS | FSSCIDRP-EMC-<br>R31-INSURED-<br>ADDR1(2) | This field is line<br>1 of the<br>insured's<br>address on<br>EMC file record<br>31 (Third Party<br>Payer Data). |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_CITY_ADR           | CHAR(15) | NULL | No | No | CLAIM EMC INSURED<br>CITY ADDRESS               | FSSCIDRP-EMC-<br>R31-INSURED-<br>CITY(1)  | the insured's<br>city on EMC file<br>record 31                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_1ST_STATE_A<br>DR  | CHAR(2)  | NULL | No | No | CLAIM EMC INSURED<br>FIRST STATE ADDRESS        | FSSCIDRP-EMC-<br>R31-INSURED-<br>STATE(1) | the insured's<br>state on EMC<br>file record 31                                                                 |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_1ST_ZIP_CD         | CHAR(9)  | NULL | No | No | CLAIM EMC INSURED<br>FIRST ZIP CODE             | FSSCIDRP-EMC-<br>R31-INSURED-<br>ZIP(1)   | the insured's<br>zip on EMC file<br>record 31                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_LINE_2_1ST_A<br>DR | CHAR(18) | NULL | No | No | CLAIM EMC INSURED<br>LINE TWO FIRST<br>ADDRESS  | FSSCIDRP-EMC-<br>R31-INSURED-<br>ADDR2(1) | This field is line<br>2 of the<br>insured's<br>address on<br>EMC file record<br>31 (Third Party<br>Payer Data). |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_LINE_1_3RD_<br>ADR | CHAR(18) | NULL | No | No | CLAIM EMC INSURED<br>LINE ONE THIRD<br>ADDRESS  | FSSCIDRP-EMC-<br>R31-INSURED-<br>ADDR1(3) | This field is line<br>1 of the<br>insured's<br>address on<br>EMC file record<br>31 (Third Party<br>Payer Data). |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_LINE_2_2ND_<br>ADR | CHAR(18) | NULL | No | No | CLAIM EMC INSURED<br>LINE TWO SECOND<br>ADDRESS | FSSCIDRP-EMC-<br>R31-INSURED-<br>ADDR2(2) | This field is line<br>2 of the<br>insured's<br>address on<br>EMC file record<br>31 (Third Party<br>Payer Data). |

|                        |                                        |            |      |    |    |                                                        |                                           |                                                                                                                 |
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| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_LINE_2_3RD_<br>ADR   | CHAR(18)   | NULL | No | No | CLAIM EMC INSURED<br>LINE TWO THIRD<br>ADDRESS         | FSSCIDRP-EMC-<br>R31-INSURED-<br>ADDR2(3) | This field is line<br>2 of the<br>insured's<br>address on<br>EMC file record<br>31 (Third Party<br>Payer Data). |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_2ND_CITY_AD<br>R     | CHAR(15)   | NULL | No | No | CLAIM EMC INSURED<br>SECOND CITY ADDRESS               | FSSCIDRP-EMC-<br>R31-INSURED-<br>CITY(2)  | the insured's<br>city on EMC file<br>record 31                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_3RD_CITY_AD<br>R     | CHAR(15)   | NULL | No | No | CLAIM EMC INSURED<br>THIRD CITY ADDRESS                | FSSCIDRP-EMC-<br>R31-INSURED-<br>CITY(3)  | the insured's<br>city on EMC file<br>record 31                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_2ND_STATE_A<br>DR    | CHAR(2)    | NULL | No | No | CLAIM EMC INSURED<br>SECOND STATE ADDRESS              | FSSCIDRP-EMC-<br>R31-INSURED-<br>STATE(2) | the insured's<br>state on EMC<br>file record 31                                                                 |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_3RD_STATE_A<br>DR    | CHAR(2)    | NULL | No | No | CLAIM EMC INSURED<br>THIRD STATE ADDRESS               | FSSCIDRP-EMC-<br>R31-INSURED-<br>STATE(3) | the insured's<br>state on EMC<br>file record 31                                                                 |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_2ND_ZIP_CD           | CHAR(9)    | NULL | No | No | CLAIM EMC INSURED<br>SECOND ZIP CODE                   | FSSCIDRP-EMC-<br>R31-INSURED-<br>ZIP(2)   | the insured's<br>zip on EMC file<br>record 31                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMC_INSR<br>D_3RD_ZIP_CD           | CHAR(9)    | NULL | No | No | CLAIM EMC INSURED<br>THIRD ZIP CODE                    | FSSCIDRP-EMC-<br>R31-INSURED-<br>ZIP(3)   | the insured's<br>zip on EMC file<br>record 31                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_ADDITIO<br>NAL_DEVELOP70<br>7423 | NUMERIC(8) | NULL | No | No | CLAIM ADDITIONAL<br>DEVELOPMENT<br>REQUEST LETTER DATE | FSSCIDRP-ADS-<br>REQ-DT-CYMD              | This field<br>identifies the<br>original system<br>date for<br>ADDITIONAL-<br>DEVELOPMENT-<br>REQUEST           |



|                        |                                        |            |      |    |    |                                                                               |                                       |                                                                                                                                                                                                                                              |
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| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_AD<br>DTNL_DVLPMT_<br>RQST_L | NUMERIC(8) | NULL | No | No | CLAIM ORIGINAL<br>ADDITIONAL<br>DEVELOPMENT<br>REQUEST LETTER DATE            | FSSCIDRP-ADR-<br>ORIG-REQ-DT-<br>CYMD | Additional<br>Development<br>System<br>Requested<br>Date - This field<br>identifies the<br>date that<br>additional<br>information<br>was requested<br>from the<br>provider via the<br>Additional<br>Development<br>Request (ADR)<br>process. |
| CLM_SHRD_SY<br>SS_FISS | CLM_ADDTNL_D<br>VLPMT_RQST_LT<br>R_CNT | NUMERIC(1) | NULL | No | No | CLAIM ADDITIONAL<br>DEVELOPMENT<br>REQUEST LETTER COUNT                       | FSSCIDRP-ADR-<br>COUNT                | This field<br>identifies the<br>number of<br>ADRs present<br>per claim<br>offsite                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_OF<br>STE_CLNC_ZIP_C<br>D    | CHAR(5)    | NULL | No | No | CLAIM PROVIDER<br>OFFSITE CLINIC ZIP CODE                                     | FSSCIDRP-OS-<br>CLINIC-ZIP-CD         | Clinic/Outpatie<br>nt department<br>zip codes                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_BN<br>FT_SVG_WVR_I<br>ND     | CHAR(1)    | NULL | No | No | CLAIM PROVIDER<br>BENEFIT SAVING<br>WAIVER INDICATOR                          | FSSCIDRP-BSVS-<br>PROV-WAIVER-<br>IND | identifies<br>whether the<br>provider has<br>their<br>presumptive<br>waiver status.<br>Value<br>Description<br>N The provider<br>does not have<br>their waiver<br>status.<br>Y The provider<br>does have their<br>waiver status.             |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_M<br>ARYLAND_WVR_<br>OF_REIM | CHAR(1)    | NULL | No | No | CLAIM PROVIDER<br>MARYLAND WAIVER OF<br>REIMBURSEMENT<br>INDICATOR            | FSSCIDRP-REV-<br>WAIVER-IND           | identifies if the<br>provider uses<br>the Maryland<br>Waiver of<br>Reimbursemen<br>t                                                                                                                                                         |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_RU<br>G_DEMO_IND             | CHAR(1)    | NULL | No | No | CLAIM PROVIDER<br>RESOURCE UTILIZATION<br>GROUP<br>DEMONSTRATION<br>INDICATOR | FSSCIDRP-RUG-<br>PROV-IND             | The first<br>character of<br>the SNF RUG<br>Demo field,                                                                                                                                                                                      |

|                        |                                        |         |      |    |    |                                                                                |                                    |                                                                                                                                                                                                                                                                                                                |
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| CLM_SHRD_SY<br>SS_FISS | CLAIM_PROVIDE<br>R_RESOURCE_70<br>7439 | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>RESOURCE UTILIZATION<br>GROUP<br>DEMONSTRATION<br>PHASE CODE | FSSCIDRP-RUG-<br>PROV-PHASE        | The second<br>character of<br>the SNF RUG<br>Demo field                                                                                                                                                                                                                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_PR<br>SPCTV_PYMT_D<br>EMO_IN | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>PROSPECTIVE PAYMENT<br>DEMONSTRATION<br>INDICATOR            | FSSCIDRP-PPS-<br>DEMO-IND          | identifies if the<br>provider is<br>participating in<br>the Prospective<br>Payment<br>System<br>Demonstration.<br>Value<br>Description<br>D Adult<br>daycare.<br>E Treatment<br>group provider<br>(lump sum<br>payment).<br>K Controlled<br>group<br>(proportionate<br>payment).<br>L Low vision<br>P Lab<br>T |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_AL<br>TRNT_PAY_SCHD<br>L_IND | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>ALTERNATE PAY<br>SCHEDULE INDICATOR                          | FSSCIDRP-ALT-<br>PAY-SCHED-<br>IND | identifies<br>whether<br>providers are<br>paid on the<br>alternate pay<br>schedule.<br>Value<br>Description<br>blank Use the<br>primary pay<br>schedule.<br>N Use the<br>primary pay<br>schedule.<br>Y Use the<br>Alternate pay                                                                                |

|                        |                                         |         |      |    |    |                                                                                        |                                       |                                                                                                                                                                                                                                                                                                                |   |   |
|------------------------|-----------------------------------------|---------|------|----|----|----------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_REI<br>MBSMT_MTHD<br>_CD      | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>REIMBURSEMENT<br>METHOD CODE                                         | FSSCIDRP-<br>REIMB-METH-<br>CD        | Provider<br>Reimbursemen<br>t Method - This<br>field identifies<br>the<br>reimbursement<br>type used to<br>calculate<br>payment for<br>the claim<br>Value<br>Description<br>D Periodic<br>interim<br>payment.<br>G Prospective<br>payment (PPS).<br>R Per Diem.<br>J All inclusive<br>P Percentage<br>I Emerge |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_0_<br>REIMBSMT_RA<br>TE_SW    | CHAR(1) | NULL | No | No | CLAIM PROVIDER ZERO<br>REIMBURSEMENT RATE<br>SWITCH                                    | FSSCIDRP-ZERO-<br>REIMB-RATE-<br>USED |                                                                                                                                                                                                                                                                                                                |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_UR<br>BN_LCTN_RECLS<br>FCTN   | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>URBAN LOCATION<br>RECLASSIFICATION CODE                              | FSSCIDRP-<br>LUGAR-RECLAS-<br>CD      | identifies<br>hospitals that<br>are physically<br>located in<br>counties or<br>parishes<br>deemed urban                                                                                                                                                                                                        | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_PROSPEC<br>TIVE_PAYMENT70<br>7453 | CHAR(1) | NULL | No | No | CLAIM PROSPECTIVE<br>PAYMENT SYSTEM<br>PROVIDER STATISTIC<br>REPORT BLEND YEAR<br>CODE | FSSCIDRP-PSR-<br>PPS-BLEND-YR         | A blend year is<br>a period during<br>which there is a<br>blend of<br>payments from<br>cost-based<br>principles and<br>the Federal<br>LTCH (long<br>term care<br>hospital) PPS<br>rate.                                                                                                                        |   |   |

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| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_CB<br>SA_SPCL_WGE_I<br>ND    | DECIMAL(6,4) | NULL | No | No | CLAIM PROVIDER CBSA<br>SPECIAL WAGE<br>INDICATOR                     | FSSCIDRP-CBSA-<br>SPCL-WAGE-<br>INDEX | This is the special wage index which certain providers may be assigned. Zeros are applicable unless the special payment indicator is '1' or '2'. The valid values are equal to or greater than 0.0 to less than 2.5.                                         |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_CO<br>RE_BSD_STATL_<br>AREA  | CHAR(5)      | NULL | No | No | CLAIM PROVIDER CORE<br>BASED STATISTICAL<br>AREA LOCATION CODE       | FSSCIDRP-CBSA-<br>LOC                 | Actual Geographic Location Core Based Statistical Area - This field identifies the code for the CBSA '00001' - '89999' or the rural area (blank, blank, blank, 2 digit numeric state code) such as ___36 for Ohio, where the facility is physically located. |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_PROVIDE<br>R_PROSPECTI70<br>7459 | DECIMAL(6,4) | NULL | No | No | CLAIM PROVIDER<br>PROSPECTIVE PAYMENT<br>SYSTEM WAGE INDEX<br>NUMBER | FSSCIDRP-<br>WAGE-INDEX               | Core-Based Statistical Area Wage Index - This field identifies the CBSA wage index, which is the rate used for pricing claims for Acute Care Providers (via the Inpatient PPS Pricer).                                                                       |

|                        |                                        |            |      |    |    |                                                       |                                        |                                                                                                                                                                                                                                                                 |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_LCL<br>TY_CD_ID              | NUMERIC(2) | NULL | No | No | CLAIM PROVIDER<br>LOCALITY CODE<br>IDENTIFIER         | FSSCIDRP-<br>LOCALITY-CD-<br>ID        | This field identifies the code indicating the geographic location of the provider (assigned by CMS) for use in pricing/reimbursing the claim.                                                                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_TR<br>NSFR_HOSPC_M<br>DCR_NU | CHAR(13)   | NULL | No | No | CLAIM PROVIDER<br>TRANSFER HOSPICE<br>MEDICARE NUMBER | FSSCIDRP-<br>TRANS-<br>HOSPICE-PROV    | Transferring Hospice Provider - This field displays the identification number of the institution which rendered services to the beneficiary /patient. It is system generated for external operators that are directly associated with one provider (as indicate |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RCYC<br>_JULN_DT               | CHAR(5)    | NULL | No | No | CLAIM CWF RECYCLE<br>JULIAN DATE                      | FSSCIDRP-CWF-<br>RECYCLE-JUL-<br>DT    | reflects the Julian date of the last recycled transmission to CWF                                                                                                                                                                                               |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_ORG<br>NL_TRNSMT_DT            | NUMERIC(8) | NULL | No | No | CLAIM CWF ORIGINAL<br>TRANSMIT DATE                   | FSSCIDRP-CWF-<br>ORIG-TRNS-DT-<br>CYMD | original CWF transaction date                                                                                                                                                                                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_TRNS<br>MT_DT                  | NUMERIC(8) | NULL | No | No | CLAIM CWF TRANSMIT<br>DATE                            | FSSCIDRP-CWF-<br>TRANSMIT-DT-<br>CYMD  | identifies the last date the record was transmitted to the CWF Host                                                                                                                                                                                             |

|             |                      |         |      |    |    |                                                    |                            |                                                                                                                                                                                                                                                                                                                    |
|-------------|----------------------|---------|------|----|----|----------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_CWF_RQST         | CHAR(1) | NULL | No | No | CLAIM CWF REQUEST<br>ADJUSTMENT CLAIM<br>INDICATOR | FSSCIDRP-ADJ-<br>CLMS-IND  | identifies the<br>Adjustment<br>Claims<br>Indicator. It is<br>valued when an<br>adjustment<br>claim is being<br>sent to CWF as<br>an original (the<br>CWF Action<br>Code is '1' and<br>the Adjustment<br>Reason Code is<br>'ZW').<br>Value<br>Description<br>A Adjustment<br>Claim with a<br>CWF Action<br>Code of |
| SS_FISS     | _ADJSTMT_CLM<br>_IND |         |      |    |    |                                                    |                            |                                                                                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY | CLM_CWF_RQST         | CHAR(4) | NULL | No | No | CLAIM CWF REQUEST<br>RECORD IDENTIFIER             | FSSCIDRP-CWF-<br>RECORD-ID | Common<br>Working File<br>Record<br>Identification -<br>This field<br>identifies the<br>type of claim<br>transaction<br>transmitted to<br>the CWF Host.<br>Value<br>Description<br>HUHH Home<br>health.<br>HUIP<br>Inpatient/SNF<br>(Skilled Nursing<br>Facility).<br>HUOP<br>Outpatient.<br>HUHC Hospice          |
| SS_FISS     | _REC_ID              |         |      |    |    |                                                    |                            |                                                                                                                                                                                                                                                                                                                    |

|                        |                                        |         |      |    |    |                                                        |                               |                                                                                                                                                                                                                                                                                                                           |
|------------------------|----------------------------------------|---------|------|----|----|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RQST<br>_NTC_OF_ELCTN<br>_ACTN | CHAR(1) | NULL | No | No | CLAIM CWF REQUEST<br>NOTICE OF ELECTION<br>ACTION CODE | FSSCIDRP-NOE-<br>ACTION-CD    | Notice of<br>Election Action<br>Code - The<br>code in this<br>field supplies<br>claim<br>processing<br>instructions to<br>the CWF Host<br>Value<br>Description<br>2 Notifies the<br>CWF Host that<br>the original<br>NOE Date is<br>being changed<br>by the<br>Intermediary.<br>blank No<br>special<br>processing<br>need |
| CLM_SHRD_SY<br>SS_FISS | CLM_MR_USER_<br>ACTN_CD                | CHAR(1) | NULL | No | No | CLAIM MEDICAL REVIEW<br>USER ACTION CODE               | FSSCIDRP-USER-<br>ACTION-CODE | to be used for<br>Medical Review<br>and<br>Reconsideratio<br>ns only.<br>Value<br>Description<br>5 Generates<br>systematically<br>from the<br>reason code<br>file to identify<br>claims for<br>which special<br>proccession is<br>required.<br>C Full medical<br>provider<br>liability, subject<br>to waiver p            |
| CLM_SHRD_SY<br>SS_FISS | CLM_1ST_LCTN_<br>CD                    | CHAR(1) | NULL | No | No | CLAIM FIRST LOCATION<br>CODE                           | FSSCIDRP-<br>CURR-LOC-1       | Processing<br>location type<br>(manual,<br>offline_batch)                                                                                                                                                                                                                                                                 |
| CLM_SHRD_SY<br>SS_FISS | CLM_2ND_LCTN_<br>CD                    | CHAR(4) | NULL | No | No | CLAIM SECOND<br>LOCATION CODE                          | FSSCIDRP-<br>CURR-LOC-2       | Location within<br>type                                                                                                                                                                                                                                                                                                   |

|                        |                             |         |      |    |    |                                       |                                |                                                                                                                                                                                                                                                         |
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| CLM_SHRD_SY<br>SS_FISS | CLM_ROUTG_U<br>NIFRM_BLG_CD | CHAR(1) | NULL | No | No | CLAIM ROUTING<br>UNIFORM BILLING CODE | FSSCIDRP-<br>ROUTING-UBC       | The system used the routing UBC field to determine whether or not to route claims to the hard copy Status/Location entered on the Reason Code File or the EMC Status/Location codes 0, 4 and 8 route as hard copy claims. All other codes route as EMC. |
| CLM_SHRD_SY<br>SS_FISS | CLM_HLD_PRVS<br>_STUS_CD    | CHAR(1) | NULL | No | No | CLAIM HOLD PREVIOUS<br>STATUS CODE    | FSSCIDRP-<br>HOLD-STATUS       | Internal use - the previous status, and is used to access the DCNS file when the status changes.                                                                                                                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_HLD_PRVS<br>_LCTN_CD    | CHAR(5) | NULL | No | No | CLAIM HOLD PREVIOUS<br>LOCATION CODE  | FSSCIDRP-<br>HOLD-<br>LOCATION | Internal use - the previous location, and is used to access the DCNS file when the status/location changes.                                                                                                                                             |
| CLM_SHRD_SY<br>SS_FISS | CLM_PST_PAY_I<br>ND         | CHAR(1) | NULL | No | No | CLAIM POST PAY<br>INDICATOR           | FSSCIDRP-POST-<br>PAY-IND      | Value Description<br>blank Not in post pay development. C post pay development completed.<br>Y active post pay development                                                                                                                              |



|                        |                                        |         |          |    |    |                                                       |                                        |                                                                                                                                                                                                                             |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PST_PAY_R<br>SN_CD                 | CHAR(5) | NULL     | No | No | CLAIM POST PAY<br>REASON CODE                         | FSSCIDRP-PP-<br>REASON-CODE            | the five<br>position post<br>pay location of<br>b75xx if the<br>reason code is<br>to send a claim<br>to the post pay<br>driver for post<br>pay<br>developmental<br>activities. Leave<br>blank if this is<br>not applicable. |
| CLM_SHRD_SY<br>SS_FISS | CLM_RCNSDRTN<br>_USER_ACTN_C<br>D      | CHAR(1) | NULL     | No | No | CLAIM<br>RECONSIDERATION<br>USER ACTION CODE          | FSSCIDRP-<br>RECON-USER-<br>ACT        | The User<br>Action Code is<br>to be used for<br>medical review<br>and<br>reconsideration<br>only.                                                                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_RCNSDRTN<br>_IND                   | CHAR(1) | NULL     | No | No | CLAIM<br>RECONSIDERATION<br>INDICATOR                 | FSSCIDRP-<br>RECON-IND                 | RECONSIDERAT<br>ION INDICATOR<br>- This field is<br>used only for<br>medical review                                                                                                                                         |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_RC<br>NSDRTN_USER_<br>ACTN_C | CHAR(1) | NULL     | No | No | CLAIM ORIGINAL<br>RECONSIDERATION<br>USER ACTION CODE | FSSCIDRP-ORIG-<br>RECON-UAC            | identifies the<br>second position<br>of the user<br>action code.<br>The<br>reconsideration<br>user action<br>code will<br>always be 'R'                                                                                     |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_US<br>ER_ACTN_CD             | CHAR(1) | NULL     | No | No | CLAIM ORIGINAL USER<br>ACTION CODE                    | FSSCIDRP-ORIG-<br>UAC                  | identifies the<br>original user<br>action code                                                                                                                                                                              |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_PTA_EFCTV_D<br>T     | DATE    | NOT NULL | No | No | CLAIM CWF RESPONSE<br>PART A EFFECTIVE DATE           | FSSCIDRP-CWF-<br>PRT-A-EFF-DT-<br>CYMD | identifies the<br>date received<br>in the CWF<br>reply<br>identifying the<br>date the<br>beneficiary<br>became<br>entitled to<br>Medicare Part                                                                              |

|                        |                                        |            |      |    |    |                                                                   |                                       |                                                                                                                                                                                                                    |
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| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_PTBEFCTV_DT          | NUMERIC(8) | NULL | No | No | CLAIM CWF RESPONSE<br>PART B EFFECTIVE DATE                       | FSSCIDRP-PART-<br>B-EFF-DATE-<br>CYMD | identifies the<br>date received<br>in the CWF<br>reply<br>identifying the<br>date the<br>beneficiary<br>became<br>entitled to<br>Medicare Part<br>B.                                                               |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_WORK_ADJST<br>MT_RSN | CHAR(1)    | NULL | No | No | CLAIM CWF RESPONSE<br>WORK ADJUSTMENT<br>REASON CODE<br>INDICATOR | FSSCIDRP-CWF-<br>WORK-CARC-<br>IND    | Indicator for<br>CWF WORK<br>claim<br>adjustment<br>reason code                                                                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_NUM_50_3_DI<br>SP_CD | NUMERIC(1) | NULL | No | No | CLAIM CWF RESPONSE<br>NUMBER FIFTY THREE<br>DISPOSITION CODE      | FSSCIDRP-NUM-<br>53-DISPS             | This field<br>represents the<br>disposition<br>received on a<br>CWF return<br>trailer 8.                                                                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_MSP_CD               | CHAR(2)    | NULL | No | No | CLAIM CWF RESPONSE<br>MEDICARE SECONDARY<br>PAYER CODE            | FSSCIDRP-CWF-<br>MSP-CD               | This field<br>identifies the<br>applicable MSP<br>value code for<br>the CWF MSP<br>error returned<br>on the claim.<br>This value code<br>is only present<br>if an MSP error<br>(U6803) is<br>received from<br>CWF. |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_MSP_TRLR_3_<br>SLCTD | NUMERIC(2) | NULL | No | No | CLAIM CWF RESPONSE<br>MSP TRAILER THREE<br>SELECTED COUNT         | FSSCIDRP-CWF-<br>TRLR3-OCC-<br>SELECT | identifies the<br>number of CWF<br>Trailer 03<br>attachments<br>selected for<br>MSP full and<br>partial recovery<br>claims                                                                                         |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_TMS_SENT_C<br>NT     | NUMERIC(2) | NULL | No | No | CLAIM CWF RESPONSE<br>TIMES SENT COUNT                            | FSSCIDRP-CWF-<br>NB-OF-TIMES-<br>SENT | This field<br>identifies the<br>number of<br>times the<br>record has<br>been<br>transmitted to<br>the CWF Host.                                                                                                    |

|                        |                                        |         |      |    |    |                                                          |                                   |                                                                                                                                                                                                                                                                                                                    |
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| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_RSPN<br>S_ALIEN_BENE_<br>OVRRD | CHAR(1) | NULL | No | No | CLAIM CWF RESPONSE<br>ALIEN BENEFICIARY<br>OVERRIDE CODE | FSSCIDRP-<br>ALIEN-BENE           | identifies<br>whether CWF<br>edit 538A is<br>overridden for<br>a CWF<br>beneficiary<br>Value Values:<br>spaces<br>(default) and Y                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_1ST_PRMR<br>Y_PYR_CD               | CHAR(1) | NULL | No | No | CLAIM FIRST PRIMARY<br>PAYER CODE                        | FSSCIDRP-<br>PAYER-CODE(1)        | identifies the<br>primary payer<br>of the claim                                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_2ND_PRMR<br>RY_PYR_CD              | CHAR(1) | NULL | No | No | CLAIM SECOND<br>PRIMARY PAYER CODE                       | FSSCIDRP-<br>PAYER-CODE(2)        | identifies the<br>primary payer<br>of the claim                                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_3RD_PRMR<br>Y_PYR_CD               | CHAR(1) | NULL | No | No | CLAIM THIRD PRIMARY<br>PAYER CODE                        | FSSCIDRP-<br>PAYER-CODE(3)        | identifies the<br>primary payer<br>of the claim                                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_ALCTN_IND             | CHAR(1) | NULL | No | No | CLAIM OTHER PAYER<br>ALLOCATION INDICATOR                | FSSCIDRP-MSP-<br>APPORTION-<br>SW | identifies<br>whether the<br>system should<br>apportion the<br>primary payer's<br>amount and<br>the OTAF<br>amounts (if<br>present).<br>Value<br>Description<br>' ' Apportion.<br>A Do not<br>apportion<br>Payer 1 and/or<br>Payer 2<br>amounts, but<br>do apportion<br>OTAF amount.<br>N Reserved for<br>future u |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_FIRST_M<br>EDICARE_SEC707<br>597 | CHAR(2) | NULL | No | No | CLAIM FIRST MEDICARE<br>SECONDARY PAYER<br>VALUE CODE    | FSSCIDRP-MSP-<br>VALCD(1)         | This field<br>represents the<br>MSP value<br>codes for the<br>claim                                                                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_SECOND<br>_MEDICARE_SE7<br>07599 | CHAR(2) | NULL | No | No | CLAIM SECOND MSP<br>VALUE CODE                           | FSSCIDRP-MSP-<br>VALCD(2)         | This field<br>represents the<br>MSP value<br>codes for the<br>claim                                                                                                                                                                                                                                                |

|                        |                                        |              |      |    |    |                                                              |                                       |                                                                                                                |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_1ST_MSP_<br>VAL_CD_AMT             | DECIMAL(9,2) | NULL | No | No | CLAIM FIRST MEDICARE<br>SECONDARY PAYER<br>VALUE CODE AMOUNT | FSSCIDRP-MSP-<br>VALCD-ADJ-<br>AMT(1) | This field<br>represents the<br>corresponding<br>MSP value<br>code amount<br>for the claim.                    |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SCNDRY_P<br>YR_HLD_SVG_TY<br>PE_CD | CHAR(2)      | NULL | No | No | CLAIM SECONDARY<br>PAYER HOLD SAVING<br>TYPE CODE            | FSSCIDRP-<br>HOLD-SEC-PAY-<br>TYP-SVG | internal field<br>for MSP<br>processing                                                                        | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_BYPS_72_C<br>D                     | CHAR(1)      | NULL | No | No | CLAIM BYPASS SEVENTY<br>TWO CODE                             | FSSCIDRP-<br>BYPASS-72X-<br>OVERLAP   | This field allows<br>bypass of the<br>duplicate<br>checks for<br>ESRD claims.                                  | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_2ND_MSP_<br>VAL_CD_AMT             | DECIMAL(9,2) | NULL | No | No | CLAIM SECOND MSP<br>VALUE CODE AMOUNT                        | FSSCIDRP-MSP-<br>VALCD-ADJ-<br>AMT(2) | This field<br>represents the<br>corresponding<br>MSP value<br>code amount<br>for the claim.                    |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_HMO_RLS_<br>CD                     | CHAR(1)      | NULL | No | No | CLAIM HMO RELEASE<br>CODE                                    | FSSCIDRP-HMO-<br>RLSE-CD              | This field is a<br>mechanism to<br>release an<br>HMO claim for<br>processing<br>after a claim<br>has suspended | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_HMO_AUT<br>HRZTN_NUM               | CHAR(16)     | NULL | No | No | CLAIM HMO<br>AUTHORIZATION<br>NUMBER                         | FSSCIDRP-HMO-<br>AUTH-NBR             | identifies the ID<br>number of the<br>HMO<br>Authorizing<br>Treatment                                          |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_1ST<br>_LINE_1_ADR           | CHAR(32)     | NULL | No | No | CLAIM INSURER FIRST<br>LINE ONE ADDRESS                      | FSSCIDRP-<br>INSURERS-<br>ADDR1       | this field<br>identifies the<br>street address<br>of the<br>beneficiary's<br>insurer                           |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_1ST<br>_LINE_2_ADR           | CHAR(32)     | NULL | No | No | CLAIM INSURER FIRST<br>LINE TWO ADDRESS                      | FSSCIDRP-<br>INSURERS-<br>ADDR1       | this field<br>identifies the<br>street address<br>of the<br>beneficiary's<br>insurer                           |   |   |

|                        |                              |            |      |    |    |                                          |                                 |                                                                                                                                                                                        |
|------------------------|------------------------------|------------|------|----|----|------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_2N<br>D_LINE_1_ADR | CHAR(32)   | NULL | No | No | CLAIM INSURER SECOND<br>LINE ONE ADDRESS | FSSCIDRP-<br>INSURERS-<br>ADDR2 | this field<br>identifies the<br>second street<br>address line of<br>the<br>beneficiary's<br>insurer and is<br>used to<br>indicate the<br>post office box,<br>apartment<br>number, etc. |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_2N<br>D_LINE_2_ADR | CHAR(32)   | NULL | No | No | CLAIM INSURER SECOND<br>LINE TWO ADDRESS | FSSCIDRP-<br>INSURERS-<br>ADDR2 | this field<br>identifies the<br>second street<br>address line of<br>the<br>beneficiary's<br>insurer and is<br>used to<br>indicate the<br>post office box,<br>apartment<br>number, etc. |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_1ST<br>_CITY_ADR   | CHAR(15)   | NULL | No | No | CLAIM INSURER FIRST<br>CITY ADDRESS      | FSSCIDRP-<br>INSURERS-CITY      | field identifies<br>insurers city<br>address                                                                                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_2N<br>D_CITY_ADR   | CHAR(15)   | NULL | No | No | CLAIM INSURER SECOND<br>CITY ADDRESS     | FSSCIDRP-<br>INSURERS-CITY      | field identifies<br>insurers city<br>address                                                                                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_1ST<br>_STATE_ADR  | CHAR(2)    | NULL | No | No | CLAIM INSURER FIRST<br>STATE ADDRESS     | FSSCIDRP-<br>INSURERS-ST        | this field<br>identifies<br>insurers state<br>address<br>abbreviation                                                                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_2N<br>D_STATE_ADR  | CHAR(2)    | NULL | No | No | CLAIM INSURER SECOND<br>STATE ADDRESS    | FSSCIDRP-<br>INSURERS-ST        | this field<br>identifies<br>insurers state<br>address<br>abbreviation                                                                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_1ST<br>_ZIP_5_CD   | NUMERIC(5) | NULL | No | No | CLAIM INSURER FIRST<br>ZIP FIVE CODE     | FSSCIDRP-<br>INSURERS-ZIP-5     | the insurers zip<br>code                                                                                                                                                               |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_2N<br>D_ZIP_5_CD   | NUMERIC(5) | NULL | No | No | CLAIM INSURER SECOND<br>ZIP FIVE CODE    | FSSCIDRP-<br>INSURERS-ZIP-5     | the insurers zip<br>code                                                                                                                                                               |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_1ST<br>_ZIP_4_CD   | NUMERIC(4) | NULL | No | No | CLAIM INSURER FIRST<br>ZIP FOUR CODE     | FSSCIDRP-<br>INSURERS-ZIP-4     | the insurers zip<br>code                                                                                                                                                               |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSRR_2N<br>D_ZIP_4_CD   | NUMERIC(4) | NULL | No | No | CLAIM INSURER SECOND<br>ZIP FOUR CODE    | FSSCIDRP-<br>INSURERS-ZIP-4     | the insurers zip<br>code                                                                                                                                                               |

|                        |                          |         |      |    |    |                                                          |                                |                                                                                                                                                                                                                                                                                                                       |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PRCSG_FLG<br>G_IND   | CHAR(1) | NULL | No | No | CLAIM PROCESSING<br>FLAG INDICATOR                       | FSSCIDRP-TAPE-<br>TO-TAPE-IND  | The valid values<br>are the flag<br>indicators<br>across the top<br>of the chart.<br>Each indicator<br>instructs the<br>system to<br>either perform<br>or skip each of<br>the five<br>functions listed<br>on the left of<br>the chart. The<br>first indicator<br>column<br>represents a<br>blank. If this<br>field is |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SPRS_VW_<br>SW       | CHAR(1) | NULL | No | No | CLAIM SUPPRESS VIEW<br>SWITCH                            | FSSCIDRP-<br>SUPPRESS-<br>VIEW | determines if<br>the DDE<br>providers can<br>see the claim<br>for correction<br>or not                                                                                                                                                                                                                                |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRVDR_MS<br>P_VAL_CD | CHAR(2) | NULL | No | No | CLAIM PROVIDER<br>MEDICARE SECONDARY<br>PAYER VALUE CODE | FSSCIDRP-ORIG-<br>MSP-CD       | identifies the<br>MSP value<br>code submitted<br>by the provider<br>Valid Values:<br>Default spaces<br>12 Working<br>Elderly<br>13 ESRD<br>14 Auto No<br>Fault<br>15 Worker's<br>Compensation<br>16 PHS/Federal<br>41 Black Lun                                                                                       | Y | Y |

|                        |                                     |              |      |    |    |                                                        |                               |                                                                                                                                                                                                                                                         |
|------------------------|-------------------------------------|--------------|------|----|----|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_PTNT_PD_<br>EXCLD_BLOOD_<br>AMT | DECIMAL(9,2) | NULL | No | No | CLAIM PATIENT PAID<br>EXCLUDE BLOOD<br>AMOUNT          | FSSCIDRP-PAT-<br>PAID-EXC-BLD | This field identifies the amount of claim charges paid by the beneficiary/patient, excluding any payment for blood. It applies to Part B claims only.                                                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_DRG_PTNT<br>_AGE_NUM            | NUMERIC(3)   | NULL | No | No | CLAIM DIAGNOSIS<br>RELATED GROUP<br>PATIENT AGE NUMBER | FSSCIDRP-DRG-<br>PATIENT-AGE  | the actual patients age at the time of the Medicare services.                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_EMER_CAR<br>E_CD                | CHAR(1)      | NULL | No | No | CLAIM EMERGENCY<br>CARE CODE                           | FSSCIDRP-<br>EMER-CARE-CD     | Emergency Care Code - This field identifies whether or not services were emergency or non-emergency when rendered in an emergency provider setting. Value Description '' Indicates Non-emergency services. N Indicates Non-emergency services. Y Indica |

|                        |                         |         |      |    |    |                                                                      |                           |                                                                                                                                                                                                              |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_PRIOR_DR<br>G_CD    | CHAR(3) | NULL | No | No | CLAIM PRIOR<br>DIAGNOSIS RELATED<br>GROUP CODE                       | FSSCIDRP-<br>PRIOR-DRG-CD | This field identifies the prior DRG of the original claim. This is a three position alphanumeric field. NOTE: Refer to the Diagnosis Related Groups 3M Definitions manual for valid values.                  | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRO_DRG_<br>CD      | CHAR(3) | NULL | No | No | CLAIM PEER REVIEW<br>ORGANIZATION<br>DIAGNOSIS RELATED<br>GROUP CODE | FSSCIDRP-PRO-<br>DRG-CD   | Peer Review Organization Diagnostic Related Group Code - This field identifies the new DRG determined by the PRO and submitted to the intermediary on the PRO adjustment.                                    | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_ADJSTMT_<br>RJCT_CD | CHAR(1) | NULL | No | No | CLAIM ADJUSTMENT<br>REJECT CODE                                      | FSSCIDRP-REJ-<br>ADJ-SW   | Adjustment Reject Code - This field identifies the system-generated field for adjustments Value Description ' ' Benefits do not need to be recalculated. P Utilization module needs to recalculate benefits. | Y | Y |



|                        |                                      |          |      |    |    |                                                       |                          |                                                                                                                                                                                                                                                                                                                           |   |   |
|------------------------|--------------------------------------|----------|------|----|----|-------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLM_ADJSTMT_<br>RQSTR_IDENT_C<br>D   | CHAR(1)  | NULL | No | No | CLAIM ADJUSTMENT<br>REQUESTOR<br>IDENTIFICATION CODE  | FSSCIDRP-ADJ-<br>REQ-CD  | The adjustment<br>requestor<br>indicator<br>identifies the<br>entity<br>responsible for<br>the origin of<br>the<br>adjustment.<br>Value<br>Description<br>F Fiscal<br>Intermediary.<br>H<br>Hospital/Provid<br>er.<br>P PRO.<br>S System.                                                                                 |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_ADJSTMT_<br>CNCL_RSN_CD          | CHAR(1)  | NULL | No | No | CLAIM ADJUSTMENT<br>CANCEL REASON CODE                | FSSCIDRP-<br>CANC-ADJ-CD | the reason for<br>a cancel<br>without a<br>corresponding<br>reavment                                                                                                                                                                                                                                                      | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_ADJS<br>TMT_DOC_CNTL<br>_NUM | CHAR(23) | NULL | No | No | CLAIM CWF<br>ADJUSTMENT<br>DOCUMENT CONTROL<br>NUMBER | FSSCIDRP-CWF-<br>ADJ-DCN | This field is<br>used to link this<br>claim with the<br>claim in the<br>CWF file, if the<br>CWF number<br>does not match<br>the FISS<br>number. This is<br>often used to<br>adjust claims<br>paid prior to<br>FISS<br>implementatio<br>n where the<br>DCN is not in<br>FISS format.<br>This is also<br>used when the<br>F | Y | Y |

|                        |                                        |            |      |    |    |                                                         |                               |                                                                                                                                                                                                                                                             |   |   |
|------------------------|----------------------------------------|------------|------|----|----|---------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLAIM_END_STA<br>GE_RENAL_DI70<br>7675 | CHAR(1)    | NULL | No | No | CLAIM END STAGE<br>RENAL DISEASE<br>REDUCTION INDICATOR | FSSCIDRP-ESRD-<br>REDUCT-SW   | This field identifies the method used to calculate the ESRD network reduction amount. Value Description P Indicates ESRD attachment procedure code used. R Indicates Revenue line item was used.                                                            | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_MASS_ADJ<br>STMT_IND               | CHAR(1)    | NULL | No | No | CLAIM MASS<br>ADJUSTMENT<br>INDICATOR                   | FSSCIDRP-<br>MASS-ADJ-IND     | identifies the Mass Adjustment Indicator. It differentiates between a mass adjustment tied to the Medicare Physician Fee Schedule (MPFS) updates, and all other mass adjustments. This is a one-position alphanumeric field. Value Description M Mass Adjus |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_NON_BNFT<br>_PRVDR_FAULT_<br>DAYS  | NUMERIC(4) | NULL | No | No | CLAIM NON BENEFIT<br>PROVIDER FAULT DAYS<br>COUNT       | FSSCIDRP-NON-<br>BEN-PROV-FLT | Provider Fault Days - This field identifies the maximum number of days on the claim which can be charged as provider liable.                                                                                                                                |   |   |

|                        |                                        |            |      |    |    |                                                                  |                                        |                                                                                                                                                     |
|------------------------|----------------------------------------|------------|------|----|----|------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_APL_ADJST<br>MT_SW                 | CHAR(1)    | NULL | No | No | CLAIM APPEAL<br>ADJUSTMENT SWITCH                                | FSSCIDRP-935-<br>ADJ                   | indicates FI<br>initiated<br>adjustments                                                                                                            |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_NAME                  | CHAR(25)   | NULL | No | No | CLAIM OTHER PAYER<br>NAME                                        | FSSCIDRP-EMC-<br>R32-PAYER-<br>NAME    | the name of<br>the payer on<br>EMC file record<br>32 (Third Party<br>Payer Data).                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_1ST_LINE_ADR          | CHAR(18)   | NULL | No | No | CLAIM OTHER PAYER<br>FIRST LINE ADDRESS                          | FSSCIDRP-EMC-<br>R32-PAYER-<br>ADDR1   | the 1st line<br>address of the<br>payer on EMC<br>file record 32                                                                                    |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_2ND_LINE_ADR          | CHAR(18)   | NULL | No | No | CLAIM OTHER PAYER<br>SECOND LINE ADDRESS                         | FSSCIDRP-EMC-<br>R32-PAYER-<br>ADDR2   | the 2nd line<br>address of the<br>payer on the<br>EMC file record<br>32                                                                             |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_SKILLED_<br>NURSING_FA707<br>689 | NUMERIC(3) | NULL | No | No | CLAIM SKILLED NURSING<br>FACILITY FULL DAYS<br>UTILIZATION COUNT | FSSCIDRP-UTIL-<br>FULL-DAYS            | This field<br>contains the<br>SNF full days<br>for a SNF claim,<br>otherwise it<br>contains<br>Inpatient full<br>days                               |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_CITY_ADR              | CHAR(15)   | NULL | No | No | CLAIM OTHER PAYER<br>CITY ADDRESS                                | FSSCIDRP-EMC-<br>R32-PAYER-<br>CITY    | the city of the<br>payer on the<br>EMC file record<br>32                                                                                            |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_STATE_ADR             | CHAR(2)    | NULL | No | No | CLAIM OTHER PAYER<br>STATE ADDRESS                               | FSSCIDRP-EMC-<br>R32-PAYER-<br>STATE   | the state of the<br>payer on the<br>EMC file record<br>32                                                                                           |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_ZIP_CD                | CHAR(9)    | NULL | No | No | CLAIM OTHER PAYER ZIP<br>CODE                                    | FSSCIDRP-EMC-<br>R32-PAYER-ZIP         | The zip of the<br>payer on the<br>EMC file record<br>32                                                                                             |
| CLM_SHRD_SY<br>SS_FISS | CLM_TOT_THRP<br>Y_VISITS_CNT           | NUMERIC(5) | NULL | No | No | CLAIM TOTAL THERAPY<br>VISITS COUNT                              | FSSCIDRP-<br>HHREV-SUM-1-<br>3-QTY-THR | identifies the<br>total therapy<br>visits used by<br>the Home<br>Health PPS<br>Pricer to<br>determine if<br>therapy<br>threshold was<br>met for the |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PYR<br>_ID                    | CHAR(9)    | NULL | No | No | CLAIM OTHER PAYER<br>IDENTIFIER                                  | FSSCIDRP-RT30-<br>PAYER-ID             | identifies<br>record type 30<br>payer id on a<br>EMC file                                                                                           |

|                        |                                        |            |      |    |    |                                                              |                                    |                                                                                                                                                                                                                         |
|------------------------|----------------------------------------|------------|------|----|----|--------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_CNCL_XREF<br>_DOC_CNTL_NUM         | CHAR(23)   | NULL | No | No | CLAIM CANCEL CROSS<br>REFERENCE DOCUMENT<br>CONTROL NUMBER   | FSSCIDRP-<br>CANCEL-XREF-<br>DCN   | Cross<br>Reference<br>Document<br>Control<br>Number - This<br>field identifies<br>the document<br>control number<br>of the claim to<br>be adjusted.<br>This is used<br>only on cancel<br>and adjustment<br>transactions |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_XR<br>EF_DOC_CNTL_NUM        | CHAR(23)   | NULL | No | No | CLAIM ORIGINAL CROSS<br>REFERENCE DOCUMENT<br>CONTROL NUMBER | FSSCIDRP-<br>ORIGINAL-XREF-<br>DCN | internal field<br>which contains<br>the original<br>XREF-DCN                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_FISS | CLM_DUP_DOC_<br>CNTL_NUM               | CHAR(23)   | NULL | No | No | CLAIM DUPLICATE<br>DOCUMENT CONTROL<br>NUMBER                | FSSCIDRP-DCN-<br>DUPED-<br>AGAINST | the DCN of the<br>history claim<br>that the current<br>claim is duping<br>against                                                                                                                                       |
| CLM_SHRD_SY<br>SS_FISS | CLM_ADJSTMT_<br>DOC_CNTL_NUM           | CHAR(23)   | NULL | No | No | CLAIM ADJUSTMENT<br>DOCUMENT CONTROL<br>NUMBER               | FSSCIDRP-ADJ-<br>SHELL-DCN         | This field is a 23<br>position field<br>used to hold<br>the DCN value                                                                                                                                                   |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_END_STA<br>GE_RENAL_DI70<br>7709 | NUMERIC(2) | NULL | No | No | CLAIM END STAGE<br>RENAL DISEASE DIALYSIS<br>HOUR COUNT      | FSSCIDRP-ESRD-<br>HR-CNT           | identifies the<br>number of<br>hours of certain<br>dialysis<br>treatments                                                                                                                                               |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_END_STA<br>GE_RENAL_DI70<br>7711 | NUMERIC(2) | NULL | No | No | CLAIM END STAGE<br>RENAL DISEASE SESSION<br>COUNT            | FSSCIDRP-ESRD-<br>SESS-CNT         | represents the<br>Number of<br>Units Billed<br>when provider<br>reimbursement<br>is greater than<br>zeros and Type<br>Of Bill 72X<br>(dialysis).                                                                        |

|                        |                                 |            |      |    |    |                                                                                  |                                     |                                                                                                                                                                                           |
|------------------------|---------------------------------|------------|------|----|----|----------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_LRD_2ND_YR_NUM              | NUMERIC(3) | NULL | No | No | CLAIM LIFETIME<br>RESERVE DAYS SECOND<br>YEAR NUMBER                             | FSSCIDRP-LTR-<br>DAYS-2ND-YR        | identifies the<br>number of life<br>time reserve<br>days associated<br>with the<br>second service<br>year on a claim<br>spanning two<br>calendar years.                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_RGLR_BNFT_DAYS_UTL_ZTN  | NUMERIC(3) | NULL | No | No | CLAIM PROSPECTIVE<br>PAYMENT SYSTEM<br>REGULAR BENEFIT DAYS<br>UTILIZATION COUNT | FSSCIDRP-REG-<br>DAY-USED           | Prospective<br>Payment<br>System Regular<br>Days Used -<br>This field<br>identifies the<br>number of<br>covered days<br>this beneficiary<br>has used as<br>regular days on<br>this claim. |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRSPCTV_P_YMT_PTB_LOS_DAY_C | NUMERIC(4) | NULL | No | No | CLAIM PROSPECTIVE<br>PAYMENT PART B<br>LENGTH OF STAY DAY<br>COUNT               | FSSCIDRP-B-<br>LOS                  | Prospective<br>Payment<br>System B<br>Length Of Stay -<br>This field<br>identifies the<br>number of days<br>of PPS B<br>coverage used<br>for the claim.                                   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_AVG_LOS_CNT             | DECIMAL(3) | NULL | No | No | CLAIM PPS AVERAGE<br>LENGTH OF STAY COUNT                                        | FSSCIDRP-AVG-<br>LOS                | Prospective<br>Payment<br>System<br>Average Length<br>Of Stay                                                                                                                             |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRMRY_AD_JSTMT_RSN_CD_IND   | CHAR(1)    | NULL | No | No | CLAIM PRIMARY<br>ADJUSTMENT REASON<br>CODE INDICATOR                             | FSSCIDRP-PRIM-<br>CARC-IND          | Indicator for<br>primary claim<br>adjustment<br>reason code                                                                                                                               |
| CLM_SHRD_SY<br>SS_FISS | CLM_RJCT_RSN_CD_IND             | CHAR(1)    | NULL | No | No | CLAIM REJECT REASON<br>CODE INDICATOR                                            | FSSCIDRP-REJ-<br>CARC-IND           | Indicator for<br>claim reject<br>reason code                                                                                                                                              |
| CLM_SHRD_SY<br>SS_FISS | CLM_PRMRY_OV_RRD_ADJSTMT_RSN_CD | CHAR(1)    | NULL | No | No | CLAIM PRIMARY<br>OVERRIDE ADJUSTMENT<br>REASON CODE<br>INDICATOR                 | FSSCIDRP-PRIM-<br>OVER-CARC-<br>IND | Indicator for<br>primary<br>override claim<br>adjustment<br>reason code                                                                                                                   |

|                        |                                        |              |      |    |    |                                                                 |                           |                                                                                                                                   |
|------------------------|----------------------------------------|--------------|------|----|----|-----------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_SUSPED_CL<br>M_ADJSTMT_RS<br>N_CD  | CHAR(1)      | NULL | No | No | CLAIM SUSPENDED<br>CLAIM ADJUSTMENT<br>REASON CODE<br>INDICATOR | FSSCIDRP-SUS-<br>CARC-IND | Indicator for<br>suspended<br>claim<br>adjustment<br>reason code                                                                  |
| CLM_SHRD_SY<br>SS_FISS | CLM_PYR_PNLTY<br>_INTRST_PYMT_I<br>ND  | CHAR(1)      | NULL | No | No | CLAIM PAYER PENALTY<br>INTEREST PAYMENT<br>INDICATOR            | FSSCIDRP-225-<br>CARC-IND | Indicator for<br>when claim<br>adjustment<br>reason code<br>225 is present                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_ADJUST<br>MENT_REASON_<br>707731 | CHAR(1)      | NULL | No | No | CLAIM PARTIAL CHARGE<br>AMOUNT INDICATOR                        | FSSCIDRP-228-<br>CARC-IND | Indicator for<br>when claim<br>adjustment<br>reason code<br>228 is present                                                        |
| CLM_SHRD_SY<br>SS_FISS | CLM_ADJSTMT_<br>RSN_CD_LOWST<br>_AMT   | DECIMAL(9,2) | NULL | No | No | CLAIM ADJUSTMENT<br>REASON CODE LOWEST<br>AMOUNT                | FSSCIDRP-CO-<br>AMT       | This field<br>represents the<br>lowest CARC<br>amount found<br>on the claim<br>level CAS<br>Segments with<br>a "CO" group<br>code |
| CLM_SHRD_SY<br>SS_FISS | CLM_ADJSTMT_<br>RSN_CD_TOT_A<br>MT     | DECIMAL(9,2) | NULL | No | No | CLAIM ADJUSTMENT<br>REASON CODE TOTAL<br>AMOUNT                 | FSSCIDRP-TOT-<br>CARC-AMT | This field<br>represents the<br>total amount<br>for all primary<br>CARC amounts.                                                  |

|                        |                              |            |      |    |    |                                              |                                     |                                                                                                                                                                                                                                                                                                              |
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| CLM_SHRD_SY<br>SS_FISS | CLM_DEMO_CD                  | CHAR(1)    | NULL | No | No | CLAIM<br>DEMONSTRATION CODE                  | FSSCIDRP-<br>CHOICES-<br>CLAIM      | the<br>demonstration<br>in which the<br>beneficiary is<br>participating.<br>Value<br>Description<br>D Home Health<br>Daycare<br>E ESRD<br>H Home Health<br>Homebound<br>L Low Vision<br>Rehabilitation<br>P Plan<br>Submitted<br>Encounter Data<br>T Trial 49<br>V Veterans<br>Administration<br>(VA)<br>Y C |
| CLM_SHRD_SY<br>SS_FISS | CLM_DEMO_IND                 | CHAR(1)    | NULL | No | No | CLAIM<br>DEMONSTRATION<br>INDICATOR          | FSSCIDRP-<br>DEMO-FLAG              | identifies the<br>demonstration<br>in which the<br>beneficiary is<br>participating.<br>Value<br>Description<br>D Home Health<br>Daycare<br>E ESRD<br>H Home Health<br>Homebound<br>L Low Vision<br>Rehabilitation<br>P Plan<br>Submitted<br>Encounter Data<br>T Trial 49<br>V Veterans<br>Administration     |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSR_INT<br>RST_DAYS_NUM | NUMERIC(9) | NULL | No | No | CLAIM INSURER<br>INTEREST DAYS<br>NUMBER     | FSSCIDRP-<br>INTEREST-DAYS          | the number of<br>interest days.                                                                                                                                                                                                                                                                              |
| CLM_SHRD_SY<br>SS_FISS | CLM_BENE_INTR<br>ST_DAYS_NUM | NUMERIC(9) | NULL | No | No | CLAIM BENEFICIARY<br>INTEREST DAYS<br>NUMBER | FSSCIDRP-<br>INTEREST-DAYS-<br>BENE | Beneficiary<br>Interest Days                                                                                                                                                                                                                                                                                 |

|                        |                                        |         |      |    |    |                                                         |                                   |                                                                                                                 |   |   |
|------------------------|----------------------------------------|---------|------|----|----|---------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLAIM_PEER_RE<br>VIEW_ORGANI7<br>07749 | CHAR(5) | NULL | No | No | CLAIM PEER REVIEW<br>ORGANIZATION<br>IDENTIFIER         | FSSCIDRP-PRO-<br>ID               | Peer Review<br>Organization<br>Identification<br>Number                                                         |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_PEER_RE<br>VIEW_ORGANI7<br>07751 | CHAR(7) | NULL | No | No | CLAIM PEER REVIEW<br>ORGANIZATION ERROR<br>REASON CODE  | FSSCIDRP-PRO-<br>ERROR-<br>REASON | identifies the<br>CMS-assigned,<br>seven-digit<br>reason code for<br>PRO<br>adjustments<br>containing<br>errors | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707787 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>AGED CLAIM SWITCH                 | FSSCIDRP-MSP-<br>OVR-A            | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for<br>Working Aged<br>claims                   | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707789 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>ESRD CLAIM SWITCH                 | FSSCIDRP-MSP-<br>OVR-B            | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for End<br>Stage Renal<br>Disease claims        | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707791 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>CONDITIONAL PAY<br>CLAIM SWITCH   | FSSCIDRP-MSP-<br>OVR-C            | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for<br>Conditional Pay<br>claims                | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707793 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>AUTOMATIC NO FAULT<br>SWITCH      | FSSCIDRP-MSP-<br>OVR-D            | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for Auto -<br>No Fault claims                   | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707795 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>WORKERS<br>COMPENSATION<br>SWITCH | FSSCIDRP-MSP-<br>OVR-E            | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for<br>Workers<br>Compensation<br>claims        | Y | Y |



|                        |                                        |         |      |    |    |                                                             |                        |                                                                                                                            |   |   |
|------------------------|----------------------------------------|---------|------|----|----|-------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707797 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>PUBLIC AGENCY SWITCH                  | FSSCIDRP-MSP-<br>OVR-F | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for Public<br>Health Service<br>or Public<br>Agency claims | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707799 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>DISABILITY SWITCH                     | FSSCIDRP-MSP-<br>OVR-G | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for<br>Disability<br>claims                                | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707801 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>BLACK LUNG SWITCH                     | FSSCIDRP-MSP-<br>OVR-H | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for Black<br>Lung claims                                   | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_MSP_VA_C<br>LM_OVRRD_CD            | CHAR(1) | NULL | No | No | CLAIM MSP VETERANS<br>ADMINISTRATION<br>CLAIM OVERRIDE CODE | FSSCIDRP-MSP-<br>OVR-I | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for<br>Veterans<br>Administration<br>claims.               | Y | Y |

|                        |                                        |         |      |    |    |                                                      |                                 |                                                                                                                                                                                                                                                                                                                              |   |   |
|------------------------|----------------------------------------|---------|------|----|----|------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707805 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>MISCELLANEOUS CLAIM<br>SWITCH  | FSSCIDRP-MSP-<br>OVR-J          | MSP 'J'<br>Override Code -<br>This field<br>identifies the<br>Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for MSP<br>Report<br>Indicator<br>claims.<br>Value<br>Description<br>0 Liability<br>Insurer VDSA<br>(Contractor<br>11116)<br>1 No-Fault<br>Insurer VDSA<br>(Contractor<br>11117)<br>2 Pharmacy |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_MEDICA<br>RE_SECONDARY<br>707807 | CHAR(1) | NULL | No | No | CLAIM MSP OVERRIDE<br>LIABILITY CLAIM SWITCH         | FSSCIDRP-MSP-<br>OVR-L          | Medicare<br>Secondary<br>Payer Override<br>Code bypass<br>field for<br>Liability claims                                                                                                                                                                                                                                      | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_HLD_PRO_I<br>D                     | CHAR(5) | NULL | No | No | CLAIM HOLD PEER<br>REVIEW ORGANIZATION<br>IDENTIFIER | FSSCIDRP-<br>HOLD-PRO-ID        | Peer Review<br>Organization<br>Identification                                                                                                                                                                                                                                                                                |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_1ST_ANSI_<br>APL_CD                | CHAR(5) | NULL | No | No | CLAIM FIRST ANSI<br>APPEAL CODE                      | FSSCIDRP-<br>APPEAL-<br>CODE(1) | identifies the<br>claim level<br>ANSI appeal<br>codes                                                                                                                                                                                                                                                                        | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_2ND_ANSI_<br>_APL_CD               | CHAR(5) | NULL | No | No | CLAIM SECOND ANSI<br>APPEAL CODE                     | FSSCIDRP-<br>APPEAL-<br>CODE(2) | identifies the<br>claim level<br>ANSI appeal<br>codes                                                                                                                                                                                                                                                                        | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_3RD_ANSI_<br>APL_CD                | CHAR(5) | NULL | No | No | CLAIM THIRD ANSI<br>APPEAL CODE                      | FSSCIDRP-<br>APPEAL-<br>CODE(3) | identifies the<br>claim level<br>ANSI appeal<br>codes                                                                                                                                                                                                                                                                        | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_4TH_ANSI_<br>APL_CD                | CHAR(5) | NULL | No | No | CLAIM FOURTH ANSI<br>APPEAL CODE                     | FSSCIDRP-<br>APPEAL-<br>CODE(4) | identifies the<br>claim level<br>ANSI appeal<br>codes                                                                                                                                                                                                                                                                        | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_5TH_ANSI_<br>APL_CD                | CHAR(5) | NULL | No | No | CLAIM FIFTH ANSI<br>APPEAL CODE                      | FSSCIDRP-<br>APPEAL-<br>CODE(5) | identifies the<br>claim level<br>ANSI appeal<br>codes                                                                                                                                                                                                                                                                        | Y | Y |

|                        |                      |         |      |    |    |                                                           |                                   |                                                                                                                                                                                                                                                                                                                  |
|------------------------|----------------------|---------|------|----|----|-----------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_CRNT_STU<br>S_CD | CHAR(1) | NULL | No | No | CLAIM CURRENT STATUS<br>CODE                              | FSSCIDRP-<br>CURR-STATUS          | the condition<br>of the claim<br>(e.g., good,<br>suspended,<br>inactive)                                                                                                                                                                                                                                         |
| CLM_SHRD_SY<br>SS_FISS | CLM_MR_RVRSL<br>_CD  | CHAR(1) | NULL | No | No | CLAIM MEDICAL REVIEW<br>REVERSAL CODE                     | FSSCIDRP-MR-<br>URC-REVERSAL      | Medical Review<br>Utilization<br>Review<br>Committee<br>Reversal - This<br>field identifies<br>whether an SNF<br>URC claim has<br>been reversed.<br>This indicator<br>can be used for<br>a partial or a<br>full reversal.<br>Value<br>Description<br>P Partial<br>reversal.<br>F Full reversal,<br>the system re |
| CLM_SHRD_SY<br>SS_FISS | FED_TAX_NB_SU<br>B   | CHAR(4) | NULL | No | No | CLAIM PROVIDER<br>SUBSIDIARY FEDERAL<br>TAX IDENTIFIER    | FSSCIDRP-FED-<br>TAX-NB-SUB       | identifies<br>affiliated<br>subsidiaries<br>associated to<br>the provider of<br>services                                                                                                                                                                                                                         |
| CLM_SHRD_SY<br>SS_FISS | BUSINESS_SEGM<br>ENT | CHAR(4) | NULL | No | No | CLAIM PROVIDER<br>BUSINESS SEGMENT<br>IDENTIFIER          | FSSCIDRP-<br>BUSINESS-<br>SEGMENT | The providers<br>Business<br>Segment<br>Identification<br>number                                                                                                                                                                                                                                                 |
| CLM_SHRD_SY<br>SS_FISS | FREQ_CD              | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>BILLING FREQUENCY<br>CODE               | FSSCIDRP-FREQ-<br>CD              | indicates the<br>bill frequency                                                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_FISS | PPS_IND              | CHAR(1) | NULL | No | No | CLAIM PROVIDER<br>PROSPECTIVE PAYMENT<br>SYSTEM INDICATOR | FSSCIDRP-PPS-<br>IND              | Prospective<br>Payment<br>System<br>Indicator<br>Values - Y=yes,<br>N=no                                                                                                                                                                                                                                         |

|                        |                              |               |      |    |    |                                                         |                                       |                                                                                                                                                                                                                                                                                                                              |
|------------------------|------------------------------|---------------|------|----|----|---------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | REIMB_RATE_A<br>MT           | DECIMAL(6,2)  | NULL | No | No | CLAIM PROVIDER PER<br>DIEM REIMBURSEMENT<br>RATE AMOUNT | FSSCIDRP-<br>REIMB-RATE               | Provider<br>Reimbursemen<br>t Rate - This<br>field identifies<br>the per diem<br>amount to be<br>paid for an<br>individual claim<br>for those<br>providers<br>reimbursed on<br>per diem<br>reimbursement<br>or the<br>percentage of<br>reimbursement<br>if the providers<br>type of<br>reimbursement<br>is based on a<br>per |
| CLM_SHRD_SY<br>SS_FISS | CAP_IME_ADJ                  | DECIMAL(11,2) | NULL | No | No | CLAIM PROVIDER<br>RESIDENT INTERN RATIO<br>PERCENT      | FSSCIDRP-CAP-<br>IME-ADJ              | This field<br>identifies the<br>ratio of<br>residents/inter<br>ns to the<br>hospitals<br>average daily<br>occupancy                                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_FISS | CLM_ATNDG_PH<br>YSN_UPIN_NUM | CHAR(6)       | NULL | No | No | CLAIM ATTENDING<br>PHYSICIAN UPIN<br>NUMBER             | FSSCIDRP-<br>ATTEND-PHYS-<br>UPIN-NUM | identifies the<br>physician<br>identification<br>number or the<br>UPIN number                                                                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FISS | CLM_OPRTG_PH<br>YSN_UPIN_NUM | CHAR(6)       | NULL | No | No | CLAIM OPERATING<br>PHYSICIAN UPIN<br>NUMBER             | FSSCIDRP-OPER-<br>PHYS-UPIN-<br>NUM   | identifies the<br>physician<br>identification<br>number or the<br>UPIN number<br>of the<br>operating<br>licensed<br>physician                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FISS | CLM_OTHR_PHY<br>SN_UPIN_NUM  | CHAR(6)       | NULL | No | No | CLAIM OTHER<br>PHYSICIAN UPIN<br>NUMBER                 | FSSCIDRP-OTH-<br>PHYS-UPIN-<br>NUM    | identifies the<br>physician<br>identification<br>number or the<br>UPIN number<br>of the assisting<br>licensed<br>physician                                                                                                                                                                                                   |

|                        |                                        |         |      |    |    |                                              |                                 |                                                                                                                                                                                                                                                          |
|------------------------|----------------------------------------|---------|------|----|----|----------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_FISS | CLM_1ST_HMO_<br>CNTRCTR_ID             | CHAR(5) | NULL | No | No | CLAIM FIRST HMO<br>CONTRACTOR<br>IDENTIFIER  | FSSCIDRP-<br>CONTRCTR-<br>ID(1) | Contractor<br>number of the<br>Health<br>Maintenance<br>Organization<br>(HMO) that the<br>beneficiary<br>belongs to as<br>identified on<br>the claim<br>record. FISS<br>initializes this<br>field to spaces<br>and makes no<br>other reference<br>to it. |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_HMO_CO<br>NTRACTOR_IDE7<br>09418 | CHAR(5) | NULL | No | No | CLAIM SECOND HMO<br>CONTRACTOR<br>IDENTIFIER | FSSCIDRP-<br>CONTRCTR-<br>ID(2) | Contractor<br>number of the<br>Health<br>Maintenance<br>Organization<br>(HMO) that the<br>beneficiary<br>belongs to as<br>identified on<br>the claim<br>record. FISS<br>initializes this<br>field to spaces<br>and makes no<br>other reference<br>to it. |
| CLM_SHRD_SY<br>SS_FISS | CLAIM_HMO_CO<br>NTRACTOR_IDE7<br>09420 | CHAR(5) | NULL | No | No | CLAIM THIRD HMO<br>CONTRACTOR<br>IDENTIFIER  | FSSCIDRP-<br>CONTRCTR-<br>ID(3) | Contractor<br>number of the<br>Health<br>Maintenance<br>Organization<br>(HMO) that the<br>beneficiary<br>belongs to as<br>identified on<br>the claim<br>record. FISS<br>initializes this<br>field to spaces<br>and makes no<br>other reference<br>to it. |

|                        |                              |             |      |    |    |                                       |                                    |                                                                                      |   |   |
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| CLM_SHRD_SY<br>SS_FISS | CLM_MDCR_PR<br>VDR_ID        | CHAR(13)    | NULL | No | No | CLAIM MEDICARE<br>PROVIDER IDENTIFIER | FSSCIDRP-<br>MEDA-PROV-ID          | Provider<br>number                                                                   |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_DND_RSN_<br>CD           | CHAR(5)     | NULL | No | No | CLAIM DENIED REASON<br>CODE           | FSSCIDRP-<br>REJECT-CD             | the reason<br>code that<br>identifies why<br>the claim is<br><del>being denied</del> |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_PMRY_RS<br>N_CD          | CHAR(5)     | NULL | No | No | CLAIM PRIMARY<br>REASON CODE          | FSSCIDRP-<br>PRIMARY-<br>REASON    | this is the first<br>of a possible<br>ten reason<br>codes assigned<br>to a claim     |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SBM TD_CT<br>GRY_CD      | CHAR(2)     | NULL | No | No | CLAIM SUBMITTED<br>CATEGORY CODE      | FSSCIDRP-<br>SUBMITTED-<br>CAT     | Save area for<br>original bill<br>category when<br>TOB changes                       |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SBM TD_FR<br>EQ_CD       | CHAR(1)     | NULL | No | No | CLAIM SUBMITTED<br>FREQUENCY CODE     | FSSCIDRP-<br>SUBMITTED-<br>FREQ    | Save area for<br>original bill<br>frequency code<br>when TOB<br>changes              |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_BIL<br>L_FREQ_CD   | CHAR(1)     | NULL | No | No | CLAIM ORIGINAL BILL<br>FREQUENCY CODE | FSSCIDRP-<br>ORIGINAL-<br>FREQ     | original bill<br>frequency of<br>the claim                                           |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_ANSI_GRP_<br>CD          | CHAR(2)     | NULL | No | No | CLAIM ANSI GROUP<br>CODE              | FSSCIDRP-<br>GROUP-CODE            | identifies the<br>ANSI group<br>codes                                                | Y | Y |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_1ST_<br>OVR RD_CD    | CHAR(5)     | NULL | No | No | CLAIM CWF FIRST<br>OVERRIDE CODE      | FSSCIDRP-CWF-<br>CLMOVRI DE(1)     | identifies five<br>CWF override<br>code fields for<br>the claim                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_2ND_<br>OVR RD_CD    | CHAR(5)     | NULL | No | No | CLAIM CWF SECOND<br>OVERRIDE CODE     | FSSCIDRP-CWF-<br>CLMOVRI DE(2)     | identifies five<br>CWF override<br>code fields for<br>the claim                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_3RD_<br>OVR RD_CD    | CHAR(5)     | NULL | No | No | CLAIM CWF THIRD<br>OVERRIDE CODE      | FSSCIDRP-CWF-<br>CLMOVRI DE(3)     | identifies five<br>CWF override<br>code fields for<br>the claim                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_4TH_<br>OVR RD_CD    | CHAR(5)     | NULL | No | No | CLAIM CWF FOURTH<br>OVERRIDE CODE     | FSSCIDRP-CWF-<br>CLMOVRI DE(4)     | identifies five<br>CWF override<br>code fields for<br>the claim                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_CWF_5TH_<br>OVR RD_CD    | CHAR(5)     | NULL | No | No | CLAIM CWF FIFTH<br>OVERRIDE CODE      | FSSCIDRP-CWF-<br>CLMOVRI DE(5)     | identifies five<br>CWF override<br>code fields for<br>the claim                      |   |   |
| CLM_SHRD_SY<br>SS_FISS | CLM_SBM T_P RV<br>DR_NPI_NUM | NUMERIC(10) | NULL | No | No | CLAIM SUBMIT<br>PROVIDER NPI NUMBER   | FSSCIDRP-NPI-<br>NUMBER-<br>SUBMIT | National<br>Provider<br>Identification<br>number<br>submitted on<br>the claim        |   |   |

|                        |                                         |              |      |    |    |                                                    |                                       |                                                                                                                                                                                                                               |
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| CLM_SHRD_SY<br>SS_FISS | CLM_HMO_EFCT<br>V_DT                    | NUMERIC(8)   | NULL | No | No | CLAIM HMO EFFECTIVE<br>DATE                        | FSSCIDRP-HMO-<br>EFF-DT-CYMD          | identifies the<br>date the<br>beneficiary<br>became<br>entitled to<br>HMO benefits                                                                                                                                            |
| CLM_SHRD_SY<br>SS_FISS | CLM_HMO_TRM<br>NTN_DT                   | NUMERIC(8)   | NULL | No | No | CLAIM HMO<br>TERMINATION DATE                      | FSSCIDRP-HMO-<br>CANC-DT-<br>CYMD     | identifies the<br>date the<br>beneficiary is<br>no longer<br>entitled to<br>HMO benefits                                                                                                                                      |
| CLM_SHRD_SY<br>SS_FISS | CLM_MDCR_OR<br>GNL_CVRD_DAY<br>S_CNT    | NUMERIC(3)   | NULL | No | No | CLAIM MEDICARE<br>ORIGINAL COVERED<br>DAYS COUNT   | FSSCIDRP-ORIG-<br>COV-DY-CNT          | This field<br>identifies the<br>original<br>covered days<br>by Medicare                                                                                                                                                       |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_BLND<br>D_FED_PRTN_A )<br>MT    | NUMERIC(11,2 | NULL | No | No | CLAIM PPS BLENDED<br>FEDERAL PORTION<br>AMOUNT     | FSSCIDRP-FED-<br>PORTION              | This represents<br>the federal<br>portion of the<br>PPS blended<br>amount used in<br>reimbursing<br>PPS claims                                                                                                                |
| CLM_SHRD_SY<br>SS_FISS | CLM_INSTNL_OR<br>GNL_PER_DIEM_ )<br>AMT | NUMERIC(11,2 | NULL | No | No | CLAIM INSTITUTIONAL<br>ORIGINAL PER DIEM<br>AMOUNT | FSSCIDRP-ORIG-<br>PASS-THRU-<br>PDIEM | The rate that<br>consisted of<br>the established<br>reimbursable<br>costs for the<br>current year<br>divided by the<br>estimated<br>Medicare Days<br>for the current<br>year on the<br>original clean,<br>processed<br>claim. |
| CLM_SHRD_SY<br>SS_FISS | CLM_PPS_BLND<br>D_HSP_AMT )             | NUMERIC(11,2 | NULL | No | No | CLAIM PPS BLENDED<br>HSP AMOUNT                    | FSSCIDRP-<br>HOSP-PORTION             | This represents<br>the hospital<br>portion of the<br>PPS blended<br>amount used in<br>reimbursing<br>PPS claims                                                                                                               |

|                        |                                        |              |      |    |    |                                                      |                               |                                                                                                                                                                                                                                    |
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| CLM_SHRD_SY<br>SS_FISS | CLM_MDCR_OR<br>GNL_UTLZTN_D<br>AYS_CNT | CHAR(18)     | NULL | No | No | CLAIM MEDICARE<br>ORIGINAL UTILIZATION<br>DAYS COUNT | FSSCIDRP-ORIG-<br>CST-REP-DYS | This is the amount of utilization days originally used on a clean, processed claim.                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FISS | CLM_MDCR_LRD<br>_CNT                   | NUMERIC(3)   | NULL | No | No | CLAIM MEDICARE<br>LIFETIME RESERVE DAYS<br>COUNT     | FSSCIDRP-LIFE-<br>DY-CNT      | Lifetime Reserve Days - Under the Medicare program, each beneficiary has a lifetime reserve of 60 LRD additional days of inpatient hospital services after using 90 days of inpatient hospital services during a spell of illness. |
| CLM_SHRD_SY<br>SS_FISS | CLM_BNFT_SVG<br>_DAYS_CNT              | NUMERIC(3)   | NULL | No | No | CLAIM BENEFIT SAVING<br>DAYS COUNT                   | FSSCIDRP-TECH-<br>PROV-DAYS   | identifies the days present on the benefit savings lines for claims with occurrence span 77.                                                                                                                                       |
| CLM_SHRD_SY<br>SS_FISS | CLM_ORGNL_PR<br>VDR_PYMT_AM<br>T       | DECIMAL(9,2) | NULL | No | No | CLAIM ORIGINAL<br>PROVIDER PAYMENT<br>AMOUNT         | FSSCIDRP-ORIG-<br>PROV-REIMB  | Original Provider Reimbursement - This field identifies the amount originally paid to the provider for a clean final adjudicated claim. This field is only used or reflected on non-batch audit RTIs                               |



|                                      |                                        |              |          |     |     |                                                                                |                                |                                                                                                                                                                                                                                                |
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| CLM_SHRD_SY<br>SS_FISS               | CLM_PRVDR_FE<br>D_TAX_ID               | CHAR(10)     | NULL     | No  | No  | CLAIM PROVIDER<br>FEDERAL TAX IDENTIFIER                                       | FSSCIDRP-<br>SUBMITTER-<br>EIN | employee<br>identification<br>number of<br>claim submitter                                                                                                                                                                                     |
| CLM_SHRD_SY<br>SS_FISS               | CLM_BENE_PD_<br>BY_AMT                 | DECIMAL(9,2) | NULL     | No  | No  | CLAIM BENEFICIARY<br>PAID BY AMOUNT                                            | FSSCIDRP-DUE-<br>EST-RESP      | Entry is<br>required only in<br>Prior Payments<br>portion of this<br>field. This field<br>identifies the<br>amount the<br>provider has<br>received from<br>the beneficiary<br>toward<br>payment of this<br>claim prior to<br>the billing date. |
| CLM_SHRD_SY<br>SS_FLAG_SGN<br>TR_MCS | GEO_BENE_SK                            | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                                          |                                |                                                                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FLAG_SGN<br>TR_MCS | CLM_DT_SGNTR<br>_SK                    | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                                           |                                |                                                                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FLAG_SGN<br>TR_MCS | CLM_TYPE_CD                            | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                                                |                                |                                                                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FLAG_SGN<br>TR_MCS | CLM_NUM_SK                             | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                                   |                                |                                                                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FLAG_SGN<br>TR_MCS | CLM_MDCL_PLC<br>Y_AUDT_PRCSG<br>_DNY_T | CHAR(1)      | NULL     | No  | No  | CLAIM MEDICAL POLICY<br>AUDIT PROCESSING<br>DENY TO SUSPEND<br>OVERRIDE SWITCH |                                |                                                                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_FLAG_SGN<br>TR_MCS | CLAIM_MEDICAL<br>_POLICY_AUD70<br>9815 | CHAR(1)      | NULL     | No  | No  | CLAIM MEDICAL POLICY<br>AUDIT PROCESSING<br>LISTED AUDIT OVERRIDE<br>SWITCH    |                                |                                                                                                                                                                                                                                                |

|                                                                               |          |     |     |                                                                               |                                  |                                                                                                                               |
|-------------------------------------------------------------------------------|----------|-----|-----|-------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY CLAIM_MEDICAL CHAR(1)<br>SS_FLAG_SGN _POLICY_AUD70<br>TR_MCS 9819 | NULL     | No  | No  | CLAIM MEDICAL POLICY<br>AUDIT PROCESSING<br>OVERRIDE SWITCH                   |                                  |                                                                                                                               |
| CLM_SHRD_SY CLAIM_MEDICAL CHAR(1)<br>SS_FLAG_SGN _POLICY_AUD70<br>TR_MCS 9817 | NULL     | No  | No  | CLAIM MEDICAL POLICY<br>AUDIT PROCESSING<br>DUPLICATE EDIT<br>OVERRIDE SWITCH |                                  |                                                                                                                               |
| CLM_SHRD_SY GEO_BENE_SK INTEGER<br>SS_INSRD_PRT<br>Y_FISS                     | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                                         |                                  |                                                                                                                               |
| CLM_SHRD_SY CLM_DT_SGNTR INTEGER<br>SS_INSRD_PRT _SK<br>Y_FISS                | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                                          |                                  |                                                                                                                               |
| CLM_SHRD_SY CLM_TYPE_CD SMALLINT<br>SS_INSRD_PRT<br>Y_FISS                    | NOT NULL | Yes | Yes | Claim Type Code                                                               |                                  |                                                                                                                               |
| CLM_SHRD_SY CLM_NUM_SK SMALLINT<br>SS_INSRD_PRT<br>Y_FISS                     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                                  |                                  |                                                                                                                               |
| CLM_SHRD_SY INSURED_SSN_H CHAR(19)<br>SS_INSRD_PRT IC<br>Y_FISS               | NOT NULL | Yes | No  | CLAIM INSURED SOCIAL<br>SECURITY HEALTH<br>INSURANCE CLAIM<br>NUMBER          | FSSCIDRP-<br>INSURED-SSN-<br>HIC | social security<br>number / HIC<br>of the<br>Beneficiary                                                                      |
| CLM_SHRD_SY INSURED_NAME CHAR(25)<br>SS_INSRD_PRT<br>Y_FISS                   | NULL     | No  | No  | CLAIM INSURED NAME                                                            | FSSCIDRP-<br>INSURED-<br>NAME    | identifies the<br>individual in<br>whose name<br>the insurance is<br>carried, as<br>qualified by the<br>payer<br>organization |

|                                       |              |            |      |    |    |                                               |                                |                                                                                                                                                                                                                                                                                                                         |
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| CLM_SHRD_SY<br>SS_INSRD_PRT<br>Y_FISS | INSURED_REL  | NUMERIC(2) | NULL | No | No | CLAIM PATIENT<br>INSURED RELATIONSHIP<br>CODE | FSSCIDRP-<br>INSURED-REL       | identifies the<br>X12 code<br>indicating the<br>relationship of<br>the patient to<br>the identified<br>insured<br>Value<br>Description<br>01 Patient is<br>insured.<br>02 Spouse.<br>03 Natural<br>child/insured<br>financial<br>responsibility.<br>07 Ward of the<br>court.<br>08 Employee.<br>09 Unkno                |
| CLM_SHRD_SY<br>SS_INSRD_PRT<br>Y_FISS | TREAT_AUTH_C | CHAR(18)   | NULL | No | No | CLAIM TREATMENT<br>AUTHORIZATION CODE         | FSSCIDRP-<br>TREAT-AUTH-<br>CD | HHPPS<br>Treatment<br>Authorization<br>Code - This<br>field identifies<br>a matching key<br>to the OASIS<br>(Outcome<br>Assessment<br>Information<br>Set) of the<br>patient. This<br>is an 18-position<br>alphanumeric<br>field. This field<br>is also used to<br>identify a<br>Center for<br>Excellence or<br>Provider |
| CLM_SHRD_SY<br>SS_INSRD_PRT<br>Y_FISS | INSURED_DOB  | NUMERIC(8) | NULL | No | No | CLAIM INSURED BIRTH<br>DATE                   | FSSCIDRP-<br>INSURED-DOB       | Birth date of<br>insured                                                                                                                                                                                                                                                                                                |

|                                       |                                    |      |    |    |                                            |                                     |                                                                                                                                                                                                                                                                                                                          |
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| CLM_SHRD_SY<br>SS_INSRD_PRT<br>Y_FISS | INSURED_SEX<br>CHAR(1)             | NULL | No | No | CLAIM INSURED SEX<br>CODE                  | FSSCIDRP-<br>INSURED-SEX            | a one-position<br>indicator<br>identifying the<br>sex of the<br>insured.<br>Value<br>Description<br>F FEMALE.<br>M MALE.<br>U UNKNOWN.                                                                                                                                                                                   |
| CLM_SHRD_SY<br>SS_INSRD_PRT<br>Y_FISS | INSURED_GROU<br>P_NAME<br>CHAR(17) | NULL | No | No | CLAIM INSURED GROUP<br>NAME                | FSSCIDRP-<br>INSURED-<br>GROUP-NAME | identifies the<br>name of the<br>group through<br>which the<br>insurance is<br>provided.                                                                                                                                                                                                                                 |
| CLM_SHRD_SY<br>SS_INSRD_PRT<br>Y_FISS | INSURED_GROU<br>P_NBR<br>CHAR(20)  | NULL | No | No | CLAIM INSURED GROUP<br>NUMBER              | FSSCIDRP-<br>INSURED-<br>GROUP-NBR  | the<br>Identification<br>Number,<br>Control<br>Number, or<br>Code assigned<br>by the carrier<br>or<br>administrator<br>to identify the<br>group under<br>which the<br>individual is                                                                                                                                      |
| CLM_SHRD_SY<br>SS_INSRD_PRT<br>Y_FISS | EMP_STATUS_C<br>D<br>CHAR(1)       | NULL | No | No | CLAIM INSURED<br>EMPLOYMENT STATUS<br>CODE | FSSCIDRP-EMP-<br>STATUS-CD          | the<br>employment<br>status of the<br>individual<br>identified in<br>form locator 58<br>(insured's<br>name).<br>Employee<br>status is only<br>required if the<br>primary payer<br>code on claim<br>page 4 is equal<br>to 'A' through<br>'E' or 'G'<br>Value<br>Description<br>1 Indicates<br>Employed full<br>time.<br>2 |

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|--------------------------------------------------|------------------|----------|-----|----|---------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY BENE_REL<br>SS_INSRD_PRT<br>Y_FISS   | NUMERIC(2)       | NULL     | No  | No | CLAIM BENEFICIARY<br>INSURED RELATIONSHIP<br>CODE | FSSCIDRP-BENE-<br>REL   | the<br>beneficiary/pati<br>ents<br>relationship to<br>the insured<br>Value<br>Description<br>01 Patient is<br>insured.<br>02 Spouse.<br>03 Natural<br>child/insured<br>has financial<br>responsibility.<br>04 Natural<br>child, insured<br>does not have<br>financial<br>responsibility.<br>05 Step child.<br>0 |
| CLM_SHRD_SY EMP_NAME<br>SS_INSRD_PRT<br>Y_FISS   | CHAR(24)         | NULL     | No  | No | CLAIM EMPLOYER NAME                               | FSSCIDRP-EMP-<br>NAME   | the name of<br>the employer<br>that provides<br>health care<br>coverage for<br>the individual<br>identified in the<br>employment<br>information<br>data                                                                                                                                                         |
| CLM_SHRD_SY EMP_STREET<br>SS_INSRD_PRT<br>Y_FISS | CHAR(18)         | NULL     | No  | No | CLAIM EMPLOYER<br>STREET ADDRESS                  | FSSCIDRP-EMP-<br>STREET | street address<br>of the<br>employer                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY EMP_CITY<br>SS_INSRD_PRT<br>Y_FISS   | CHAR(15)         | NULL     | No  | No | CLAIM EMPLOYER CITY<br>ADDRESS                    | FSSCIDRP-EMP-<br>CITY   | city of the<br>employer                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY EMP_STATE<br>SS_INSRD_PRT<br>Y_FISS  | CHAR(2)          | NULL     | No  | No | CLAIM EMPLOYER STATE<br>ADDRESS                   | FSSCIDRP-EMP-<br>STATE  | state of the<br>employer                                                                                                                                                                                                                                                                                        |
| CLM_SHRD_SY EMP_ZIP_5<br>SS_INSRD_PRT<br>Y_FISS  | NUMERIC(5)       | NULL     | No  | No | CLAIM EMPLOYER ZIP<br>FIVE CODE                   | FSSCIDRP-EMP-<br>ZIP-5  | zip code of the<br>employer                                                                                                                                                                                                                                                                                     |
| CLM_SHRD_SY EMP_ZIP_4<br>SS_INSRD_PRT<br>Y_FISS  | NUMERIC(4)       | NULL     | No  | No | CLAIM EMPLOYER ZIP<br>FOUR CODE                   | FSSCIDRP-EMP-<br>ZIP-4  | zip code of the<br>employer                                                                                                                                                                                                                                                                                     |
| CLM_SHRD_SY CLM_LCTN_CD<br>SS_LCTN_CD            | CHAR(2)          | NOT NULL | Yes | No | CLAIM LOCATION CODE                               |                         |                                                                                                                                                                                                                                                                                                                 |
| CLM_SHRD_SY CLM_LCTN_CD_<br>SS_LCTN_CD_DESC      | VARCHAR(100<br>) | NULL     | No  | No | CLAIM LOCATION CODE<br>DESCRIPTION                |                         |                                                                                                                                                                                                                                                                                                                 |
| CLM_SHRD_SY META_SK<br>SS_LCTN_CD                | INTEGER          | NULL     | No  | No | Metadata SurrogateKey                             |                         |                                                                                                                                                                                                                                                                                                                 |
| CLM_SHRD_SY META_SRC_SK<br>SS_LCTN_CD            | SMALLINT         | NULL     | No  | No | Metadata Source<br>SurrogateKey                   |                         |                                                                                                                                                                                                                                                                                                                 |

|             |               |            |          |     |     |                       |
|-------------|---------------|------------|----------|-----|-----|-----------------------|
| CLM_SHRD_SY | CLM_LCTN_TYPE | CHAR(1)    | NULL     | No  | No  | CLAIM LOCATION TYPE   |
| SS_LCTN_CD  | CD            |            |          |     |     | CODE                  |
| CLM_SHRD_SY | GEO_BENE_SK   | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary |
| SS_LTR_MCS  |               |            |          |     |     | SurrogateKey          |
| CLM_SHRD_SY | CLM_DT_SGNTR  | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature  |
| SS_LTR_MCS  | SK            |            |          |     |     | SurrogateKey          |
| CLM_SHRD_SY | CLM_TYPE_CD   | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code       |
| SS_LTR_MCS  |               |            |          |     |     |                       |
| CLM_SHRD_SY | CLM_NUM_SK    | SMALLINT   | NOT NULL | Yes | Yes | Claim Number          |
| SS_LTR_MCS  |               |            |          |     |     | SurrogateKey          |
| CLM_SHRD_SY | CLM_LTR_SQNC  | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM LETTER          |
| SS_LTR_MCS  | NUM           |            |          |     |     | SEQUENCE NUMBER       |
| CLM_SHRD_SY | CLM_FINCL_SQN | NUMERIC(1) | NOT NULL | Yes | Yes | CLAIM FINANCIAL       |
| SS_LTR_MCS  | C NUM         |            |          |     |     | SEQUENCE NUMBER       |
| CLM_SHRD_SY | CLM_LTR_ADRS_ | CHAR(1)    | NULL     | No  | No  | CLAIM LETTER          |
| SS_LTR_MCS  | IND           |            |          |     |     | ADDRESSEE INDICATOR   |
| CLM_SHRD_SY | CLM_LTR_DT    | NUMERIC(8) | NULL     | No  | No  | CLAIM LETTER DATE     |
| SS_LTR_MCS  |               |            |          |     |     |                       |

|             |               |             |      |    |    |                                                            |
|-------------|---------------|-------------|------|----|----|------------------------------------------------------------|
| CLM_SHRD_SY | CLM_LTR_RSPNS | NUMERIC(11) | NULL | No | No | CLAIM LETTER<br>RESPONSE CONTROL<br>NUMBER                 |
| SS_LTR_MCS  | _CNTL_NUM     |             |      |    |    |                                                            |
| CLM_SHRD_SY | CLM_LTR_SPLMT | NUMERIC(11) | NULL | No | No | CLAIM LETTER<br>SUPPLEMENTAL<br>RESPONSE CONTROL<br>NUMBER |
| SS_LTR_MCS  | L_RSPNS_CNTL_ |             |      |    |    |                                                            |
|             | NUM1          |             |      |    |    |                                                            |
| CLM_SHRD_SY | CLM_LTR_DTL_1 | CHAR(2)     | NULL | No | No | CLAIM LETTER DETAIL<br>FIRST NUMBER                        |
| SS_LTR_MCS  | ST_NUM        |             |      |    |    |                                                            |
| CLM_SHRD_SY | CLAIM_DETAIL_ | CHAR(2)     | NULL | No | No | CLAIM LETTER DETAIL<br>SECOND NUMBER                       |
| SS_LTR_MCS  | NUMBER_FOR_7  |             |      |    |    |                                                            |
|             | 09109         |             |      |    |    |                                                            |

|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLAIM_DETAIL_ | CHAR(2) | NULL | No | No | CLAIM LETTER DETAIL |
| SS_LTR_MCS  | NUMBER_FOR_7  |         |      |    |    | THIRD NUMBER        |
|             | 09111         |         |      |    |    |                     |
| CLM_SHRD_SY | CLAIM_DETAIL_ | CHAR(2) | NULL | No | No | CLAIM LETTER DETAIL |
| SS_LTR_MCS  | NUMBER_FOR_7  |         |      |    |    | FOURTH NUMBER       |
|             | 09113         |         |      |    |    |                     |
| CLM_SHRD_SY | CLAIM_DETAIL_ | CHAR(2) | NULL | No | No | CLAIM LETTER DETAIL |
| SS_LTR_MCS  | NUMBER_FOR_7  |         |      |    |    | FIFTH NUMBER        |
|             | 09115         |         |      |    |    |                     |
| CLM_SHRD_SY | CLAIM_DETAIL_ | CHAR(2) | NULL | No | No | CLAIM LETTER DETAIL |
| SS_LTR_MCS  | NUMBER_FOR_7  |         |      |    |    | SIXTH NUMBER        |
|             | 09117         |         |      |    |    |                     |



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|             |              |            |      |    |    |                         |
|-------------|--------------|------------|------|----|----|-------------------------|
| CLM_SHRD_SY | CLM_LTR_DTL_ | NUMERIC(3) | NULL | No | No | CLAIM LETTER DETAIL     |
| SS_LTR_MCS  | MSG_1ST_NUM  |            |      |    |    | MESSAGE FIRST<br>NUMBER |

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|             |              |            |      |    |    |                          |
|-------------|--------------|------------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_LTR_DTL_ | NUMERIC(3) | NULL | No | No | CLAIM LETTER DETAIL      |
| SS_LTR_MCS  | MSG_2ND_NUM  |            |      |    |    | MESSAGE SECOND<br>NUMBER |

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|             |              |            |      |    |    |                         |
|-------------|--------------|------------|------|----|----|-------------------------|
| CLM_SHRD_SY | CLM_LTR_DTL_ | NUMERIC(3) | NULL | No | No | CLAIM LETTER DETAIL     |
| SS_LTR_MCS  | MSG_3RD_NUM  |            |      |    |    | MESSAGE THIRD<br>NUMBER |

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|             |              |            |      |    |    |                          |
|-------------|--------------|------------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_LTR_DTL_ | NUMERIC(3) | NULL | No | No | CLAIM LETTER DETAIL      |
| SS_LTR_MCS  | MSG_4TH_NUM  |            |      |    |    | MESSAGE FOURTH<br>NUMBER |

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|             |                       |              |          |     |    |                         |
|-------------|-----------------------|--------------|----------|-----|----|-------------------------|
| CLM_SHRD_SY | CLM_LTR_DTL_          | NUMERIC(3)   | NULL     | No  | No | CLAIM LETTER DETAIL     |
| SS_LTR_MCS  | MSG_6TH_NUM           |              |          |     |    | MESSAGE SIXTH<br>NUMBER |
| CLM_SHRD_SY | CLAIM_LETTER_         | NUMERIC(3)   | NULL     | No  | No | CLAIM LETTER DETAIL     |
| SS_LTR_MCS  | DETAIL_MESS70<br>9127 |              |          |     |    | MESSAGE FIFTH<br>NUMBER |
| CLM_SHRD_SY | CLM_MASS_ADJ          | CHAR(2)      | NOT NULL | Yes | No | CLAIM MASS              |
| SS_MASS_ADJ | STMT_CD               |              |          |     |    | ADJUSTMENT CODE         |
| CLM_SHRD_SY | Ss_Claim_Mass_        | VARCHAR(100) | NULL     | No  | No | CLAIM MASS              |
| SS_MASS_ADJ | Adjustment6375 )      |              |          |     |    | ADJUSTMENT CODE         |
| STMT_CD     | 13                    |              |          |     |    | DESCRIPTION             |

|                                       |                                    |             |          |     |     |                                    |
|---------------------------------------|------------------------------------|-------------|----------|-----|-----|------------------------------------|
| CLM_SHRD_SY<br>SS_MASS_ADJ<br>STMT_CD | META_SK                            | INTEGER     | NULL     | No  | No  | Metadata SurrogateKey              |
| CLM_SHRD_SY<br>SS_MASS_ADJ<br>STMT_CD | META_SRC_SK                        | SMALLINT    | NULL     | No  | No  | Metadata Source SurrogateKey       |
| CLM_SHRD_SY<br>SS_MASS_ADJ<br>STMT_CD | CLM_MASS_ADJ<br>STMT_TYPE_CD       | CHAR(1)     | NULL     | No  | No  | CLAIM MASS ADJUSTMENT TYPE CODE    |
| CLM_SHRD_SY<br>SS_MCS                 | GEO_BENE_SK                        | INTEGER     | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey |
| CLM_SHRD_SY<br>SS_MCS                 | CLM_DT_SGNTR<br>SK                 | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey  |
| CLM_SHRD_SY<br>SS_MCS                 | CLM_TYPE_CD                        | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code                    |
| CLM_SHRD_SY<br>SS_MCS                 | CLM_NUM_SK                         | SMALLINT    | NOT NULL | Yes | Yes | Claim Number SurrogateKey          |
| CLM_SHRD_SY<br>SS_MCS                 | CLM_PRMRY_H<br>DR_AUDT_NUM         | NUMERIC(3)  | NULL     | No  | No  | CLAIM PRIMARY HEADER AUDIT NUMBER  |
| CLM_SHRD_SY<br>SS_MCS                 | CLM_ORGNL_SE<br>NT_CWF_ICN_N<br>UM | CHAR(15)    | NULL     | No  | No  | CLAIM ORIGINAL SENT CWF ICN NUMBER |
| CLM_SHRD_SY<br>SS_MCS                 | CLM_CASE_TRK<br>NG_NUM             | NUMERIC(13) | NULL     | No  | No  | CLAIM CASE TRACKING NUMBER         |

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|             |              |            |      |    |    |                      |
|-------------|--------------|------------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_OVRRD_AU | NUMERIC(3) | NULL | No | No | CLAIM OVERRIDE AUDIT |
| SS_MCS      | DT_CD        |            |      |    |    | CODE                 |

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|             |              |         |      |    |    |                     |
|-------------|--------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_PRMRY_AU | CHAR(1) | NULL | No | No | CLAIM PRIMARY AUDIT |
| SS_MCS      | DT_IND       |         |      |    |    | INDICATOR           |

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|             |             |         |      |    |    |                |
|-------------|-------------|---------|------|----|----|----------------|
| CLM_SHRD_SY | CLM_HMO_PLA | CHAR(9) | NULL | No | No | CLAIM HMO PLAN |
| SS_MCS      | N_NUM       |         |      |    |    | NUMBER         |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_EGHP_STU | CHAR(1) | NULL | No | No | CLAIM EMPLOYER    |
| SS_MCS      | S_CD         |         |      |    |    | GROUP HEALTH PLAN |
|             |              |         |      |    |    | STATUS CODE       |

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|             |              |         |      |    |    |                  |
|-------------|--------------|---------|------|----|----|------------------|
| CLM_SHRD_SY | CLM_ADJSTMT_ | CHAR(1) | NULL | No | No | CLAIM ADJUSTMENT |
| SS_MCS      | SPRSN_IND    |         |      |    |    | SUPPRESSION      |
|             |              |         |      |    |    | INDICATOR        |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_PRCSG_TM | CHAR(1) | NULL | No | No | CLAIM PROCESSING     |
| SS_MCS      | LNS_IND      |         |      |    |    | TIMELINESS INDICATOR |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_PRCG_TM   | CHAR(1) | NULL | No | No | CLAIM PROCESSING   |
| SS_MCS      | LNS_PRTCPTG_P |         |      |    |    | TIMELINESS         |
|             | RVDR          |         |      |    |    | PARTICIPATING      |
|             |               |         |      |    |    | PROVIDER INDICATOR |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_SPRVSN_P | CHAR(1) | NULL | No | No | CLAIM SUPERVISION |
| SS_MCS      | HYSN_NAME_SB |         |      |    |    | PHYSICIAN NAME    |
|             | MTD_SW       |         |      |    |    | SUBMITTED SWITCH  |

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|             |              |         |      |    |    |                 |
|-------------|--------------|---------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_PURC_DGN | CHAR(1) | NULL | No | No | CLAIM PURCHASE  |
| SS_MCS      | STC_TEST_IND |         |      |    |    | DIAGNOSTIC TEST |
|             |              |         |      |    |    | INDICATOR       |

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|             |            |         |      |    |    |                  |
|-------------|------------|---------|------|----|----|------------------|
| CLM_SHRD_SY | CLM_EKG_SW | CHAR(1) | NULL | No | No | CLAIM EKG SWITCH |
|-------------|------------|---------|------|----|----|------------------|

SS\_MCS

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|             |              |         |      |    |    |                |
|-------------|--------------|---------|------|----|----|----------------|
| CLM_SHRD_SY | CLM_FAC_PRVD | CHAR(1) | NULL | No | No | CLAIM FACILITY |
|-------------|--------------|---------|------|----|----|----------------|

SS\_MCS R\_SW PROVIDER SWITCH

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|             |              |         |      |    |    |                  |
|-------------|--------------|---------|------|----|----|------------------|
| CLM_SHRD_SY | CLM_PHYSN_SG | CHAR(1) | NULL | No | No | CLAIM PHYSICIAN  |
| SS_MCS      | NTR_SW       |         |      |    |    | SIGNATURE SWITCH |

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|             |                |         |      |    |    |                     |
|-------------|----------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_PRCSG_TM   | CHAR(1) | NULL | No | No | CLAIM PROCESSING    |
| SS_MCS      | LNS_SPRS_CHK_I |         |      |    |    | TIMELINESS SUPPRESS |
|             | ND             |         |      |    |    | CHECK INDICATOR     |

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|             |             |         |      |    |    |                 |
|-------------|-------------|---------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_DME_LMT | CHAR(1) | NULL | No | No | CLAIM DME LIMIT |
| SS_MCS      | _IND        |         |      |    |    | INDICATOR       |

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|             |              |         |      |    |    |               |
|-------------|--------------|---------|------|----|----|---------------|
| CLM_SHRD_SY | CLM_DCMTN_IN | CHAR(1) | NULL | No | No | CLAIM         |
| SS_MCS      | D            |         |      |    |    | DOCUMENTATION |
|             |              |         |      |    |    | INDICATOR     |

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|             |             |         |      |    |    |             |
|-------------|-------------|---------|------|----|----|-------------|
| CLM_SHRD_SY | CLM_GRP_IND | CHAR(1) | NULL | No | No | CLAIM GROUP |
| SS_MCS      |             |         |      |    |    | INDICATOR   |

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|             |               |         |      |    |    |                    |
|-------------|---------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_SPLIT_RSN | CHAR(1) | NULL | No | No | CLAIM SPLIT REASON |
| SS_MCS      | _CD           |         |      |    |    | CODE               |

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|             |              |         |      |    |    |                  |
|-------------|--------------|---------|------|----|----|------------------|
| CLM_SHRD_SY | CLM_ADJSTMT_ | CHAR(1) | NULL | No | No | CLAIM ADJUSTMENT |
| SS_MCS      | ACTN_CD      |         |      |    |    | ACTION CODE      |

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|             |               |          |      |    |    |                  |
|-------------|---------------|----------|------|----|----|------------------|
| CLM_SHRD_SY | CLM_EMCS_SEND | CHAR(10) | NULL | No | No | CLAIM EMC SENDER |
| SS_MCS      | R_CD          |          |      |    |    | CODE             |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_CARR_APL | CHAR(4) | NULL | No | No | CLAIM CARRIER APPEAL |
| SS_MCS      | _CD          |         |      |    |    | CODE                 |

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|             |              |         |      |    |    |                |
|-------------|--------------|---------|------|----|----|----------------|
| CLM_SHRD_SY | CLM_DLTN_RSN | CHAR(3) | NULL | No | No | CLAIM DELETION |
| SS_MCS      | _CD          |         |      |    |    | REASON CODE    |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_OVRPMT_R | CHAR(1) | NULL | No | No | CLAIM OVERPAYMENT |
| SS_MCS      | SN_CD        |         |      |    |    | REASON CODE       |

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|             |              |         |      |    |    |                 |
|-------------|--------------|---------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_MASS_ADJ | CHAR(1) | NULL | No | No | CLAIM MASS      |
| SS_MCS      | STMT_TYPE_CD |         |      |    |    | ADJUSTMENT TYPE |
|             |              |         |      |    |    | CODE            |

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|             |               |         |      |    |    |                     |
|-------------|---------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_RSPNS_TYP | CHAR(1) | NULL | No | No | CLAIM RESPONSE TYPE |
| SS_MCS      | E_CD          |         |      |    |    | CODE                |

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|             |              |            |      |    |    |                   |
|-------------|--------------|------------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_HPSA_RPT | NUMERIC(9) | NULL | No | No | CLAIM HPSA REPORT |
| SS_MCS      | _DT          |            |      |    |    | DATE              |

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|                       |                                       |            |      |    |    |                                                 |
|-----------------------|---------------------------------------|------------|------|----|----|-------------------------------------------------|
| CLM_SHRD_SY<br>SS_MCS | CLM_CHRPRACTIC<br>_XRAY_DT            | NUMERIC(8) | NULL | No | No | CLAIM CHIROPRACTIC<br>XRAY DATE                 |
| CLM_SHRD_SY<br>SS_MCS | CLM_CHRPRACTIC<br>_INITL_TRTMT_<br>DT | NUMERIC(8) | NULL | No | No | CLAIM CHIROPRACTIC<br>INITIAL TREATMENT<br>DATE |
| CLM_SHRD_SY<br>SS_MCS | CLM_UPDT_RUL<br>E_NUM                 | CHAR(4)    | NULL | No | No | CLAIM UPDATE RULE<br>NUMBER                     |
| CLM_SHRD_SY<br>SS_MCS | CLM_UPDT_RUL<br>E_APLD_DT             | NUMERIC(8) | NULL | No | No | CLAIM UPDATE RULE<br>APPLIED DATE               |

|             |               |              |      |    |    |                      |
|-------------|---------------|--------------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_FULL_CLM  | CHAR(1)      | NULL | No | No | CLAIM FULL CLAIM     |
| SS_MCS      | _ADJSTMT_PRVS |              |      |    |    | ADJUSTMENT PREVIOUS  |
|             | _ASGN         |              |      |    |    | ASSIGNMENT SWITCH    |
| CLM_SHRD_SY | CLM_FULL_CLM  | DECIMAL(8,2) | NULL | No | No | CLAIM FULL CLAIM     |
| SS_MCS      | _ADJSTMT_BENE |              |      |    |    | ADJUSTMENT           |
|             | _PRIO         |              |      |    |    | BENEFICIARY PRIOR    |
|             |               |              |      |    |    | INTEREST PAID AMOUNT |
| CLM_SHRD_SY | CLAIM_FULL_CL | CHAR(12)     | NULL | No | No | CLAIM FULL CLAIM     |
| SS_MCS      | AIM_ADJUSTM7  |              |      |    |    | ADJUSTMENT PREVIOUS  |
|             | 08451         |              |      |    |    | HIC NUMBER           |



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|             |               |              |      |    |    |                      |
|-------------|---------------|--------------|------|----|----|----------------------|
| CLM_SHRD_SY | CLAIM_FULL_CL | DECIMAL(8,2) | NULL | No | No | CLAIM ADJUSTMENT     |
| SS_MCS      | AIM_ADJUSTM7  |              |      |    |    | PROVIDER PRIOR       |
|             | 08453         |              |      |    |    | INTEREST PAID AMOUNT |

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|             |               |          |      |    |    |                  |
|-------------|---------------|----------|------|----|----|------------------|
| CLM_SHRD_SY | CLAIM_FULL_CL | CHAR(10) | NULL | No | No | CLAIM ADJUSTMENT |
| SS_MCS      | AIM_ADJUSTM7  |          |      |    |    | PREVIOUS BILLING |
|             | 08455         |          |      |    |    | PROVIDER NUMBER  |

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|             |               |          |      |    |    |                     |
|-------------|---------------|----------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_FULL_CLM  | CHAR(10) | NULL | No | No | CLAIM FULL CLAIM    |
| SS_MCS      | _ADJSTMT_BLG_ |          |      |    |    | ADJUSTMENT BILLING  |
|             | PRVDR         |          |      |    |    | PROVIDER NPI NUMBER |

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|             |              |         |      |    |    |                     |
|-------------|--------------|---------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_MSP_TYPE | CHAR(3) | NULL | No | No | CLAIM MSP TYPE CODE |
| SS_MCS      | _CD          |         |      |    |    |                     |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_MASS_ADJ | CHAR(1) | NULL | No | No | CLAIM MASS        |
| SS_MCS      | STMT_SW      |         |      |    |    | ADJUSTMENT SWITCH |

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|             |              |         |      |    |    |                  |
|-------------|--------------|---------|------|----|----|------------------|
| CLM_SHRD_SY | CLM_MSP_RPET | CHAR(1) | NULL | No | No | CLAIM MSP REPEAT |
| SS_MCS      | _IND         |         |      |    |    | INDICATOR        |

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|             |                |            |      |    |    |                     |
|-------------|----------------|------------|------|----|----|---------------------|
| CLM_SHRD_SY | CLAIM_PROCESS  | NUMERIC(3) | NULL | No | No | CLAIM PROCESSING    |
| SS_MCS      | ING_TIMELIN708 |            |      |    |    | TIMELINESS INTEREST |
|             | 469            |            |      |    |    | DAYS AMOUNT         |

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|             |               |          |      |    |    |                    |
|-------------|---------------|----------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_SPLMTL_IN | CHAR(15) | NULL | No | No | CLAIM SUPPLEMENTAL |
| SS_MCS      | SRNC_CMPLMNT  |          |      |    |    | INSURANCE          |
|             | RY_NU         |          |      |    |    | COMPLEMENTARY      |
|             |               |          |      |    |    | NUMBER             |

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|             |              |         |      |    |    |                    |
|-------------|--------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_MEDIGAP_ | CHAR(5) | NULL | No | No | CLAIM SUPPLEMENTAL |
| SS_MCS      | INSRR_NUM_2  |         |      |    |    | INSURANCE INSURER  |
|             |              |         |      |    |    | NUMBER             |

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|             |               |            |      |    |    |                                                                |
|-------------|---------------|------------|------|----|----|----------------------------------------------------------------|
| CLM_SHRD_SY | CLM_SPLMTL_IN | CHAR(1)    | NULL | No | No | CLAIM SUPPLEMENTAL<br>INSURANCE SIGNATURE                      |
| SS_MCS      | SRNC_SGNTR    |            |      |    |    |                                                                |
| CLM_SHRD_SY | CLAIM_DOCUME  | NUMERIC(8) | NULL | No | No | CLAIM DOCUMENT<br>CONTROL NUMBER<br>CHANGE DATE                |
| SS_MCS      | NT_CONTROL_N  |            |      |    |    |                                                                |
|             | 708477        |            |      |    |    |                                                                |
| CLM_SHRD_SY | CLAIM_DOCUME  | CHAR(4)    | NULL | No | No | CLAIM DOCUMENT<br>CONTROL NUMBER<br>CHANGE CLERK<br>IDENTIFIER |
| SS_MCS      | NT_CONTROL_N  |            |      |    |    |                                                                |
|             | 708479        |            |      |    |    |                                                                |

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|             |              |         |      |    |    |                |
|-------------|--------------|---------|------|----|----|----------------|
| CLM_SHRD_SY | CLAIM_DOCUME | CHAR(1) | NULL | No | No | CLAIM DOCUMENT |
| SS_MCS      | NT_CONTROL_N |         |      |    |    | CONTROL NUMBER |
|             | 708481       |         |      |    |    | CHANGE FROM TO |
|             |              |         |      |    |    | INDICATOR      |

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|             |              |         |      |    |    |                 |
|-------------|--------------|---------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_DOC_CNTL | CHAR(1) | NULL | No | No | CLAIM DOCUMENT  |
| SS_MCS      | _NUM_CHG_BA  |         |      |    |    | CONTROL NUMBER  |
|             | CK_OUT       |         |      |    |    | CHANGE BACK OUT |
|             |              |         |      |    |    | INDICATOR       |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_RPRSNTV_ | CHAR(1) | NULL | No | No | CLAIM REPRESENTATIVE |
| SS_MCS      | PYEE_TYPE_CD |         |      |    |    | PAYEE TYPE CODE      |

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|             |              |          |      |    |    |                      |
|-------------|--------------|----------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_RPRSNTV_ | CHAR(22) | NULL | No | No | CLAIM REPRESENTATIVE |
| SS_MCS      | PYEE_NAME    |          |      |    |    | PAYEE NAME           |

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|             |              |         |      |    |    |                |
|-------------|--------------|---------|------|----|----|----------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(1) | NULL | No | No | CLAIM BILLING  |
| SS_MCS      | R_GRP_IND    |         |      |    |    | PROVIDER GROUP |
|             |              |         |      |    |    | INDICATOR      |

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|             |              |         |      |    |    |                 |
|-------------|--------------|---------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(2) | NULL | No | No | CLAIM BILLING   |
| SS_MCS      | R_CNTY_CD    |         |      |    |    | PROVIDER COUNTY |
|             |              |         |      |    |    | CODE            |

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|             |              |         |      |    |    |                           |
|-------------|--------------|---------|------|----|----|---------------------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(2) | NULL | No | No | CLAIM BILLING             |
| SS_MCS      | R_LCLTY_CD   |         |      |    |    | PROVIDER LOCALITY<br>CODE |

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|             |              |         |      |    |    |                                      |
|-------------|--------------|---------|------|----|----|--------------------------------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(1) | NULL | No | No | CLAIM BILLING                        |
| SS_MCS      | R_TAX_ID_IND |         |      |    |    | PROVIDER TAX<br>IDENTIFIER INDICATOR |

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|             |              |         |      |    |    |                      |
|-------------|--------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(1) | NULL | No | No | CLAIM BILLING        |
| SS_MCS      | R_STUS_CD    |         |      |    |    | PROVIDER STATUS CODE |

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|             |             |         |      |    |    |                          |
|-------------|-------------|---------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_BENE_NA | CHAR(1) | NULL | No | No | CLAIM BENEFICIARY        |
| SS_MCS      | ME_CRCTD_SW |         |      |    |    | NAME CORRECTED<br>SWITCH |

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|             |               |              |      |    |    |                                              |
|-------------|---------------|--------------|------|----|----|----------------------------------------------|
| CLM_SHRD_SY | CLM_BENE_CMP  | CHAR(15)     | NULL | No | No | CLAIM BENEFICIARY<br>COMPLEMENTARY<br>NUMBER |
| SS_MCS      | LMNTRY_NUM    |              |      |    |    |                                              |
| CLM_SHRD_SY | U_PATIENT_ACC | CHAR(15)     | NULL | No | No | CLAIM OLD PATIENT<br>ACCOUNT NUMBER          |
| SS_MCS      | T_N_OLD       |              |      |    |    |                                              |
| CLM_SHRD_SY | CLM_MSP_ALO   | DECIMAL(8,2) | NULL | No | No | CLAIM MSP ALLOWED<br>AMOUNT                  |
| SS_MCS      | WD_AMT        |              |      |    |    |                                              |

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|             |              |            |      |    |    |                 |
|-------------|--------------|------------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_MCRFLM_I | NUMERIC(8) | NULL | No | No | CLAIM MICROFILM |
| SS_MCS      | DX_NUM       |            |      |    |    | INDEX NUMBER    |

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|             |              |          |      |    |    |                   |
|-------------|--------------|----------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_PEER_RVW | CHAR(14) | NULL | No | No | CLAIM PEER REVIEW |
| SS_MCS      | _NUM         |          |      |    |    | NUMBER            |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_BENE_SGN | CHAR(1) | NULL | No | No | CLAIM BENEFICIARY |
| SS_MCS      | TR_SW        |         |      |    |    | SIGNATURE SWITCH  |

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|             |               |              |      |    |    |                                             |
|-------------|---------------|--------------|------|----|----|---------------------------------------------|
| CLM_SHRD_SY | CLM_FCLTY_PRV | CHAR(2)      | NULL | No | No | CLAIM FACILITY<br>PROVIDER LOCALITY<br>CODE |
| SS_MCS      | DR_LOC_CD     |              |      |    |    |                                             |
| CLM_SHRD_SY | CLM_DDCTBL_1  | DECIMAL(9,2) | NULL | No | No | CLAIM DEDUCTIBLE ONE<br>APPLIED AMOUNT      |
| SS_MCS      | _APLD_AMT     |              |      |    |    |                                             |
| CLM_SHRD_SY | CLM_DDCTBL_2  | DECIMAL(9,2) | NULL | No | No | CLAIM DEDUCTIBLE<br>TWO APPLIED AMOUNT      |
| SS_MCS      | _APLD_AMT     |              |      |    |    |                                             |
| CLM_SHRD_SY | CLM_DDCTBL_3  | DECIMAL(9,2) | NULL | No | No | CLAIM DEDUCTIBLE<br>THREE APPLIED<br>AMOUNT |
| SS_MCS      | _APLD_AMT     |              |      |    |    |                                             |

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|             |              |              |      |    |    |                     |
|-------------|--------------|--------------|------|----|----|---------------------|
| CLM_SHRD_SY | CLM_DDCTBL_4 | DECIMAL(9,2) | NULL | No | No | CLAIM DEDUCTIBLE    |
| SS_MCS      | _APLD_AMT    |              |      |    |    | FOUR APPLIED AMOUNT |

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|             |              |             |      |    |    |                      |
|-------------|--------------|-------------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_MCS_CLM_ | VARCHAR(20) | NULL | No | No | CLAIM MCS CLAIM TYPE |
| SS_MCS      | TYPE_CD      |             |      |    |    | CODE                 |

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|             |               |          |      |    |    |                      |
|-------------|---------------|----------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_BLG_LGCY_ | CHAR(10) | NULL | No | No | CLAIM BILLING LEGACY |
| SS_MCS      | PRVDR_NUM     |          |      |    |    | PROVIDER NUMBER      |

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|             |                   |             |          |     |     |                                        |
|-------------|-------------------|-------------|----------|-----|-----|----------------------------------------|
| CLM_SHRD_SY | CLM_NEW_CNT       | CHAR(5)     | NOT NULL | Yes | No  | Claim Contractor Number                |
| SS_MCS_XREF | RCTR_NUM          |             |          |     |     |                                        |
| CLM_SHRD_SY | CLM_XREF_SQN      | NUMERIC(1)  | NOT NULL | Yes | No  | CLAIM CROSS REFERENCE SEQUENCE NUMBER  |
| SS_MCS_XREF | C_NUM             |             |          |     |     |                                        |
| CLM_SHRD_SY | GEO_BENE_SK       | INTEGER     | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey     |
| SS_MCS_XREF |                   |             |          |     |     |                                        |
| CLM_SHRD_SY | CLM_DT_SGNTR      | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey      |
| SS_MCS_XREF | _SK               |             |          |     |     |                                        |
| CLM_SHRD_SY | CLM_TYPE_CD       | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code                        |
| SS_MCS_XREF |                   |             |          |     |     |                                        |
| CLM_SHRD_SY | CLM_NUM_SK        | SMALLINT    | NOT NULL | Yes | Yes | Claim Number SurrogateKey              |
| SS_MCS_XREF |                   |             |          |     |     |                                        |
| CLM_SHRD_SY | CLM_XREF_ACTV_IND | CHAR(1)     | NULL     | No  | No  | CLAIM CROSS REFERENCE ACTIVE INDICATOR |
| SS_MCS_XREF |                   |             |          |     |     |                                        |
| CLM_SHRD_SY | CLM_PLAN_CD       | CHAR(2)     | NULL     | No  | No  | CLAIM PLAN CODE                        |
| SS_MCS_XREF |                   |             |          |     |     |                                        |
| CLM_SHRD_SY | CLM_ICN_NUM       | NUMERIC(18) | NULL     | No  | No  | CLAIM ICN NUMBER                       |
| SS_MCS_XREF |                   |             |          |     |     |                                        |

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|             |               |            |      |    |    |                          |
|-------------|---------------|------------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_BENE_INTR | NUMERIC(9) | NULL | No | No | CLAIM BENEFICIARY        |
| SS_MCS_XREF | NL_CHK_NUM    |            |      |    |    | INTERNAL CHECK<br>NUMBER |

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|             |               |            |      |    |    |                          |
|-------------|---------------|------------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_BENE_EXTR | NUMERIC(9) | NULL | No | No | CLAIM BENEFICIARY        |
| SS_MCS_XREF | NL_CHK_NUM    |            |      |    |    | EXTERNAL CHECK<br>NUMBER |

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|             |              |          |      |    |    |                 |
|-------------|--------------|----------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(10) | NULL | No | No | CLAIM BILLING   |
| SS_MCS_XREF | R_NUM        |          |      |    |    | PROVIDER NUMBER |

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|             |              |         |      |    |    |                    |
|-------------|--------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(2) | NULL | No | No | CLAIM BILLING      |
| SS_MCS_XREF | R_TYPE_CD    |         |      |    |    | PROVIDER TYPE CODE |

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|             |              |         |      |    |    |                            |
|-------------|--------------|---------|------|----|----|----------------------------|
| CLM_SHRD_SY | CLM_BLG_PRVD | CHAR(2) | NULL | No | No | CLAIM BILLING              |
| SS_MCS_XREF | R_SPCLTY_CD  |         |      |    |    | PROVIDER SPECIALTY<br>CODE |

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|                                  |      |    |    |                           |
|----------------------------------|------|----|----|---------------------------|
| CLM_SHRD_SY CLM_BLG_PRVD CHAR(2) | NULL | No | No | CLAIM BILLING             |
| SS_MCS_XREF R_LCLTY_CD           |      |    |    | PROVIDER LOCALITY<br>CODE |

|             |               |            |      |    |    |                                            |
|-------------|---------------|------------|------|----|----|--------------------------------------------|
| CLM_SHRD_SY | CLM_EOMB_MS   | CHAR(3)    | NULL | No | No | CLAIM EOMB MESSAGE<br>CODE                 |
| SS_MCS_XREF | G_CD          |            |      |    |    |                                            |
| CLM_SHRD_SY | CLM_AUDT_IND  | CHAR(3)    | NULL | No | No | CLAIM AUDIT<br>INDICATOR                   |
| SS_MCS_XREF |               |            |      |    |    |                                            |
| CLM_SHRD_SY | CLM_PRVDR_INT | NUMERIC(9) | NULL | No | No | CLAIM PROVIDER<br>INTERNAL CHECK<br>NUMBER |
| SS_MCS_XREF | RNL_CHK_NUM   |            |      |    |    |                                            |
| CLM_SHRD_SY | CLM_PRVDR_EX  | NUMERIC(9) | NULL | No | No | CLAIM PROVIDER<br>EXTERNAL CHECK<br>NUMBER |
| SS_MCS_XREF | TRNL_CHK_NUM  |            |      |    |    |                                            |

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|             |              |            |      |    |    |                   |
|-------------|--------------|------------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_ADS_MSG_ | NUMERIC(3) | NULL | No | No | CLAIM ADS MESSAGE |
| SS_MCS_XREF | NUM          |            |      |    |    | NUMBER            |

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|             |             |            |      |    |    |                    |
|-------------|-------------|------------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_AUDT_NU | NUMERIC(3) | NULL | No | No | CLAIM AUDIT NUMBER |
| SS_MCS_XREF | M           |            |      |    |    |                    |

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|             |              |          |      |    |    |                 |
|-------------|--------------|----------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_FAC_PRVD | CHAR(10) | NULL | No | No | CLAIM FACILITY  |
| SS_MCS_XREF | R_NUM        |          |      |    |    | PROVIDER NUMBER |

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|             |              |         |      |    |    |                           |
|-------------|--------------|---------|------|----|----|---------------------------|
| CLM_SHRD_SY | CLM_FAC_PRVD | CHAR(2) | NULL | No | No | CLAIM FACILITY            |
| SS_MCS_XREF | R_LCLTY_CD   |         |      |    |    | PROVIDER LOCALITY<br>CODE |

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|             |              |         |      |    |    |                    |
|-------------|--------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_FAC_PRVD | CHAR(2) | NULL | No | No | CLAIM FACILITY     |
| SS_MCS_XREF | R_TYPE_CD    |         |      |    |    | PROVIDER TYPE CODE |

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|             |              |         |      |    |    |                         |
|-------------|--------------|---------|------|----|----|-------------------------|
| CLM_SHRD_SY | CLM_FAC_PRVD | CHAR(2) | NULL | No | No | CLAIM FACILITY          |
| SS_MCS_XREF | R_CNTY_CD    |         |      |    |    | PROVIDER COUNTY<br>CODE |

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|             |              |            |      |    |    |                      |
|-------------|--------------|------------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_OVRRD_AU | NUMERIC(3) | NULL | No | No | CLAIM OVERRIDE AUDIT |
| SS_MCS_XREF | DT_CD        |            |      |    |    | CODE                 |

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|             |                |         |      |    |    |                    |
|-------------|----------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_SUPPLIME   | CHAR(5) | NULL | No | No | CLAIM SUPPLIMENTAL |
| SS_MCS_XREF | NTL_INSRNC_NUM |         |      |    |    | INSURANCE NUMBER   |

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|             |              |          |      |    |    |                 |
|-------------|--------------|----------|------|----|----|-----------------|
| CLM_SHRD_SY | CLM_ORDRG_PR | CHAR(10) | NULL | No | No | CLAIM ORDERING  |
| SS_MCS_XREF | VDR_NUM      |          |      |    |    | PROVIDER NUMBER |

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|             |              |         |      |    |    |               |
|-------------|--------------|---------|------|----|----|---------------|
| CLM_SHRD_SY | CLM_CRNT_LCT | CHAR(3) | NULL | No | No | CLAIM CURRENT |
| SS_MCS_XREF | N_CD         |         |      |    |    | LOCATION CODE |

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|             |              |         |      |    |    |                             |
|-------------|--------------|---------|------|----|----|-----------------------------|
| CLM_SHRD_SY | CLM_1ST_XOVR | CHAR(6) | NULL | No | No | CLAIM FIRST                 |
| SS_MCS_XREF | _INSRR_NUM   |         |      |    |    | CROSSOVER INSURER<br>NUMBER |

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|                                  |      |    |    |                             |
|----------------------------------|------|----|----|-----------------------------|
| CLM_SHRD_SY CLM_2ND_XOVR CHAR(6) | NULL | No | No | CLAIM SECOND                |
| SS_MCS_XREF _INSRR_NUM           |      |    |    | CROSSOVER INSURER<br>NUMBER |

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|                                  |      |    |    |                             |
|----------------------------------|------|----|----|-----------------------------|
| CLM_SHRD_SY CLM_3RD_XOVR CHAR(6) | NULL | No | No | CLAIM THIRD                 |
| SS_MCS_XREF _INSRR_NUM           |      |    |    | CROSSOVER INSURER<br>NUMBER |

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|                                  |      |    |    |                             |
|----------------------------------|------|----|----|-----------------------------|
| CLM_SHRD_SY CLM_4TH_XOVR CHAR(6) | NULL | No | No | CLAIM FOURTH                |
| SS_MCS_XREF _INSRR_NUM           |      |    |    | CROSSOVER INSURER<br>NUMBER |

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|                                  |      |    |    |                             |
|----------------------------------|------|----|----|-----------------------------|
| CLM_SHRD_SY CLM_5TH_XOVR CHAR(6) | NULL | No | No | CLAIM FIFTH                 |
| SS_MCS_XREF _INSRR_NUM           |      |    |    | CROSSOVER INSURER<br>NUMBER |

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|                                   |      |    |    |                 |
|-----------------------------------|------|----|----|-----------------|
| CLM_SHRD_SY CLM_SBMTR_NU CHAR(10) | NULL | No | No | CLAIM SUBMITTER |
| SS_MCS_XREF M                     |      |    |    | NUMBER          |

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|                                  |      |    |    |                      |
|----------------------------------|------|----|----|----------------------|
| CLM_SHRD_SY CLM_CARR_APL CHAR(2) | NULL | No | No | CLAIM CARRIER APPEAL |
| SS_MCS_XREF _CD                  |      |    |    | CODE                 |

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|             |             |          |      |    |    |                                     |
|-------------|-------------|----------|------|----|----|-------------------------------------|
| CLM_SHRD_SY | CLM_DEMO_PR | CHAR(10) | NULL | No | No | CLAIM DEMONSTRATION PROVIDER NUMBER |
| SS_MCS_XREF | VDR_NUM     |          |      |    |    |                                     |

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|             |              |          |      |    |    |                                |
|-------------|--------------|----------|------|----|----|--------------------------------|
| CLM_SHRD_SY | CLM_PRVS_PRV | CHAR(10) | NULL | No | No | CLAIM PREVIOUS PROVIDER NUMBER |
| SS_MCS_XREF | DR_NUM       |          |      |    |    |                                |

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|             |              |         |      |    |    |                          |
|-------------|--------------|---------|------|----|----|--------------------------|
| CLM_SHRD_SY | CLM_DLT_RSN_ | CHAR(3) | NULL | No | No | CLAIM DELETE REASON CODE |
| SS_MCS_XREF | CD           |         |      |    |    |                          |

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|             |              |             |      |    |    |                      |
|-------------|--------------|-------------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_TRKNG_CL | NUMERIC(13) | NULL | No | No | CLAIM TRACKING CLAIM |
| SS_MCS_XREF | M_CNTL_NUM   |             |      |    |    | CONTROL NUMBER       |

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|             |              |          |      |    |    |                    |
|-------------|--------------|----------|------|----|----|--------------------|
| CLM_SHRD_SY | CLM_ACNT_RCV | CHAR(15) | NULL | No | No | CLAIM ACCOUNT      |
| SS_MCS_XREF | BL_CNTL_NUM  |          |      |    |    | RECEIVABLE CONTROL |
|             |              |          |      |    |    | NUMBER             |

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|             |              |          |      |    |    |                   |
|-------------|--------------|----------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_CASH_RSN | CHAR(13) | NULL | No | No | CLAIM CASH REASON |
| SS_MCS_XREF | _CNTL_NUM    |          |      |    |    | CONTROL NUMBER    |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_CASH_RSN | CHAR(2) | NULL | No | No | CLAIM CASH REASON |
| SS_MCS_XREF | _TYPE_CD     |         |      |    |    | TYPE CODE         |

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|             |              |         |      |    |    |                   |
|-------------|--------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_CASH_RSN | CHAR(3) | NULL | No | No | CLAIM CASH REASON |
| SS_MCS_XREF | _CD          |         |      |    |    | CODE              |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_ORGNL_BE  | CHAR(9) | NULL | No | No | CLAIM ORIGINAL       |
| SS_MCS_XREF | NE_INTRNL_CHK |         |      |    |    | BENEFICIARY INTERNAL |
|             | _NUM          |         |      |    |    | CHECK NUMBER         |

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|             |               |         |      |    |    |                      |
|-------------|---------------|---------|------|----|----|----------------------|
| CLM_SHRD_SY | CLM_ORGNL_BE  | CHAR(9) | NULL | No | No | CLAIM ORIGINAL       |
| SS_MCS_XREF | NE_EXTRNL_CHK |         |      |    |    | BENEFICIARY EXTERNAL |
|             | _NUM          |         |      |    |    | CHECK NUMBER         |

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|             |               |         |      |    |    |                   |
|-------------|---------------|---------|------|----|----|-------------------|
| CLM_SHRD_SY | CLM_ORGNL_PR  | CHAR(9) | NULL | No | No | CLAIM ORIGINAL    |
| SS_MCS_XREF | VDR_INTRNL_CH |         |      |    |    | PROVIDER INTERNAL |
|             | K_NUM         |         |      |    |    | CHECK NUMBER      |

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|             |                        |          |          |     |     |                                                     |
|-------------|------------------------|----------|----------|-----|-----|-----------------------------------------------------|
| CLM_SHRD_SY | CLM_ORGNL_PR           | CHAR(9)  | NULL     | No  | No  | CLAIM ORIGINAL                                      |
| SS_MCS_XREF | VDR_EXTRNL_CH<br>K_NUM |          |          |     |     | PROVIDER EXTERNAL<br>CHECK NUMBER                   |
| CLM_SHRD_SY | CLM_XREF_ICN           | CHAR(18) | NULL     | No  | No  | CLAIM CROSS<br>REFERENCE INTERNAL<br>CONTROL NUMBER |
| SS_MCS_XREF |                        |          |          |     |     |                                                     |
| CLM_SHRD_SY | CLM_INITG_CLM          | CHAR(15) | NULL     | No  | No  | CLAIM INITIATING<br>CLAIM CONTROL<br>NUMBER         |
| SS_MCS_XREF | _CNTL_NUM              |          |          |     |     |                                                     |
| CLM_SHRD_SY | GEO_BENE_SK            | INTEGER  | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey               |
| SS_MDCL_PLC |                        |          |          |     |     |                                                     |
| Y_FISS      |                        |          |          |     |     |                                                     |
| CLM_SHRD_SY | CLM_DT_SGNTR           | INTEGER  | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                |
| SS_MDCL_PLC | _SK                    |          |          |     |     |                                                     |
| Y_FISS      |                        |          |          |     |     |                                                     |

|             |               |             |          |     |     |                       |               |                   |
|-------------|---------------|-------------|----------|-----|-----|-----------------------|---------------|-------------------|
| CLM_SHRD_SY | CLM_TYPE_CD   | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code       |               |                   |
| SS_MDCL_PLC |               |             |          |     |     |                       |               |                   |
| Y_FISS      |               |             |          |     |     |                       |               |                   |
| CLM_SHRD_SY | CLM_NUM_SK    | SMALLINT    | NOT NULL | Yes | Yes | Claim Number          |               |                   |
| SS_MDCL_PLC |               |             |          |     |     | SurrogateKey          |               |                   |
| Y_FISS      |               |             |          |     |     |                       |               |                   |
| CLM_SHRD_SY | CLM_MDCL_PLC  | NUMERIC(1)  | NOT NULL | Yes | No  | CLAIM MEDICAL POLICY  |               |                   |
| SS_MDCL_PLC | Y_SQNC_NUM    |             |          |     |     | SEQUENCE NUMBER       |               |                   |
| Y_FISS      |               |             |          |     |     |                       |               |                   |
| CLM_SHRD_SY | CLM_MDCL_PLC  | CHAR(5)     | NULL     | No  | No  | CLAIM MEDICAL POLICY  | FSSCIDRP-MED- | This field        |
| SS_MDCL_PLC | Y_PARM_RSN_C  |             |          |     |     | PARAMETER REASON      | POL-REASON    | identifies a      |
| Y_FISS      | D             |             |          |     |     | CODE                  |               | Medical Policy    |
|             |               |             |          |     |     |                       |               | parameter. This   |
|             |               |             |          |     |     |                       |               | number should     |
|             |               |             |          |     |     |                       |               | be within the     |
|             |               |             |          |     |     |                       |               | Medical Review    |
|             |               |             |          |     |     |                       |               | reason code       |
|             |               |             |          |     |     |                       |               | range (50001-     |
|             |               |             |          |     |     |                       |               | 59999) unless     |
|             |               |             |          |     |     |                       |               | the parameter     |
|             |               |             |          |     |     |                       |               | is for additional |
|             |               |             |          |     |     |                       |               | therapy edits.    |
|             |               |             |          |     |     |                       |               | In this case the  |
|             |               |             |          |     |     |                       |               | parameter         |
|             |               |             |          |     |     |                       |               | number must       |
|             |               |             |          |     |     |                       |               | be within the     |
|             |               |             |          |     |     |                       |               | range for         |
|             |               |             |          |     |     |                       |               | specific          |
| CLM_SHRD_SY | CLM_MDCL_PLC  | CHAR(1)     | NULL     | No  | No  | CLAIM MEDICAL POLICY  | FSSCIDRP-MP-  | Medical Policy    |
| SS_MDCL_PLC | Y_RTRN_STUS_C |             |          |     |     | RETURN STATUS CODE    | RC-STATUS     | Return Code       |
| Y_FISS      | D             |             |          |     |     |                       |               | Status - This     |
|             |               |             |          |     |     |                       |               | field is not used |
| CLM_SHRD_SY | CLM_MDCL_PLC  | CHAR(5)     | NULL     | No  | No  | CLAIM MEDICAL POLICY  | FSSCIDRP-MPP- | identifies        |
| SS_MDCL_PLC | Y_RSN_CD      |             |          |     |     | REASON CODE           | REASON-CODE   | Medical Policy    |
| Y_FISS      |               |             |          |     |     |                       |               | reason codes      |
| CLM_SHRD_SY | CLM_MDCL_PLC  | VARCHAR(20) | NULL     | No  | No  | CLAIM MEDICAL POLICY  | FSSCIDRP-MPP- | identifies        |
| SS_MDCL_PLC | Y_CNTL_NUM    |             |          |     |     | CONTROL NUMBER        | CONTROL-NO    | Medical Policy    |
| Y_FISS      |               |             |          |     |     |                       |               | reason codes      |
| CLM_SHRD_SY | GEO_BENE_SK   | INTEGER     | NOT NULL | Yes | Yes | Geography Beneficiary |               |                   |
| SS_MR_FISS  |               |             |          |     |     | SurrogateKey          |               |                   |
| CLM_SHRD_SY | CLM_DT_SGNTR  | INTEGER     | NOT NULL | Yes | Yes | Claim Date Signature  |               |                   |
| SS_MR_FISS  | SK            |             |          |     |     | SurrogateKey          |               |                   |
| CLM_SHRD_SY | CLM_TYPE_CD   | SMALLINT    | NOT NULL | Yes | Yes | Claim Type Code       |               |                   |
| SS_MR_FISS  |               |             |          |     |     |                       |               |                   |
| CLM_SHRD_SY | CLM_NUM_SK    | SMALLINT    | NOT NULL | Yes | Yes | Claim Number          |               |                   |
| SS_MR_FISS  |               |             |          |     |     | SurrogateKey          |               |                   |
| CLM_SHRD_SY | CLM_MR_SQNC   | NUMERIC(1)  | NOT NULL | Yes | No  | CLAIM MEDICAL REVIEW  |               |                   |
| SS_MR_FISS  | _NUM          |             |          |     |     | SEQUENCE NUMBER       |               |                   |



|                            |                                               |                  |          |     |    |                                                                       |                                        |                                                                                                                                                                                                                          |   |   |
|----------------------------|-----------------------------------------------|------------------|----------|-----|----|-----------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_MR_FISS  | CLM_MR_HOSP<br>C_RFR_TO_RO_S<br>W             | CHAR(1)          | NULL     | No  | No | CLAIM MEDICAL REVIEW<br>HOSPICE REFER TO<br>REGIONAL OFFICE<br>SWITCH | FSSCIDRP-MR-<br>HOSPICE-RO-<br>REFRD   | identifies (for<br>RO Hospice<br>bills) if the<br>claim has been<br>referred to the<br>Regional Office<br>for<br>questionable<br>revocation                                                                              | Y | Y |
| CLM_SHRD_SY<br>SS_MR_FISS  | CLM_MR_RSN_C<br>D                             | CHAR(5)          | NULL     | No  | No | CLAIM MEDICAL REVIEW<br>REASON CODE                                   | FSSCIDRP-MED-<br>REVIEW-RSN            | identifies a<br>specific error<br>condition<br>relative to<br>medical review.                                                                                                                                            | Y | Y |
| CLM_SHRD_SY<br>SS_MR_FISS  | CLM_MR_INCLD<br>D_IN_CMPST_S<br>W             | CHAR(1)          | NULL     | No  | No | CLAIM MEDICAL REVIEW<br>INCLUDED IN<br>COMPOSITE SWITCH               | FSSCIDRP-MR-<br>INCLD-IN-<br>COMPOSIT  | This field<br>identifies for<br>ESRD bills, if<br>the claim has<br>been denied<br>because the<br>service should<br>have been<br>included in the<br>composite rate,<br>the Medical<br>Review<br>operator enters<br>a 'Y'. | Y | Y |
| CLM_SHRD_SY<br>SS_MR_FISS  | CLAIM_MEDICAL<br>_REVIEW_HOS70<br>8231        | CHAR(1)          | NULL     | No  | No | CLAIM MEDICAL REVIEW<br>HOSPICE REDUCED<br>SWITCH                     | FSSCIDRP-MR-<br>HOSPICE-<br>REDUCED    | This field<br>identifies for<br>Hospice bills,<br>that Medical<br>Review has<br>reduced the<br>line item(s) to a<br>lesser charge.                                                                                       | Y | Y |
| CLM_SHRD_SY<br>SS_MR_FISS  | CLM_MR_ANLYS<br>T_ID                          | CHAR(9)          | NULL     | No  | No | CLAIM MEDICAL REVIEW<br>ANALYST IDENTIFIER                            | FSSCIDRP-MED-<br>REVIEW-<br>ANALYST-ID | identifies the<br>employee<br>identification<br>number of the<br>individual<br>performing the<br>medical review<br>of the claim                                                                                          |   |   |
| CLM_SHRD_SY<br>SS_MR_RVRSL | CLM_MR_RVRSL<br>_CD<br>_CD                    | CHAR(2)          | NOT NULL | Yes | No | CLAIM MEDICAL REVIEW<br>REVERSAL CODE                                 |                                        |                                                                                                                                                                                                                          |   |   |
| CLM_SHRD_SY<br>SS_MR_RVRSL | SS_Claim_Medic<br>al_Review_6378<br>_CD<br>89 | VARCHAR(100<br>) | NULL     | No  | No | CLAIM MEDICAL REVIEW<br>REVERSAL CODE<br>DESCRIPTION                  |                                        |                                                                                                                                                                                                                          |   |   |

|                                                                         |              |          |     |     |                                                               |                          |                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------|--------------|----------|-----|-----|---------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY META_SK<br>SS_MR_RVRSL<br>CD                                | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                         |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY META_SRC_SK<br>SS_MR_RVRSL<br>CD                            | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                               |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY CLM_NOT_SOLC<br>SS_NOT_SOLC T_RSPNS_CD<br>T_RSPNS           | CHAR(2)      | NOT NULL | Yes | No  | CLAIM NOT SOLICIT<br>RESPONSE CODE                            |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY SS_CLM_UNSQL<br>SS_NOT_SOLC CTED_RSPNS_CD )<br>T_RSPNS DESC | VARCHAR(100) | NULL     | No  | No  | CLAIM NOT SOLICIT<br>RESPONSE CODE<br>DESCRIPTION             |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY META_SK<br>SS_NOT_SOLC<br>T_RSPNS                           | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                         |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY META_SRC_SK<br>SS_NOT_SOLC<br>T_RSPNS                       | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                               |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY GEO_BENE_SK<br>SS_OP_CD_ED<br>TR_MR_FI                      | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                         |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY CLM_DT_SGNTR<br>SS_OP_CD_ED _SK<br>TR_MR_FI                 | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                          |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY CLM_TYPE_CD<br>SS_OP_CD_ED<br>TR_MR_FI                      | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                               |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY CLM_NUM_SK<br>SS_OP_CD_ED<br>TR_MR_FI                       | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                  |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY CLM_MR_SQNC<br>SS_OP_CD_ED _NUM<br>TR_MR_FI                 | NUMERIC(1)   | NOT NULL | Yes | No  | CLAIM MEDICAL REVIEW<br>SEQUENCE NUMBER                       |                          |                                                                                                                                                                                                                                                                                                                         |
| CLM_SHRD_SY CLM_OP_CD_ED<br>SS_OP_CD_ED TR_MR_RSN_CD<br>TR_MR_FI        | CHAR(3)      | NULL     | No  | No  | CLAIM OUTPATIENT<br>CODE EDITOR MEDICAL<br>REVIEW REASON CODE | FSSCIDRP-OCE-<br>MR-REAS | OCE Medical<br>Review<br>Reasons - This<br>field identifies<br>the edit<br>returned from<br>the OPPS<br>version of OCE.<br>This is a three-<br>position<br>alphanumeric<br>field that<br>occurs 15<br>times.<br>Value<br>Description<br>' ' No OCE MR<br>reason<br>(default)<br>11 Non-<br>covered service<br>submitted |

|                                        |                                     |            |          |     |     |                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                   |   |   |
|----------------------------------------|-------------------------------------|------------|----------|-----|-----|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| CLM_SHRD_SY<br>SS_OP_CD_ED<br>TR_MR_FI | CLM_MR_DMND                         | CHAR(1)    | NULL     | No  | No  | CLAIM MEDICAL REVIEW<br>DEMAND REVERSAL<br>SWITCH                                         | FSSCIDRP-MR-<br>DEMAND-<br>REVERSAL | Demand bills<br>are bills<br>submitted at<br>the bene's<br>request when<br>the bene<br>disputes the<br>provider's<br>opinion that<br>the bill will not<br>be paid by<br>Medicare.<br>These claims<br>have a<br>condition code<br>of 20.<br>A reversal is<br>when the<br>denial is<br>reversed and<br>the claim is | Y | Y |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | GEO_BENE_SK                         | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                                                     |                                     |                                                                                                                                                                                                                                                                                                                   |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_DT_SGNTR                        | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                                                      |                                     |                                                                                                                                                                                                                                                                                                                   |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_TYPE_CD                         | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                                                           |                                     |                                                                                                                                                                                                                                                                                                                   |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_NUM_SK                          | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                                              |                                     |                                                                                                                                                                                                                                                                                                                   |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_2ND_BENE<br>SSN_HIC_NUM         | CHAR(19)   | NULL     | No  | No  | CLAIM SECOND<br>BENEFICIARY SOCIAL<br>SECURITY NUMBER<br>HEALTH INSURANCE<br>CLAIM NUMBER | FSSCIDRP-BENE-<br>SSN-HIC(2)        | social security<br>number / HIC<br>of the<br>Beneficiary                                                                                                                                                                                                                                                          |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_2ND_BENE<br>_LAST_NAME          | CHAR(15)   | NULL     | No  | No  | CLAIM SECOND<br>BENEFICIARY LAST<br>NAME                                                  | FSSCIDRP-BENE-<br>LAST-NAME(2)      | the last name<br>of the<br>beneficiary                                                                                                                                                                                                                                                                            |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_2ND_BENE<br>_1ST_NAME           | CHAR(10)   | NULL     | No  | No  | CLAIM SECOND<br>BENEFICIARY FIRST<br>NAME                                                 | FSSCIDRP-BENE-<br>FIRST-NAME(2)     | the first name<br>of the<br>beneficiary                                                                                                                                                                                                                                                                           |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_2ND_BENE<br>_MDL_INITL_NA<br>ME | CHAR(1)    | NULL     | No  | No  | CLAIM SECOND<br>BENEFICIARY MIDDLE<br>INITIAL NAME                                        | FSSCIDRP-BENE-<br>MID-INIT(2)       | the<br>Beneficiaries<br>middle initial.                                                                                                                                                                                                                                                                           |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_2ND_BENE<br>_BIRTH_DT           | NUMERIC(8) | NULL     | No  | No  | CLAIM SECOND<br>BENEFICIARY BIRTH<br>DATE                                                 | FSSCIDRP-BENE-<br>DOB(2)            | the birth date<br>of the<br>beneficiary                                                                                                                                                                                                                                                                           |   |   |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_2ND_BENE<br>_SEX_CD             | CHAR(1)    | NULL     | No  | No  | CLAIM SECOND<br>BENEFICIARY SEX CODE                                                      | FSSCIDRP-BENE-<br>SEX(2)            | the sex gender<br>of the<br>beneficiary                                                                                                                                                                                                                                                                           |   |   |

|                                        |                                     |            |          |     |     |                                                                                          |                                 |                                                                                                                                                                                                                                                                  |
|----------------------------------------|-------------------------------------|------------|----------|-----|-----|------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_3RD_BENE<br>_SSN_HIC_NUM        | CHAR(19)   | NULL     | No  | No  | CLAIM THIRD<br>BENEFICIARY SOCIAL<br>SECURITY NUMBER<br>HEALTH INSURANCE<br>CLAIM NUMBER | FSSCIDRP-BENE-<br>SSN-HIC(3)    | social security<br>number / HIC<br>of the<br>Beneficiary                                                                                                                                                                                                         |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_3RD_BENE<br>_LAST_NAME          | CHAR(15)   | NULL     | No  | No  | CLAIM THIRD<br>BENEFICIARY LAST<br>NAME                                                  | FSSCIDRP-BENE-<br>LAST-NAME(3)  | the last name<br>of the<br>beneficiary                                                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_3RD_BENE<br>_1ST_NAME           | CHAR(10)   | NULL     | No  | No  | CLAIM THIRD<br>BENEFICIARY FIRST<br>NAME                                                 | FSSCIDRP-BENE-<br>FIRST-NAME(3) | the first name<br>of the<br>beneficiary                                                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_3RD_BENE<br>_MDL_INITL_NA<br>ME | CHAR(1)    | NULL     | No  | No  | CLAIM THIRD<br>BENEFICIARY MIDDLE<br>INITIAL NAME                                        | FSSCIDRP-BENE-<br>MID-INIT(3)   | the<br>Beneficiaries<br>middle initial.                                                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_3RD_BENE<br>_BIRTH_DT           | NUMERIC(8) | NULL     | No  | No  | CLAIM THIRD<br>BENEFICIARY BIRTH<br>DATE                                                 | FSSCIDRP-BENE-<br>DOB(3)        | the birth date<br>of the<br>beneficiary                                                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_OTHR_BEN<br>E_FISS   | CLM_3RD_BENE<br>_SEX_CD             | CHAR(1)    | NULL     | No  | No  | CLAIM THIRD<br>BENEFICIARY SEX CODE                                                      | FSSCIDRP-BENE-<br>SEX(3)        | the sex gender<br>of the<br>beneficiary                                                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_OTHR_PYR<br>_ADJSTMT | GEO_BENE_SK                         | INTEGER    | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                                                    |                                 |                                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_OTHR_PYR<br>_ADJSTMT | CLM_DT_SGNTR<br>_SK                 | INTEGER    | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                                                     |                                 |                                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_OTHR_PYR<br>_ADJSTMT | CLM_TYPE_CD                         | SMALLINT   | NOT NULL | Yes | Yes | Claim Type Code                                                                          |                                 |                                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_OTHR_PYR<br>_ADJSTMT | CLM_NUM_SK                          | SMALLINT   | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                                             |                                 |                                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_OTHR_PYR<br>_ADJSTMT | CLM_ADJSTMT_<br>SQNC_NUM            | NUMERIC(1) | NOT NULL | Yes | No  | CLAIM ADJUSTMENT<br>SEQUENCE NUMBER                                                      |                                 |                                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_OTHR_PYR<br>_ADJSTMT | CLM_ADJSTD_D<br>OC_CNTL_NUM         | CHAR(23)   | NULL     | No  | No  | CLAIM ADJUSTED<br>DOCUMENT CONTROL<br>NUMBER                                             | FSSCIDRP-ADJ-<br>DCN-ICN        | identifies the<br>document<br>control number<br>of the claim<br>being adjusted.<br>This is the DCN<br>to be adjusted<br>according to<br>the provider.<br>This field<br>matches the<br>XREF DCN, if<br>the provider<br>gave the<br>correct DCN to<br>be adjusted. |

|             |               |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
|-------------|---------------|--------------|------|----|----|------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY | CLM_OTHR_PYR  | CHAR(32)     | NULL | No | No | CLAIM OTHER PAYER<br>NAME                            | FSSCIDRP-<br>PAYERS-NAME | identifies each<br>payer<br>organization<br>from which the<br>provider might<br>expect some<br>payment for<br>the claim                                                                                      |
| SS_OTHR_PYR | _NAME         |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| _ADJSTMT    |               |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| CLM_SHRD_SY | CLM_OTHR_PYR  | CHAR(2)      | NULL | No | No | CLAIM OTHER PAYER<br>TYPE INDICATOR                  | FSSCIDRP-<br>PAYERS-ID   | identifies the<br>type of payer<br>for the next<br>claim.                                                                                                                                                    |
| SS_OTHR_PYR | _TYPE_IND     |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| _ADJSTMT    |               |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| CLM_SHRD_SY | CLM_OTHR_PYR  | DECIMAL(9,2) | NULL | No | No | CLAIM OTHER PAYER<br>PRIOR PAYMENT<br>AMOUNT         | FSSCIDRP-<br>PRIOR-PMT   | the amount the<br>provider has<br>received<br>toward<br>payment of the<br>claim prior to<br>the billing date<br>by the<br>indicated<br>payer, and is<br>required on<br>outpatient<br>claims if<br>applicable |
| SS_OTHR_PYR | _PRIOR_PYMT_A |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| _ADJSTMT    | MT            |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| CLM_SHRD_SY | CLM_OTHR_PYR  | DECIMAL(9,2) | NULL | No | No | CLAIM OTHER PAYER<br>ESTIMATED DUE FROM<br>AMOUNT    | FSSCIDRP-EST-<br>AMT-DUE | the amount<br>estimated by<br>the provider to<br>be still due<br>from the<br>indicated payer<br>(estimated<br>responsibility<br>less prior<br>payments).                                                     |
| SS_OTHR_PYR | _ESTMTD_DUE_  |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| _ADJSTMT    | FROM          |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| CLM_SHRD_SY | CLM_PRVDR_AS  | CHAR(1)      | NULL | No | No | CLAIM PROVIDER<br>ASSIGNMENT OF<br>BENEFIT INDICATOR | FSSCIDRP-<br>ASSIGN-IND  | identifies<br>whether or not<br>the provider<br>has a signed<br>form<br>authorizing the<br>third party<br>payer to pay<br>the provider.<br>N No benefits<br>assigned.<br>Y Benefits<br>assigned              |
| SS_OTHR_PYR | GNMT_BNFTS_I  |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |
| _ADJSTMT    | ND            |              |      |    |    |                                                      |                          |                                                                                                                                                                                                              |

|                         |                        |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
|-------------------------|------------------------|--------------|----------|-----|-----|-------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY             | CLM_PRVDR_RL           | CHAR(1)      | NULL     | No  | No  | CLAIM PROVIDER<br>RELEASE INDICATOR             | FSSCIDRP-REL-<br>IND             | identifies<br>whether or not<br>the provider<br>has on file a<br>signed<br>statement<br>permitting the<br>provider to<br>release data to<br>other<br>organizations in<br>order to<br>adjudicate the<br>claim.<br>Value<br>Description<br>N No release.<br>R Restricted or<br>modified<br>release.<br>Y Yes |
| SS_OTHR_PYR<br>_ADJSTMT | S_IND                  |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | CLM_ADJSTMT_           | CHAR(13)     | NULL     | No  | No  | CLAIM ADJUSTMENT<br>PROVIDER NUMBER             | FSSCIDRP-<br>PROVIDER-<br>NUMBER | the Medicare<br>provider<br>number as<br>assigned by<br>CMS for<br>identification of<br>the provider<br>rendering<br>Medicare<br>services.                                                                                                                                                                 |
| SS_OTHR_PYR<br>_ADJSTMT | PRVDR_NUM              |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | CLM_OVRPMT_R           | CHAR(2)      | NOT NULL | Yes | No  | CLAIM OVERPAYMENT<br>REASON CODE                |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_OVRPMT_<br>RSN_CD    | SN_CD                  |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | SS_Claim_Overp         | VARCHAR(100) | NULL     | No  | No  | CLAIM OVERPAYMENT<br>REASON CODE<br>DESCRIPTION |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_OVRPMT_<br>RSN_CD    | ayment_Rea637 )<br>419 |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | META_SK                | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                           |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_OVRPMT_<br>RSN_CD    |                        |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | META_SRC_SK            | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                 |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_OVRPMT_<br>RSN_CD    |                        |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | GEO_BENE_SK            | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey           |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_PATH_FISS            |                        |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | CLM_DT_SGNTN           | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey            |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_PATH_FISS            | _SK                    |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | CLM_TYPE_CD            | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_PATH_FISS            |                        |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |
| CLM_SHRD_SY             | CLM_NUM_SK             | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                    |                                  |                                                                                                                                                                                                                                                                                                            |
| SS_PATH_FISS            |                        |              |          |     |     |                                                 |                                  |                                                                                                                                                                                                                                                                                                            |

|                             |                                    |              |          |     |    |                                                 |                                  |                                                                                                                                                                                           |
|-----------------------------|------------------------------------|--------------|----------|-----|----|-------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_PATH_FISS | CLM_PATH_SQN<br>C_NUM              | NUMERIC(1)   | NOT NULL | Yes | No | CLAIM PATH SEQUENCE<br>NUMBER                   |                                  |                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_PATH_FISS | CLM_PATH_LCT<br>N_CD_1             | CHAR(2)      | NULL     | No  | No | CLAIM PATH LOCATION<br>CODE                     | FSSCIDRP-<br>CLAIM-PATH-<br>LOC  | the number of<br>the claim path<br>driver                                                                                                                                                 |
| CLM_SHRD_SY<br>SS_PATH_FISS | CLM_PATH_REP<br>S_1                | CHAR(1)      | NULL     | No  | No | CLAIM PATH REPETITION<br>CODE                   | FSSCIDRP-<br>CLAIM-PATH-<br>REPS | an internal field<br>used to ensure<br>the Medical<br>Policy driver is<br>only executed<br>once, unless<br>the claim is<br>forced to re-<br>edit through<br>the Medical<br>Policy driver. |
| CLM_SHRD_SY<br>SS_PATH_FISS | CLM_PATH_FLG<br>G_1                | CHAR(1)      | NULL     | No  | No | CLAIM PATH SWITCH                               | FSSCIDRP-<br>CLAIM-PATH-<br>FLAG | The claim path<br>flag will display<br>a Y when the<br>driver has been<br>successfully<br>completed and<br>a S when the<br>claim is<br>suspended in<br>the driver.                        |
| CLM_SHRD_SY<br>SS_PATH_FISS | CLM_PATH_MO<br>DE_CD               | CHAR(1)      | NULL     | No  | No | CLAIM PATH MODE<br>CODE                         | FSSCIDRP-<br>CLAIM-PATH-<br>MODE | indicates if the<br>claim path<br>location is<br>online or batch -<br>Values O -<br>online, B -<br>Batch                                                                                  |
| CLM_SHRD_SY<br>SS_PRCDR_PA  | CLM_PRCDR_PA<br>Y_RATE_CD          | CHAR(2)      | NOT NULL | Yes | No | CLAIM PROCEDURE PAY<br>RATE CODE                |                                  |                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_PRCDR_PA  | SS_Claim_Proce<br>dure_Pay_R6384 ) | VARCHAR(100) | NULL     | No  | No | CLAIM PROCEDURE PAY<br>RATE CODE<br>DESCRIPTION |                                  |                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_PRCDR_PA  | META_SK                            | INTEGER      | NULL     | No  | No | Metadata SurrogateKey                           |                                  |                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_PRCDR_PA  | META_SRC_SK                        | SMALLINT     | NULL     | No  | No | Metadata Source<br>SurrogateKey                 |                                  |                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_PRCNG_CD  | CLM_PRCNG_CD                       | CHAR(2)      | NOT NULL | Yes | No | CLAIM PRICING CODE                              |                                  |                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_PRCNG_CD  | CLM_PRCNG_CD<br>_DESC )            | VARCHAR(100) | NULL     | No  | No | CLAIM PRICING CODE<br>DESCRIPTION               |                                  |                                                                                                                                                                                           |

|                                                                          |              |          |     |     |                                                   |
|--------------------------------------------------------------------------|--------------|----------|-----|-----|---------------------------------------------------|
| CLM_SHRD_SY META_SK<br>SS_PRCNG_CD                                       | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                             |
| CLM_SHRD_SY META_SRC_SK<br>SS_PRCNG_CD                                   | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                   |
| CLM_SHRD_SY CLM_PTNT_BILL<br>SS_PTNT_FIL_ _FIL_CD<br>BILL_CD             | CHAR(2)      | NOT NULL | Yes | No  | CLAIM PATIENT BILL FILE<br>CODE                   |
| CLM_SHRD_SY SS_Claim_Patien<br>SS_PTNT_FIL_ t_Filed_B638124 )<br>BILL_CD | VARCHAR(100) | NULL     | No  | No  | CLAIM PATIENT BILL FILE<br>CODE DESCRIPTION       |
| CLM_SHRD_SY META_SK<br>SS_PTNT_FIL_<br>BILL_CD                           | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                             |
| CLM_SHRD_SY META_SRC_SK<br>SS_PTNT_FIL_<br>BILL_CD                       | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                   |
| CLM_SHRD_SY CLM_PTNT_VISIT<br>SS_PTNT_VISI _RSN_CD<br>T_RSN_C            | CHAR(2)      | NOT NULL | Yes | No  | CLAIM PATIENT VISIT<br>REASON CODE                |
| CLM_SHRD_SY SS_Claim_Patien<br>SS_PTNT_VISI t_Visit_R638171 )<br>T_RSN_C | VARCHAR(100) | NULL     | No  | No  | CLAIM PATIENT VISIT<br>REASON CODE<br>DESCRIPTION |
| CLM_SHRD_SY META_SK<br>SS_PTNT_VISI<br>T_RSN_C                           | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                             |
| CLM_SHRD_SY META_SRC_SK<br>SS_PTNT_VISI<br>T_RSN_C                       | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                   |
| CLM_SHRD_SY GEO_BENE_SK<br>SS_REISS_MCS                                  | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey             |
| CLM_SHRD_SY CLM_DT_SGNTR<br>SS_REISS_MCS _SK                             | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey              |
| CLM_SHRD_SY CLM_TYPE_CD<br>SS_REISS_MCS                                  | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                   |
| CLM_SHRD_SY CLM_NUM_SK<br>SS_REISS_MCS                                   | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                      |
| CLM_SHRD_SY CLM_REISS_DT<br>SS_REISS_MCS                                 | NUMERIC(8)   | NOT NULL | Yes | No  | CLAIM REISSUE DATE                                |



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|              |                |         |      |    |    |                    |
|--------------|----------------|---------|------|----|----|--------------------|
| CLM_SHRD_SY  | CLM_REISS_TYPE | CHAR(1) | NULL | No | No | CLAIM REISSUE TYPE |
| SS_REISS_MCS |                |         |      |    |    |                    |

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|              |               |         |      |    |    |                       |
|--------------|---------------|---------|------|----|----|-----------------------|
| CLM_SHRD_SY  | CLM_REISS_TRL | CHAR(1) | NULL | No | No | CLAIM REISSUE TRAILER |
| SS_REISS_MCS | R_NUM         |         |      |    |    | NUMBER                |

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|              |                    |         |      |    |    |                                                          |
|--------------|--------------------|---------|------|----|----|----------------------------------------------------------|
| CLM_SHRD_SY  | CLM_ORGNL_BE       | CHAR(9) | NULL | No | No | CLAIM REISSUE ORIGINAL BENEFICIARY INTERNAL CHECK NUMBER |
| SS_REISS_MCS | NE_INTRNL_CH_NUM_1 |         |      |    |    |                                                          |
| CLM_SHRD_SY  | CLM_ORGNL_BE       | CHAR(9) | NULL | No | No | CLAIM REISSUE ORIGINAL BENEFICIARY EXTERNAL CHECK NUMBER |
| SS_REISS_MCS | NE_EXTRNL_CH_NUM_1 |         |      |    |    |                                                          |
| CLM_SHRD_SY  | CLM_REISS_2ND      | CHAR(1) | NULL | No | No | CLAIM REISSUE SECOND CHECK INDICATOR                     |
| SS_REISS_MCS | _CHK_IND           |         |      |    |    |                                                          |

|              |                    |              |      |    |    |                                                       |
|--------------|--------------------|--------------|------|----|----|-------------------------------------------------------|
| CLM_SHRD_SY  | CLM_ORGNL_PR       | CHAR(9)      | NULL | No | No | CLAIM REISSUE ORIGINAL PROVIDER INTERNAL CHECK NUMBER |
| SS_REISS_MCS | VDR_INTRNL_CH_NUM1 |              |      |    |    |                                                       |
| CLM_SHRD_SY  | CLM_ORGNL_PR       | CHAR(9)      | NULL | No | No | CLAIM REISSUE ORIGINAL PROVIDER EXTERNAL CHECK NUMBER |
| SS_REISS_MCS | VDR_EXTRNL_CH_NUM1 |              |      |    |    |                                                       |
| CLM_SHRD_SY  | CLM_REISS_CLR      | CHAR(4)      | NULL | No | No | CLAIM REISSUE CLERK IDENTIFIER                        |
| SS_REISS_MCS | K_ID               |              |      |    |    |                                                       |
| CLM_SHRD_SY  | CLM_ORGNL_BE       | DECIMAL(7,2) | NULL | No | No | CLAIM REISSUE ORIGINAL BENEFICIARY OFFSET AMOUNT      |
| SS_REISS_MCS | NE_OFST_AMT_1      |              |      |    |    |                                                       |

|              |                     |              |          |     |     |                                                |                                 |                                                                                                  |
|--------------|---------------------|--------------|----------|-----|-----|------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY  | CLM_REISS_ORG       | DECIMAL(7,2) | NULL     | No  | No  | CLAIM REISSUE ORIGINAL BENEFICIARY PAID AMOUNT |                                 |                                                                                                  |
| SS_REISS_MCS | NL_BENE_PD_A<br>MT  |              |          |     |     |                                                |                                 |                                                                                                  |
| CLM_SHRD_SY  | CLM_REISS_ORG       | DECIMAL(7,2) | NULL     | No  | No  | CLAIM REISSUE ORIGINAL PROVIDER PAID AMOUNT    |                                 |                                                                                                  |
| SS_REISS_MCS | NL_PRVDR_PD_<br>AMT |              |          |     |     |                                                |                                 |                                                                                                  |
| CLM_SHRD_SY  | CLM_ORGNL_PR        | DECIMAL(7,2) | NULL     | No  | No  | CLAIM REISSUE ORIGINAL PROVIDER OFFSET AMOUNT  |                                 |                                                                                                  |
| SS_REISS_MCS | VDR_OFST_AMT<br>_1  |              |          |     |     |                                                |                                 |                                                                                                  |
| CLM_SHRD_SY  | GEO_BENE_SK         | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey             |                                 |                                                                                                  |
| SS_RLS_RSN_F |                     |              |          |     |     |                                                |                                 |                                                                                                  |
| ISS          |                     |              |          |     |     |                                                |                                 |                                                                                                  |
| CLM_SHRD_SY  | CLM_DT_SGNTR        | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey              |                                 |                                                                                                  |
| SS_RLS_RSN_F | _SK                 |              |          |     |     |                                                |                                 |                                                                                                  |
| ISS          |                     |              |          |     |     |                                                |                                 |                                                                                                  |
| CLM_SHRD_SY  | CLM_TYPE_CD         | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                |                                 |                                                                                                  |
| SS_RLS_RSN_F |                     |              |          |     |     |                                                |                                 |                                                                                                  |
| ISS          |                     |              |          |     |     |                                                |                                 |                                                                                                  |
| CLM_SHRD_SY  | CLM_NUM_SK          | SMALLINT     | NOT NULL | Yes | Yes | Claim Number SurrogateKey                      |                                 |                                                                                                  |
| SS_RLS_RSN_F |                     |              |          |     |     |                                                |                                 |                                                                                                  |
| ISS          |                     |              |          |     |     |                                                |                                 |                                                                                                  |
| CLM_SHRD_SY  | CLM_RLS_RSN_C       | CHAR(5)      | NOT NULL | Yes | No  | CLAIM RELEASE REASON CODE                      | FSSCIDRP-<br>RELEASE-<br>REASON | Authorized Reason Codes -<br>This field identifies the reason code to be authorized for override |
| SS_RLS_RSN_F | D                   |              |          |     |     |                                                |                                 |                                                                                                  |
| ISS          |                     |              |          |     |     |                                                |                                 |                                                                                                  |

|                                                                       |              |          |     |     |                                                                |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------|--------------|----------|-----|-----|----------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY CLM_RSN_CD_O<br>SS_RLS_RSN_F VRRD_OPRTR_ID<br>ISS         | CHAR(9)      | NULL     | No  | No  | CLAIM REASON CODE<br>OVERRIDE OPERATOR<br>IDENTIFIER           | FSSCIDRP-REL-<br>OPER-ID | displays the<br>operator ID of<br>the operator<br>who was<br>authorized to<br>override the<br>reason code |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY GEO_BENE_SK<br>SS_RMRK_VM<br>S                            | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                          |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY CLM_DT_SGNTR<br>SS_RMRK_VM _SK<br>S                       | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                           |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY CLM_TYPE_CD<br>SS_RMRK_VM<br>S                            | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                                |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY CLM_NUM_SK<br>SS_RMRK_VM<br>S                             | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                                   |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY CLM_RMRK_CD_<br>SS_RMRK_VM SQNC_NUM<br>S                  | NUMERIC(1)   | NOT NULL | Yes | No  | CLAIM REMARK CODE<br>SEQUENCE NUMBER                           |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY CLM_RMRK_CD<br>SS_RMRK_VM<br>S                            | CHAR(2)      | NULL     | No  | No  | CLAIM REMARK CODE                                              |                          |                                                                                                           | REMARKS | Two byte VMS<br>values that are<br>tied to<br>messages that<br>will appear on<br>the Remittance<br>Advice (RA)<br>and/or the<br>Medicare<br>Summary<br>Notice (MSN)<br>explaining<br>additional<br>processing<br>done for a line<br>or full claim. |
| CLM_SHRD_SY CLM_SNF_TRNSF<br>SS_SNF_TRNS R_CD<br>FR_CD                | CHAR(2)      | NOT NULL | Yes | No  | CLAIM SKILLED NURSING<br>FACILITY TRANSFER<br>CODE             |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY SS_Claim_Skilled<br>SS_SNF_TRNS _Nursing638077 )<br>FR_CD | VARCHAR(100) | NULL     | No  | No  | CLAIM SKILLED NURSING<br>FACILITY TRANSFER<br>CODE DESCRIPTION |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY META_SK<br>SS_SNF_TRNS<br>FR_CD                           | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                          |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY META_SRC_SK<br>SS_SNF_TRNS<br>FR_CD                       | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                                |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |
| CLM_SHRD_SY CLM_SPCL_PYM<br>SS_SPCL_PYM T_IND_CD<br>T_IND_CD          | CHAR(2)      | NOT NULL | Yes | No  | CLAIM SPECIAL<br>PAYMENT INDICATOR<br>CODE                     |                          |                                                                                                           |         |                                                                                                                                                                                                                                                    |

|                                                                                |              |          |     |     |                                                        |                                                                               |           |                                                                                |
|--------------------------------------------------------------------------------|--------------|----------|-----|-----|--------------------------------------------------------|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|
| CLM_SHRD_SY SS_Claim_Special_Payment63760 )<br>T_IND_CD 7                      | VARCHAR(100) | NULL     | No  | No  | CLAIM SPECIAL<br>PAYMENT INDICATOR<br>CODE DESCRIPTION |                                                                               |           |                                                                                |
| CLM_SHRD_SY META_SK<br>SS_SPCL_PYM<br>T_IND_CD                                 | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                  |                                                                               |           |                                                                                |
| CLM_SHRD_SY META_SRC_SK<br>SS_SPCL_PYM<br>T_IND_CD                             | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                        |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLAIM_SPECIAL_CHAR(1)<br>SS_SPCL_PYM PAYMENT_IN715<br>T_IND_CD 847 | CHAR(1)      | NULL     | No  | No  | CLAIM SPECIAL<br>PAYMENT INDICATOR<br>TYPE CODE        |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_SPLIT_RSN<br>SS_SPLIT_RSN_CD                                   | CHAR(2)      | NOT NULL | Yes | No  | CLAIM SPLIT REASON<br>CODE                             |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_SPLIT_RSN<br>SS_SPLIT_RSN_CD_DESC )<br>CD                      | VARCHAR(100) | NULL     | No  | No  | CLAIM SPLIT REASON<br>CODE DESCRIPTION                 |                                                                               |           |                                                                                |
| CLM_SHRD_SY META_SK<br>SS_SPLIT_RSN<br>CD                                      | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                  |                                                                               |           |                                                                                |
| CLM_SHRD_SY META_SRC_SK<br>SS_SPLIT_RSN<br>CD                                  | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                        |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_STUS_CD<br>SS_STUS_CD                                          | CHAR(2)      | NOT NULL | Yes | No  | CLAIM STATUS CODE                                      |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_STUS_CD_<br>SS_STUS_CD_DESC )                                  | VARCHAR(100) | NULL     | No  | No  | CLAIM STATUS CODE<br>DESCRIPTION                       |                                                                               |           |                                                                                |
| CLM_SHRD_SY META_SK<br>SS_STUS_CD                                              | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                  |                                                                               |           |                                                                                |
| CLM_SHRD_SY META_SRC_SK<br>SS_STUS_CD                                          | SMALLINT     | NULL     | No  | No  | Metadata Source<br>SurrogateKey                        |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_STUS_TYPE<br>SS_STUS_CD_CD                                     | CHAR(1)      | NULL     | No  | No  | CLAIM STATUS TYPE<br>CODE                              |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_STUS_DT<br>SS_STUS_LCT<br>N_HSTRY                              | NUMERIC(8)   | NOT NULL | Yes | No  | CLAIM STATUS DATE                                      | FSSCIDRP-BADT- the date the<br>CURR-DATE- claim when to<br>CYMD this STAT/LOC | STOP-DATE | CCYYDDD The<br>date that the<br>claim was<br>placed in this<br>location/status |
| CLM_SHRD_SY GEO_BENE_SK<br>SS_STUS_LCT<br>N_HSTRY                              | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary<br>SurrogateKey                  |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_DT_SGNTN<br>SS_STUS_LCT_SK<br>N_HSTRY                          | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature<br>SurrogateKey                   |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_TYPE_CD<br>SS_STUS_LCT<br>N_HSTRY                              | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                        |                                                                               |           |                                                                                |
| CLM_SHRD_SY CLM_NUM_SK<br>SS_STUS_LCT<br>N_HSTRY                               | SMALLINT     | NOT NULL | Yes | Yes | Claim Number<br>SurrogateKey                           |                                                                               |           |                                                                                |



|                                       |                             |         |      |    |    |                                              |                           |                                                                                    |                   |                                                                                                                    |
|---------------------------------------|-----------------------------|---------|------|----|----|----------------------------------------------|---------------------------|------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_STUS_LCT<br>N_HSTRY | CLM_LCTN_STUS<br>_CLRK_ID   | CHAR(4) | NULL | No | No | CLAIM LOCATION<br>STATUS CLERK<br>IDENTIFIER | FSSCIDRP-BADT-<br>OPER-ID | the last<br>operator who<br>created or<br>updated (PF9d)<br>this claim             | OPER-ID           | The VMS User<br>ID responsible<br>for the change<br>that caused the<br>claim to go into<br>the location<br>status. |
| CLM_SHRD_SY<br>SS_STUS_LCT<br>N_HSTRY | CLM_LCTN_ACT<br>VTY_CD      | CHAR(1) | NULL | No | No | CLAIM LOCATION<br>ACTIVITY CODE              |                           |                                                                                    |                   |                                                                                                                    |
| CLM_SHRD_SY<br>SS_STUS_LCT<br>N_HSTRY | CLM_STUS_RSN<br>_CD         | CHAR(5) | NULL | No | No | CLAIM STATUS REASON<br>CODE                  | FSSCIDRP-BADT-<br>REAS    | identifies a<br>specific<br>condition<br>detected during<br>processing a<br>record |                   |                                                                                                                    |
| CLM_SHRD_SY<br>SS_STUS_LCT<br>N_HSTRY | CLM_LCTN_PRO<br>GRS_HR_TIME | CHAR(1) | NULL | No | No | CLAIM LOCATION<br>PROGRESS HOUR TIME         |                           |                                                                                    | PROGRESS-<br>HOUR | The system<br>time (hour) the<br>activity was<br>performed.<br>VALID VALUES:<br>hex values for 1<br>- 24           |



|             |               |            |      |    |    |                                               |
|-------------|---------------|------------|------|----|----|-----------------------------------------------|
| CLM_SHRD_SY | CLM_LCTN_DT   | NUMERIC(8) | NULL | No | No | CLAIM LOCATION DATE                           |
| SS_STUS_LCT |               |            |      |    |    |                                               |
| N_HSTRY     |               |            |      |    |    |                                               |
| CLM_SHRD_SY | CLM_PRIOR_STU | CHAR(1)    | NULL | No | No | CLAIM PRIOR STATUS CODE                       |
| SS_STUS_LCT | S_CD          |            |      |    |    |                                               |
| N_HSTRY     |               |            |      |    |    |                                               |
| CLM_SHRD_SY | CLM_LCTN_CMN  | CHAR(3)    | NULL | No | No | CLAIM LOCATION COMMON CODE                    |
| SS_STUS_LCT | _CD           |            |      |    |    |                                               |
| N_HSTRY     |               |            |      |    |    |                                               |
| CLM_SHRD_SY | CLM_STUS_CMN  | CHAR(1)    | NULL | No | No | CLAIM STATUS COMMON CODE                      |
| SS_STUS_LCT | _CD           |            |      |    |    |                                               |
| N_HSTRY     |               |            |      |    |    |                                               |
| CLM_SHRD_SY | CLM_STUS_CRN  | CHAR(1)    | NULL | No | No | CLAIM STATUS CURRENT SWITCH                   |
| SS_STUS_LCT | T_SW          |            |      |    |    |                                               |
| N_HSTRY     |               |            |      |    |    |                                               |
| CLM_SHRD_SY | CLM_LCTN_STUS | CHAR(4)    | NULL | No | No | CLAIM LOCATION STATUS CLERK COMMON IDENTIFIER |
| SS_STUS_LCT | _CLRK_CMN_ID  |            |      |    |    |                                               |
| N_HSTRY     |               |            |      |    |    |                                               |

|              |                  |              |          |     |     |                                                            |                 |                                                                         |
|--------------|------------------|--------------|----------|-----|-----|------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|
| CLM_SHRD_SY  | CLM_SYS_CNTL_    | CHAR(2)      | NOT NULL | Yes | No  | CLAIM SYSTEM CONTROL FACILITY UPDATE RULE CODE             |                 |                                                                         |
| SS_SYS_CNTL_ | FAC_UPDT_RULE    |              |          |     |     |                                                            |                 |                                                                         |
| FAC_UPD      | CD               |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | SS_Claim_Scf_U   | VARCHAR(100) | NULL     | No  | No  | CLAIM SYSTEM CONTROL FACILITY UPDATE RULE CODE DESCRIPTION |                 |                                                                         |
| SS_SYS_CNTL_ | pdate_Rule6384 ) |              |          |     |     |                                                            |                 |                                                                         |
| FAC_UPD      | 18               |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | META_SK          | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                      |                 |                                                                         |
| SS_SYS_CNTL_ |                  |              |          |     |     |                                                            |                 |                                                                         |
| FAC_UPD      |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | META_SRC_SK      | SMALLINT     | NULL     | No  | No  | Metadata Source SurrogateKey                               |                 |                                                                         |
| SS_SYS_CNTL_ |                  |              |          |     |     |                                                            |                 |                                                                         |
| FAC_UPD      |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLAIM_SYSTEM_    | VARCHAR(20)  | NULL     | No  | No  | CLAIM SYSTEM CONTROL FACILITY UPDATE RULE TYPE CODE        |                 |                                                                         |
| SS_SYS_CNTL_ | CONTROL_FAC7     |              |          |     |     |                                                            |                 |                                                                         |
| FAC_UPD      | 15843            |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_USER_ACT     | CHAR(2)      | NOT NULL | Yes | No  | CLAIM USER ACTION CODE                                     |                 |                                                                         |
| SS_USER_ACT  | N_CD             |              |          |     |     |                                                            |                 |                                                                         |
| N_CD         |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_USER_ACT     | VARCHAR(100) | NULL     | No  | No  | CLAIM USER ACTION CODE DESCRIPTION                         |                 |                                                                         |
| SS_USER_ACT  | N_CD_DESC )      |              |          |     |     |                                                            |                 |                                                                         |
| N_CD         |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | META_SK          | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey                                      |                 |                                                                         |
| SS_USER_ACT  |                  |              |          |     |     |                                                            |                 |                                                                         |
| N_CD         |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | META_SRC_SK      | SMALLINT     | NULL     | No  | No  | Metadata Source SurrogateKey                               |                 |                                                                         |
| SS_USER_ACT  |                  |              |          |     |     |                                                            |                 |                                                                         |
| N_CD         |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_USER_ACT     | CHAR(1)      | NULL     | No  | No  | CLAIM USER ACTION TYPE CODE                                |                 |                                                                         |
| SS_USER_ACT  | N_TYPE_CD        |              |          |     |     |                                                            |                 |                                                                         |
| N_CD         |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | GEO_BENE_SK      | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary SurrogateKey                         |                 |                                                                         |
| SS_VMS       |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_DT_SGNTR     | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature SurrogateKey                          |                 |                                                                         |
| SS_VMS       | SK               |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_TYPE_CD      | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code                                            |                 |                                                                         |
| SS_VMS       |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_NUM_SK       | SMALLINT     | NOT NULL | Yes | Yes | Claim Number SurrogateKey                                  |                 |                                                                         |
| SS_VMS       |                  |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_CNTRCTR_     | CHAR(1)      | NULL     | No  | No  | CLAIM CONTRACTOR AREA IDENTIFIER                           | CONTRACTOR-AREA | The Area ID of the Contractor.                                          |
| SS_VMS       | AREA_ID          |              |          |     |     |                                                            |                 |                                                                         |
| CLM_SHRD_SY  | CLM_PYMT_RCP     | CHAR(1)      | NULL     | No  | No  | CLAIM PAYMENT RECIPIENT TYPE CODE                          | CLAIM-TYPE      | Indicates whether the Provider/Supplier or Beneficiary receives payment |
| SS_VMS       | NT_TYPE_CD       |              |          |     |     |                                                            |                 |                                                                         |

|                       |                                        |          |      |    |    |                                                                         |                       |                                                                                                                      |
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| CLM_SHRD_SY<br>SS_VMS | CLM_CARR_RSR<br>V_TXT                  | CHAR(24) | NULL | No | No | CLAIM CARRIER<br>RESERVE TEXT                                           | CARR-RESERVE          | Carrier site specific information. Site specific data. 3-byte field for the carriers' and some DMEPOS.               |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_ER<br>N_BLG_ID               | CHAR(16) | NULL | No | No | CLAIM PROVIDER<br>ELECTRONIC<br>REMITTANCE NOTICE<br>BILLING IDENTIFIER | ERA-BILLER-ID         | Identification number of the Biller to receive the electronic media claim (EMC) transmission.                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_NU<br>M_ON_RA_NUM            | CHAR(10) | NULL | No | No | CLAIM PROVIDER<br>NUMBER ON<br>REMITTANCE ADVICE<br>NUMBER              | PROV-<br>ADDRESSEE    | The provider number of the addressee on the Remittance Advice.                                                       |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_AS<br>CTD_PYEE_PRVD<br>R_NUM | CHAR(10) | NULL | No | No | CLAIM PROVIDER<br>ASSOCIATED PAYEE<br>PROVIDER NUMBER                   | ASSOC-PROV            | A provider number for the associate provider or with a third party payer, the provider number of the organizational  |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_FA<br>C_NUM                  | CHAR(6)  | NULL | No | No | CLAIM PROVIDER<br>FACILITY NUMBER                                       | FACILITY-NBR          | The unique identification number of the facility where the service was rendered. No longer used by DMAC.             |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_RP<br>RSNTV_PYEE_NA<br>ME    | CHAR(24) | NULL | No | No | CLAIM PROVIDER<br>REPRESENTATIVE PAYEE<br>NAME                          | REP-PAYEE             | Name of the Representative Payee.                                                                                    |
| CLM_SHRD_SY<br>SS_VMS | CLM_RPRSNTV_<br>PYEE_NAME              | CHAR(24) | NULL | No | No | CLAIM REPRESENTATIVE<br>PAYEE NAME                                      | ENTERED-REP-<br>PAYEE | Name of an individual or the representative receiving the payment instead of the Beneficiary, Provider, or Supplier. |

|                       |                                        |         |      |    |    |                                                                                                                    |                          |                                                                                                                                                                                                     |
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| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_NE<br>AR_SOUTH_CAR<br>OLINA  | CHAR(1) | NULL | No | No | CLAIM PROVIDER NEAR<br>SOUTH CAROLINA<br>COMPETITIVE BID AREA<br>DEMONSTRATION<br>SWITCH                           | PROV-SA-IND              | Indicates that a<br>provider is in<br>the<br>surrounding<br>area of an<br>active South<br>Carolina<br>Competitive<br>Bid Process<br>(CPBP).                                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_SO<br>UTH_CAROLINA_<br>CBA_D | CHAR(2) | NULL | No | No | CLAIM PROVIDER<br>SOUTH CAROLINA<br>COMPETITIVE BID AREA<br>DEMONSTRATION<br>METROPOLITAN<br>STATISTICAL AREA CODE | MSA-AREA                 | This field<br>displays the<br>Metropolitan<br>Statistical Area<br>(MSA) used in<br>the South<br>Carolina<br>Competitive<br>Bid<br>Demonstration<br>(SCBID).                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_NS<br>C_WTHLD_PYMT<br>_ALERT | CHAR(1) | NULL | No | No | CLAIM PROVIDER NSC<br>WITHHOLD PAYMENT<br>ALERT CODE                                                               | DMERC-NSC-<br>ALERT-CODE | This field<br>designates that<br>payment is to<br>be withheld<br>from the<br>supplier. This<br>information is<br>sent to the<br>DME MAC from<br>the National<br>Supplier<br>Clearinghouse<br>(NSC). |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_NS<br>C_ALERT_ORGN<br>_CD    | CHAR(1) | NULL | No | No | CLAIM PROVIDER NSC<br>ALERT ORIGIN CODE                                                                            | NSC-ALERT-<br>ORIGIN     | This indicates<br>whether the<br>alert code was<br>originated by<br>the National<br>Supplier<br>Clearinghouse<br>(NSC) or by the<br>carrier.                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_NS<br>C_RVW_CD               | CHAR(1) | NULL | No | No | CLAIM PROVIDER NSC<br>REVIEW CODE                                                                                  | NSC-REVIEW-<br>CODE      | Indicates<br>whether there<br>has been a<br>review by the<br>National<br>Supplier<br>Clearinghouse<br>(NSC).                                                                                        |

|                       |                            |          |      |    |    |                                                                      |                            |                                                                                                                                                                     |
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| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_ST<br>MT_NUM     | CHAR(15) | NULL | No | No | CLAIM PROVIDER<br>STATEMENT NUMBER                                   | STATEMENT-<br>NBR          | Provider<br>statement<br>number for the<br>remittance<br>advice (RA).                                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_CMPTR_TE<br>RMNL_ID    | CHAR(4)  | NULL | No | No | CLAIM COMPUTER<br>TERMINAL IDENTIFIER                                | TERMID                     | Identification<br>of the<br>computer<br>terminal on<br>which the<br>activity was<br>keyed.                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_NUM_OF_<br>MSP_CHG_CNT | CHAR(2)  | NULL | No | No | CLAIM NUMBER OF MSP<br>CHANGE COUNT                                  | WHICH-MSP-<br>HIT          | Indicates the<br>number of<br>Medicare<br>Secondary<br>Payer (MSP)<br>field changes.<br>These changes<br>may include<br>adds, edits or<br>deletes.                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_OVRPMT_L<br>TR_NUM     | CHAR(4)  | NULL | No | No | CLAIM OVERPAYMENT<br>LETTER NUMBER                                   | HDR-OVERPMT-<br>MSG-NO     | The Letter<br>Writing System<br>(LTRO) number<br>used to identify<br>a message<br>regarding an<br>overpayment<br>that was sent<br>out in relation<br>to this claim. |
| CLM_SHRD_SY<br>SS_VMS | CLM_MCRFLM_<br>NUM         | CHAR(7)  | NULL | No | No | CLAIM MICROFILM<br>NUMBER                                            | MICRO-IND                  | The microfilm<br>identification<br>number for a<br>claim that has<br>been archived<br>on microfilm.                                                                 |
| CLM_SHRD_SY<br>SS_VMS | CLM_MSP_BENE<br>_STMT_NUM  | CHAR(15) | NULL | No | No | CLAIM MEDICARE<br>SECONDARY PAYER<br>BENEFICIARY<br>STATEMENT NUMBER | BENE-<br>STATEMENT-<br>NBR | Beneficiary<br>statement<br>number for the<br>Medicare<br>Summary<br>Notice (MSN)                                                                                   |

|                       |                                        |          |      |    |    |                                                            |                          |                                                                                                                                                                                                                                                                                                                      |
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| CLM_SHRD_SY<br>SS_VMS | CLM_NSF_VRSN<br>_NUM                   | CHAR(1)  | NULL | No | No | CLAIM NATIONAL<br>STANDARD FORMAT<br>VERSION NUMBER        | NSF-VERSION              | The numerical<br>designation of<br>the version of<br>the National<br>Standard<br>Format (NSF)<br>used. (Really<br>valid now only<br>for old claims<br>as new claims<br>are no longer<br>accepted in this<br>format.)                                                                                                 |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_ONLINE_<br>QUALITY_CON70<br>5840 | CHAR(11) | NULL | No | No | CLAIM ONLINE QUALITY<br>CONTROL CRITERIA SET<br>IDENTIFIER | OQC-BYPASSED-<br>TAG-REC | The unique<br>system<br>generated ID<br>for each set of<br>selection<br>criteria set up<br>in the Online<br>Quality Control<br>(OQC) system.                                                                                                                                                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_XOVR_CLM<br>_NUM                   | CHAR(7)  | NULL | No | No | CLAIM CROSSOVER<br>CLAIM NUMBER                            | RECREATE-SEQ-<br>NBR     | The unique id<br>of a recreated<br>crossover<br>claim. No, this<br>is a sequence<br>number that is<br>used when a<br>crossover claim<br>needs to be<br>rebuilt. It is<br>used in the<br>rebuild process<br>in conjunction<br>with the claim<br>type (A, N),<br>CCN and COBA-<br>ID<br>One piece of a<br>larger group |
| CLM_SHRD_SY<br>SS_VMS | CLM_SRVC_DLV<br>RY_ZIP_CD              | CHAR(2)  | NULL | No | No | CLAIM SERVICE<br>DELIVERY ZIP CODE                         | ZIP-DELIVERY-<br>CODE    | Zip delivery<br>code where<br>service was<br>rendered.                                                                                                                                                                                                                                                               |

|                       |                        |         |      |    |    |                                      |                           |                                                                                                                                                                                                                                                                                                                              |
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| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_PRCSG<br>_CD   | CHAR(1) | NULL | No | No | CLAIM FIRST<br>PROCESSING CODE       | HDR-ADJ-<br>FORCE-CODE(1) | Instructions<br>regarding<br>payment and<br>receivable<br>processing<br>related to this<br>claim.                                                                                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_VMS | CLM_RPLCT_IND          | CHAR(1) | NULL | No | No | CLAIM REPLICATE<br>INDICATOR         | REPLICATE-IND             | Indicates<br>whether or not<br>the claim has<br>been<br>replicated.                                                                                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_DEA<br>TH_IND | CHAR(1) | NULL | No | No | CLAIM BENEFICIARY<br>DEATH INDICATOR | WD-IND                    | Welfare/Death -<br>indicates<br>whether the<br>Beneficiary is<br>deceased and if<br>they have<br>Medicaid or<br>other<br>insurance.                                                                                                                                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_CLN_IND            | CHAR(1) | NULL | No | No | CLAIM CLEAN<br>INDICATOR             | CLEAN-DIRTY-<br>IND       | Identifies<br>whether a<br>claim is to be<br>counted as<br>clean or dirty<br>for workload<br>reporting.<br>Initialized to '1'<br>in Phase I .<br>Y=Dirty<br>N=Clean<br>O=Other than<br>clean<br>R= CWF<br>Recycled<br>Counted as<br>clean but<br>interest is<br>payable as<br>appropriate.<br><br>1=initialized –<br>Phase I |

|                       |                                     |         |      |    |    |                                                         |                           |                                                                                                                                                                                                                                                                      |
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| CLM_SHRD_SY<br>SS_VMS | CLM_BLG_TYPE_<br>IND                | CHAR(1) | NULL | No | No | CLAIM BILLING TYPE<br>INDICATOR                         | BILLING-IND               | Identifies how<br>the claim was<br>submitted.<br>B=beneficiary<br>submitted<br>F= filed using<br>1500 form<br>P= Provider<br>submitted<br>S= filed by<br>sanctioned PAR<br>provider<br>Could not find<br>value "C" or<br>"E".<br>Spaces is only<br>valid in Phase I. |
| CLM_SHRD_SY<br>SS_VMS | CLM_ELCTRNC_S<br>RC_IND             | CHAR(1) | NULL | No | No | CLAIM ELECTRONIC<br>SOURCE INDICATOR                    | CLM-SOURCE-<br>IND-4010   | The source of<br>the claim,<br>electronic vs.<br>paper.                                                                                                                                                                                                              |
| CLM_SHRD_SY<br>SS_VMS | CLM_ADDTNL_D<br>CMTN_LCTN_IN<br>D   | CHAR(1) | NULL | No | No | CLAIM ADDITIONAL<br>DOCUMENTATION<br>LOCATION INDICATOR | DOCUMENT-<br>IND          | Indicates<br>where the<br>additional<br>documentation<br>for the claim is<br>located.                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLM_EMF_FAC_<br>NAME_IND            | CHAR(1) | NULL | No | No | CLAIM EMC FACILITY<br>NAME INDICATOR                    | EMC-FACILITY-<br>NAME-IND | Indicates that<br>the facility<br>submits claims<br>electronically.                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_RFRG_PHY<br>SN_NPI_FRMT_I<br>ND | CHAR(1) | NULL | No | No | CLAIM REFERRING<br>PHYSICIAN NPI FORMAT<br>INDICATOR    | REF-PHYS-NPI-<br>IND      | Indicates<br>whether the<br>NPI was<br>received in the<br>legacy number<br>format.                                                                                                                                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_UTLZTN_ER<br>R_IND              | CHAR(1) | NULL | No | No | CLAIM UTILIZATION<br>ERROR INDICATOR                    | UT-STATUS                 | If populated,<br>indicates that a<br>utilization error<br>occurred.                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_HDR_ERR_I<br>ND                 | CHAR(1) | NULL | No | No | CLAIM HEADER ERROR<br>INDICATOR                         | HEADER-<br>STATUS         | If populated,<br>indicates that<br>an error<br>occurred in the<br>claim header<br>information.                                                                                                                                                                       |



|                       |                              |         |      |    |    |                                                            |                           |                                                                                                                                                                                                                                                                                                              |
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| CLM_SHRD_SY<br>SS_VMS | CLM_TPL_IND                  | CHAR(1) | NULL | No | No | CLAIM THIRD PARTY<br>LIABILITY INDICATOR                   | TPL-SUSP-INV              | Indicates the<br>Third Party<br>Liability held by<br>the Beneficiary<br>which<br>determines the<br>type of savings<br>applied to the<br>TPL-SAVINGS<br>field.                                                                                                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLM_LINE_ERR_I<br>ND         | CHAR(1) | NULL | No | No | CLAIM LINE ERROR<br>INDICATOR                              | LI-EDIT-STATUS            | If populated,<br>indicates that<br>an error<br>occurred on a<br>claim line                                                                                                                                                                                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_LINE_PRCN<br>G_ERR_IND   | CHAR(1) | NULL | No | No | CLAIM LINE PRICING<br>ERROR INDICATOR                      | LI-PRICE-<br>STATUS       | If populated,<br>indicates a<br>pricing EAR                                                                                                                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_UR_IND                   | CHAR(1) | NULL | No | No | CLAIM UTILIZATION<br>REVIEW INDICATOR                      | UT-IND                    | Utilization<br>review<br>indicator                                                                                                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_IHS_PRVDR<br>_IND        | CHAR(1) | NULL | No | No | CLAIM INDIAN HEALTH<br>SERVICE PROVIDER<br>INDICATOR       | INDIAN-HLTH-<br>SVC-IND   | Indicates<br>whether the<br>provider of the<br>claim is<br>considered an<br>Indian Health<br>Service<br>Provider.                                                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_VMS | CLM_ONLN_QC_<br>BYPN_RSN_IND | CHAR(1) | NULL | No | No | CLAIM ONLINE QUALITY<br>CONTROL BYPASS<br>REASON INDICATOR | OQC-BYPASS-<br>REASON-IND | Indicates why<br>the claim was<br>bypassed by<br>the OQC<br>review. M=OQC-<br>MAX-COUNT-<br>REACHED<br>O=OQC-<br>VQCCRIT-OPEN-<br>PROBLEM<br>R=OQC-<br>VQCCRIT-READ-<br>PROBLEM<br>S=OQC-SKIP-<br>FACTOR<br>T=OQC-TABLE-<br>RELOAD<br>W=OQC-BAD-<br>WRITE-<br>VQCDATA-FILE<br>Space=default<br>Internal onli |

|                       |                               |         |      |    |    |                                                              |                       |                                                                                                                                    |
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| CLM_SHRD_SY<br>SS_VMS | CLM_OTAF_AMT<br>_IND          | CHAR(1) | NULL | No | No | CLAIM OBLIGATION TO<br>ACCEPT AS FULL<br>AMOUNT INDICATOR    | OTA-IND               | The amount<br>the<br>physician/suppl<br>ier has agree to<br>accept as per<br>the conditions<br>of their<br>contract.               |
| CLM_SHRD_SY<br>SS_VMS | CLM_ONLN_QC_<br>RPLCT_CLM_IND | CHAR(1) | NULL | No | No | CLAIM ONLINE QUALITY<br>CONTROL REPLICATE<br>CLAIM INDICATOR | OQC-<br>REPLICATE-IND | Indicates<br>whether the<br>claim is a<br>replicate claim<br>for OQC.                                                              |
| CLM_SHRD_SY<br>SS_VMS | CLM_PAY_ORG_I<br>ND           | CHAR(1) | NULL | No | No | CLAIM PAY<br>ORGANIZATION<br>INDICATOR                       | ORGANIZATION-<br>IND  | Indicates that<br>the benefit<br>payment is to<br>be made to an<br><i>organization</i>                                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_MDCR_PR<br>MRY_PYR_IND    | CHAR(1) | NULL | No | No | CLAIM MEDICARE<br>PRIMARY PAYER<br>INDICATOR                 | MSPPAY-TYPE           | Indicates<br>whether<br>Medicare is the<br>primary or<br>secondary<br>payer for a<br>Medicare<br>Secondary<br>Payer (MSP)          |
| CLM_SHRD_SY<br>SS_VMS | CLM_RJCT_IND                  | CHAR(1) | NULL | No | No | CLAIM REJECT<br>INDICATOR                                    | REJECT-IND            | Indicates<br>whether the<br>claim is a<br>return/reject<br>claim                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_PYMT_FLR<br>_IND          | CHAR(1) | NULL | No | No | CLAIM PAYMENT FLOOR<br>INDICATOR                             | PAYMENT-<br>FLOOR-IND | Indicates<br>whether a<br>crossover claim<br>is to be held on<br>the payment<br>floor for the<br>appropriate<br>number of<br>days. |
| CLM_SHRD_SY<br>SS_VMS | CLM_VRSN_IND                  | CHAR(1) | NULL | No | No | CLAIM VERSION<br>INDICATOR                                   | ERN4010-IND           | used for 835<br>versioning                                                                                                         |

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| CLM_SHRD_SY<br>SS_VMS | CLM_QLTY_RVW<br>_IND                | CHAR(1) | NULL | No | No | CLAIM QUALITY REVIEW<br>INDICATOR                    | QUALITY-<br>REVIEW-IND   | Indicates that a<br>claim meets<br>the criteria set<br>up on an EAR<br>(Entity Action<br>Record) and<br>the EAR<br>requires a<br>Medical or<br>Quality review. |
| CLM_SHRD_SY<br>SS_VMS | CLM_OXGN_CER<br>T_LTR_TYPE_IND      | CHAR(1) | NULL | No | No | CLAIM OXYGEN CERT<br>LETTER TYPE INDICATOR           | CERT-SENT-<br>FLAG       | Indicates type<br>of oxygen<br>recertification<br>letter sent.                                                                                                 |
| CLM_SHRD_SY<br>SS_VMS | CLM_VAL_ADD_I<br>ND                 | CHAR(1) | NULL | No | No | CLAIM VALUE ADD<br>INDICATOR                         | TOUCH-BILLING-<br>IND    | Indicates a<br>value has been<br>entered into<br>the billing<br>indicator field<br>during the<br>entry of the<br>claim.                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_TRNEE_IND                       | CHAR(1) | NULL | No | No | CLAIM TRAINEE<br>INDICATOR                           | TRAINING-IND             | Indicates<br>whether the<br>operator is a<br>trainee.                                                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_SUPROP_I<br>ND                  | CHAR(1) | NULL | No | No | CLAIM SUPEROP<br>INDICATOR                           | SUPEROP-IND              | Indicates if a<br>claim has been<br>touched by<br>SUPEROP.                                                                                                     |
| CLM_SHRD_SY<br>SS_VMS | CLM_TEAM_PRC<br>SG_IND              | CHAR(1) | NULL | No | No | CLAIM TEAM<br>PROCESSING INDICATOR                   | TEAM-<br>INDICATOR       | Team<br>processing<br>indicator.                                                                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_RFRG_PHY<br>SN_NAME_RCVD<br>_SW | CHAR(1) | NULL | No | No | CLAIM REFERRING<br>PHYSICIAN NAME<br>RECEIVED SWITCH | REF-PHYS-<br>NAME-IND    | Indicates<br>whether the<br>name of the<br>referring<br>physician has<br>been received.                                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_HLD_ON_P<br>YMT_FLR_SW          | CHAR(1) | NULL | No | No | CLAIM HOLD ON<br>PAYMENT FLOOR<br>SWITCH             | PAY-FLR-EMC-<br>HOLD-IND | Indicates<br>whether to<br>hold EMC<br>Claims on the<br>Payment Floor<br>the same<br>number of days<br>as paper<br>Claims.                                     |
| CLM_SHRD_SY<br>SS_VMS | CLM_NAME_AD<br>R_ERR_SW             | CHAR(1) | NULL | No | No | CLAIM NAME ADDRESS<br>ERROR SWITCH                   | NAME-<br>ADDRESSF        | Indicates if an<br>error fired in<br>relation to the<br>name or<br>address on the<br>claim.                                                                    |

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| CLM_SHRD_SY<br>SS_VMS | CLM_CAN_ADJS<br>TMT_SW   | CHAR(1) | NULL | No | No | CLAIM CAN<br>ADJUSTMENT SWITCH             | 192-EDIT-IND                   | Indicates<br>whether or not<br>a claim can be<br>adjusted prior<br>to being paid.                                                                                                                                                                                                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_CHG_IN_PY<br>EE_SW   | CHAR(1) | NULL | No | No | CLAIM CHANGE IN<br>PAYEE SWITCH            | CHANGE-IN-<br>PAYEE-IND        | Indicates there<br>has been a<br>change of<br>payee.                                                                                                                                                                                                                                                                     |
| CLM_SHRD_SY<br>SS_VMS | CLM_AUTOMTC<br>_ADJST_SW | CHAR(1) | NULL | No | No | CLAIM AUTOMATIC<br>ADJUST SWITCH           | AUTO-ADJ-IND                   | Indicator used<br>for RAC<br>automated<br>adjustment<br>claims. R=RAC<br>This is the only<br>value at this<br>time however<br>as this process<br>is expanded to<br>other types of<br>automated<br>adjustments<br>there will be<br>other values.<br>Won't know<br>the other<br>values until the<br>process is fully<br>de |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVS_OVR<br>PMT_IND  | CHAR(1) | NULL | No | No | CLAIM PREVIOUS<br>OVERPAYMENT<br>INDICATOR | OVER-<br>PAYMENT-IND           | Indicates<br>whether or not<br>an<br>overpayment<br>had previously<br>occurred for<br>this Beneficiary<br>and determines<br>if this claim<br>should be<br>offset by the<br>prior<br>overpayment<br>amount.                                                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRNT_CLM<br>_DNL_SW  | CHAR(1) | NULL | No | No | CLAIM PARENT CLAIM<br>DENIAL SWITCH        | CLM-NOT-<br>DENIED-192-<br>IND | Indicates<br>whether the<br>mother claim<br>of an<br>adjustment has<br>been denied.                                                                                                                                                                                                                                      |

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| CLM_SHRD_SY<br>SS_VMS | CLM_MDCL_UR_<br>RVRSL_SW                | CHAR(1) | NULL | No | No | CLAIM MEDICAL<br>UTILIZATION REVIEW<br>REVERSAL SWITCH                                             | REVERSAL-<br>INDICATOR | Indicates if the<br>medical<br>review/utilizati<br>on review<br>(MRUR) causes<br>a reversal of<br>the initial<br>decision.            |
| CLM_SHRD_SY<br>SS_VMS | CLM_EMCC_ADDT<br>NL_PRCSSG_SW           | CHAR(1) | NULL | No | No | CLAIM EMC ADDITIONAL<br>PROCESSING SWITCH                                                          | ADS-EMC-<br>PROCESS    | This field<br>designates an<br>Electronic<br>Media Claims<br>(EMC) claim<br>that requires<br>additional<br>information<br>before      |
| CLM_SHRD_SY<br>SS_VMS | CLM_NOTE_ATC<br>HMNT_SW                 | CHAR(1) | NULL | No | No | CLAIM NOTE<br>ATTACHMENT SWITCH                                                                    | NOC-NOTE-IND           | Indicates<br>whether a note<br>is attached to<br>the claim.                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_SUPPLR_EX<br>MPT_FROM_SO<br>UTH_CAR | CHAR(1) | NULL | No | No | CLAIM SUPPLIER<br>EXEMPT FROM SOUTH<br>CAROLINA COMPETITIVE<br>BID AREA<br>DEMONSTRATION<br>SWITCH | PHYS-SUPPLIER-<br>IND  | Identifies if the<br>Provider/Suppli<br>er is exempt<br>from the South<br>Carolina<br>Competitive<br>Bid<br>Demonstration<br>(SCBID). |
| CLM_SHRD_SY<br>SS_VMS | CLM_COB_CREA<br>T_PROC_SW               | CHAR(1) | NULL | No | No | CLAIM COB CREATE<br>PROCESS SWITCH                                                                 | COBC-<br>RECREATE-IND  | Indicates the<br>claim was<br>created by the<br>COBC recreate<br>process.                                                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_HSEBND_B<br>ENE_SW                  | CHAR(1) | NULL | No | No | CLAIM HOUSEBOUND<br>BENEFICIARY SWITCH                                                             | HOME-IND               | Indicates<br>whether the<br>Beneficiary is<br>homebound.                                                                              |
| CLM_SHRD_SY<br>SS_VMS | CLM_SPRSN_CO<br>B_MDCCD_XOVR_<br>SW     | CHAR(1) | NULL | No | No | CLAIM SUPPRESSION<br>COB MEDICAID<br>CROSSOVER SWITCH                                              | BOI-MC-SUPP-<br>IND    | Indicates<br>whether to<br>suppress COBA<br>Medicaid when<br>a current<br>Crossover<br>Claims is<br>written.                          |

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| CLM_SHRD_SY<br>SS_VMS | CLM_EXPRESS_A<br>DJSTMTS_SW   | CHAR(1) | NULL | No | No | CLAIM EXPRESS<br>ADJUSTMENTS SWITCH                 | XADJ-IND                       | Indicates whether the claim was adjusted through Express Adjustments (XADJ)                                                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_RPLY_RVW<br>_SW           | CHAR(1) | NULL | No | No | CLAIM REPLY REVIEW<br>SWITCH                        | CLAIM-REPLY-<br>REVIEW         | When populated, indicates that the claim has received a system edit that requires a letter be sent requesting a reply.                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_SPLMTL_IN<br>SRNC_XOVR_SW | CHAR(1) | NULL | No | No | CLAIM SUPPLEMENTAL<br>INSURANCE CROSSOVER<br>SWITCH | MEDIGAP-<br>XOVR-SW            | Indicates whether this claim is a Medigap or crossover claim.                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_SPRSN_RM<br>TNC_SW        | CHAR(1) | NULL | No | No | CLAIM SUPPRESSION<br>REMITTANCE SWITCH              | SUPP-REMIT-<br>IND             | Indicator that the remittance is being suppressed. Values N or Y. These are the only possible values. Phase I file will contain spaces. |
| CLM_SHRD_SY<br>SS_VMS | CLM_SPRSN_RA<br>_SW           | CHAR(1) | NULL | No | No | CLAIM SUPPRESSION<br>REMITTANCE ADVICE<br>SWITCH    | REMIT-<br>SUPPRESS-IND         | Indicates whether the system is to suppress the remittance advice for the unassigned provider.                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_LFTM_PRC<br>DR_SW         | CHAR(1) | NULL | No | No | CLAIM LIFETIME<br>PROCEDURE SWITCH                  | LIFETIME-<br>PROCEDURE-<br>IND | Designates whether the claim includes a service that can be performed once during a lifetime.                                           |

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| CLM_SHRD_SY<br>SS_VMS | CLM_OTHR_PR<br>MRY_INSRNC_S<br>W       | CHAR(1)  | NULL | No | No | CLAIM OTHER PRIMARY<br>INSURANCE SWITCH                                    | OTHER-PRIM-<br>INS          | Indicates<br>whether or not<br>the Beneficiary<br>has other<br>primary<br>insurance.                                                                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_NSC_SUPL<br>R_ALERT_SW             | CHAR(1)  | NULL | No | No | CLAIM NSC SUPPLIER<br>ALERT SWITCH                                         | NSC-SDP-SW                  | The action to<br>be taken on a<br>claim whose<br>provider has<br>been placed on<br>alert                                                                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_ONLINE_<br>QUALITY_CON70<br>5962 | CHAR(11) | NULL | No | No | CLAIM ONLINE QUALITY<br>CONTROL BYPASS<br>SWITCH                           | OQC-TAG-REC                 | Indicates that<br>the claim has<br>been through<br>the Online<br>Quality Control<br>(OQC) review.                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_DMERC_M<br>DFR_UPDT_SW             | CHAR(1)  | NULL | No | No | CLAIM DMERC<br>MODIFIER UPDATE<br>SWITCH                                   | DMERC-KMOD-<br>UPDT-IND     | Indicates<br>whether a<br>Durable<br>Medical<br>Equipment<br>Claim (DMERC)<br>has been used<br>in updating the<br>associated "K"<br>modifier<br>(KMOD) on the<br>Certificate for<br>Medical<br>Necessity<br>(CMN). |
| CLM_SHRD_SY<br>SS_VMS | CLM_SOUTH_CA<br>ROLINA_CBA_DE<br>MO_SW | CHAR(1)  | NULL | No | No | CLAIM SOUTH<br>CAROLINA COMPETITIVE<br>BID AREA<br>DEMONSTRATION<br>SWITCH | SCBID-IND                   | This field<br>indicates if a<br>claim was part<br>of the South<br>Carolina<br>Competitive<br>Bid<br>Demonstration<br>(SCBID).                                                                                      |
| CLM_SHRD_SY<br>SS_VMS | CLM_ENT_ACTN<br>_REC_RVW_SW            | CHAR(1)  | NULL | No | No | CLAIM ENTITY ACTION<br>RECORD REVIEW<br>SWITCH                             | CLAIM-EAR-<br>REVIEW        | Indicates<br>whether a<br>claim that has<br>been stopped<br>by an EAR has<br>been reviewed.                                                                                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_AUTOMTC<br>_DVLPMT_SYS_S<br>W      | CHAR(1)  | NULL | No | No | CLAIM AUTOMATIC<br>DEVELOPMENT SYSTEM<br>SWITCH                            | THIS-IS-AN-ADS-<br>CLAIM-SW | Indicates<br>whether or not<br>the claim is an<br>ADS claim.                                                                                                                                                       |

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| CLM_SHRD_SY<br>SS_VMS | CLM_DUP_PRCR<br>R_ERR_SW              | CHAR(1) | NULL | No | No | CLAIM DUPLICATE<br>PROCEDURE ERROR<br>SWITCH           | DUPE-STATUS           | If populated,<br>indicates that a<br>duplicate<br>procedure<br>error occurred.                                                                                            |
| CLM_SHRD_SY<br>SS_VMS | CLM_RVW_FOR_<br>DUP_PRCR_SW           | CHAR(1) | NULL | No | No | CLAIM REVIEW FOR<br>DUPLICATE PROCEDURE<br>SWITCH      | CLAIM-DUPE-<br>REVIEW | When<br>populated,<br>indicates that<br>the claim has<br>been reviewed<br>for duplication<br>of procedures.                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_CLM_CNTL_<br>_NUM_SQNC_ER<br>R_SW | CHAR(1) | NULL | No | No | CLAIM CLAIM CONTROL<br>NUMBER SEQUENCE<br>ERROR SWITCH | SEQUENCE-<br>REVIEW   | Indicates that<br>an edit was<br>received on the<br>claim control<br>number (CCN)<br>because the<br>CCN is not<br>within the<br>sequence of<br>claims being<br>processed. |
| CLM_SHRD_SY<br>SS_VMS | CLM_HIC_NUM_<br>EDIT_SW               | CHAR(1) | NULL | No | No | CLAIM HIC NUMBER<br>EDIT SWITCH                        | HICN-REVIEW           | When<br>populated,<br>indicates an<br>edit was<br>received in<br>relation to the<br>HICN                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_DT_OF_RC<br>PT_RVW_SW             | CHAR(1) | NULL | No | No | CLAIM DATE OF RECEIPT<br>REVIEW SWITCH                 | DOR-REVIEW            | When<br>populated,<br>indicates an<br>edit was<br>received in<br>relation to the<br>claim's Date Of<br>Receipt.                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_UR_SW                             | CHAR(1) | NULL | No | No | CLAIM UTILIZATION<br>REVIEW SWITCH                     | CLAIM-UT-<br>REVIEW   | When<br>populated,<br>indicates that<br>the claim has<br>had a<br>utilization<br>review which<br>consists of<br>utilization error<br>codes and<br>utilization<br>types.   |



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| CLM_SHRD_SY<br>SS_VMS | CLM_MLT_SCND<br>RY_PYR_RVW_S<br>W | CHAR(1) | NULL | No | No | CLAIM MULTI<br>SECONDARY PAYER<br>REVIEW SWITCH   | CLAIM-MULT-<br>MSP-REVIEW | When populated, indicates that the entire claim has been reviewed for Multiple MSP situations.                                                                    |
| CLM_SHRD_SY<br>SS_VMS | CLM_PAPER_CL<br>M_APRVL_SW        | CHAR(1) | NULL | No | No | CLAIM PAPER CLAIM<br>APPROVAL SWITCH              | PAPER-CLM-<br>REVIEW      | When populated, indicates that the claim has been reviewed and approved for being sent in as a paper claim.                                                       |
| CLM_SHRD_SY<br>SS_VMS | CLM_RVW_SW                        | CHAR(1) | NULL | No | No | CLAIM REVIEW SWITCH                               | CLAIM-REVIEW              | An indicator showing that the claim has been reviewed for certain edits.                                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_PAY_BENE<br>_RPRSNTV_SW       | CHAR(1) | NULL | No | No | CLAIM PAY BENEFICIARY<br>REPRESENTATIVE<br>SWITCH | REP-PAYEE-IND             | Indicates whether a payment for a Beneficiary should be sent directly to the Beneficiary or the Beneficiary's representative.                                     |
| CLM_SHRD_SY<br>SS_VMS | CLM_PYMT_ASG<br>N_TO_PRVDR_S<br>W | CHAR(1) | NULL | No | No | CLAIM PAYMENT<br>ASSIGN TO PROVIDER<br>SWITCH     | BENEF-ASGN-<br>BOX-13     | Indicates whether or not the Beneficiary signed the claim in box 13. If so, payment is made to the Provider/Supplier. If not, payment is made to the Beneficiary. |

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| CLM_SHRD_SY<br>SS_VMS | CLM_HMO_INVL<br>VMT_SW                 | CHAR(1) | NULL | No | No | CLAIM HMO<br>INVOLVEMENT SWITCH                              | HMO-<br>INVOLVEMENT         | Indicates<br>whether or not<br>the dates of<br>service are<br>within the<br>HMO effective<br>dates for<br>Beneficiary's<br>who belong to<br>CLAIM |
| CLM_SHRD_SY<br>SS_VMS | CLM_BATCH_CY<br>C_ENT_ACTN_RE<br>C_SW  | CHAR(1) | NULL | No | No | CLAIM BATCH CYCLE<br>ENTITY ACTION RECORD<br>SWITCH          | HDR-EAR-BENE-<br>BA         | Indicates that<br>an EAR has<br>been triggered<br>in the batch<br>cycle.                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_ONLINE_<br>PROCESSING_70<br>5998 | CHAR(1) | NULL | No | No | CLAIM ONLINE<br>PROCESSING ENTITY<br>ACTION RECORD<br>SWITCH | HDR-EAR-BENE-<br>OL         | Indicates that<br>an EAR has<br>been triggered<br>during online<br>processing.                                                                    |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRIVCY_SW                          | CHAR(1) | NULL | No | No | CLAIM PRIVACY SWITCH                                         | PRIVACY-IND                 | Indicates<br>whether or not<br>information<br>about the claim<br>may be<br>released by the<br>provider.                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRINT_PAP<br>ER_RMTNC_IND          | CHAR(1) | NULL | No | No | CLAIM PRINT PAPER<br>REMITTANCE<br>INDICATOR                 | PAPER-REMIT-<br>SUPPRESS    | Indicates<br>whether to<br>print a full or<br>partial remit, or<br><i>none at all</i>                                                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_NPI_PLC_H<br>LDR_SW                | CHAR(1) | NULL | No | No | CLAIM NPI PLACE<br>HOLDER SWITCH                             | HDR-<br>PLACEHOLDER-<br>NPI | Indicates<br>whether or not<br>the claim was<br>processed with<br>an NPI<br>placeholder.                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_WTHLD_IN<br>D                      | CHAR(1) | NULL | No | No | CLAIM WITHHOLD<br>INDICATOR                                  | 1099-<br>WITHHOLD-IND       | Indicates the<br>type of<br>withholding<br>applied to the<br><i>name</i>                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_MSN_SPRS<br>N_NAME_SW              | CHAR(1) | NULL | No | No | CLAIM MSN<br>SUPPRESSION NAME<br>SWITCH                      | BOI-MSN-SUPP-<br>NAME-IND   | Indicates<br>whether to<br>suppress<br>printing of the<br>trading partner<br>name on the<br>Medicare<br>Summary<br>Notice (MSN).                  |

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| CLM_SHRD_SY<br>SS_VMS | CLM_PYMT_PG<br>M_SW                    | CHAR(1) | NULL | No | No | CLAIM PAYMENT<br>PROGRAM SWITCH                                                 | CHOICE-IND              | Indicates<br>whether or not<br>the Beneficiary<br>is involved in<br>the Choices<br>payment<br>program.           |
| CLM_SHRD_SY<br>SS_VMS | CLM_SGNTR_CD                           | CHAR(1) | NULL | No | No | CLAIM SIGNATURE CODE                                                            | SIGNATURE-<br>CODE      | Indicates<br>where the<br>patient's<br>signature is on<br>the claim form<br>and how it was<br>generated.         |
| CLM_SHRD_SY<br>SS_VMS | CLM_NOTE_TYP<br>E_CD                   | CHAR(1) | NULL | No | No | CLAIM NOTE TYPE CODE                                                            | NOTEPAD-IND             | The type of<br>note in<br>Notepad.                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_ENTLMT_R<br>SN_CD                  | CHAR(1) | NULL | No | No | CLAIM ENTITLEMENT<br>REASON CODE                                                | ENTITLEMENT-<br>IND     | Indicates the<br>reason for the<br>entitlement.                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_REBUNDLI<br>NG_RVW_TYPE_<br>CD     | CHAR(1) | NULL | No | No | CLAIM REBUNDLING<br>REVIEW TYPE CODE                                            | REBUND-<br>REVIEW       | Indicates the<br>type of review<br>that was done<br>for rebundling.                                              |
| CLM_SHRD_SY<br>SS_VMS | CLM_DEATH_WL<br>FR_CD                  | CHAR(1) | NULL | No | No | CLAIM DEATH WELFARE<br>CODE                                                     | ENTERED-WELF-<br>DEATH  | Indicates<br>whether the<br>Beneficiary is<br>deceased and if<br>they have<br>Medicaid or<br>other<br>insurance. |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_SOUTH_<br>CAROLINA_COM<br>706022 | CHAR(1) | NULL | No | No | CLAIM SOUTH<br>CAROLINA COMPETITIVE<br>BID AREA<br>DEMONSTRATION<br>LETTER CODE | BENE-STRIKE-<br>IND     |                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_MEDICA<br>RE_SECONDARY<br>706024 | CHAR(3) | NULL | No | No | CLAIM MEDICARE<br>SECONDARY PAYER<br>REPORT CATEGORY<br>CODE                    | MSP-RPT-<br>CATEGORY    | Indicates which<br>Medicare<br>Secondary<br>Payer (MSP)<br>report the<br>information is<br>to appear on.         |
| CLM_SHRD_SY<br>SS_VMS | CLM EMC_CLM_<br>CREAT_DT               | CHAR(7) | NULL | No | No | CLAIM EMC CLAIM<br>CREATE DATE                                                  | EMC-SUB-<br>CREATE-DATE | The EMC file<br>creation date.                                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_INP_DT                             | CHAR(7) | NULL | No | No | CLAIM INPUT DATE                                                                | DATE-ENTERED            | The date the<br>claim was<br>entered into<br>the system.                                                         |

|                       |                                        |         |      |    |    |                                                               |                           |                                                                                                                                |
|-----------------------|----------------------------------------|---------|------|----|----|---------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_VMS | CLM_INITL_AUT<br>OMTC_DVLPMT_<br>SYS_M | CHAR(7) | NULL | No | No | CLAIM INITIAL<br>AUTOMATIC<br>DEVELOPMENT SYSTEM<br>MAIL DATE | INITIAL-ADS-<br>MAIL-DATE | The date the<br>first ADS letter<br>was mailed.                                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLM_CRNT_STU<br>S_CD                   | CHAR(2) | NULL | No | No | CLAIM CURRENT STATUS<br>CODE                                  | STATUS-CURR               | Indicates the<br>current status<br>of a claim.                                                                                 |
| CLM_SHRD_SY<br>SS_VMS | CLM_CRNT_LCT<br>N_CD                   | CHAR(2) | NULL | No | No | CLAIM CURRENT<br>LOCATION CODE                                | LOCATION-<br>CURR         | Indicates<br>where a claim<br>currently<br>resides in the<br>claim process.                                                    |
| CLM_SHRD_SY<br>SS_VMS | CLM_CRNT_STU<br>S_DT                   | CHAR(7) | NULL | No | No | CLAIM CURRENT STATUS<br>DATE                                  | STOP-DATE-<br>CURR        | The system<br>date the claim<br>was placed into<br>the current<br>location /<br>status.                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVS_LCTN<br>_CD                   | CHAR(2) | NULL | No | No | CLAIM PREVIOUS<br>LOCATION CODE                               | LOCATION-<br>PREV         | The previous<br>location of a<br>claim.                                                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVS_STUS<br>_CD                   | CHAR(2) | NULL | No | No | CLAIM PREVIOUS<br>STATUS CODE                                 | STATUS-PREV               | The previous<br>status of a<br>claim.                                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVS_STUS<br>_DT                   | CHAR(7) | NULL | No | No | CLAIM PREVIOUS<br>STATUS DATE                                 | STOP-DATE-<br>PREV        | The system<br>date the claim<br>was placed into<br>the previous<br>location /<br>status.                                       |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_ONLINE_<br>QUALITY_CON70<br>6046 | CHAR(2) | NULL | No | No | CLAIM ONLINE QUALITY<br>CONTROL CLAIM STATUS<br>CODE          | OQC-STATUS                | This is a two-<br>byte field used<br>to further<br>define the<br>location a claim<br>is in, in the<br>claim payment<br>process |
| CLM_SHRD_SY<br>SS_VMS | CLM_ONLN_QC_<br>CLM_LCTN_CD            | CHAR(2) | NULL | No | No | CLAIM ONLINE QUALITY<br>CONTROL CLAIM<br>LOCATION CODE        | OQC-LOCATION              | This is a two-<br>byte field<br>indicating<br>where a claim<br>currently<br>resides in the<br>claim process.                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_ONLN_QC_<br>USER_ID                | CHAR(8) | NULL | No | No | CLAIM ONLINE QUALITY<br>CONTROL USER<br>IDENTIFIER            | OQC-USER-ID               | The identifying<br>number of the<br>operator<br>working the<br>claim.                                                          |

|                       |                                        |          |      |    |    |                                                      |                |                                                                                                                                                                                                                                                                    |
|-----------------------|----------------------------------------|----------|------|----|----|------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_OTHR<br>_CARR_NUM              | CHAR(15) | NULL | No | No | CLAIM FIRST OTHER<br>CARRIER NUMBER                  | COMP-INS-NBR   | The insurance number of the other or complementary insurance carried by the Beneficiary.                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_2ND_OTHR<br>_CARR_NUM              | CHAR(15) | NULL | No | No | CLAIM SECOND OTHER<br>CARRIER NUMBER                 | COMP-INS-NBR2  | No longer used by DMAC.                                                                                                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_OTHR<br>_CARR_TYPE_CD          | CHAR(1)  | NULL | No | No | CLAIM FIRST OTHER<br>CARRIER TYPE CODE               | COMP-INS-CODE  | Indicates the type of other insurance the Beneficiary has and is related to the COMP-INS-NBR field.                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_OTHER_C<br>ARRIER_TYPE706<br>060 | CHAR(1)  | NULL | No | No | CLAIM SECOND OTHER<br>CARRIER TYPE CODE              | COMP-INS-CODE2 | No longer used by DMAC.                                                                                                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_VMS | CLM_COINSRNC<br>_CARR_ID               | CHAR(15) | NULL | No | No | CLAIM COINSURANCE<br>CARRIER IDENTIFIER              | COIN-ID-1      | Identification number for a complementary insurance carrier                                                                                                                                                                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_COINSRNC<br>_CARR_NAME             | CHAR(33) | NULL | No | No | CLAIM COINSURANCE<br>CARRIER NAME                    | COIN-NAME-1    | Name of the complementary insurance carrier in the COIN-ID-1 field.                                                                                                                                                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_OTHR<br>_PYR_SRC_OF_P<br>YMT_C | CHAR(1)  | NULL | No | No | CLAIM FIRST OTHER<br>PAYER SOURCE OF<br>PAYMENT CODE | SRC-OF-PAY     | Indicates from which entity payment is required when the payment is to be from an "other payer".<br>D= BOI-MEDICAID-ONLY AND NO-CLAIMS-CROSSED<br>F= BOI-COBA-IND > SPACES<br>If the claim is not a crossover claim, the field will be populated with spaces only. |

|                       |                                        |              |      |    |    |                                                                      |                     |                                                                                                                                                                    |
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| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_COB_<br>CNTRCTR_TYPE_<br>CD    | CHAR(1)      | NULL | No | No | CLAIM FIRST COB<br>CONTRACTOR TYPE<br>CODE                           | BOI-COBA-IND        | Indicates the type of COBA contractor for the crossover claim being handled by the Coordination of Benefits Contractor (COBC).                                     |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_MEDICA<br>RE_SECONDARY<br>706082 | CHAR(1)      | NULL | No | No | CLAIM FIRST MEDICARE<br>SECONDARY PAYER<br>ACTION CODE               | MSP-DEV-<br>SWITCH  | Action to be taken on an MSP claim.                                                                                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_MEDICA<br>RE_SECONDARY<br>706086 | DECIMAL(2)   | NULL | No | No | CLAIM FIRST MEDICARE<br>SECONDARY PAYER<br>INTERNAL TRACKING<br>CODE | MSP-OCC-<br>MATCHED | Links to MSP Code definition which is for MSP Insurance. This field is used for Medicare Secondary Payer (MSP) internal tracking.                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_MSN_IND                            | CHAR(1)      | NULL | No | No | CLAIM MEDICARE<br>SUMMARY NOTICE<br>INDICATOR                        | EOB-IND             | Indicates whether a Medicare Secondary Payer (MSP) Medicare Summary Notice (MSN) has been attached and whether or not if attached it is conditional or applicable. |
| CLM_SHRD_SY<br>SS_VMS | CLM_TPL_ALLOW<br>D_AMT                 | DECIMAL(7,2) | NULL | No | No | CLAIM THIRD PARTY<br>LIABILITY ALLOWED<br>AMOUNT                     | TPL-ALLOWED         | Amount the primary insurance allows when Medicare is the secondary payer. TPL - Third Party Liability.                                                             |

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| CLM_SHRD_SY<br>SS_VMS | CLM_MSP_RSLT<br>N_TYPE_CD               | CHAR(1)      | NULL | No | No | CLAIM MSP<br>RESOLUTION TYPE CODE                                | RESOLUTION                       | The resolution of how Medicare is to pay a claim with Medicare Secondary Payer (MSP).                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_MSP_TYPE<br>CD                      | CHAR(1)      | NULL | No | No | CLAIM MSP TYPE CODE                                              | WORK-COMP                        | Type of MSP Insurance                                                                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_ANSI_RSN_<br>CD_TOT_LINE_A<br>MT    | DECIMAL(7,2) | NULL | No | No | CLAIM ANSI REASON<br>CODE TOTAL LINE<br>AMOUNT                   | TOT-LINE-ANSI-<br>AMTS           | This is the total dollar amount pertaining to the ANSI reason code for the line. This is a header field that holds the sum of all of the line ANSI amounts. Total amount includes denied lines because the denied line has to account for all the pieces of the |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_ACN_<br>T_RCVBL_OFST_<br>AMT   | DECIMAL(7,2) | NULL | No | No | CLAIM BENEFICIARY<br>ACCOUNT RECEIVABLE<br>OFFSET AMOUNT         | AMT-OFFSET-<br>BENE              | Benefit amount used to offset an outstanding account receivable owed by the Beneficiary.                                                                                                                                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_PRIO_<br>R_INTRST_PYMT<br>AMT  | DECIMAL(7,2) | NULL | No | No | CLAIM BENEFICIARY<br>PRIOR INTEREST<br>PAYMENT AMOUNT            | PRIOR-<br>INTEREST-PAID-<br>BENE | Prior interest paid to the Beneficiary.                                                                                                                                                                                                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_RM_<br>NG_DDCTBL_AM<br>T       | DECIMAL(5,2) | NULL | No | No | CLAIM BENEFICIARY<br>REMAINING<br>DEDUCTIBLE AMOUNT              | REMAIN-DED                       | Remaining Beneficiary deductible.                                                                                                                                                                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_PSYC_<br>H_DDCTBL_APLD<br>_AMT | DECIMAL(7,2) | NULL | No | No | CLAIM BENEFICIARY<br>PSYCHIATRIC<br>DEDUCTIBLE APPLIED<br>AMOUNT | AMT-TO-PSYCH                     | Amount applied to the Beneficiary's yearly PSYCH (Psychiatric) deductible                                                                                                                                                                                       |

|                       |                                        |              |      |    |    |                                                                           |                      |                                                                                                                                           |
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| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_PT_<br>DDCTBL_APLD_A<br>MT    | DECIMAL(7,2) | NULL | No | No | CLAIM BENEFICIARY<br>PHYSICAL THERAPY<br>DEDUCTIBLE APPLIED<br>AMOUNT     | AMT-TO-PT            | Amount<br>applied to the<br>Beneficiary's<br>yearly PT<br>(Physical<br>Therapy)<br>deductible                                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_OT_<br>DDCTBL_APLD_A<br>MT    | DECIMAL(7,2) | NULL | No | No | CLAIM BENEFICIARY<br>OCCUPATIONAL<br>THERAPY DEDUCTIBLE<br>APPLIED AMOUNT | AMT-TO-OT            | Amount<br>applied to the<br>Beneficiary's<br>yearly OT<br>(Occupational<br>Therapy)<br>deductible                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_BLOOD_DD<br>CTBL_PNTS_APL<br>D_AMT | DECIMAL(1)   | NULL | No | No | CLAIM BLOOD<br>DEDUCTIBLE PINTS<br>APPLIED AMOUNT                         | BLOOD-TO-DED         | Units (pints) of<br>blood applied<br>to the blood<br>deductible.                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_CHK_NUM                            | CHAR(7)      | NULL | No | No | CLAIM CHECK NUMBER                                                        | CHECK-NBR            | The check<br>number of the<br>claim payment.                                                                                              |
| CLM_SHRD_SY<br>SS_VMS | CLM_ESTMTD_D<br>DCTBL_APLD_A<br>MT     | DECIMAL(5,2) | NULL | No | No | CLAIM ESTIMATED<br>DEDUCTIBLE APPLIED<br>AMOUNT                           | EST-AMT-TO-<br>DED   | This is the<br>estimated<br>dollar amount<br>that has been<br>applied toward<br>the<br>Beneficiary's<br>yearly<br>Medicare<br>deductible. |
| CLM_SHRD_SY<br>SS_VMS | CLM_ESTMTD_B<br>LOOD_DDCTBL_<br>APLD_A | DECIMAL(1)   | NULL | No | No | CLAIM ESTIMATED<br>BLOOD DEDUCTIBLE<br>APPLIED AMOUNT                     | EST-AMT-TO-<br>BLOOD | Estimated<br>number of<br>units to be<br>applied to the<br>Beneficiary's<br>blood<br>deductible                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_ESTMTD_P<br>SYCH_DDCTBL_A<br>PLD_A | DECIMAL(7,2) | NULL | No | No | CLAIM ESTIMATED<br>PSYCHIATRIC<br>DEDUCTIBLE APPLIED<br>AMOUNT            | EST-AMT-TO-<br>PSYCH | Estimated<br>number of<br>units to be<br>applied to the<br>Beneficiary's<br>psychiatric<br>deductible                                     |
| CLM_SHRD_SY<br>SS_VMS | CLM_ESTMTD_P<br>T_DDCTBL_APLD<br>_AMT  | DECIMAL(7,2) | NULL | No | No | CLAIM ESTIMATED<br>PHYSICAL THERAPY<br>DEDUCTIBLE APPLIED<br>AMOUNT       | EST-AMT-TO-PT        | Estimated<br>amount to be<br>applied to the<br>physical<br>therapy (PT)<br>deductible                                                     |



|                       |                                        |              |      |    |    |                                                                         |                                  |                                                                                                                               |
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| CLM_SHRD_SY<br>SS_VMS | CLM_ESTMTD_O<br>T_DDCTBL_APLD<br>_AMT  | DECIMAL(7,2) | NULL | No | No | CLAIM ESTIMATED<br>OCCUPATIONAL<br>THERAPY DEDUCTIBLE<br>APPLIED AMOUNT | EST-AMT-TO-<br>OT                | Estimated<br>amount to be<br>applied to the<br>physical<br>therapy (ST)<br>deductible                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_AC<br>NT_RCVBL_OFST<br>_AMT  | DECIMAL(7,2) | NULL | No | No | CLAIM PROVIDER<br>ACCOUNT RECEIVABLE<br>OFFSET AMOUNT                   | AMT-OFFSET-<br>PROVIDER          | Benefit amount<br>used to offset<br>an outstanding<br>account<br>receivable<br>owed by the<br>Provider.                       |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_PR<br>VS_PD_AMT              | DECIMAL(7,2) | NULL | No | No | CLAIM PROVIDER<br>PREVIOUS PAID<br>AMOUNT                               | TOT-PREV-AMT-<br>PAID-PROV       | The amount<br>paid to the<br>Provider/Suppli<br>er by Medicare<br>for the<br>treatment or<br>supplies listed<br>on the claim. |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_OV<br>RPMT_AMT               | DECIMAL(5,2) | NULL | No | No | CLAIM PROVIDER<br>OVERPAYMENT<br>AMOUNT                                 | HDR-OVER-PAY-<br>TO-PROV         | Amount over<br>paid to the<br>Provider/Suppli<br>er.                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRVDR_PRI<br>OR_INTRST_PD_<br>AMT  | DECIMAL(7,2) | NULL | No | No | CLAIM PROVIDER PRIOR<br>INTEREST PAID AMOUNT                            | PRIOR-<br>INTEREST-PAID-<br>PROV | Prior interest<br>paid to the<br>Provider.                                                                                    |
| CLM_SHRD_SY<br>SS_VMS | CLM_WTHLD_AL<br>ERT_CD_PRCSG_<br>AMT   | DECIMAL(7,2) | NULL | No | No | CLAIM WITHHOLD<br>ALERT CODE<br>PROCESSING AMOUNT                       | 1099-<br>WITHHOLD-<br>AMT        | The amount of<br>withholding<br>applied to the<br>payment due to<br>Alert Code<br>Processing.                                 |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_WITHHO<br>LD_ALERT_COD7<br>06154 | DECIMAL(5,4) | NULL | No | No | CLAIM WITHHOLD<br>ALERT CODE<br>PROCESSING<br>PERCENTAGE AMOUNT         | 1099-<br>WITHHOLD-<br>PERC       | The percentage<br>of withholding<br>applied to the<br>payment due to<br>Alert Code<br>Processing,                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_ALERT_CD_<br>PRCSG_RPT_BNF<br>T_AM | DECIMAL(9,2) | NULL | No | No | CLAIM ALERT CODE<br>PROCESSING REPORT<br>BENEFIT AMOUNT                 | 1099-CLM-<br>BNFT-AMT            | Claim benefit<br>amount for<br>1099 reporting                                                                                 |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_LBLT<br>Y_AMT                 | DECIMAL(7,2) | NULL | No | No | CLAIM BENEFICIARY<br>LIABILITY AMOUNT                                   | PATIENT-<br>LIABILITY            | The amount of<br>the benefit<br>payment that<br>the Beneficiary<br>is responsible<br>for.                                     |

|                       |                                        |              |      |    |    |                                                                       |                          |                                                                                                                      |
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| CLM_SHRD_SY<br>SS_VMS | CLM_ENTRY_OP<br>RTR_NUM                | CHAR(3)      | NULL | No | No | CLAIM ENTRY<br>OPERATOR NUMBER                                        | ENTRY-<br>OPERATOR       | The<br>identification<br>number of the<br>operator who<br>performed the<br>activity.                                 |
| CLM_SHRD_SY<br>SS_VMS | CLM_APRVR_AC<br>TVTY_CD                | CHAR(3)      | NULL | No | No | CLAIM APPROVER<br>ACTIVITY CODE                                       | APPROVER-<br>CODE        | The type of<br>activity<br>performed by<br>the operator.                                                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_PRCSG_TM<br>LNS_INTRST_RA<br>TE_BE | DECIMAL(5,2) | NULL | No | No | CLAIM PROCESSING<br>TIMELINESS INTEREST<br>RATE BENEFICIARY<br>AMOUNT | INT-RATE-BENE            | The interest<br>rate<br>(percentage)<br>used to<br>determine the<br>interest<br>amount paid to<br>the Beneficiary.   |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_PROCESS<br>ING_TIMELIN706<br>170 | DECIMAL(3)   | NULL | No | No | CLAIM PROCESSING<br>TIMELINESS INTEREST<br>DAYS BENEFICIARY<br>AMOUNT | INT-DAYS-BENE            | The number of<br>days for which<br>the interest to<br>the Beneficiary<br>is paid.                                    |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_PROCESS<br>ING_TIMELIN706<br>172 | DECIMAL(3)   | NULL | No | No | CLAIM PROCESSING<br>TIMELINESS INTEREST<br>DAYS PROVIDER<br>AMOUNT    | INT-DAYS-<br>PROV        | The number of<br>days for which<br>the interest to<br>the<br>Provider/Suppli<br>er is paid.                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_ENT_ACTN<br>_REC_ACTN_CD           | CHAR(2)      | NULL | No | No | CLAIM ENTITY ACTION<br>RECORD ACTION CODE                             | HDR-EAR-<br>ACTION       | Designates the<br>action to be<br>taken by the<br>system when<br>the claim hits<br>an Entity Action<br>Record (EAR). |
| CLM_SHRD_SY<br>SS_VMS | CLM_ENT_ACTN<br>REC_ERR_CD             | CHAR(3)      | NULL | No | No | CLAIM ENTITY ACTION<br>RECORD ERROR CODE                              | HDR-EAR-ERR              | EAR error<br>codes.                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_ONLN_PE_<br>ACTN_REC_CD            | CHAR(1)      | NULL | No | No | CLAIM ONLINE<br>PROCESSING ENTITY<br>ACTION RECORD CODE               | HDR-EAR-CLMS-<br>EXAM-OL | Indicates which<br>online editing<br>EAR the claim<br>hit during<br>online<br>processing.                            |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_BATCH_C<br>YCLE_ENTITY706<br>180 | CHAR(1)      | NULL | No | No | CLAIM BATCH CYCLE<br>ENTITY ACTION RECORD<br>CODE                     | HDR-EAR-CLMS-<br>EXAM-BA | Indicates which<br>batch editing<br>EAR the claim<br>hit during batch<br>processing.                                 |

|                       |                                        |              |      |    |    |                                                                        |                              |                                                                                                                                                                         |
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| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_ANSI_<br>ADJSTMT_AMT           | DECIMAL(7,2) | NULL | No | No | CLAIM FIRST ANSI<br>ADJUSTMENT AMOUNT                                  | CL-ANSI-<br>AMOUNT           | This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_2ND_ANSI_<br>_ADJSTMT_AMT          | DECIMAL(7,2) | NULL | No | No | CLAIM SECOND ANSI<br>ADJUSTMENT AMOUNT                                 | CL-ANSI-<br>AMOUNT(2)        | This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_3RD_ANSI_<br>ADJSTMT_AMT           | DECIMAL(7,2) | NULL | No | No | CLAIM THIRD ANSI<br>ADJUSTMENT AMOUNT                                  | CL-ANSI-<br>AMOUNT(3)        | This is the dollar amount pertaining to the American National Standards Institute (ANSI) Reason Code.                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_ATMT<br>D_DVLPMT_SYS_<br>CLM_R | CHAR(3)      | NULL | No | No | CLAIM FIRST<br>AUTOMATED<br>DEVELOPMENT SYSTEM<br>CLAIM REQUEST CODE   | CLAIM-<br>REQUEST-CODE       | The ADS message number defining the ADS letter.                                                                                                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_2ND_ATMT<br>D_DVLPMT_SYS_<br>CLM_R | CHAR(3)      | NULL | No | No | CLAIM SECOND<br>AUTOMATED<br>DEVELOPMENT SYSTEM<br>CLAIM REQUEST CODE  | CLAIM-<br>REQUEST-CODE-<br>2 | The ADS message number defining the ADS letter.                                                                                                                         |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706228 | CHAR(1)      | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>LETTER RECIPIENT TYPE<br>CODE | SAVE-<br>ADDRESSEE-<br>IND   | Indicates the type of recipient who should receive the Automatic Development System (ADS) letter. Recipient types include Beneficiary, Referring Physician or Supplier. |

|                       |                                        |            |      |    |    |                                                                        |                           |                                                                                                                                        |
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| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706230 | CHAR(3)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>MESSAGE NUMBER                | CLAIM-ADS-<br>MSG         | The ADS<br>message<br>number<br>included in the<br>ADS letter.                                                                         |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706232 | CHAR(2)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>DEVELOPMENT STATUS<br>CODE    | DEV-STATUS                | The claim's ADS<br>Development<br>Status Code<br>used to track<br>the progress of<br>a claim through<br>the<br>development<br>process. |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706234 | CHAR(7)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>LETTER DENIAL DATE            | ADS-DENY-<br>DATE         | The date the<br>claim was<br>denied in<br>regard to the<br>ADS letter due<br>to the response<br>or lack thereof.                       |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706236 | CHAR(1)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>LETTER STATUS CODE            | INVEST-IND                | Status of a<br>letter created<br>by the<br>Automatic<br>Development<br>System (ADS)                                                    |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706238 | DECIMAL(1) | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>LETTER COUNT                  | ADS-LETTER-<br>CNT        | The number of<br>ADS letters<br>sent for this<br>claim.                                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706240 | CHAR(7)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>MAIL RESPONSE RECEIPT<br>DATE | ADS-MAIL-<br>RECEIPT-DATE | The date of<br>response to an<br>ADS letter.                                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706244 | CHAR(7)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>LETTER FOLLOWUP<br>DATE       | ADS-FOLL-DATE             | The date that<br>follow up<br>should occur if<br>not response is<br>received<br>regarding the<br>ADS letter.                           |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706246 | CHAR(2)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>CLAIM STATUS CODE             | ADS-SAVE-<br>STATUS       | The two digit<br>ADS code used<br>to track the<br>progress of a<br>claim through<br>the<br>development<br>process.                     |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706248 | CHAR(1)    | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>ADDRESSEE INDICATOR           | ADDRESSEE-<br>IND         | Indicates who<br>the ADS letter<br>should be sent<br>to.                                                                               |

|                       |                                        |         |      |    |    |                                                                   |                     |                                                                                                                                                                                                                                                                 |
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| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706250 | CHAR(1) | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>DEVELOPMENT TYPE<br>CODE | ADS-DEV-TYPE        | This field designates the type of development to take place. If this is a 'U', the claim path is set to auto-deny after a certain number of days.                                                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_AUTOMA<br>TED_DEVELOPM<br>706252 | CHAR(2) | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>CLAIM PATH CODE          | CLM-PATH            | Path claim is to take for Automated Development System (ADS) follow up. The first position is carrier-defined for ADS (ADST 3 & 4) development. It must be alphabetic, using values M-Z. The second position is carrier-defined and can be either alphabetic or |
| CLM_SHRD_SY<br>SS_VMS | CLM_1ST_ADJUST<br>MT_DSCVRY_CD         | CHAR(1) | NULL | No | No | CLAIM FIRST<br>ADJUSTMENT<br>DISCOVERY CODE                       | ADJ-<br>DISCOVERY   | Indicates how the adjustment was discovered. Entered in conjunction with the ADJ-REASON field.                                                                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_ADJUST<br>MENT_DISCOVE<br>706304 | CHAR(1) | NULL | No | No | CLAIM SECOND<br>ADJUSTMENT<br>DISCOVERY CODE                      | ADJ-<br>DISCOVERY-2 | Indicates how the adjustment was discovered. Entered in conjunction with the ADJ-REASON2 field.                                                                                                                                                                 |

|                       |                                        |          |      |    |    |                                           |              |                                                                                                                                                                                 |
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| CLM_SHRD_SY<br>SS_VMS | CLM_2ND_ADJS<br>TMT_RSN_CD             | CHAR(1)  | NULL | No | No | CLAIM SECOND<br>ADJUSTMENT REASON<br>CODE | ADJ-REASON-2 | Indicates why<br>the adjustment<br>is being made.<br>Entered in<br>conjunction<br>with the ADJ-<br>DISCOVERY2<br>field.                                                         |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_ADR<br>_KEY                   | CHAR(3)  | NULL | No | No | CLAIM BENEFICIARY<br>ADDRESS KEY          | ADDR-KEY     | First two<br>numbers of the<br>street address<br>plus the first<br>letter of the<br>city for the<br>Beneficiary.                                                                |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_1ST_<br>LINE_ADR              | CHAR(22) | NULL | No | No | CLAIM BENEFICIARY<br>FIRST LINE ADDRESS   | ADDRESS1     | First line of the<br>Beneficiary's<br>address.                                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_BENEFICI<br>ARY_ADDRES706<br>314 | CHAR(22) | NULL | No | No | CLAIM BENEFICIARY<br>SECOND LINE ADDRESS  | ADDRESS2     | Second line of<br>the<br>Beneficiary's<br>address.                                                                                                                              |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_BENEFICI<br>ARY_ADDRES706<br>316 | CHAR(22) | NULL | No | No | CLAIM BENEFICIARY<br>THIRD LINE ADDRESS   | ADDRESS3     | Third line of the<br>Beneficiary's<br>address.                                                                                                                                  |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_CITY<br>_ADR                  | CHAR(15) | NULL | No | No | CLAIM BENEFICIARY CITY<br>ADDRESS         | CITY         | City where the<br>Beneficiary<br>resides.                                                                                                                                       |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_ADR<br>_STATE_CD              | CHAR(2)  | NULL | No | No | CLAIM BENEFICIARY<br>ADDRESS STATE CODE   | STATE        | State where<br>the Beneficiary<br>resides.                                                                                                                                      |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_NA<br>ME_KEY                  | CHAR(6)  | NULL | No | No | CLAIM BENEFICIARY<br>NAME KEY             | NAME-KEY     | Beneficiary's<br>name key<br>consisting of<br>the first four<br>letters of the<br>Beneficiary's<br>last name plus<br>the first letter<br>of the<br>Beneficiary's<br>first name. |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_ZIP_<br>CD                    | CHAR(9)  | NULL | No | No | CLAIM BENEFICIARY ZIP<br>CODE             | ZIP-CODE     | Beneficiary's<br>Zip Code.                                                                                                                                                      |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_ID                            | CHAR(12) | NULL | No | No | CLAIM BENEFICIARY<br>IDENTIFIER           | ORIG-HICN    | Unique<br>identifier for<br>the Beneficiary.                                                                                                                                    |

|                       |                             |          |      |    |    |                                                   |                        |                                                                                                                                                                                                                                                               |
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| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_LAN<br>G_CD        | CHAR(1)  | NULL | No | No | CLAIM BENEFICIARY<br>LANGUAGE CODE                | LANGUAGE-<br>CODE      | Indicates<br>whether the<br>communication<br>s with the<br>beneficiary<br>may be in<br>English or<br>Spanish and<br>designates the<br>library in which<br>the letter is<br>stored.<br>Communication<br>s with the<br>provider/suppli<br>er are in<br>English. |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_CBA<br>_CD         | CHAR(5)  | NULL | No | No | CLAIM BENEFICIARY<br>COMPETITIVE BID AREA<br>CODE | CBA-AREA               | The<br>Competitive<br>Bid Area (CBA)<br>in which the<br>Beneficiary is<br>located.                                                                                                                                                                            |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_OTH<br>R_CARR_KEY  | CHAR(9)  | NULL | No | No | CLAIM BENEFICIARY<br>OTHER CARRIER KEY            | OCNA-KEY               | Value used to<br>identify the<br>Beneficiary's<br>other insurance<br>carrier.                                                                                                                                                                                 |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_ADR<br>_ZIP_CD     | CHAR(9)  | NULL | No | No | CLAIM BENEFICIARY<br>ADDRESS ZIP CODE             | BENE-ZIP               | The zip code of<br>the<br>Beneficiary's<br>place of<br>residence                                                                                                                                                                                              |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_PRC<br>NG_STATE_CD | CHAR(2)  | NULL | No | No | CLAIM BENEFICIARY<br>PRICING STATE CODE           | BENE-PRICING-<br>STATE | The state in<br>which the<br>beneficiary<br>resides                                                                                                                                                                                                           |
| CLM_SHRD_SY<br>SS_VMS | CLM_ORGNL_CL<br>M_CNTL_NUM  | CHAR(15) | NULL | No | No | CLAIM ORIGINAL CLAIM<br>CONTROL NUMBER            | ORIG-CCN               | Original CCN<br>Number                                                                                                                                                                                                                                        |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_CNT<br>L_NAME_KEY  | CHAR(4)  | NULL | No | No | CLAIM BENEFICIARY<br>CONTROL NAME KEY             | CTL-NAME-KEY           | Beneficiary<br>verification<br>field comprised<br>of the first<br>three letters of<br>the<br>Beneficiary's<br>last name plus<br>the first letter<br>of the<br>Beneficiary's                                                                                   |

|                       |                                        |              |      |    |    |                                                                    |                       |                                                                                                                                                                     |
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| CLM_SHRD_SY<br>SS_VMS | CLM_COB_CNTR<br>CTR_TYPE_CD            | CHAR(1)      | NULL | No | No | CLAIM COB<br>CONTRACTOR TYPE<br>CODE                               | BOI-COBA-TEST-<br>IND | Indicates the<br>type of COBA<br>contractor for<br>the crossover<br>claim being<br>handled by the<br>Coordination of<br>Benefits<br>Contractor<br>(COBC).           |
| CLM_SHRD_SY<br>SS_VMS | CLM_ATMTD_D<br>VLPMT_SYS_DVL<br>PMT_DA | NUMERIC(3)   | NULL | No | No | CLAIM AUTOMATED<br>DEVELOPMENT SYSTEM<br>DEVELOPMENT DAYS<br>COUNT | ADS-DEV-DAYS          | The number of<br>days the ADS<br>claim has been<br>in development                                                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_TPL_SVG_A<br>MT                    | DECIMAL(7,2) | NULL | No | No | CLAIM THIRD PARTY<br>LIABILITY SAVING<br>AMOUNT                    | TPL-SAVINGS           | The total<br>Medicare<br>savings realized<br>on an MSP<br>(Third Party<br>Liability) claim<br>and is<br>associated with<br>the TPL-SUSP-<br>INV field.              |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_TPL_<br>TYPE_CD               | CHAR(1)      | NULL | No | No | CLAIM BENEFICIARY<br>THIRD PARTY LIABILITY<br>TYPE CODE            | TPL-TYPE-<br>INVOLV   | Indicates the<br>Third Party<br>Liability held by<br>the Beneficiary<br>which<br>determines the<br>type of savings<br>applied to the<br>TPL-TYPE-<br>SAVINGS field. |
| CLM_SHRD_SY<br>SS_VMS | CLAIM_THIRD_P<br>ARTY_LIABIL709<br>711 | CHAR(1)      | NULL | No | No | CLAIM THIRD PARTY<br>LIABILITY SAVING TYPE<br>CODE                 | TPL-TYPE-<br>SAVING   | The total<br>Medicare<br>savings realized<br>on an MSP<br>(Third Party<br>Liability) claim<br>and is<br>associated with<br>the TPL-TYPE-<br>INVOLV field.           |



|                       |                                        |          |      |    |    |                                                                  |                           |                                                                                                                                                         |
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| CLM_SHRD_SY<br>SS_VMS | CLM_ACNT_RCV<br>BL_HDR_DOC_C<br>NTL_NU | CHAR(13) | NULL | No | No | CLAIM ACCOUNT<br>RECEIVABLE HEADER<br>DOCUMENT CONTROL<br>NUMBER | HDR-DCN                   | This field is the Document Control Number (DCN) used to identify Account Receivables (AR) and Interactive Correspondence Online Reporting (ICOR) cases. |
| CLM_SHRD_SY<br>SS_VMS | CLM_2ND_PRC<br>G_CD                    | CHAR(1)  | NULL | No | No | CLAIM SECOND<br>PROCESSING CODE                                  | HDR-ADJ-<br>FORCE-CODE(2) | Instructions regarding payment and receivable processing related to this claim                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_3RD_PRC<br>G_CD                    | CHAR(1)  | NULL | No | No | CLAIM THIRD<br>PROCESSING CODE                                   | HDR-ADJ-<br>FORCE-CODE(3) | Instructions regarding payment and receivable processing related to this claim                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_4TH_PRC<br>G_CD                    | CHAR(1)  | NULL | No | No | CLAIM FOURTH<br>PROCESSING CODE                                  | HDR-ADJ-<br>FORCE-CODE(4) | Instructions regarding payment and receivable processing related to this claim                                                                          |
| CLM_SHRD_SY<br>SS_VMS | CLM_5TH_PRC<br>G_CD                    | CHAR(1)  | NULL | No | No | CLAIM FIFTH<br>PROCESSING CODE                                   | HDR-ADJ-<br>FORCE-CODE(5) | Instructions regarding payment and receivable processing related to this claim                                                                          |

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| CLM_SHRD_SY<br>SS_VMS | CLM_SPLMTL_IN<br>SRNC_NUM   | CHAR(16)     | NULL | No | No | CLAIM SUPPLEMENTAL<br>INSURANCE NUMBER            | MEDIGAP-NBR              | The Medigap<br>OCNA number<br>assigned by the<br>carrier. The<br>MEDIGAP-NBR<br>is a 16<br>character field.<br>The first byte is<br>defined as an<br>element under<br>the group<br>heading. With<br>older Medigap<br>processing, this<br>first byte could<br>= '/'.<br>SSA can just<br>store the group<br>level. |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_CAL<br>CD_PYMT_AMT | DECIMAL(9,2) | NULL | No | No | CLAIM BENEFICIARY<br>CALCULATED PAYMENT<br>AMOUNT | TOT-CALC-PAY-<br>TO-BENE | Benefit amount<br>paid to the<br>Beneficiary.<br>Calculation<br>used in SPR -<br>SUM of all line<br>LI-AMT-PAID-<br>TO-BENE minus<br>SUM of all LI-<br>PREV-AMT-<br>PAID-BENE<br>Tied to the<br>group and<br>reason code,<br>like 6 but for<br>bene.                                                             |
| CLM_SHRD_SY<br>SS_VMS | CLM_CMPT_TOT<br>_CHRG_AMT   | DECIMAL(9,2) | NULL | No | No | CLAIM COMPUTE TOTAL<br>CHARGE AMOUNT              | COMPUTED-<br>TOT-CHARGE  | The total<br>amount the<br>physician/suppl<br>ier has<br>submitted for<br>payment. This<br>is the sum of all<br>the line<br>submitted<br>charges on the<br>claim.                                                                                                                                                |

|                       |                                      |              |      |    |    |                                                                |                            |                                                                                                                                                                                                                                                      |
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| CLM_SHRD_SY<br>SS_VMS | CLM_PRVS_PD_<br>BY_BENE_AMT          | DECIMAL(7,2) | NULL | No | No | CLAIM PREVIOUS PAID<br>BY BENEFICIARY<br>AMOUNT                | TOT-PREV-AMT-<br>PAID-BENE | The amount<br>paid to the<br>Beneficiary by<br>Medicare for<br>the treatment<br>or supplies<br>listed on the<br>claim.                                                                                                                               |
| CLM_SHRD_SY<br>SS_VMS | CLM_CNTRCTR_I<br>D                   | CHAR(1)      | NULL | No | No | CLAIM CONTRACTOR<br>IDENTIFIER                                 | CONTRACTOR-<br>ID-KEY      | The unique<br>system<br>generated ID<br>number for a<br>contractor                                                                                                                                                                                   |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_PD_<br>BY_AMT               | DECIMAL(9,2) | NULL | No | No | CLAIM BENEFICIARY<br>PAID BY AMOUNT                            | AMT-PAID-BY-<br>BENE       | The amount<br>the Beneficiary<br>paid the<br>Provider/Suppli<br>er for the<br>treatment or<br>supplies listed<br>on the claim.                                                                                                                       |
| CLM_SHRD_SY<br>SS_VMS | CLM_BENE_CAL<br>CD_RMNG_PYM<br>T_AMT | DECIMAL(9,2) | NULL | No | No | CLAIM BENEFICIARY<br>CALCULATED<br>REMAINING PAYMENT<br>AMOUNT | TOT-CALC-PAY-<br>TO-BENE   | Benefit amount<br>paid to the<br>Beneficiary.<br>Calculation<br>used in SPR -<br>SUM of all line<br>LI-AMT-PAID-<br>TO-BENE minus<br>SUM of all LI-<br>PREV-AMT-<br>PAID-BENE<br>Tied to the<br>group and<br>reason code,<br>like 6 but for<br>bene. |

|             |              |              |          |     |     |                       |               |                 |               |                 |
|-------------|--------------|--------------|----------|-----|-----|-----------------------|---------------|-----------------|---------------|-----------------|
| CLM_SHRD_SY | CLM_PRVDR_CA | DECIMAL(9,2) | NULL     | No  | No  | CLAIM PROVIDER        |               |                 | TOT-CALC-PAY- | Benefit amount  |
| SS_VMS      | LCD_RMNG_PY  |              |          |     |     | CALCULATED            |               |                 | TO-PROV       | paid to the     |
|             | MT_AMT       |              |          |     |     | REMAINING PAYMENT     |               |                 |               | Provider.       |
|             |              |              |          |     |     | AMOUNT                |               |                 |               | Calculation     |
|             |              |              |          |     |     |                       |               |                 |               | used in SPR -   |
|             |              |              |          |     |     |                       |               |                 |               | SUM of all line |
|             |              |              |          |     |     |                       |               |                 |               | LI-AMT-PAID-    |
|             |              |              |          |     |     |                       |               |                 |               | TO-PROV minus   |
|             |              |              |          |     |     |                       |               |                 |               | SUM of all LI-  |
|             |              |              |          |     |     |                       |               |                 |               | PREV-AMT-       |
|             |              |              |          |     |     |                       |               |                 |               | PAID-PROV       |
|             |              |              |          |     |     |                       |               |                 |               | Used for        |
|             |              |              |          |     |     |                       |               |                 |               | adjustment      |
|             |              |              |          |     |     |                       |               |                 |               | purposes.       |
|             |              |              |          |     |     |                       |               |                 |               | Information     |
|             |              |              |          |     |     |                       |               |                 |               | will be seen in |
|             |              |              |          |     |     |                       |               |                 |               | Phase II.       |
| CLM_SHRD_SY | CLM_XOVR_TYP | CHAR(2)      | NOT NULL | Yes | No  | CLAIM CROSSOVER TYPE  |               |                 |               |                 |
| SS_XOVR_TYP | E_CD         |              |          |     |     | CODE                  |               |                 |               |                 |
| E_CD        |              |              |          |     |     |                       |               |                 |               |                 |
| CLM_SHRD_SY | CLM_XOVR_TYP | VARCHAR(100  | NULL     | No  | No  | CLAIM CROSSOVER TYPE  |               |                 |               |                 |
| SS_XOVR_TYP | E_CD_DESC    | )            |          |     |     | CODE DESCRIPTION      |               |                 |               |                 |
| E_CD        |              |              |          |     |     |                       |               |                 |               |                 |
| CLM_SHRD_SY | META_SK      | INTEGER      | NULL     | No  | No  | Metadata SurrogateKey |               |                 |               |                 |
| SS_XOVR_TYP |              |              |          |     |     |                       |               |                 |               |                 |
| E_CD        |              |              |          |     |     |                       |               |                 |               |                 |
| CLM_SHRD_SY | META_SRC_SK  | SMALLINT     | NULL     | No  | No  | Metadata Source       |               |                 |               |                 |
| SS_XOVR_TYP |              |              |          |     |     | SurrogateKey          |               |                 |               |                 |
| E_CD        |              |              |          |     |     |                       |               |                 |               |                 |
| CLM_VAL     | CLM_VAL_CD   | CHAR(2)      | NOT NULL | Yes | No  | Claim Value Code      | FSSCIDRP-VAL- | Value code      |               |                 |
|             |              |              |          |     |     |                       | CD            |                 |               |                 |
| CLM_VAL     | CLM_VAL_SQNC | BYTEINT      | NOT NULL | Yes | No  | Claim Value Sequence  |               |                 |               |                 |
|             | NUM          |              |          |     |     | Number                |               |                 |               |                 |
| CLM_VAL     | GEO_BENE_SK  | INTEGER      | NOT NULL | Yes | Yes | Geography Beneficiary |               |                 |               |                 |
|             |              |              |          |     |     | SurrogateKey          |               |                 |               |                 |
| CLM_VAL     | CLM_TYPE_CD  | SMALLINT     | NOT NULL | Yes | Yes | Claim Type Code       |               |                 |               |                 |
| CLM_VAL     | CLM_NUM_SK   | SMALLINT     | NOT NULL | Yes | Yes | Claim Number          |               |                 |               |                 |
|             |              |              |          |     |     | SurrogateKey          |               |                 |               |                 |
| CLM_VAL     | CLM_DT_SGNTR | INTEGER      | NOT NULL | Yes | Yes | Claim Date Signature  |               |                 |               |                 |
|             | SK           |              |          |     |     | SurrogateKey          |               |                 |               |                 |
| CLM_VAL     | CLM_VAL_AMT  | DECIMAL(11,2 | NULL     | No  | No  | Claim Value Amount    | FSSCIDRP-VAL- | This field      |               |                 |
|             |              | )            |          |     |     |                       | AMT           | displays the    |               |                 |
|             |              |              |          |     |     |                       |               | code that       |               |                 |
|             |              |              |          |     |     |                       |               | identifies data |               |                 |
|             |              |              |          |     |     |                       |               | of a monetary   |               |                 |
|             |              |              |          |     |     |                       |               | nature that is  |               |                 |
|             |              |              |          |     |     |                       |               | necessary for   |               |                 |
|             |              |              |          |     |     |                       |               | processing the  |               |                 |
|             |              |              |          |     |     |                       |               | claim as        |               |                 |
|             |              |              |          |     |     |                       |               | qualified by    |               |                 |
|             |              |              |          |     |     |                       |               | payer           |               |                 |
|             |              |              |          |     |     |                       |               | organizations.  |               |                 |

|         |                     |          |          |     |    |                              |                       |                                                                                                                                                                                                                                                                                          |
|---------|---------------------|----------|----------|-----|----|------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLM_VAL | META_SK             | INTEGER  | NOT NULL | No  | No | Metadata SurrogateKey        |                       |                                                                                                                                                                                                                                                                                          |
| CLM_VAL | META_SRC_SK         | SMALLINT | NOT NULL | No  | No | Metadata Source SurrogateKey |                       |                                                                                                                                                                                                                                                                                          |
| CLM_VAL | CLM_SRC_ID          | CHAR(5)  | NULL     | No  | No | Claim Source Identifier      |                       |                                                                                                                                                                                                                                                                                          |
| CLM_VAL | CLM_VAL_ANSI_GRP_CD | CHAR(2)  | NULL     | No  | No | CLAIM VALUE ANSI GROUP CODE  | FSSCIDRP-VAL-ANSI-GRP | This field identifies the ANSI codes associated with the value code amount.                                                                                                                                                                                                              |
| CLM_VAL | CLM_VAL_ANSI_RSN_CD | CHAR(3)  | NULL     | No  | No | CLAIM VALUE ANSI REASON CODE | FSSCIDRP-VAL-ANSI-RSN | This field identifies the ANSI codes associated with the value code amount.                                                                                                                                                                                                              |
| CMN     | QCN_BASE            | CHAR(15) | NOT NULL | Yes | No | CMN QCN BASE                 |                       | IDR-REC-QCN-BASE<br>The first 13 digits of the Quality Control Number (QCN) consisting of the following information presented in the format CYJJTSSSSSL<br>L:<br>• C is the century of creation; specify 0 for 19xx or 1 for 20xx<br>• YYJJ is the date of creation in Julian (YYJJ) for |
| CMN     | CLM_CNTRCTR_NUM     | CHAR(5)  | NOT NULL | Yes | No | CMN CONTRACTOR NUMBER        |                       | IDR-REC-CARRIER<br>Unique identification number for each carrier                                                                                                                                                                                                                         |

|     |                          |            |          |     |    |                                |                              |                                                                                                                                                                                                                                                  |
|-----|--------------------------|------------|----------|-----|----|--------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_QCN_SQN<br>C_NUM     | NUMERIC(1) | NOT NULL | Yes | No | CMN QCN SEQUENCE<br>NUMBER     | IDR-REC-QCN-<br>SEQ-NO       | The last two<br>digits of the<br>QCN presented<br>in the following<br>format<br>CYJJTSSSSL<br>L where LL is<br>the level of<br>revision or<br>recertification<br>available:<br>specifically two<br>digits from the<br>range of 00<br>through 99. |
| CMN | HCPCS_SUBMITT<br>ED_PROC | CHAR(5)    | NOT NULL | No  | No | CMN HCPCS SUBMITTED<br>PROC    | HCPCS-<br>SUBMITTED-<br>PROC | Alphanumeric<br>designation for<br>the procedure<br>performed or<br>supply<br>provided<br>submitted on<br>the claim.                                                                                                                             |
| CMN | CMN_STATUS_D<br>ATE_1_   | CHAR(7)    | NOT NULL | No  | No | CLAIM CMN FIRST<br>STATUS DATE | CMN-STATUS-<br>DATE(1)       | Date the CMN<br>was put in the<br>status.                                                                                                                                                                                                        |
| CMN | BENE_HICN                | CHAR(12)   | NOT NULL | No  | No | CMN BENEFICIARY HICN           | BENE-HICN                    | Alphanumeric<br>designation<br>used to identify<br>a Medicare<br>beneficiary.                                                                                                                                                                    |

|     |                   |         |          |    |    |                              |                   |                                                                                                                                                                                                                                                                 |
|-----|-------------------|---------|----------|----|----|------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_BASE_TYP<br>E | CHAR(1) | NULL     | No | No | CLAIM CMN BASE CODE          | CMN-BASE-TYPE     | Single character value which identifies Trailer 15 (Skeleton) and Trailer 16 (Full CMNs entered by other DMERCs) CMNs. These CMNs are added to the VMS CMN file from CWF. VMS does not edit against Trailers 15 and 16. They are not treated as CMNs for edit p |
| CMN | CMN_TYPE          | CHAR(1) | NULL     | No | No | CLAIM TYPE CODE              | CMN-TYPE          | This field indicates whether the CMN is an initial, revision or recertification.                                                                                                                                                                                |
| CMN | CMN_FILE_LOCATION | CHAR(1) | NULL     | No | No | CLAIM CMN FILE LOCATION CODE | CMN-FILE-LOCATION | This field indicates the specific file location of the CMN. The CMN file is large and is therefore split into 5 physical files. These files are CMNFILE0, CMNFILE1, CMNFILE2, CMNFILE3, CMNFILE4.                                                               |
| CMN | CMN_INITIAL_DATE  | CHAR(7) | NOT NULL | No | No | CLAIM CMN INITIAL DATE       | CMN-INITIAL-DATE  | Date the CMN is to take effect.                                                                                                                                                                                                                                 |
| CMN | CMN_END_DATE      | CHAR(7) | NULL     | No | No | CLAIM CMN END DATE           | CMN-END-DATE      | Date the CMN is no longer valid.                                                                                                                                                                                                                                |

|     |                            |         |      |    |    |                                            |                              |                                                                                                                                                                                                                                                                                                                         |
|-----|----------------------------|---------|------|----|----|--------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_REVISE_RE<br>CERT_DATE | CHAR(7) | NULL | No | No | CLAIM CMN REVISE<br>RECERTIFICATION DATE   | CMN-REVISE-<br>RECERT-DATE   | Date the CMN<br>was revised or<br>recertified. The<br>CMN will be a<br>recertification<br>CMN when it<br>must be<br>renewed due to<br>the continued<br>medical need<br>for the<br>equipment.                                                                                                                            |
| CMN | CMN_SCHED_RE<br>CERT_DATE  | CHAR(7) | NULL | No | No | CLAIM CMN SCHEDULE<br>RECERTIFICATION DATE | CMN-SCHED-<br>RECERT-DATE    | Date the CMN<br>needs to be<br>recertified by.                                                                                                                                                                                                                                                                          |
| CMN | CMN_NEXT_REC<br>ERT_DATE   | CHAR(7) | NULL | No | No | CLAIM CMN NEXT<br>RECERTIFICATION DATE     | CMN-NEXT-<br>RECERT-DATE     | Date the CMN<br>needs to be<br>recertified by.                                                                                                                                                                                                                                                                          |
| CMN | CMN_DISCONTI<br>NUE_DATE   | CHAR(7) | NULL | No | No | CLAIM CMN<br>DISCONTINUE DATE              | CMN-<br>DISCONTINUE-<br>DATE | Date the CMN<br>is no longer<br>valid.                                                                                                                                                                                                                                                                                  |
| CMN | CMN_DELETE_D<br>ATE        | CHAR(7) | NULL | No | No | CLAIM CMN DELETE<br>DATE                   | CMN-DELETE-<br>DATE          | Date the CMN<br>is no longer<br>valid.                                                                                                                                                                                                                                                                                  |
| CMN | CMN_FIRST_MAI<br>NT_DATE   | CHAR(7) | NULL | No | No | CLAIM CMN FIRST<br>MAINTENANCE DATE        | CMN-FIRST-<br>MAINT-DATE     | Date the CMN<br>maintenance is<br>to take effect.<br>This data<br>element<br>includes both<br>current and<br>previous from<br>dates. What is<br>Maintenance<br>means - After a<br>piece of DME<br>equipment has<br>reached the<br>cap on the<br>number of<br>rentals, the<br>supplier is<br>required to<br>provide main |
| CMN | CMN_LAST_MAI<br>NT_DATE    | CHAR(7) | NULL | No | No | CLAIM CMN LAST<br>MAINTENANCE DATE         | CMN-LAST-<br>MAINT-DATE      | Date the last<br>maintenance<br>claim was paid<br>for the supply<br>listed on the<br>CMN.                                                                                                                                                                                                                               |
| CMN | CMN_PREV_INIT<br>_DATE     | CHAR(7) | NULL | No | No | CLAIM CMN PREVIOUS<br>INITIAL DATE         | CMN-PREV-INIT-<br>DATE       | Initial date<br>from the<br>previous CMN<br>for the item.                                                                                                                                                                                                                                                               |



|     |                          |         |      |    |    |                                                                                     |                          |                                                                                              |
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| CMN | CMN_INIT_MAINT_DATE      | CHAR(7) | NULL | No | No | CLAIM CMN INITIAL MAINTENANCE DATE                                                  | CMN-INIT-MAINT-DATE      | Initial maintenance date from the previous CMN for this item.                                |
| CMN | CMN_PREV_END_DATE        | CHAR(7) | NULL | No | No | CLAIM CMN PREVIOUS END DATE                                                         | CMN-PREV-END-DATE        | End date from the previous CMN for this item.                                                |
| CMN | CMN_END_MAINT_DATE       | CHAR(7) | NULL | No | No | CLAIM CMN END MAINTENANCE DATE                                                      | CMN-END-MAINT-DATE       | This is the last date maintenance was performed on a supply. It is used as date for payment. |
| CMN | CMN_PAY_MAINT_DATE       | CHAR(7) | NULL | No | No | CLAIM CMN PAY MAINTENANCE DATE                                                      | CMN-PAY-MAINT-DATE       | Date of payment for the maintenance of a supply on a CMN.                                    |
| CMN | CMN_ONL_KH_MAINT_DATE    | CHAR(7) | NULL | No | No | CLAIM CMN ONLINE OPERATOR UPDATE FIRST RENTAL PAYMENT MODIFIER DATE                 | CMN-ONL-KH-MAINT-DATE    | This is the date that an online operator updated the KH bucket in the CMN.                   |
| CMN | CMN_ONL_KI_MAINT_DATE    | CHAR(7) | NULL | No | No | CLAIM CMN ONLINE OPERATOR UPDATE SECOND AND THIRD RENATL PAYMENT MODIFIER DATE      | CMN-ONL-KI-MAINT-DATE    | This is the date that an online operator updated the KI bucket in the CMN.                   |
| CMN | CMN_ONL_KJ_MAINT_DATE    | CHAR(7) | NULL | No | No | CLAIM CMN ONLINE OPERATOR UPDATE FOURTH AND SUBSEQUENT RENATL PAYMENT MODIFIER DATE | CMN-ONL-KJ-MAINT-DATE    | This is the date that an online operator updated the KJ bucket in the CMN.                   |
| CMN | CMN_GRID_MAINT_DATE      | CHAR(7) | NULL | No | No | CLAIM CMN GRID MAINTENANCE DATE                                                     | CMN-GRID-MAINT-DATE      | The date of payment by Grid processing for DMERC claims.                                     |
| CMN | CMN_SUPERPOST_MAINT_DATE | CHAR(7) | NULL | No | No | CLAIM CMN SUPPLY MAINTENANCE PAYMENT DATE                                           | CMN-SUPERPOST-MAINT-DATE | Date of payment for the maintenance of a supply on a CMN.                                    |

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|-----|------------------------------|---------|------|----|----|------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_PREV_NST<br>Y_MAINT_DATE | CHAR(7) | NULL | No | No | CLAIM CMN<br>MAINTENANCE<br>PAYMENT DATE                                           | CMN-PREV-<br>NSTY-MAINT-<br>DATE | Date of<br>payment for<br>the<br>maintenance of<br>a supply on a<br>CMN.                                                                                                                                                                                                                        |
| CMN | CMN_LUMP_MA<br>INT_DATE      | CHAR(7) | NULL | No | No | CLAIM CMN TOTAL<br>PAYMENT<br>MAINTENANCE DATE                                     | CMN-LUMP-<br>MAINT-DATE          | Date of lump<br>sum payment<br>of a supply on a<br>CMN.                                                                                                                                                                                                                                         |
| CMN | CMN_MAINT_M<br>AINT_DATE     | CHAR(7) | NULL | No | No | CLAIM CMN SUPPLY<br>MAINTENANCE DATE                                               | CMN-MAINT-<br>MAINT-DATE         | Date of<br>payment for<br>the<br>maintenance of<br>a supply on a<br>CMN.                                                                                                                                                                                                                        |
| CMN | CMN_TOTAL_M<br>AINT_DATE     | CHAR(7) | NULL | No | No | CLAIM CMN TOTAL<br>MAINTENANCE DATE                                                | CMN-TOTAL-<br>MAINT-DATE         | Date of<br>payment for<br>maintenance<br>on a supply<br>listed on a<br>CMN.                                                                                                                                                                                                                     |
| CMN | CMN_INIT_OPER<br>ID          | CHAR(3) | NULL | No | No | CLAIM CMN INITIAL<br>OPERATOR IDENTIFIER                                           | CMN-INIT-<br>OPERID              | This is the VMS<br>identification<br>number of the<br>operator who<br>has performed<br>the activity.<br>The activity<br>may include<br>but is not<br>restricted to:<br>entering claim,<br>updating claim,<br>updating a<br>screen,<br>generating a<br>letter, updating<br>a receivable,<br>etc. |
| CMN | CMN_END_OPER<br>ID           | CHAR(3) | NULL | No | No | CLAIM CMN END<br>OPERATOR IDENTIFIER                                               | CMN-END-<br>OPERID               | Operator who<br>has performed<br>the activity.                                                                                                                                                                                                                                                  |
| CMN | CMN_PAY_OPER<br>ID           | CHAR(3) | NULL | No | No | CLAIM CMN PAY<br>OPERATOR IDENTIFIER                                               | CMN-PAY-<br>OPERID               | Operator who<br>has performed<br>the activity.                                                                                                                                                                                                                                                  |
| CMN | CMN_ONL_KH_<br>OPERID        | CHAR(3) | NULL | No | No | CLAIM CMN ONLINE<br>UPDATE FIRST RENTAL<br>PAYMENT MODIFIER<br>OPERATOR IDENTIFIER | CMN-ONL-KH-<br>OPERID            | Operator who<br>has performed<br>the activity.                                                                                                                                                                                                                                                  |

|     |                           |            |      |    |    |                                                                                                  |                              |                                                                                  |
|-----|---------------------------|------------|------|----|----|--------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|
| CMN | CMN_ONL_KI_O<br>PERID     | CHAR(3)    | NULL | No | No | CLAIM CMN ONLINE<br>UPDATE SECOND AND<br>THIRD RENATL<br>PAYMENT MODIFIER<br>OPERATOR IDENTIFIER | CMN-ONL-KI-<br>OPERID        | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_ONL_KJ_O<br>PERID     | CHAR(3)    | NULL | No | No | CLAIM CMN ONLINE<br>UPDATE FOURTH AND<br>SUBSEQUENT RENATL<br>PAYMENT OPERATOR<br>IDENTIFIER     | CMN-ONL-KJ-<br>OPERID        | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_GRID_OPE<br>RID       | CHAR(3)    | NULL | No | No | CLAIM CMN GRID<br>OPERATOR IDENTIFIER                                                            | CMN-GRID-<br>OPERID          | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_SUPERPOS<br>T_OPERID  | CHAR(3)    | NULL | No | No | CLAIM CMN SUPPLY<br>MAINTENANCE<br>PAYMENT OPERATOR<br>IDENTIFIER                                | CMN-<br>SUPERPOST-<br>OPERID | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_PREV_NCS<br>TY_OPERID | CHAR(3)    | NULL | No | No | CLAIM CMN PREVIOUS<br>OPERATOR IDENTIFIER                                                        | CMN-PREV-<br>NCSTY-OPERID    | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_LUMP_OP<br>ERID       | CHAR(3)    | NULL | No | No | CLAIM CMN OPERATOR<br>IDENTIFIER                                                                 | CMN-LUMP-<br>OPERID          | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_MAINT_O<br>PERID      | CHAR(3)    | NULL | No | No | CLAIM CMN SUPPLY<br>MAINTENANCE<br>OPERATOR IDENTIFIER                                           | CMN-MAINT-<br>OPERID         | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_TOTAL_OP<br>ERID      | CHAR(3)    | NULL | No | No | CLAIM CMN TOTAL<br>MAINTENANCE<br>OPERATOR IDENTIFIER                                            | CMN-TOTAL-<br>OPERID         | Operator who<br>has performed<br>the activity.                                   |
| CMN | CMN_NECESSITY<br>_LENGTH  | NUMERIC(3) | NULL | No | No | CLAIM CMN NECESSITY<br>LENGTH NUMBER                                                             | CMN-<br>NECESSITY-<br>LENGTH | Length of time,<br>in months, that<br>a DMEPOS item<br>is medically<br>necessary |

|     |                         |            |      |    |    |                                                                            |                        |                                                                                                                                                                                                           |
|-----|-------------------------|------------|------|----|----|----------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_PREV_KH_ RNTL_PAYNO | NUMERIC(3) | NULL | No | No | CLAIM CMN PREVIOUS FIRST RENTAL PAYMENT MODIFIER PAYMENT NUMBER            | CMN-PREV-KH-RNTL-PAYNO | Previous number of payments made for the rental item with modifier KH. The modifier number will change depending on the number of payments made. KH modifier is for the first rental payment.             |
| CMN | CMN_PREV_KH_ SUM_PAYNO  | NUMERIC(3) | NULL | No | No | CLAIM CMN PREVIOUS FIRST RENTAL PAYMENT MODIFIER TOTAL PAYMENT NUMBER      | CMN-PREV-KH-SUM-PAYNO  | Previous payment number for a rental item with modifier KH. The modifier will change depending on the number of payments made. KH modifier is for the first rental payment.                               |
| CMN | CMN_PREV_KI_R NTL_PAYNO | NUMERIC(3) | NULL | No | No | CLAIM CMN PREVIOUS SECOND AND THIRD RENTAL PAYMENT MODIFIER PAYMENT NUMBER | CMN-PREV-KI-RNTL-PAYNO | Previous number of payments made for the rental item with modifier KI. The modifier number will change depending on the number of payments made. KI modifier is for the second and third rental payments. |

|     |                            |            |      |    |    |                                                                                                      |                            |                                                                                                                                                                                                                                                            |
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| CMN | CMN_PREV_KI_S<br>UM_PAYNO  | NUMERIC(3) | NULL | No | No | CLAIM CMN PREVIOUS<br>SECOND AND THIRD<br>RENTAL PAYMENT<br>MODIFIER TOTAL<br>PAYMENT NUMBER         | CMN-PREV-KI-<br>SUM-PAYNO  | Previous<br>payment<br>number for a<br>rental item<br>with modifier<br>KI. The<br>modifier<br>number will<br>change<br>depending on<br>the number of<br>payments<br>made. KI<br>modifier is for<br>the second and<br>third rental<br>payments.             |
| CMN | CMN_PREV_KJ_<br>RNTL_PAYNO | NUMERIC(3) | NULL | No | No | CLAIM CMN PREVIOUS<br>FOURTH AND<br>SUBSEQUENT RENTAL<br>PAYMENT MODIFIER<br>PAYMENT NUMBER          | CMN-PREV-KJ-<br>RNTL-PAYNO | Previous<br>number of<br>payments<br>made for the<br>rental item<br>with modifier<br>KJ. The<br>modifier<br>number will<br>change<br>depending on<br>the number of<br>payments<br>made. KJ<br>modifier is for<br>the fourth and<br>subsequent<br>payments. |
| CMN | CMN_PREV_KJ_S<br>UM_PAYNO  | NUMERIC(3) | NULL | No | No | CLAIM CMN PREVIOUS<br>FOURTH AND<br>SUBSEQUENT RENTAL<br>PAYMENT MODIFIER<br>TOTAL PAYMENT<br>NUMBER | CMN-PREV-KJ-<br>SUM-PAYNO  | Previous<br>payment<br>number for a<br>rental item<br>with modifier<br>KJ. The<br>modifier<br>number will<br>change<br>depending on<br>the number of<br>payments<br>made. KJ<br>modifier is for<br>the fourth and<br>subsequent<br>rental<br>payments.     |

|     |                         |            |      |    |    |                                                                           |                         |                                                                                                                                                                                                           |
|-----|-------------------------|------------|------|----|----|---------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_PEND_KH_ RNTL_PAYNO | NUMERIC(3) | NULL | No | No | CLAIM CMN PENDING FIRST RENTAL PAYMENT MODIFIER PAYMENT NUMBER            | CMN-PEND-KH- RNTL-PAYNO | Previous number of payments made for the rental item with modifier KH. The modifier number will change depending on the number of payments made. KH modifier is for the first rental payment.             |
| CMN | CMN_PEND_KH_ SUM_PAYNO  | NUMERIC(3) | NULL | No | No | CLAIM CMN PENDING FIRST RENTAL PAYMENT MODIFIER TOTAL PAYMENT NUMBER      | CMN-PEND-KH- SUM-PAYNO  | Previous payment number for a rental item with modifier KH. The modifier will change depending on the number of payments made. KH modifier is for the first rental payment.                               |
| CMN | CMN_PEND_KI_ RNTL_PAYNO | NUMERIC(3) | NULL | No | No | CLAIM CMN PENDING SECOND AND THIRD RENTAL PAYMENT MODIFIER PAYMENT NUMBER | CMN-PEND-KI- RNTL-PAYNO | Previous number of payments made for the rental item with modifier KI. The modifier number will change depending on the number of payments made. KI modifier is for the second and third rental payments. |

|     |                            |            |      |    |    |                                                                                                     |                            |                                                                                                                                                                                                                                                        |
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| CMN | CMN_PEND_KI_<br>SUM_PAYNO  | NUMERIC(3) | NULL | No | No | CLAIM CMN PENDING<br>SECOND AND THIRD<br>RENTAL PAYMENT<br>MODIFIER TOTAL<br>PAYMENT NUMBER         | CMN-PEND-KI-<br>SUM-PAYNO  | Previous<br>payment<br>number for a<br>rental item<br>with modifier<br>KI. The<br>modifier<br>number will<br>change<br>depending on<br>the number of<br>payments<br>made. KI<br>modifier is for<br>the second and<br>third rental<br>payments.         |
| CMN | CMN_PEND_KJ_<br>RNTL_PAYNO | NUMERIC(3) | NULL | No | No | CLAIM CMN PENDING<br>FOURTH AND<br>SUBSEQUENT RENTAL<br>PAYMENT MODIFIER<br>PAYMENT NUMBER          | CMN-PEND-KJ-<br>RNTL-PAYNO | Previous<br>payment<br>number for a<br>rental item<br>with modifier<br>KJ. The<br>modifier<br>number will<br>change<br>depending on<br>the number of<br>payments<br>made. KJ<br>modifier is for<br>the fourth and<br>subsequent<br>rental<br>payments. |
| CMN | CMN_PEND_KJ_<br>SUM_PAYNO  | NUMERIC(3) | NULL | No | No | CLAIM CMN PENDING<br>FOURTH AND<br>SUBSEQUENT RENTAL<br>PAYMENT MODIFIER<br>TOTAL PAYMENT<br>NUMBER | CMN-PEND-KJ-<br>SUM-PAYNO  | Previous<br>payment<br>number for a<br>rental item<br>with modifier<br>KJ. The<br>modifier<br>number will<br>change<br>depending on<br>the number of<br>payments<br>made. KJ<br>modifier is for<br>the fourth and<br>subsequent<br>rental<br>payments. |

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|-----|-------------------------|--------------|------|----|----|-----------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_PREV_RENTAL_PAYNO   | NUMERIC(3)   | NULL | No | No | CLAIM CMN PREVIOUS RENTAL PAYMENT NUMBER      | CMN-PREV-RENTAL-PAYNO   | Previous total number of rental payments                                                                                                                    |
| CMN | CMN_PREV_RENTAL_PAYAMT  | DECIMAL(9,2) | NULL | No | No | CLAIM CMN PREVIOUS RENTAL PAYMENT AMOUNT      | CMN-PREV-RENTAL-PAYAMT  | Previous sum of payment amounts for rental payments                                                                                                         |
| CMN | CMN_PREV_LUMPSUM_PAYNO  | NUMERIC(3)   | NULL | No | No | CLAIM CMN PREVIOUS TOTAL PAYMENT NUMBER       | CMN-PREV-LUMPSUM-PAYNO  | Previous total number of lump sum payments. It holds the previous lump sum count when an update is made (audit trail)                                       |
| CMN | CMN_PREV_LUMPSUM_PAYAMT | DECIMAL(9,2) | NULL | No | No | CLAIM CMN PREVIOUS TOTAL PAYMENT AMOUNT       | CMN-PREV-LUMPSUM-PAYAMT | Previous sum of payment for lump sum payments. It holds the previous lump sum amount when an update is made (audit trail)                                   |
| CMN | CMN_PREV_MAINT_PAYNO    | NUMERIC(3)   | NULL | No | No | CLAIM CMN PREVIOUS MAINTENANCE PAYMENT NUMBER | CMN-PREV-MAINT-PAYNO    | Previous total number of maintenance payments. It holds the previous number of maintenance claims for the HCPCS associated with                             |
| CMN | CMN_PREV_MAINT_PAYAMT   | DECIMAL(9,2) | NULL | No | No | CLAIM CMN PREVIOUS MAINTENANCE PAYMENT AMOUNT | CMN-PREV-MAINT-PAYAMT   | Previous sum of payment for maintenance payments. It holds the previous cost of the maintenance claims for the HCPCS associated with the CMN (audit trail). |



|     |                                 |              |      |    |    |                                                                     |                                 |                                                                                                                                                                                                                   |
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| CMN | CMN_PREV_TOT<br>AL_PAYNO        | NUMERIC(3)   | NULL | No | No | CLAIM CMN PREVIOUS<br>TOTAL RENTAL<br>MAINTENANCE<br>PAYMENT NUMBER | CMN-PREV-<br>TOTAL-PAYNO        | Previous total<br>number of<br>payments<br>(rental + lump<br>sum +<br>maintenance).<br>It holds the<br>previous total<br>when an<br>update is made<br>(audit trail)                                               |
| CMN | CMN_PREV_TOT<br>AL_PAYAMT       | DECIMAL(9,2) | NULL | No | No | CLAIM CMN PREVIOUS<br>TOTAL RENTAL<br>MAINTENANCE<br>PAYMENT AMOUNT | CMN-PREV-<br>TOTAL-<br>PAYAMT   | Previous total<br>sum of<br>payment<br>amounts<br>(rental + lump<br>sum +<br>maintenance) It<br>holds the<br>previous total<br>when an<br>update is made<br>(audit trail)                                         |
| CMN | CMN_RENTAL_P<br>AY_NUMBER       | NUMERIC(3)   | NULL | No | No | CLAIM CMN RENTAL<br>PAYMENT NUMBER                                  | CMN-RENTAL-<br>PAY-NUMBER       | Total number<br>of rental<br>payments                                                                                                                                                                             |
| CMN | CMN_RENTAL_P<br>AY_AMOUNT       | DECIMAL(9,2) | NULL | No | No | CLAIM CMN RENTAL<br>PAYMENT AMOUNT                                  | CMN-RENTAL-<br>PAY-AMOUNT       | Sum of<br>payment<br>amounts for<br>rental<br>payments                                                                                                                                                            |
| CMN | CMN_LUMP_SU<br>M_PAY_NUMBE<br>R | NUMERIC(3)   | NULL | No | No | CLAIM CMN TOTAL<br>PAYMENT NUMBER                                   | CMN-LUMP-<br>SUM-PAY-<br>NUMBER | Total number<br>of lump sum<br>payments                                                                                                                                                                           |
| CMN | CMN_LUMP_SU<br>M_PAY_AMOUN<br>T | DECIMAL(9,2) | NULL | No | No | CLAIM CMN TOTAL<br>PAYMENT AMOUNT                                   | CMN-LUMP-<br>SUM-PAY-<br>AMOUNT | Sum of<br>payment<br>amounts for<br>lump sum<br>payments. This<br>is a CMN field<br>that is<br>populated<br>and/or added<br>to with the<br>price of an item<br>when it is<br>purchased<br>(usually<br>inexpensive |
| CMN | CMN_MAINT_PA<br>Y_NUMBER        | NUMERIC(3)   | NULL | No | No | CLAIM CMN<br>MAINTENANCE<br>PAYMENT NUMBER                          | CMN-MAINT-<br>PAY-NUMBER        | Total number<br>of maintenance<br>payments                                                                                                                                                                        |

|     |                          |              |      |    |    |                                                         |                              |                                                                                                                                                               |
|-----|--------------------------|--------------|------|----|----|---------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_MAINT_PA<br>Y_AMOUNT | DECIMAL(9,2) | NULL | No | No | CLAIM CMN<br>MAINTENANCE<br>PAYMENT AMOUNT              | CMN-MAINT-<br>PAY-AMOUNT     | Sum of<br>payment<br>amounts for<br>maintenance<br>payments                                                                                                   |
| CMN | CMN_TOTAL_PA<br>Y_NUMBER | NUMERIC(3)   | NULL | No | No | CLAIM CMN TOTAL<br>RENTAL MAINTENANCE<br>PAYMENT NUMBER | CMN-TOTAL-<br>PAY-NUMBER     | Total number<br>of payments<br>(rental + lump<br>sum +<br>maintenance)                                                                                        |
| CMN | CMN_TOTAL_PA<br>Y_AMOUNT | DECIMAL(9,2) | NULL | No | No | CLAIM CMN TOTAL<br>RENTAL MAINTENANCE<br>PAYMENT AMOUNT | CMN-TOTAL-<br>PAY-AMOUNT     | Total sum of<br>payment<br>amounts<br>(rental + lump<br>sum +<br>maintenance)                                                                                 |
| CMN | CMN_SUBMITTE<br>D_CHARGE | DECIMAL(9,2) | NULL | No | No | CLAIM CMN SUBMITTED<br>CHARGE AMOUNT                    | CMN-<br>SUBMITTED-<br>CHARGE | The dollar<br>amount<br>submitted by<br>the<br>provider/suppli<br>er as a charge<br>for the<br>procedure/sup<br>ply on the most<br>recent claim<br>processed. |
| CMN | CMN_ALLOWED<br>_CHARGE   | DECIMAL(9,2) | NULL | No | No | CLAIM CMN ALLOWED<br>CHARGE AMOUNT                      | CMN-ALLOWED-<br>CHARGE       | The amount<br>CMS allows the<br>provider/suppli<br>er to bill for the<br>procedure/sup<br>ply on the claim<br>on the most<br>recent claim<br>processed.       |
| CMN | CMN_RC_CHAR<br>GE        | DECIMAL(9,2) | NULL | No | No | CLAIM CMN<br>REASONABLE CHARGE<br>FEE AMOUNT            | CMN-RC-<br>CHARGE            | Reasonable<br>charge or fee<br>schedule<br>amount<br>allowed for<br>that item. This<br>is used in<br>determining<br>payment for a<br>procedure or<br>supply.  |

|     |                          |              |      |    |    |                                                    |                                  |                                                                                                                                                                                                                                                        |
|-----|--------------------------|--------------|------|----|----|----------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_IC_CHARGE            | DECIMAL(9,2) | NULL | No | No | CLAIM CMN OPERATOR<br>MANUAL PRICE<br>AMOUNT       | CMN-IC-<br>CHARGE                | The fee entered by an operator to manually price for customized DME items.                                                                                                                                                                             |
| CMN | CMN_PENDEDC_LAIM_NUMBER  | NUMERIC(3)   | NULL | No | No | CLAIM CMN PENDING<br>CLAIM NUMBER                  | CMN-PENDEDC-<br>CLAIM-<br>NUMBER | Total number of claims pending against the CMN.                                                                                                                                                                                                        |
| CMN | CMN_PENDEDC_LAIM_CCN_1_  | NUMERIC(15)  | NULL | No | No | CLAIM CMN FIRST<br>PENDING CLAIM<br>CONTROL NUMBER | CMN-PENDEDC-<br>CLAIM-CCN(1)     | This field is a unique 15-byte number claim control number (CCN) assigned to each claim. The format is CYJJBBBBSSQ<br>C - Century<br>YY - Year<br>JJJ - Julian<br>Date<br>BBBB - Batch<br>Number (0000 - 9999)<br>SS -<br>Sequence<br>Number (00 - 99) |
| CMN | CMN_PENDEDC_LAIM_DATE_1_ | CHAR(7)      | NULL | No | No | CLAIM CMN FIRST<br>PENDING CLAIM DATE              | CMN-PENDEDC-<br>CLAIM-DATE(1)    | This field is the date the claim was entered into the system                                                                                                                                                                                           |

|     |                                |             |      |    |    |                                                     |                                |                                                                                                                                                                                                                                                                                              |
|-----|--------------------------------|-------------|------|----|----|-----------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_PENDEDED_C<br>LAIM_CCN_2_  | NUMERIC(15) | NULL | No | No | CLAIM CMN SECOND<br>PENDING CLAIM<br>CONTROL NUMBER | CMN-PENDEDED-<br>CLAIM-CCN(2)  | This field is a<br>unique 15-byte<br>number claim<br>control number<br>(CCN) assigned<br>to each claim.<br>The format is<br>CYJJBBBBSSQ<br>QQ<br>C - Century<br>YY - Year<br>JJJ - Julian<br>Date<br>BBBB - Batch<br>Number (0000 -<br>9999)<br>SS -<br>Sequence<br>Number (00 -<br>99)      |
| CMN | CMN_PENDEDED_C<br>LAIM_DATE_2_ | CHAR(7)     | NULL | No | No | CLAIM CMN SECOND<br>PENDING CLAIM DATE              | CMN-PENDEDED-<br>CLAIM-DATE(2) | This field is the<br>date the claim<br>was entered<br>into the<br>system                                                                                                                                                                                                                     |
| CMN | CMN_PENDEDED_C<br>LAIM_CCN_3_  | NUMERIC(15) | NULL | No | No | CLAIM CMN THIRD<br>PENDING CLAIM<br>CONTROL NUMBER  | CMN-PENDEDED-<br>CLAIM-CCN(3)  | This field is a<br>unique 15-byte<br>number claim<br>control number<br>(CCN) assigned<br>to each claim.<br>The format is<br>CYJJBBBBSSQ<br>QQ<br>C - Century<br>YY - Year<br>JJJ - Julian<br>Date<br>BBBB - Batch<br>Number (0000 -<br>9999)<br>SS -<br>Sequence<br>Number (00 -<br>99)<br>Q |
| CMN | CMN_PENDEDED_C<br>LAIM_DATE_3_ | CHAR(7)     | NULL | No | No | CLAIM CMN THIRD<br>PENDING CLAIM DATE               | CMN-PENDEDED-<br>CLAIM-DATE(3) | This field is the<br>date the claim<br>was entered<br>into the<br>system                                                                                                                                                                                                                     |

|     |                      |             |      |    |    |                                      |                      |                                                                                                                                                                                                                                            |
|-----|----------------------|-------------|------|----|----|--------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_FIRST_CLAIM_CCN  | NUMERIC(15) | NULL | No | No | CLAIM CMN FIRST CLAIM CONTROL NUMBER | CMN-FIRST-CLAIM-CCN  | This field is a unique 15-byte number claim control number (CCN) assigned to each claim. The format is CYJJBBBBSSQ<br>C - Century<br>YY - Year<br>JJJ - Julian Date<br>BBBB - Batch Number (0000 - 9999)<br>SS - Sequence Number (00 - 99) |
| CMN | CMN_FIRST_CLAIM_DATE | CHAR(7)     | NULL | No | No | CLAIM CMN FIRST CLAIM DATE           | CMN-FIRST-CLAIM-DATE | This field is the date the first claim was entered into the system.                                                                                                                                                                        |
| CMN | CMN_LAST_CLAIM_CCN   | NUMERIC(15) | NULL | No | No | CLAIM CMN LAST CLAIM CONTROL NUMBER  | CMN-LAST-CLAIM-CCN   | This field is a unique 15-byte number claim control number (CCN) assigned to each claim. The format is CYJJBBBBSSQ<br>C - Century<br>YY - Year<br>JJJ - Julian Date<br>BBBB - Batch Number (0000 - 9999)<br>SS - Sequence Number (00 - 99) |
| CMN | CMN_LAST_CLAIM_DATE  | CHAR(7)     | NULL | No | No | CLAIM CMN LAST CLAIM DATE            | CMN-LAST-CLAIM-DATE  | This field is the date the last claim was entered into the system.                                                                                                                                                                         |

|     |                          |            |      |    |    |                                          |                        |                                                                                                                                                                                                                                                                 |
|-----|--------------------------|------------|------|----|----|------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_ERROR_NUMBER         | NUMERIC(3) | NULL | No | No | CLAIM CMN CWF ERROR NUMBER               | CMN-ERROR-NUMBER       | Number of CWF errors currently attached to the CMN.                                                                                                                                                                                                             |
| CMN | CMN_ERROR_1_             | CHAR(4)    | NULL | No | No | CLAIM CMN FIRST CWF RESPONSE ERROR CODE  | CMN-ERROR(1)           | CWF response code identifying an error.                                                                                                                                                                                                                         |
| CMN | CMN_ERROR_2_             | CHAR(4)    | NULL | No | No | CLAIM CMN SECOND CWF RESPONSE ERROR CODE | CMN-ERROR(2)           | CWF response code identifying an error.                                                                                                                                                                                                                         |
| CMN | CMN_ERROR_3_             | CHAR(4)    | NULL | No | No | CLAIM CMN THIRD CWF RESPONSE ERROR CODE  | CMN-ERROR(3)           | CWF response code identifying an error.                                                                                                                                                                                                                         |
| CMN | CMN_STATUS_CODE_CURR     | CHAR(2)    | NULL | No | No | CLAIM CMN CURRENT STATUS CODE            | CMN-STATUS-CODE-CURR   | Current status of the CMN. These fields (line 100-133) indicate the status of the CMN as well as the date and operator for that status. It shows whether there has been an error in its creation or if it has been completed successfully. It can also indicate |
| CMN | CMN_STATUS_DATE_CURR     | CHAR(7)    | NULL | No | No | CLAIM CMN CURRENT STATUS DATE            | CMN-STATUS-DATE-CURR   | Date the CMN was put in the current status.                                                                                                                                                                                                                     |
| CMN | CMN_STATUS_OPERATOR_CURR | CHAR(3)    | NULL | No | No | CLAIM CMN CURRENT OPERATOR IDENTIFIER    | CMN-STATUS-OPERID-CURR | The VMS identification number of the operator who has placed the CMN in the current status.                                                                                                                                                                     |
| CMN | CMN_STATUS_CODE_1        | CHAR(2)    | NULL | No | No | CLAIM CMN FIRST STATUS CODE              | CMN-STATUS-CODE(1)     | Prior status of the CMN.                                                                                                                                                                                                                                        |

|     |                          |         |      |    |    |                                                   |                          |                                                                                                      |
|-----|--------------------------|---------|------|----|----|---------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|
| CMN | CMN_STATUS_O<br>PERID_1_ | CHAR(3) | NULL | No | No | CLAIM CMN FIRST<br>STATUS OPERATOR<br>IDENTIFIER  | CMN-STATUS-<br>OPERID(1) | The VMS<br>identification<br>number of the<br>operator who<br>has placed the<br>CMN in the<br>status |
| CMN | CMN_STATUS_P<br>GM_1_    | CHAR(8) | NULL | No | No | CLAIM CMN FIRST<br>STATUS PROGRAM<br>CODE         | CMN-STATUS-<br>PGM(1)    | The program<br>responsible for<br>the status<br>change of the<br>CMN                                 |
| CMN | CMN_STATUS_D<br>ATE_2_   | CHAR(7) | NULL | No | No | CLAIM CMN SECOND<br>STATUS DATE                   | CMN-STATUS-<br>DATE(2)   | Date the CMN<br>was put in the<br>status.                                                            |
| CMN | CMN_STATUS_O<br>PERID_2_ | CHAR(3) | NULL | No | No | CLAIM CMN SECOND<br>STATUS OPERATOR<br>IDENTIFIER | CMN-STATUS-<br>OPERID(2) | The VMS<br>identification<br>number of the<br>operator who<br>has placed the<br>CMN in the<br>status |
| CMN | CMN_STATUS_P<br>GM_2_    | CHAR(8) | NULL | No | No | CLAIM CMN SECOND<br>STATUS PROGRAM<br>CODE        | CMN-STATUS-<br>PGM(2)    | The program<br>responsible for<br>the status<br>change of the<br>CMN                                 |
| CMN | CMN_STATUS_C<br>ODE_3    | CHAR(2) | NULL | No | No | CLAIM CMN THIRD<br>STATUS CODE                    | CMN-STATUS-<br>CODE(3)   | Prior status of<br>the CMN.                                                                          |
| CMN | CMN_STATUS_D<br>ATE_3_   | CHAR(7) | NULL | No | No | CLAIM CMN THIRD<br>STATUS DATE                    | CMN-STATUS-<br>DATE(3)   | Date the CMN<br>was put in the<br>status.                                                            |
| CMN | CMN_STATUS_O<br>PERID_3_ | CHAR(3) | NULL | No | No | CLAIM CMN THIRD<br>STATUS OPERATOR<br>IDENTIFIER  | CMN-STATUS-<br>OPERID(3) | The VMS<br>identification<br>number of the<br>operator who<br>has placed the<br>CMN in the<br>status |
| CMN | CMN_STATUS_P<br>GM_3_    | CHAR(8) | NULL | No | No | CLAIM CMN THIRD<br>STATUS PROGRAM<br>CODE         | CMN-STATUS-<br>PGM(3)    | The program<br>responsible for<br>the status<br>change of the<br>CMN                                 |
| CMN | CMN_STATUS_C<br>ODE_4    | CHAR(2) | NULL | No | No | CLAIM CMN FOURTH<br>STATUS CODE                   | CMN-STATUS-<br>CODE(4)   | Prior status of<br>the CMN.                                                                          |
| CMN | CMN_STATUS_D<br>ATE_4_   | CHAR(7) | NULL | No | No | CLAIM CMN FOURTH<br>STATUS DATE                   | CMN-STATUS-<br>DATE(4)   | Date the CMN<br>was put in the<br>status.                                                            |
| CMN | CMN_STATUS_O<br>PERID_4_ | CHAR(3) | NULL | No | No | CLAIM CMN FOURTH<br>STATUS OPERATOR<br>IDENTIFIER | CMN-STATUS-<br>OPERID(4) | The VMS<br>identification<br>number of the<br>operator who<br>has placed the<br>CMN in the<br>status |

|     |                          |         |      |    |    |                                                    |                          |                                                                                                       |
|-----|--------------------------|---------|------|----|----|----------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| CMN | CMN_STATUS_P<br>GM_4_    | CHAR(8) | NULL | No | No | CLAIM CMN FOURTH<br>STATUS PROGRAM<br>CODE         | CMN-STATUS-<br>PGM(4)    | The program<br>responsible for<br>the status<br>change of the<br>CMN.                                 |
| CMN | CMN_STATUS_C<br>ODE 5    | CHAR(2) | NULL | No | No | CLAIM CMN FIFTH<br>STATUS CODE                     | CMN-STATUS-<br>CODE(5)   | Prior status of<br>the CMN.                                                                           |
| CMN | CMN_STATUS_D<br>ATE_5_   | CHAR(7) | NULL | No | No | CLAIM CMN FIFTH<br>STATUS DATE                     | CMN-STATUS-<br>DATE(5)   | Date the CMN<br>was put in the<br>status.                                                             |
| CMN | CMN_STATUS_O<br>PERID_5_ | CHAR(3) | NULL | No | No | CLAIM CMN FIFTH<br>STATUS OPERATOR<br>IDENTIFIER   | CMN-STATUS-<br>OPERID(5) | The VMS<br>identification<br>number of the<br>operator who<br>has placed the<br>CMN in the<br>status. |
| CMN | CMN_STATUS_P<br>GM_5_    | CHAR(8) | NULL | No | No | CLAIM CMN FIFTH<br>STATUS PROGRAM<br>CODE          | CMN-STATUS-<br>PGM(5)    | The program<br>responsible for<br>the status<br>change of the<br>CMN.                                 |
| CMN | CMN_STATUS_C<br>ODE 6    | CHAR(2) | NULL | No | No | CLAIM CMN SIXTH<br>STATUS CODE                     | CMN-STATUS-<br>CODE(6)   | Prior status of<br>the CMN.                                                                           |
| CMN | CMN_STATUS_D<br>ATE_6_   | CHAR(7) | NULL | No | No | CLAIM CMN SIXTH<br>STATUS DATE                     | CMN-STATUS-<br>DATE(6)   | Date the CMN<br>was put in the<br>status.                                                             |
| CMN | CMN_STATUS_O<br>PERID_6_ | CHAR(3) | NULL | No | No | CLAIM CMN SIXTH<br>STATUS OPERATOR<br>IDENTIFIER   | CMN-STATUS-<br>OPERID(6) | The VMS<br>identification<br>number of the<br>operator who<br>has placed the<br>CMN in the<br>status. |
| CMN | CMN_STATUS_P<br>GM_6_    | CHAR(8) | NULL | No | No | CLAIM CMN SIXTH<br>STATUS PROGRAM<br>CODE          | CMN-STATUS-<br>PGM(6)    | The program<br>responsible for<br>the status<br>change of the<br>CMN.                                 |
| CMN | CMN_STATUS_C<br>ODE 7    | CHAR(2) | NULL | No | No | CLAIM CMN SEVENTH<br>STATUS CODE                   | CMN-STATUS-<br>CODE(7)   | Prior status of<br>the CMN.                                                                           |
| CMN | CMN_STATUS_D<br>ATE_7_   | CHAR(7) | NULL | No | No | CLAIM CMN SEVENTH<br>STATUS DATE                   | CMN-STATUS-<br>DATE(7)   | Date the CMN<br>was put in the<br>status.                                                             |
| CMN | CMN_STATUS_O<br>PERID_7_ | CHAR(3) | NULL | No | No | CLAIM CMN SEVENTH<br>STATUS OPERATOR<br>IDENTIFIER | CMN-STATUS-<br>OPERID(7) | The VMS<br>identification<br>number of the<br>operator who<br>has placed the<br>CMN in the<br>status. |
| CMN | CMN_STATUS_P<br>GM_7_    | CHAR(8) | NULL | No | No | CLAIM CMN SEVENTH<br>STATUS PROGRAM<br>CODE        | CMN-STATUS-<br>PGM(7)    | The program<br>responsible for<br>the status<br>change of the<br>CMN.                                 |
| CMN | CMN_STATUS_C<br>ODE 8    | CHAR(2) | NULL | No | No | CLAIM CMN EIGHTH<br>STATUS CODE                    | CMN-STATUS-<br>CODE(8)   | Prior status of<br>the CMN.                                                                           |



|     |                        |          |      |    |    |                                             |                      |                                                                                     |
|-----|------------------------|----------|------|----|----|---------------------------------------------|----------------------|-------------------------------------------------------------------------------------|
| CMN | CMN_STATUS_DATE_8_     | CHAR(7)  | NULL | No | No | CLAIM CMN EIGHTH STATUS DATE                | CMN-STATUS-DATE(8)   | Date the CMN was put in the status.                                                 |
| CMN | CMN_STATUS_OPERATOR_8_ | CHAR(3)  | NULL | No | No | CLAIM CMN EIGHTH STATUS OPERATOR IDENTIFIER | CMN-STATUS-OPERID(8) | The VMS identification number of the operator who has placed the CMN in the status. |
| CMN | CMN_STATUS_PROGRAM_8_  | CHAR(8)  | NULL | No | No | CLAIM CMN EIGHTH STATUS PROGRAM CODE        | CMN-STATUS-PGM(8)    | The program responsible for the status change of the CMN.                           |
| CMN | CMN_NOTE_IND           | CHAR(1)  | NULL | No | No | CLAIM CMN TYPE OF NOTE INDICATOR            | CMN-NOTE-IND         | Indicates the type of note this CMN has in VMS Notepad.                             |
| CMN | CMN_CERT_IND           | CHAR(1)  | NULL | No | No | CLAIM CMN CERTIFICATION INDICATOR           | CMN-CERT-IND         | This field indicates that a copy of the CMN is on file at the supplier's office.    |
| CMN | CMN_CERT_DATE          | CHAR(7)  | NULL | No | No | CLAIM CMN CERTIFICATION DATE                | CMN-CERT-DATE        | The date the CMN was signed by the referring physician.                             |
| CMN | CMN_UPD_IN_BATCH       | CHAR(1)  | NULL | No | No | CLAIM CMN UPDATE INDICATOR                  | CMN-UPD-IN-BATCH     | This field indicates the CMN was updated in the batch cycle.                        |
| CMN | CMN_NARRATIVE          | CHAR(65) | NULL | No | No | CLAIM CMN NARRATIVE TEXT                    | CMN-NARRATIVE        | This is a free form area on the CMN used for comments by the DME MACS.              |

|     |                     |          |      |    |    |                                     |                      |                                                                                                                                                                                                                                                                 |
|-----|---------------------|----------|------|----|----|-------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_EMCSUB_ID       | CHAR(10) | NULL | No | No | CLAIM CMN EMC SUBMITTED IDENTIFIER  | CMN-EMC-SUB-ID       | This is the ten byte identifier number for the tape containing the Electronic Media Claim (EMC). This may be either a magnetic tape number or a Biller control number.                                                                                          |
| CMN | CMN_LETTER_IND      | CHAR(1)  | NULL | No | No | CLAIM CMN LETTER INDICATOR          | CMN-LETTER-IND       | Indicates if a letter for recertification of the CMN has been generated or requested.                                                                                                                                                                           |
| CMN | CMN_LETTER_DATE     | CHAR(7)  | NULL | No | No | CLAIM CMN LETTER DATE               | CMN-LETTER-DATE      | The date the letter requesting information on the CMN was sent or requested.                                                                                                                                                                                    |
| CMN | CMN_PREVIOUS_ACTION | CHAR(2)  | NULL | No | No | CLAIM CMN PREVIOUS GRID ACTION CODE | CMN-PREV-GRID-ACTION | Indicates previous action taken on the claim or the CMN based on the result of grid logic being performed. Grid logic - Grid EAR is used to set up the questions and field names that must be answered to make the CMN payable. The Grid EAR allows the user to |

|     |                     |             |      |    |    |                                     |                     |                                                                                                                                                                                                                                                             |
|-----|---------------------|-------------|------|----|----|-------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_GRID_ACTION     | CHAR(2)     | NULL | No | No | CLAIM CMN GRID ACTION CODE          | CMN-GRID-ACTION     | Indicates current action taken on the claim or the CMN based on the result of grid logic being performed.                                                                                                                                                   |
| CMN | CMN_ACTION_CODE     | CHAR(2)     | NULL | No | No | CLAIM CMN ACTION CODE               | CMN-ACTION-CODE     | A two digit field linked to messages that will be displayed on the MSN (Medicare Summary Notice) and/or RA (Remittance Advice) that explains how a line was paid.                                                                                           |
| CMN | CMN_ENTRY_IND       | CHAR(1)     | NULL | No | No | CLAIM CMN ENTRY INDICATOR           | CMN-ENTRY-IND       | Shows how the CMN was entered.                                                                                                                                                                                                                              |
| CMN | CMN_ENTRY_DATE      | CHAR(7)     | NULL | No | No | CLAIM CMN ENTRY DATE                | CMN-ENTRY-DATE      | This is the date the CMN was entered.                                                                                                                                                                                                                       |
| CMN | CMN_AUTOCOPY_QCN_NO | NUMERIC(15) | NULL | No | No | CLAIM CMN COPY QUERY CONTROL NUMBER | CMN-AUTOCOPY-QCN-NO | This is the Query Control Number (QCN) that was copied to create the current CMN. Often a new CMN is 'autocopied' from an existing CMN if the information required for the new CMN is very similar. This is the QCN of the CMN from which the copy was made |

|     |              |         |      |    |    |                                                                             |              |                                                                                                                                                                                                                                                                |
|-----|--------------|---------|------|----|----|-----------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_PREV_GRP | CHAR(2) | NULL | No | No | CLAIM CMN PREVIOUS<br>AUTOMATED CLAIM<br>EXAMINATION SYSTEM<br>CODE         | CMN-PREV-GRP | This is used to indicate the field of the Automated Claims Examination System (ACES) GRID record that allowed the previous CMN to pay. This is only used if the Grid Action is equal to PA.                                                                    |
| CMN | CMN_PREV_LVL | CHAR(2) | NULL | No | No | CLAIM CMN PREVIOUS<br>AUTOMATED CLAIM<br>EXAMINATION SYSTEM<br>CODE__714040 | CMN-PREV-LVL | This is used to indicate the field of the previous Automated Claims Examination System (ACES) GRID record level that allowed the CMN to pay. This is only used if the Grid Action is equal to PA. ACES is a VMS subsystem that allows the DME MACs to set up s |

|     |                  |         |      |    |    |                                                                      |                  |                                                                                                                                                                                                                                 |
|-----|------------------|---------|------|----|----|----------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_PREV_SUB_LVL | CHAR(4) | NULL | No | No | CLAIM CMN PREVIOUS SUBMITTED AUTOMATED CLAIM EXAMINATION SYSTEM CODE | CMN-PREV-SUB-LVL | This indicates the Automated Claims Examination System (ACES) Entity Action Record (EAR) used to cause the claim line to use the specific grid logic for pricing. This data element also includes the previous sequence number. |
| CMN | CMN_GRP          | CHAR(2) | NULL | No | No | CLAIM CMN AUTOMATED CLAIM EXAMINATION SYSTEM CODE                    | CMN-GRP          | This is used to indicate the field of the current Automated Claims Examination System (ACES) GRID record that allowed the CMN to pay. This is only used if the Grid Action is equal to PA.                                      |
| CMN | CMN_LVL          | CHAR(2) | NULL | No | No | CLAIM CMN AUTOMATED CLAIM EXAMINATION SYSTEM CODE__714049            | CMN-LVL          | This is used to indicate the field of the current Automated Claims Examination System (ACES) GRID record level that allowed the CMN to pay. This is only used if the Grid Action is equal                                       |

|     |                          |             |      |    |    |                                                                      |                                   |                                                                                                                                                                                                                                                                |
|-----|--------------------------|-------------|------|----|----|----------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_SUB_LVL              | CHAR(4)     | NULL | No | No | CLAIM CMN SUBMITTED<br>AUTOMATED CLAIM<br>EXAMINATION SYSTEM<br>CODE | CMN-SUB-LVL                       | This is used to indicate the field of the current Automated Claims Examination System (ACES) GRID record level that allowed the CMN to pay. This is only used if the Grid Action is equal to PA.                                                               |
| CMN | CMN_GRID_SCREEN          | NUMERIC(3)  | NULL | No | No | CLAIM CMN GRID<br>SCREEN NUMBER                                      | CMN-GRID-<br>SCREEN               | This indicates the screen number from the grid review.                                                                                                                                                                                                         |
| CMN | CMN_CCN                  | NUMERIC(15) | NULL | No | No | CLAIM CMN CLAIM<br>CONTROL NUMBER                                    | CMN-CCN                           | This designates the claim the CMN is attached to. This field is a unique 15-byte number assigned to each claim. The format is CYJJBBBBSSQ<br>QQQ<br>C - Century<br>YY - Year<br>JJJ - Julian<br>Date<br>BBBB - Batch<br>Number (0000 -<br>9999)<br>SS - Sequen |
| CMN | CMN_PREV_NCESSITY_LENGTH | NUMERIC(3)  | NULL | No | No | CLAIM CMN PREVIOUS<br>NECESSITY LENGTH<br>NUMBER                     | CMN-PREV-<br>NECESSITY-<br>LENGTH | This field indicates the length of time the supply is considered a medical necessity. The supply must have a CMN.                                                                                                                                              |
| CMN | CMN_END_DATE_SW          | CHAR(1)     | NULL | No | No | CLAIM CMN END DATE<br>SWITCH                                         | CMN-END-<br>DATE-SW               | Indicates that there is an end date on the CMN.                                                                                                                                                                                                                |

|     |                             |         |      |    |    |                                                   |                                 |                                                                                                                                                                                                                                                                                                                          |
|-----|-----------------------------|---------|------|----|----|---------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_1ST_AUTO<br>_REVIEW_IND | CHAR(1) | NULL | No | No | CLAIM CMN FIRST<br>AUTOMATIC REVIEW<br>INDICATOR  | CMN-1ST-<br>AUTO-REVIEW-<br>IND | This field<br>designates that<br>the system<br>automatically<br>requires a<br>review of this<br>CMN.                                                                                                                                                                                                                     |
| CMN | CMN_SUPEROP_<br>SW          | CHAR(1) | NULL | No | No | CLAIM CMN SUPEROP<br>SWITCH                       | CMN-SUPEROP-<br>SW              | This field<br>denotes<br>whether a<br>claim has been<br>touched by<br>SUPEROP.                                                                                                                                                                                                                                           |
| CMN | CMN_SUPERPOS<br>T_SW        | CHAR(1) | NULL | No | No | CLAIM CMN SUPER POST<br>SWITCH                    | CMN-<br>SUPERPOST-<br>SW        | This indicates<br>whether the<br>CMN has been<br>super posted to<br>CWF.                                                                                                                                                                                                                                                 |
| CMN | CMN_MPR_ACTI<br>VITY_TYPE   | CHAR(6) | NULL | No | No | CLAIM CMN MEDICAL<br>REVIEW ACTIVITY TYPE<br>CODE | CMN-MPR-<br>ACTIVITY-TYPE       | Activity type<br>for Medical<br>Review and<br>Utilization<br>Review (MRUR)<br>edits.                                                                                                                                                                                                                                     |
| CMN | CMN_MPR_EDIT<br>_CODE       | CHAR(5) | NULL | No | No | CLAIM CMN MEDICAL<br>REVIEW ACTIVITY EDIT<br>CODE | CMN-MPR-EDIT-<br>CODE           | This field<br>displays the<br>edit code<br>associated with<br>an activity type.<br>These edits are<br>set up by the<br>carriers on the<br>system. Activity<br>Types' are<br>defined by CMS<br>for use with<br>PIMR (Program<br>Integrity<br>Medical<br>Review)<br>Most activity<br>types require<br>DME MAC<br>defined ' |

|     |                    |            |      |    |    |                                                                  |                    |                                                                                                                                                                                          |
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| CMN | CMN_GRID_EDIT_CODE | CHAR(5)    | NULL | No | No | CLAIM CMN GRID EDIT CODE                                         | CMN-GRID-EDIT-CODE | The error number assigned when a CMN fails grid editing.                                                                                                                                 |
| CMN | X837_SUBMIT_DATE   | CHAR(7)    | NULL | No | No | CLAIM CMN ELECTRONIC DATA INTERCHANGE 837 SUBMIT DATE            | X837-SUBMIT-DATE   | The date of receipt of the inbound HIPAA transaction for this claim                                                                                                                      |
| CMN | X837_SUBMIT_SEQ    | NUMERIC(4) | NULL | No | No | CLAIM CMN ELECTRONIC DATA INTERCHANGE 837 SUBMIT SEQUENCE NUMBER | X837-SUBMIT-SEQ    | The sequence number of the inbound HIPAA transaction for this claim                                                                                                                      |
| CMN | AUTOCOPY_TYPE      | CHAR(1)    | NULL | No | No | CLAIM CMN AUTOMATIC COPY TYPE CODE                               | AUTOCOPY-TYPE      | This field designates the type of VMAP/4D Auto copy Detail screen used for systematically copying a CMN.                                                                                 |
| CMN | AUTOCOPY_TABLE     | CHAR(9)    | NULL | No | No | CLAIM CMN AUTOMATIC TABLE CODE                                   | AUTOCOPY-TABLE     | This field is used when a dummy CMN is created systematically (auto copy) to track rental payments for capped rental items and for the purchase and rental or routinely purchased items. |
| CMN | INIT_CMNS_ABG_LVL  | CHAR(2)    | NULL | No | No | CLAIM CMN ARTERIAL BLOOD GAS LEVEL CODE                          | INIT-CMNS-ABG-LVL  | Arterial Blood Gas (ABG) Level on the CMN.                                                                                                                                               |
| CMN | INIT_CMNS_SAT_LVL  | CHAR(2)    | NULL | No | No | CLAIM CMN OXYGEN SATURATION LEVEL CODE                           | INIT-CMNS-SAT-LVL  | Oxygen saturation level on the CMN.                                                                                                                                                      |



|     |                       |            |      |    |    |                                                                        |                      |                                                                                                                                                      |
|-----|-----------------------|------------|------|----|----|------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | CMN_CARRYOVER         | NUMERIC(3) | NULL | No | No | CLAIM CMN TOTAL CLAIM OXYGEN EQUIPMENT COUNT                           | CMN-CARRYOVER        | Total claim count for an oxygen equipment procedure code at the time the supplier was changed from a non-bid supplier to a competitive bid supplier. |
| CMN | CMN_PROC_BID_CAT      | CHAR(3)    | NULL | No | No | CLAIM CMN PRODUCT CATEGORY FOR NATIONAL COMPETITIVE BID CODE           | CMN-PROC-BID-CAT     | Product category code for the National Competitive Bid project.                                                                                      |
| CMN | CMN_SUPPLIER_CBA      | CHAR(5)    | NULL | No | No | CLAIM CMN COMPETITIVE BID AREA VALUE FOR NATIONAL COMPETITIVE BID CODE | CMN-SUPPLIER-CBA     | CBA (Competitive Bid Area) value used in the National Competitive Bid Project                                                                        |
| CMN | CMN_REISSUE_IND       | CHAR(1)    | NULL | No | No | CLAIM CMN REISSUE INDICATOR                                            | CMN-REISSUE-IND      | Indicates whether the CMN has been reissued.                                                                                                         |
| CMN | CMN_CALC_NEC_LEN      | NUMERIC(3) | NULL | No | No | CLAIM CMN SYSTEM CALCULATED NECESSITY LENGTH NUMBER                    | CMN-CALC-NEC-LEN     | system calculated necessity length                                                                                                                   |
| CMN | CMN_ORIGINATING_SITE  | CHAR(1)    | NULL | No | No | CLAIM CMN CWF ORIGINATING SITE CODE                                    | CWF-ORIGINATING-SITE | The site that created the Certificate of Medical Necessity, according to the CWF.                                                                    |
| CMN | CMN_PROCESSING_SITE   | CHAR(1)    | NULL | No | No | CLAIM CMN CWF PROCESSING SITE CODE                                     | CWF-PROCESSING-SITE  | CWF processing site                                                                                                                                  |
| CMN | CMN_CWF_DISPOSITION_1 | CHAR(2)    | NULL | No | No | CLAIM CMN CWF FIRST DISPOSITION CODE                                   | CWF-DISPOSITION(1)   | The disposition code sent back by the CWF with the current response.                                                                                 |
| CMN | CMN_CWF_DATE_1        | CHAR(7)    | NULL | No | No | CLAIM CMN CWF FIRST RESPONSE DATE                                      | CWF-DATE(1)          | The date of the CWF response.                                                                                                                        |

|     |                    |         |      |    |    |                                                 |                    |                                                                                                               |
|-----|--------------------|---------|------|----|----|-------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------|
| CMN | CWF_ERROR_1_1_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF FIRST OCCURANCE FIRST ERROR CODE  | CWF-ERROR(1,1)     | CWF (Common Working File) error codes returned on the CWF reply associated with the CWF disposition and date. |
| CMN | CWF_ERROR_1_2_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF FIRST OCCURANCE SECOND ERROR CODE | CWF-ERROR(1,2)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_ERROR_1_3_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF FIRST OCCURANCE THIRD ERROR CODE  | CWF-ERROR(1,3)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_ERROR_1_4_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF FIRST OCCURANCE FOURTH ERROR CODE | CWF-ERROR(1,4)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_DISPOSITION_2_ | CHAR(2) | NULL | No | No | CLAIM CMN CWF SECOND CWF DISPOSITION CODE       | CWF-DISPOSITION(2) | The disposition code sent back by CWF with the current response.                                              |
| CMN | CWF_DATE_2_        | CHAR(7) | NULL | No | No | CLAIM CMN CWF SECOND CWF RESPONSE DATE          | CWF-DATE(2)        | The date of the CWF response.                                                                                 |
| CMN | CWF_ERROR_2_1_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF SECOND OCCURANCE FIRST ERROR CODE | CWF-ERROR(2,1)     | CWF (Common Working File) error codes returned on the CWF reply.                                              |

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| CMN | CWF_ERROR_2_2_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF SECOND OCCURANCE SECOND ERROR CODE | CWF-ERROR(2,2)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_ERROR_2_3_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF SECOND OCCURANCE THIRD ERROR CODE  | CWF-ERROR(2,3)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_ERROR_2_4_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF SECOND OCCURANCE FOURTH ERROR CODE | CWF-ERROR(2,4)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_DISPOSITION_3_ | CHAR(2) | NULL | No | No | CLAIM CMN CWF THIRD CWF DISPOSITION CODE         | CWF-DISPOSITION(3) | The disposition code sent back by the CWF with the current response.                                          |
| CMN | CWF_DATE_3_        | CHAR(7) | NULL | No | No | CLAIM CMN CWF THIRD CWF RESPONSE DATE            | CWF-DATE(3)        | The date of the CWF response.                                                                                 |
| CMN | CWF_ERROR_3_1_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF THIRD OCCURANCE FIRST ERROR CODE   | CWF-ERROR(3,1)     | CWF (Common Working File) error codes returned on the CWF reply.                                              |
| CMN | CWF_ERROR_3_2_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF THIRD OCCURANCE SECOND ERROR CODE  | CWF-ERROR(3,2)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |

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|-----|--------------------|---------|------|----|----|--------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------|
| CMN | CWF_ERROR_3_3_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF THIRD OCCURANCE THIRD ERROR CODE   | CWF-ERROR(3,3)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_ERROR_3_4_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF THIRD OCCURANCE FOURTH ERROR CODE  | CWF-ERROR(3,4)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_DISPOSITION_4_ | CHAR(2) | NULL | No | No | CLAIM CMN CWF FOURTH CWF DISPOSITION CODE        | CWF-DISPOSITION(4) | The disposition code sent back by the CWF with the current response.                                          |
| CMN | CWF_DATE_4_        | CHAR(7) | NULL | No | No | CLAIM CMN CWF FOURTH CWF RESPONSE DATE           | CWF-DATE(4)        | The date of the CWF response.                                                                                 |
| CMN | CWF_ERROR_4_1_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF FOURTH OCCURANCE FIRST ERROR CODE  | CWF-ERROR(4,1)     | CWF (Common Working File) error codes returned on the CWF reply.                                              |
| CMN | CWF_ERROR_4_2_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF FOURTH OCCURANCE SECOND ERROR CODE | CWF-ERROR(4,2)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_ERROR_4_3_     | CHAR(4) | NULL | No | No | CLAIM CMN CWF FOURTH OCCURANCE THIRD ERROR CODE  | CWF-ERROR(4,3)     | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |

|     |                         |              |      |    |    |                                                   |                         |                                                                                                               |
|-----|-------------------------|--------------|------|----|----|---------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------|
| CMN | CWF_ERROR_4_4_          | CHAR(4)      | NULL | No | No | CLAIM CMN CWF FOURTH OCCURANCE FOURTH ERROR CODE  | CWF-ERROR(4,4)          | CWF (Common working file) error codes returned on the CWF reply associated with the CWF disposition end date. |
| CMN | CWF_APPROVAL_SW         | CHAR(1)      | NULL | No | No | CLAIM CMN CWF POST INDICATOR                      | CWF-APPROVAL-SW         | This field indicates whether the CMN has been posted to the CWF.                                              |
| CMN | CWF_QUERY_DATE          | CHAR(7)      | NULL | No | No | CLAIM CMN CWF QUERY DATE                          | CWF-QUERY-DATE          | The date the claim was sent to the CWF.                                                                       |
| CMN | CWF_CM_COUNTER          | NUMERIC(1)   | NULL | No | No | CLAIM CMN CWF CMN RECEIVED COUNT                  | CWF-CM-COUNTER          | Number of CMNs received from CWF                                                                              |
| CMN | CWF_RENTAL_PAY_NUMBER   | NUMERIC(3)   | NULL | No | No | CLAIM CMN CWF TOTAL RENTAL NUMBER                 | CWF-RENTAL-PAY-NUMBER   | Total number of rental payments CWF has on file.                                                              |
| CMN | CWF_RENTAL_PAY_AMOUNT   | DECIMAL(9,2) | NULL | No | No | CLAIM CMN CWF RENTAL AMOUNT                       | CWF-RENTAL-PAY-AMOUNT   | Dollar amount of rental payments CWF has on file.                                                             |
| CMN | CWF_MED_NEC_LENGTH_HUCM | NUMERIC(3)   | NULL | No | No | CLAIM CMN CWF MEDICAL NECESSITY LENGTH NUMBER     | CWF-MED-NEC-LENGTH-HUCM | The medical necessity length received from CWF                                                                |
| CMN | BENE_XREF_HICN          | CHAR(12)     | NULL | No | No | CLAIM CMN BENEFICIARY FIRST PREVIOUS HICAN NUMBER | BENE-XREF-HICN          | Prior HICN used to identify a Medicare beneficiary                                                            |
| CMN | BENE_CARRIER            | CHAR(5)      | NULL | No | No | CLAIM CMN BENEFICIARY CARRIER NUMBER              | BENE-CARRIER            | A unique number used to identify the DMAC carrier in whose area the beneficiary resides.                      |

|     |                       |          |      |    |    |                                                    |                       |                                                                               |
|-----|-----------------------|----------|------|----|----|----------------------------------------------------|-----------------------|-------------------------------------------------------------------------------|
| CMN | BENE_PRICING_ STATE   | CHAR(2)  | NULL | No | No | CLAIM CMN BENEFICIARY PRICING STATE CODE           | BENE-PRICING-STATE    | The state in which the beneficiary resides                                    |
| CMN | BENE_PLACE_SERVICE    | CHAR(2)  | NULL | No | No | CLAIM CMN BENEFICIARY PLACE OF SERVICE CODE        | BENE-PLACE-SERVICE    | Identifier of where the procedure was performed                               |
| CMN | BENE_EXAM_DATE        | CHAR(7)  | NULL | No | No | CLAIM CMN BENEFICIARY EXAM DATE                    | BENE-EXAM-DATE        | Date the beneficiary was examined.                                            |
| CMN | BENE_HEIGHT           | CHAR(3)  | NULL | No | No | CLAIM CMN BENEFICIARY HEIGHT CODE                  | BENE-HEIGHT           | Beneficiary's height, in inches                                               |
| CMN | BENE_WEIGHT           | CHAR(3)  | NULL | No | No | CLAIM CMN BENEFICIARY WEIGHT CODE                  | BENE-WEIGHT           | Beneficiary's weight, in pounds                                               |
| CMN | BENE_PHONE            | CHAR(10) | NULL | No | No | CLAIM CMN BENEFICIARY PHONE NUMBER                 | BENE-PHONE            | Telephone number of the beneficiary                                           |
| CMN | BENE_XREF_HICN2       | CHAR(12) | NULL | No | No | CLAIM CMN BENEFICIARY SECOND PREVIOUS HICAN NUMBER | BENE-XREF-HICN2       | Prior HICN used to identify a Medicare beneficiary                            |
| CMN | BENE_HICN_SW          | CHAR(1)  | NULL | No | No | CLAIM CMN BENEFICIARY HICAN SWITCH                 | BENE-HICN-SW          | Indicates whether the beneficiary HICN was changed on an EMC claim.           |
| CMN | BENE_PRICING_ZIP      | CHAR(5)  | NULL | No | No | CLAIM CMN BENEFICIARY PRICING ZIP CODE             | BENE-PRICING-ZIP      | Beneficiary's zip code                                                        |
| CMN | BENE_CBA              | CHAR(5)  | NULL | No | No | CLAIM CMN BENEFICIARY COMPETITIVE BID AREA CODE    | BENE-CBA              | Identifies the Competitive Bid Area the beneficiary resides in, if applicable |
| CMN | HCPCS_SUBMITTED_MOD_1 | CHAR(2)  | NULL | No | No | CLAIM CMN SUBMITTED FIRST MODIFIER CODE            | HCPCS-SUBMITTED-MOD-1 | 2 byte field, which gives additional information about a procedure/supplier   |
| CMN | HCPCS_SUBMITTED_MOD_2 | CHAR(2)  | NULL | No | No | CLAIM CMN SUBMITTED SECOND MODIFIER CODE           | HCPCS-SUBMITTED-MOD-2 | 2 byte field, which gives additional information about a procedure/supplier   |

|     |                          |         |      |    |    |                                                  |                          |                                                                                                                        |
|-----|--------------------------|---------|------|----|----|--------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| CMN | HCPCS_APPROVED_PROC      | CHAR(5) | NULL | No | No | CLAIM CMN APPROVED HCPCS CODE                    | HCPCS-APPROVED-PROC      | Alphanumeric designation for the procedure performed or supply provided . This may differ from the submitted HCPC.     |
| CMN | HCPCS_APPROVED_MOD_1     | CHAR(2) | NULL | No | No | CLAIM CMN APPROVED FIRST MODIFIER CODE           | HCPCS-APPROVED-MOD-1     | 2 byte field, which gives additional information about a procedure/supplier. This may vary from the submitted modifier |
| CMN | HCPCS_APPROVED_MOD_2     | CHAR(2) | NULL | No | No | CLAIM CMN APPROVED SECOND MODIFIER CODE          | HCPCS-APPROVED-MOD-2     | 2 byte field, which gives additional information about a procedure/supplier. This may vary from the submitted modifier |
| CMN | HCPCS_PROCEDURE_CATEGORY | CHAR(2) | NULL | No | No | CLAIM CMN PROCEDURE CATEGORY APPROVED HCPCS CODE | HCPCS-PROCEDURE-CATEGORY | Procedure category of the approved HCPCS.                                                                              |

|     |                |         |      |    |    |                                      |                |                                                                                                                                                                                                                                                   |
|-----|----------------|---------|------|----|----|--------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | HCPCS_RANGE_1_ | CHAR(2) | NULL | No | No | CLAIM CMN FIRST<br>HCPCS RANGE CODE  | HCPCS-RANGE(1) | User-defined range of HCPCS with similar functionality. User-defined range of procedure categories. Each procedure can belong to up to three different categories. This is used to determine the CMN Same Range edit in online claims processing. |
| CMN | HCPCS_RANGE_2_ | CHAR(2) | NULL | No | No | CLAIM CMN SECOND<br>HCPCS RANGE CODE | HCPCS-RANGE(2) | User-defined range of HCPCS with similar functionality. User-defined range of procedure categories. Each procedure can belong to up to three different categories. This is used to determine the CMN Same Range edit in online claims processing. |



|     |                       |         |      |    |    |                                  |                       |                                                                                                                                                                                                                                                   |
|-----|-----------------------|---------|------|----|----|----------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | HCPCS_RANGE_3_        | CHAR(2) | NULL | No | No | CLAIM CMN THIRD HCPCS RANGE CODE | HCPCS-RANGE(3)        | User-defined range of HCPCS with similar functionality. User-defined range of procedure categories. Each procedure can belong to up to three different categories. This is used to determine the CMN Same Range edit in online claims processing. |
| CMN | HCPCS_DMEPOS_CATEGORY | CHAR(1) | NULL | No | No | CLAIM CMN TYPE OF DME CODE       | HCPCS-DMEPOS-CATEGORY | Type of DME item to be provided.                                                                                                                                                                                                                  |
| CMN | HCPCS_TYPE_SERVICE    | CHAR(1) | NULL | No | No | CLAIM CMN TYPE OF SERVICE CODE   | HCPCS-TYPE-SERVICE    | The type of service for the procedure or supply. Type of service' is a CMS term. The most common DME types of service are 'P' purchase, 'R' rental, 'A' used equipment, '9' Other medical items, 'S' other supplies                               |
| CMN | HCPCS_DIAGNOSIS_1_    | CHAR(7) | NULL | No | No | CLAIM CMN FIRST DIAGNOSIS CODE   | HCPCS-DIAGNOSIS(1)    | The illness or disability reason for needing the supply or procedure                                                                                                                                                                              |
| CMN | HCPCS_DIAGNOSIS_2_    | CHAR(7) | NULL | No | No | CLAIM CMN SECOND DIAGNOSIS CODE  | HCPCS-DIAGNOSIS(2)    | The illness or disability reason for needing the supply or procedure                                                                                                                                                                              |

|     |                        |         |      |    |    |                                         |                            |                                                                                                |
|-----|------------------------|---------|------|----|----|-----------------------------------------|----------------------------|------------------------------------------------------------------------------------------------|
| CMN | HCPCS_DIAGNO<br>SIS_3_ | CHAR(7) | NULL | No | No | CLAIM CMN THIRD<br>DIAGNOSIS CODE       | HCPCS-<br>DIAGNOSIS(3)     | The illness or<br>disability<br>reason for<br>needing the<br>supply or<br><del>procedure</del> |
| CMN | HCPCS_DIAGNO<br>SIS_4_ | CHAR(7) | NULL | No | No | CLAIM CMN FOURTH<br>DIAGNOSIS CODE      | HCPCS-<br>DIAGNOSIS(4)     | The illness or<br>disability<br>reason for<br>needing the<br>supply or<br><del>procedure</del> |
| CMN | HCPCS_DIAG_IN<br>D_1_  | CHAR(1) | NULL | No | No | CLAIM CMN FIRST<br>DIAGNOSIS INDICATOR  | HCPCS-DIAG-<br>IND(1)      | Shows whether<br>the Diagnosis<br>Code is ICD - 9<br>or ICD - 10                               |
| CMN | HCPCS_DIAG_IN<br>D_2_  | CHAR(1) | NULL | No | No | CLAIM CMN SECOND<br>DIAGNOSIS INDICATOR | HCPCS-DIAG-<br>IND(2)      | Shows whether<br>the Diagnosis<br>Code is ICD - 9<br>or ICD - 10                               |
| CMN | HCPCS_DIAG_IN<br>D_3_  | CHAR(1) | NULL | No | No | CLAIM CMN THIRD<br>DIAGNOSIS INDICATOR  | HCPCS-DIAG-<br>IND(3)      | Shows whether<br>the Diagnosis<br>Code is ICD - 9<br>or ICD - 10                               |
| CMN | HCPCS_DIAG_IN<br>D_4_  | CHAR(1) | NULL | No | No | CLAIM CMN FOURTH<br>DIAGNOSIS INDICATOR | HCPCS-DIAG-<br>IND(4)      | Shows whether<br>the Diagnosis<br>Code is ICD - 9<br>or ICD - 10                               |
| CMN | HCPCS_DOCUME<br>NT_IND | CHAR(1) | NULL | No | No | CLAIM CMN DOCUMENT<br>INDICATOR         | HCPCS-<br>DOCUMENT-<br>IND | This field tells<br>where the<br>additional<br>documentation<br>for the claim is<br>located.   |
| CMN | HCPCS_MRUR_I<br>ND     | CHAR(1) | NULL | No | No | CLAIM CMN MEDICAL<br>REVIEW INDICATOR   | HCPCS-MRUR-<br>IND         | Action taken<br>due to the<br>medical<br>review/utilizati<br><del>on review</del>              |
| CMN | HCPCS_REPLACE<br>_IND  | CHAR(1) | NULL | No | No | CLAIM CMN REPLACE<br>INDICATOR          | HCPCS-<br>REPLACE-IND      | Indicates<br>whether the<br>item on the<br>CMN) is a<br>replacement<br>item                    |

|     |                     |          |      |    |    |                                              |                     |                                                                                                                                                                               |
|-----|---------------------|----------|------|----|----|----------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | HCPCS_PURCHASE_IND  | CHAR(1)  | NULL | No | No | CLAIM CMN PURCHASE INDICATOR                 | HCPCS-PURCHASE-IND  | Indicates whether the beneficiary has decided to purchase the supply for the CMN.                                                                                             |
| CMN | HCPCS_PURCHASE_DATE | CHAR(7)  | NULL | No | No | CLAIM CMN PURCHASE DATE                      | HCPCS-PURCHASE-DATE | Date the purchase of the supply was made on the CMN.                                                                                                                          |
| CMN | PHYS_UPIN           | CHAR(10) | NULL | No | No | CLAIM CMN PHYSICIAN UPIN NUMBER              | PHYS-UPIN           | The Unique Physician Identification Number (UPIN) for the physician which is assigned by the Registry.                                                                        |
| CMN | PHYS_TYPE           | CHAR(1)  | NULL | No | No | CLAIM CMN PHYSICIAN IDENTIFICATION TYPE CODE | PHYS-TYPE           | This field is used to designate whether the provider/supplier is using their own, a group's or an employer's identification number for billing and procedure code processing. |
| CMN | PHYS_FIRST_NAME     | CHAR(10) | NULL | No | No | CLAIM CMN PHYSICIAN FIRST NAME               | PHYS-FIRST-NAME     | Name, address, and telephone number of the referring physician if available or defaults to DME MAC information                                                                |
| CMN | PHYS_INITIAL        | CHAR(1)  | NULL | No | No | CLAIM CMN PHYSICIAN MIDDLE INITIAL NAME      | PHYS-INITIAL        | The middle initial of the referring physician.                                                                                                                                |
| CMN | PHYS_LAST_NAME      | CHAR(13) | NULL | No | No | CLAIM CMN PHYSICIAN LAST NAME                | PHYS-LAST-NAME      | The Last name of the referring physician.                                                                                                                                     |

|     |                    |          |      |    |    |                                          |                    |                                                                                                             |
|-----|--------------------|----------|------|----|----|------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------|
| CMN | PHYS_ADDRESS_1     | CHAR(22) | NULL | No | No | CLAIM CMN PHYSICIAN FIRST ADDRESS        | PHYS-ADDRESS-1     | The first address line of the referring physician.                                                          |
| CMN | PHYS_ADDRESS_2     | CHAR(22) | NULL | No | No | CLAIM CMN PHYSICIAN SECOND ADDRESS       | PHYS-ADDRESS-2     | The second address line of the referring physician.                                                         |
| CMN | PHYS_CITY          | CHAR(15) | NULL | No | No | CLAIM CMN PHYSICIAN CITY ADDRESS         | PHYS-CITY          | The city of the referring physician.                                                                        |
| CMN | PHYS_STATE         | CHAR(2)  | NULL | No | No | CLAIM CMN PHYSICIAN STATE CODE           | PHYS-STATE         | The state of the referring physician.                                                                       |
| CMN | PHYS_ZIP           | CHAR(9)  | NULL | No | No | CLAIM CMN PHYSICIAN ZIP CODE             | PHYS-ZIP           | The zip code of the referring physician.                                                                    |
| CMN | PHYS_PHONE         | CHAR(10) | NULL | No | No | CLAIM CMN PHYSICIAN PHONE NUMBER         | PHYS-PHONE         | The telephone number of the referring physician.                                                            |
| CMN | PHYS_UPIN_PREV     | CHAR(10) | NULL | No | No | CLAIM CMN PHYSICIAN PREVIOUS UPIN NUMBER | PHYS-UPIN-PREV     | Previous unique Physician Identification Number (UPIN) for the physician which is assigned by the Registry. |
| CMN | PHYS_UPIN_NPI      | CHAR(10) | NULL | No | No | CLAIM CMN PHYSICIAN NPI NUMBER           | PHYS-UPIN-NPI      | National Provider Identifier (NPI) is the standard identifier for all providers of Healthcare.              |
| CMN | PHYS_UPIN_PREV_NPI | CHAR(10) | NULL | No | No | CLAIM CMN PHYSICIAN PREVIOUS NPI NUMBER  | PHYS-UPIN-PREV-NPI | Previous NPI for the provider                                                                               |

|     |                        |          |      |    |    |                                            |                        |                                                                                                                                                 |
|-----|------------------------|----------|------|----|----|--------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | SUPPLIER_NSC           | CHAR(10) | NULL | No | No | CLAIM CMN NSC SUPPLIER NUMBER              | SUPPLIER-NSC           | The National Supplier Clearinghouse numerical designation for the supplier. This is also referred to as the provider number or supplier number. |
| CMN | SUPPLIER_DELIVERY_DATE | CHAR(7)  | NULL | No | No | CLAIM CMN SUPPLIER DELIVERY DATE           | SUPPLIER-DELIVERY-DATE | The delivery date for the supply on the CMN                                                                                                     |
| CMN | SUPPLIER_NSC_PREV      | CHAR(10) | NULL | No | No | CLAIM CMN PREVIOUS NSC SUPPLIER NUMBER     | SUPPLIER-NSC-PREV      | Prior NSC numerical designation for the supplier                                                                                                |
| CMN | SUPPLIER_NSC_NPI       | CHAR(10) | NULL | No | No | CLAIM CMN NSC SUPPLIER NPI NUMBER          | SUPPLIER-NSC-NPI       | National Provider Identifier for the supplier                                                                                                   |
| CMN | SUPPLIER_NSC_PREV_NPI  | CHAR(10) | NULL | No | No | CLAIM CMN PREVIOUS NSC SUPPLIER NPI NUMBER | SUPPLIER-NSC-PREV-NPI  | Prior National Provider Identifier for the supplier                                                                                             |
| CMN | CARRY_SUPPLIER_NSC     | CHAR(10) | NULL | No | No | CLAIM CMN PREVIOUS SUPPLIER NAME           | CARRY-SUPPLIER-NSC     | Previous supplier not affiliated with the National Competitive Bid program.                                                                     |
| CMN | CARRY_SUPPLIER_DATE    | CHAR(7)  | NULL | No | No | CLAIM CMN SUPPLIER SWITCH DATE             | CARRY-SUPPLIER-DATE    | Date the beneficiary switched to the National Competitive Bid program                                                                           |
| CMN | FACILITY_FIRST_NAME    | CHAR(10) | NULL | No | No | CLAIM CMN SNF FIRST NAME                   | FACILITY-FIRST-NAME    | Skilled Nursing Facility name and address                                                                                                       |
| CMN | FACILITY_INITIAL       | CHAR(1)  | NULL | No | No | CLAIM CMN SNF MIDDLE INITIAL NAME          | FACILITY-INITIAL       | Middle initial of the skilled nursing facility.                                                                                                 |
| CMN | FACILITY_LAST_NAME     | CHAR(13) | NULL | No | No | CLAIM CMN SNF LAST NAME                    | FACILITY-LAST-NAME     | Last name of the skilled nursing facility.                                                                                                      |

|     |                        |            |      |    |    |                                     |                        |                                                                                     |
|-----|------------------------|------------|------|----|----|-------------------------------------|------------------------|-------------------------------------------------------------------------------------|
| CMN | FACILITY_ADDRE<br>SS_1 | CHAR(22)   | NULL | No | No | CLAIM CMN SNF FIRST<br>ADDRESS      | FACILITY-<br>ADDRESS-1 | First address<br>line of the<br>skilled nursing<br>facility.                        |
| CMN | FACILITY_ADDRE<br>SS_2 | CHAR(22)   | NULL | No | No | CLAIM CMN SNF<br>SECOND ADDRESS     | FACILITY-<br>ADDRESS-2 | Second address<br>line of the<br>skilled nursing<br>facility.                       |
| CMN | FACILITY_CITY          | CHAR(15)   | NULL | No | No | CLAIM CMN SNF CITY<br>ADDRESS       | FACILITY-CITY          | City of the<br>skilled nursing<br>facility.                                         |
| CMN | FACILITY_STATE         | CHAR(2)    | NULL | No | No | CLAIM CMN SNF STATE<br>CODE         | FACILITY-STATE         | State of the<br>skilled nursing<br>facility.                                        |
| CMN | FACILITY_ZIP           | CHAR(9)    | NULL | No | No | CLAIM CMN SNF ZIP<br>CODE           | FACILITY-ZIP           | Zip code of the<br>skilled nursing<br>facility.                                     |
| CMN | WARRANTY_IND           | CHAR(1)    | NULL | No | No | CLAIM CMN WARRANTY<br>INDICATOR     | WARRANTY-<br>IND       | Indicates if<br>repairs to a<br>purchased item<br>are covered<br>under<br>warranty. |
| CMN | WARRANTY_LEN<br>GTH    | NUMERIC(3) | NULL | No | No | CLAIM CMN WARRANTY<br>LENGTH NUMBER | WARRANTY-<br>LENGTH    | Number of<br>months a<br>purchased item<br>is covered<br>under<br>warranty.         |
| CMN | WARRANTY_TYP<br>E      | CHAR(1)    | NULL | No | No | CLAIM CMN WARRANTY<br>TYPE CODE     | WARRANTY-<br>TYPE      | Type of<br>warranty<br>purchased item<br>is covered<br>under.                       |

|     |                        |             |      |    |    |                                                                |                        |                                                                                                                                                                                                                                                                |
|-----|------------------------|-------------|------|----|----|----------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN | PRIOR_AUTH_D<br>CN     | NUMERIC(13) | NULL | No | No | CLAIM CMN PRIOR<br>AUTHORIZATION<br>DOCUMENT CONTROL<br>NUMBER | PRIOR-AUTH-<br>DCN     | This is the Document Control Number (DCN) in the Interactive Correspondence Online Reporting (ICOR) system that documents the request for authorization. Certain items require prior authorization in order to receive them. ICOR is a VMS subsystem that trac |
| CMN | PRIOR_AUTH_IN<br>D     | CHAR(1)     | NULL | No | No | CLAIM CMN PRIOR<br>AUTHORIZATION<br>INDICATOR                  | PRIOR-AUTH-<br>IND     | This fields indicates whether prior approval is needed before billing a procedure/supply.                                                                                                                                                                      |
| CMN | PRIOR_AUTH_O<br>PERID  | CHAR(3)     | NULL | No | No | CLAIM CMN PRIOR<br>AUTHORIZATION<br>OPERATOR IDENTIFIER        | PRIOR-AUTH-<br>OPERID  | Indicator of how the authorization was performed.                                                                                                                                                                                                              |
| CMN | PRIOR_AUTH_D<br>ATE    | CHAR(7)     | NULL | No | No | CLAIM CMN PRIOR<br>AUTHORIZATION DATE                          | PRIOR-AUTH-<br>DATE    | Date authorization was entered                                                                                                                                                                                                                                 |
| CMN | QUESTION_REPL<br>Y_IND | CHAR        | NULL | No | No | CLAIM CMN QUESTION<br>SET ATTACH TO CMN<br>INDICATOR           | QUESTION-<br>REPLY-IND | Indicates whether a CMN question set is tied to the CMN                                                                                                                                                                                                        |
| CMN | CMN_CRNT_VRS<br>N_SW   | CHAR(1)     | NULL | No | No | CMN CURRENT VERSION<br>SWITCH                                  |                        |                                                                                                                                                                                                                                                                |

|                  |                      |            |          |     |     |                            |                        |                                                                                                                                                                                                                                                                                                                           |
|------------------|----------------------|------------|----------|-----|-----|----------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN_QUESTI<br>ON | QCN_BASE             | CHAR(15)   | NOT NULL | Yes | Yes | CMN QCN BASE               | IDR-REC-QCN-<br>BASE   | The first 13<br>digits of the<br>Quality Control<br>Number (QCN)<br>consisting of<br>the following<br>information<br>presented in<br>the format<br>CYJJTSSSSL<br>L:<br>• C is the<br>century of<br>creation;<br>specify 0 for<br>19xx or 1 for<br>20xx<br>• YYJJ is the<br>date of<br>creation in<br>Julian (YYJJ)<br>for |
| CMN_QUESTI<br>ON | CMN_QCN_SQN<br>C_NUM | NUMERIC(1) | NOT NULL | Yes | Yes | CMN QCN SEQUENCE<br>NUMBER | IDR-REC-QCN-<br>SEQ-NO | The last two<br>digits of the<br>QCN presented<br>in the following<br>format<br>CYJJTSSSSL<br>L where LL is<br>the level of<br>revision or<br>recertification<br>available:<br>specifically two<br>digits from the<br>range of 00<br>through 99.                                                                          |
| CMN_QUESTI<br>ON | CLM_CNTRCTR_<br>NUM  | CHAR(5)    | NOT NULL | Yes | Yes | CMN CONTRACTOR<br>NUMBER   | IDR-REC-<br>CARRIER    | Unique<br>identification<br>number for<br>each carrier                                                                                                                                                                                                                                                                    |



|                  |                     |          |          |    |    |                                         |                    |                                                                                                                                                                                                                     |
|------------------|---------------------|----------|----------|----|----|-----------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMN_QUESTI<br>ON | IDR_REC_CARRIE<br>R | CHAR(5)  | NOT NULL | No | No | CLAIM CMN FORM<br>VERSION NUMBER        | CMN-FORM-<br>REV   | This field<br>contains the<br>version number<br>the CMN.<br>There are<br>specific CMN<br>forms that are<br>required for<br>specific DME<br>HCPCS. If the<br>form needs to<br>change, a new<br>version is<br>created |
| CMN_QUESTI<br>ON | CMN_FORM            | CHAR(3)  | NOT NULL | No | No | CLAIM CMN FORM<br>CODE                  | CMN-FORM           | CMN FORM<br>GROUP                                                                                                                                                                                                   |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_1_  | CHAR(11) | NULL     | No | No | CLAIM CMN FIRST<br>QUESTION REPLY TEXT  | CMN-QR-<br>DATA(1) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form.                                                                                                                                            |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_2_  | CHAR(11) | NULL     | No | No | CLAIM CMN SECOND<br>QUESTION REPLY TEXT | CMN-QR-<br>DATA(2) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form.                                                                                                                                            |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_3_  | CHAR(11) | NULL     | No | No | CLAIM CMN THIRD<br>QUESTION REPLY TEXT  | CMN-QR-<br>DATA(3) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form.                                                                                                                                            |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_4_  | CHAR(11) | NULL     | No | No | CLAIM CMN FOURTH<br>QUESTION REPLY TEXT | CMN-QR-<br>DATA(4) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form.                                                                                                                                            |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_5_  | CHAR(11) | NULL     | No | No | CLAIM CMN FIFTH<br>QUESTION REPLY TEXT  | CMN-QR-<br>DATA(5) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form.                                                                                                                                            |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_6_  | CHAR(11) | NULL     | No | No | CLAIM CMN SIXTH<br>QUESTION REPLY TEXT  | CMN-QR-<br>DATA(6) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form.                                                                                                                                            |

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| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_7_  | CHAR(11) | NULL | No | No | CLAIM CMN SEVENTH<br>QUESTION REPLY TEXT       | CMN-QR-<br>DATA(7)  | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_8_  | CHAR(11) | NULL | No | No | CLAIM CMN EIGHTH<br>QUESTION REPLY TEXT        | CMN-QR-<br>DATA(8)  | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_9_  | CHAR(11) | NULL | No | No | CLAIM CMN NINTH<br>QUESTION REPLY TEXT         | CMN-QR-<br>DATA(9)  | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_10_ | CHAR(11) | NULL | No | No | CLAIM CMN TENTH<br>QUESTION REPLY TEXT         | CMN-QR-<br>DATA(10) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_11_ | CHAR(11) | NULL | No | No | CLAIM CMN ELEVENTH<br>QUESTION REPLY TEXT      | CMN-QR-<br>DATA(11) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_12_ | CHAR(11) | NULL | No | No | CLAIM CMN TWELFTH<br>QUESTION REPLY TEXT       | CMN-QR-<br>DATA(12) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_13_ | CHAR(11) | NULL | No | No | CLAIM CMN<br>THIRTEENTH QUESTION<br>REPLY TEXT | CMN-QR-<br>DATA(13) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_14_ | CHAR(11) | NULL | No | No | CLAIM CMN<br>FOURTEENTH QUESTION<br>REPLY TEXT | CMN-QR-<br>DATA(14) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_15_ | CHAR(11) | NULL | No | No | CLAIM CMN FIFTEENTH<br>QUESTION REPLY TEXT     | CMN-QR-<br>DATA(15) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |

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| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_16_ | CHAR(11) | NULL | No | No | CLAIM CMN SIXTEENTH<br>QUESTION REPLY TEXT        | CMN-QR-<br>DATA(16) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_17_ | CHAR(11) | NULL | No | No | CLAIM CMN<br>SEVENTEENTH<br>QUESTION REPLY TEXT   | CMN-QR-<br>DATA(17) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_18_ | CHAR(11) | NULL | No | No | CLAIM CMN<br>EIGHTEENTH QUESTION<br>REPLY TEXT    | CMN-QR-<br>DATA(18) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_19_ | CHAR(11) | NULL | No | No | CLAIM CMN<br>NINETEENTH QUESTION<br>REPLY TEXT    | CMN-QR-<br>DATA(19) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_20_ | CHAR(11) | NULL | No | No | CLAIM CMN<br>TWENTEETH QUESTION<br>REPLY TEXT     | CMN-QR-<br>DATA(20) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_21_ | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>FIRST QUESTION REPLY<br>TEXT  | CMN-QR-<br>DATA(21) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_22_ | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>SECOND QUESTION<br>REPLY TEXT | CMN-QR-<br>DATA(22) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_23_ | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>THIRD QUESTION REPLY<br>TEXT  | CMN-QR-<br>DATA(23) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_24_ | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>FOURTH QUESTION<br>REPLY TEXT | CMN-QR-<br>DATA(24) | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |

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| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_25_      | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>FIFTH QUESTION REPLY<br>TEXT                     | CMN-QR-<br>DATA(25)      | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_26_      | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>SIXTH QUESTION REPLY<br>TEXT                     | CMN-QR-<br>DATA(26)      | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_27_      | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>SEVENTH QUESTION<br>REPLY TEXT                   | CMN-QR-<br>DATA(27)      | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_28_      | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>EIGHTH QUESTION<br>REPLY TEXT                    | CMN-QR-<br>DATA(28)      | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_29_      | CHAR(11) | NULL | No | No | CLAIM CMN TWENTY<br>NINTH QUESTION REPLY<br>TEXT                     | CMN-QR-<br>DATA(29)      | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_DATA<br>_30_      | CHAR(11) | NULL | No | No | CLAIM CMN THIRTIETH<br>QUESTION REPLY TEXT                           | CMN-QR-<br>DATA(30)      | The reply from<br>the provider to<br>a question<br>from the CMN<br>form. |
| CMN_QUESTI<br>ON | CMN_QR_FACILI<br>TY_NAME | CHAR(25) | NULL | No | No | CLAIM CMN QUESTION<br>REPLY SKILLED NURSING<br>FACILITY NAME         | CMN-QR-<br>FACILITY-NAME | Skilled nursing<br>facility name                                         |
| CMN_QUESTI<br>ON | CMN_QR_FACILI<br>TY_ADDR | CHAR(30) | NULL | No | No | CLAIM CMN QUESTION<br>REPLY SKILLED NURSING<br>FACILITY ADDRESS      | CMN-QR-<br>FACILITY-ADDR | Skilled nursing<br>facility address                                      |
| CMN_QUESTI<br>ON | CMN_QR_FACILI<br>TY_CITY | CHAR(20) | NULL | No | No | CLAIM CMN QUESTION<br>REPLY SKILLED NURSING<br>FACILITY CITY ADDRESS | CMN-QR-<br>FACILITY-CITY | Skilled nursing<br>facility city                                         |

|                  |                            |                  |          |     |     |                                                      |                             |                                                                                                                                                                                                                                                                                                          |
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| CMN_QUESTI<br>ON | CMN_QR_PROD<br>UCT_NAME    | CHAR(14)         | NULL     | No  | No  | CLAIM CMN QUESTION<br>REPLY PRODUCT NAME             | CMN-QR-<br>PRODUCT-<br>NAME | Name of<br>product, used<br>for PEN and<br>Enteral<br>supplies. This<br>is used on the<br>CMN form 09<br>version 03<br>(external<br>infusion<br>pumps) to<br>answer the<br>question "If a<br>NOC (not<br>otherwise<br>classified)<br>HCPCS code is<br>listed in<br>question 1,<br>print name of<br>drug. |
| CMN_QUESTI<br>ON | CMN_QR_NARR<br>ATIVE_1_    | CHAR(25)         | NULL     | No  | No  | CLAIM CMN QUESTION<br>REPLY FIRST NARRATIVE<br>TEXT  | CMN-QR-<br>NARRATIVE(1)     |                                                                                                                                                                                                                                                                                                          |
| CMN_QUESTI<br>ON | CMN_QR_NARR<br>ATIVE_2_    | CHAR(25)         | NULL     | No  | No  | CLAIM CMN QUESTION<br>REPLY SECOND<br>NARRATIVE TEXT | CMN-QR-<br>NARRATIVE-(2)    |                                                                                                                                                                                                                                                                                                          |
| CMN_QUESTI<br>ON | CMN_QR_NARR<br>ATIVE_3_    | CHAR(25)         | NULL     | No  | No  | CLAIM CMN QUESTION<br>REPLY THIRD NARRATIVE<br>TEXT  | CMN-QR-<br>NARRATIVE (3)    |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_CD                    | CHAR(7)          | NOT NULL | Yes | No  | Diagnosis Code                                       |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_VRSN_NU<br>M          | DECIMAL(2)       | NOT NULL | Yes | Yes | Diagnosis Version<br>Number                          |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_SBCLSFCT<br>N_CD      | CHAR(3)          | NOT NULL | No  | No  | Diagnosis<br>Subclassification Code                  |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_CTGRY_C<br>D          | CHAR(3)          | NOT NULL | No  | Yes | Diagnosis Category Code                              |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_SBCTGRY<br>CD         | CHAR(1)          | NOT NULL | No  | Yes | Diagnosis Subcategory<br>Code                        |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_CD_BGN_<br>DT         | DATE             | NOT NULL | No  | No  | Diagnosis Code Begin<br>Date                         |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_CD_END_<br>DT         | DATE             | NOT NULL | No  | No  | Diagnosis Code End Date                              |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_SBCLSFCT<br>N_CD_DESC | VARCHAR(250<br>) | NULL     | No  | No  | Diagnosis<br>Subclassification Code<br>Description   |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | META_SK                    | INTEGER          | NULL     | No  | No  | Metadata SurrogateKey                                |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | META_SRC_SK                | SMALLINT         | NULL     | No  | No  | Metadata Source<br>SurrogateKey                      |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CD          | DGNS_SRC_ID                | CHAR(5)          | NULL     | No  | No  | Meta Source ID                                       |                             |                                                                                                                                                                                                                                                                                                          |
| DGNS_CTGRY<br>CD | DGNS_CTGRY_C<br>D          | CHAR(3)          | NOT NULL | Yes | No  | Diagnosis Category Code                              |                             |                                                                                                                                                                                                                                                                                                          |

|                 |                         |                |          |     |     |                                          |
|-----------------|-------------------------|----------------|----------|-----|-----|------------------------------------------|
| DGNS_CTGRY_CD   | DGNS_VRSN_NUM           | DECIMAL(2)     | NOT NULL | Yes | No  | Diagnosis Version Number                 |
| DGNS_CTGRY_CD   | DGNS_CTGRY_CD_DESC      | VARCHAR(250)   | NULL     | No  | No  | Diagnosis Category Code Description      |
| DGNS_CTGRY_CD   | META_SK                 | INTEGER        | NULL     | No  | No  | Metadata SurrogateKey                    |
| DGNS_CTGRY_CD   | META_SRC_SK             | SMALLINT       | NULL     | No  | No  | Metadata Source SurrogateKey             |
| DGNS_CTGRY_CD   | DGNS_SRC_ID             | CHAR(5)        | NULL     | No  | No  | Meta Source ID                           |
| DGNS_SBCTGRY_CD | DGNS_CTGRY_CD           | CHAR(3)        | NOT NULL | Yes | Yes | Diagnosis Category Code                  |
| DGNS_SBCTGRY_CD | DGNS_SBCTGRY_CD         | CHAR(1)        | NOT NULL | Yes | No  | Diagnosis Subcategory Code               |
| DGNS_SBCTGRY_CD | DGNS_VRSN_NUM           | DECIMAL(2)     | NOT NULL | Yes | Yes | Diagnosis Version Number                 |
| DGNS_SBCTGRY_CD | DGNS_SBCTGRY_CD_DESC    | VARCHAR(250)   | NULL     | No  | No  | Diagnosis Subcategory Code Description   |
| DGNS_SBCTGRY_CD | META_SK                 | INTEGER        | NULL     | No  | No  | Metadata SurrogateKey                    |
| DGNS_SBCTGRY_CD | META_SRC_SK             | SMALLINT       | NULL     | No  | No  | Metadata Source SurrogateKey             |
| DGNS_SBCTGRY_CD | DGNS_SRC_ID             | CHAR(5)        | NULL     | No  | No  | Meta Source ID                           |
| PROD            | PROD_SK                 | INTEGER        | NOT NULL | Yes | No  | Product SurrogateKey                     |
| PROD            | PROD_EFCTV_SK           | INTEGER        | NOT NULL | No  | Yes | Product Effective Surrogate Key          |
| PROD            | PROD_SK_EFCTV_DT        | DATE           | NULL     | No  | No  | Product Surrogate Key Effective Date     |
| PROD            | PROD_SK_OBSLT_DT        | DATE           | NULL     | No  | No  | Product Surrogate Key Obsolete Date      |
| PROD            | PROD_TYPE_CD            | CHAR(1)        | NOT NULL | No  | No  | Product Type Code                        |
| PROD            | PROD_BETOS_CTGRY_CD     | CHAR(1)        | NULL     | No  | No  | Product Betos Category Code              |
| PROD            | PROD_BETOS_CLSFCTN_CD   | CHAR(1)        | NULL     | No  | No  | Product Betos Classification Code        |
| PROD            | PROD_BETOS_SBCLSFCTN_CD | CHAR(1)        | NULL     | No  | No  | Product Betos Subclassification Code     |
| PROD            | PROD_PRIME_LOG_NUM      | DECIMAL(18,15) | NULL     | No  | No  | Product Prime Logarithm Number           |
| PROD            | META_SK                 | INTEGER        | NULL     | No  | No  | Metadata SurrogateKey                    |
| PROD            | META_LST_UPDT_SK        | INTEGER        | NULL     | No  | No  | Metadata Last Update SurrogateKey        |
| PROD            | META_SRC_SK             | SMALLINT       | NULL     | No  | No  | Metadata Source SurrogateKey             |
| PROD            | META_LST_UPDT_SRC_SK    | SMALLINT       | NULL     | No  | No  | Metadata Last Update Source SurrogateKey |
| PROD_DGNS       | PROD_DGNS_SURROGATE_KEY | INTEGER        | NOT NULL | Yes | Yes | Product Diagnosis Surrogate Key          |
| PROD_DGNS       | DGNS_CD                 | CHAR(7)        | NULL     | No  | Yes | Diagnosis Code                           |
| PROD_DGNS       | META_SK                 | INTEGER        | NULL     | No  | No  | Metadata SurrogateKey                    |
| PROD_DGNS       | META_SRC_SK             | SMALLINT       | NULL     | No  | No  | Metadata Source SurrogateKey             |

|                        |                             |             |          |     |     |                                               |
|------------------------|-----------------------------|-------------|----------|-----|-----|-----------------------------------------------|
| PROD_DGNS              | DGNS_VRSN_NUM               | DECIMAL(2)  | NULL     | No  | Yes | Diagnosis Version Number                      |
| PROD_LCL_PRCDR_TYPE_CD | PROD_SRC_ID                 | CHAR(5)     | NOT NULL | Yes | No  | Meta Source ID                                |
| PROD_LCL_PRCDR_TYPE_CD | PROD_LCL_PRCDR_TYPE_CTGRY   | CHAR(7)     | NOT NULL | Yes | No  | Product Local Procedure Type Category         |
| PROD_LCL_PRCDR_TYPE_CD | PROD_LCL_PRCDR_TYPE_CD      | CHAR(10)    | NOT NULL | No  | No  | Product Local Procedure Type Code             |
| PROD_LCL_PRCDR_TYPE_CD | PROD_LCL_PRCDR_TYPE_CD_DESC | VARCHAR(40) | NULL     | No  | No  | Product Local Procedure Type Code Description |
| PROD_LCL_PRCDR_TYPE_CD | PROD_PRCDR_TYPE_CD          | CHAR(1)     | NOT NULL | No  | Yes | Product Procedure Type Code                   |
| PROD_LCL_PRCDR_TYPE_CD | PROD_LCL_BGN_DT             | DATE        | NULL     | No  | No  | Product Local Begin Date                      |
| PROD_LCL_PRCDR_TYPE_CD | PROD_LCL_END_DT             | DATE        | NULL     | No  | No  | Product Local End Date                        |
| PROD_LCL_PRCDR_TYPE_CD | META_SK                     | INTEGER     | NULL     | No  | No  | Metadata SurrogateKey                         |
| PROD_LCL_PRCDR_TYPE_CD | META_SRC_SK                 | SMALLINT    | NULL     | No  | No  | Metadata Source SurrogateKey                  |
| PROD_PRCDR             | PROD_PRCDR_SK               | INTEGER     | NOT NULL | Yes | Yes | Product Procedure Surrogate Key               |
| PROD_PRCDR             | PRCDR_VRSN_NUM              | DECIMAL(2)  | NULL     | No  | No  | Procedure Version Number                      |
| PROD_PRCDR             | PRCDR_CD                    | CHAR(7)     | NULL     | No  | No  | Procedure Code                                |
| PROD_PRCDR             | META_SK                     | INTEGER     | NULL     | No  | No  | Metadata SurrogateKey                         |
| PROD_PRCDR             | META_SRC_SK                 | SMALLINT    | NULL     | No  | No  | Metadata Source SurrogateKey                  |
| PROD_PRCDR             | PROD_SRC_ID                 | CHAR(5)     | NULL     | No  | Yes | Meta Source ID                                |
| PROD_PRCDR             | PROD_LCL_PRCDR_TYPE_CD      | CHAR(10)    | NULL     | No  | No  | Product Local Procedure Type Code             |
| PROD_PRCDR             | PROD_LCL_PRCDR_TYPE_CTGRY   | CHAR(7)     | NULL     | No  | Yes | Product Local Procedure Type Category         |
| PROD_PRCDR             | PROD_PRCDR_TYPE_CD          | CHAR(1)     | NULL     | No  | Yes | Product Procedure Type Code                   |
| PROD_PRCDR_TYPE_CD     | PROD_PRCDR_TYPE_CD          | CHAR(1)     | NOT NULL | Yes | No  | Product Procedure Type Code                   |
| PROD_PRCDR_TYPE_CD     | PROD_PRCDR_TYPE_CD_DESC     | VARCHAR(30) | NULL     | No  | No  | Product Procedure Type Code Description       |
| PROD_PRCDR_TYPE_CD     | META_SK                     | INTEGER     | NULL     | No  | No  | Metadata SurrogateKey                         |
| PROD_PRCDR_TYPE_CD     | META_SRC_SK                 | SMALLINT    | NULL     | No  | No  | Metadata Source SurrogateKey                  |

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|            |             |         |      |    |    |                |
|------------|-------------|---------|------|----|----|----------------|
| PROD_PRCDR | PROD_SRC_ID | CHAR(5) | NULL | No | No | Meta Source ID |
| TYPE_CD    |             |         |      |    |    |                |

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:P:IDR-TOT-ALLOWED

Total claim allowed amount

No

Yes

Yes

Yes

Yes

This field documents the total amount allowed by Medicare for all of the submitted charges on a particular claim. Allowed charges can be system generated from fee databases, reasonable charge screens, or manual entry.

:P:IDR-BENE-CHECK-AMT

Beneficiary check amount

No

Yes

Yes

Yes

Yes

This field indicates the amount of the Medicare payment made to the beneficiary. The amount must not be greater than the allowed charge. This amount is system

:P:IDR-  
COINSURANCE

Total claim  
coinsurance  
amount

No

Yes

Yes

Yes

Yes

The dollar  
amount, per  
line item, that  
is the  
responsibility  
of the  
beneficiary for  
payment. This  
amount is  
calculated  
based on the  
claim  
assignment and  
the type of  
service being  
rendered.

The beneficiary  
responsibility a

:P:IDR-  
DEDUCTIBLE

Total claim  
deductible  
amount

No

Yes

Yes

Yes

Yes

The portion of  
the final charge  
allowed on a  
claim that is  
used to satisfy  
the amount of  
Part B  
Medicare cash  
deductible  
remaining.

:P:IDR-CLM-HD- Number that  
PLAN, :P:IDR- uniquely  
CLM-HD-ICN- identifies a  
NBR claim within a  
carrier





:P:IDR-TOT-  
BILLED-AMT

Claim billed  
amount

Yes

Yes

Yes

Yes

Yes

This field  
contains the  
total amount of  
all charges  
submitted by  
the provider on  
a given claim.  
The total  
charge  
submitted must  
equal the sum  
of the charges  
submitted for  
each line item.  
It must not be  
less than the  
paid by benefici

|  |                     |                                                                                                                           |    |     |     |     |     |
|--|---------------------|---------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
|  |                     |                                                                                                                           |    |     |     |     |     |
|  |                     |                                                                                                                           |    |     |     |     |     |
|  |                     |                                                                                                                           |    |     |     |     |     |
|  |                     |                                                                                                                           |    |     |     |     |     |
|  |                     |                                                                                                                           |    |     |     |     |     |
|  |                     |                                                                                                                           |    |     |     |     |     |
|  | :P:IDR-BENE-INT-AMT | Beneficiary Interest amount<br><br>Amount of interest paid to the beneficiary due to a delay in the payment of the claim. | No | Yes | Yes | Yes | Yes |
|  | :P:IDR-INT-RATE     | Interest percentage - Used to identify the rate of the interest percent applicable for the current period.                | No | Yes | Yes | Yes | Yes |
|  |                     |                                                                                                                           |    |     |     |     |     |



|                     |                                                                                                                                                                                                      |     |     |     |     |     |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-U-OTAF-AMT   | Obligated to accept in full amount                                                                                                                                                                   | No  | Yes | Yes | Yes | Yes |
|                     | This item is used to indicate the payment amount a provider agrees to accept from Medicare as payment in full, and will not charge the beneficiary for any amounts over the Medicare allowed charge. |     |     |     |     |     |
| :P:IDR-N-MSP-PAID   | Other payer payable amount                                                                                                                                                                           | Yes | Yes | Yes | Yes | Yes |
|                     | This field identifies the total amount actually paid by the other insurance coverage. This amount is carried forward from the original data entry on the processing Screen.                          |     |     |     |     |     |
| :P:IDR-PROV-INT-AMT | Provider Interest amount                                                                                                                                                                             | No  | Yes | Yes | Yes | Yes |
|                     | Amount of interest paid to the provider due to a delay in the payment of the claim.                                                                                                                  |     |     |     |     |     |

|                       |                                                                                                                                                                                                                                                     |     |     |     |     |     |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-J-REM-PROV-PAY | Remaining provider pay                                                                                                                                                                                                                              | No  | No  | Yes | Yes | Yes |
|                       | If the provider has an accounts receivable record, this field carries the amount still due after any offsets.                                                                                                                                       |     |     |     |     |     |
| :P:IDR-DTL-CNT        | Number of claim details                                                                                                                                                                                                                             | Yes | Yes | Yes | Yes | Yes |
|                       | This field contains the count of detail segments for a pending or paid history claim record.                                                                                                                                                        |     |     |     |     |     |
| :P:IDR-HIC-XREF-NUM   | XREF HIC                                                                                                                                                                                                                                            | No  | Yes | Yes | Yes | Yes |
|                       | This field will contain, when applicable, a new HIC number assigned by CMS or RRB which usually changes the bene's Medicare status. All records have been cross-referred (both internally and at CWF) from the original HIC number to this Cross-Re |     |     |     |     |     |

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:P:IDR-CLM-HD-  
CONTR-TYPE

:P:IDR-BENE- Beneficiary sex Yes Yes Yes Yes  
SEX





:P:IDR-BENE-  
FIRST-INIT Beneficiary first name-first initial Yes Yes Yes Yes

:P:IDR-BENE-  
MID-INIT Beneficiary middle name-first initial Yes Yes Yes Yes

:P:IDR-BENE-  
LAST-1-6 Beneficiary last name-first 6 Characters Yes Yes Yes Yes





|                         |                                                                                                                                                                                                          |     |     |     |     |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|
| :P:IDR-J-PEER-REV-ORG   | Peer review number                                                                                                                                                                                       | No  | No  | Yes | Yes |
|                         | This field is used to document the Peer Review Organization (PRO) authorization number for a procedures that require prior authorization, investigational device number, or HHA hospice provider number. |     |     |     |     |
| :P:IDR-U-PATIENT-ACCT-N | Patient account number                                                                                                                                                                                   | Yes | Yes | Yes | Yes |
|                         | This field contains the beneficiary's (patient's) account number as supplied by the provider of services.                                                                                                |     |     |     |     |

:P:IDR-U-  
TRTMNT-AUTH-  
CODE

Treatment  
authorization  
code

Yes

Yes

Yes

Yes

Yes

This field  
contains the  
number  
assigned when  
a  
service/treatm  
ent receives  
advanced  
authorization  
prior to the  
rendering of  
that service.

|                                                                                                                                                                                                                                        |                      |    |     |     |     |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----|-----|-----|-----|-----|
| :P:IDR-HDR-EOMB-MSG                                                                                                                                                                                                                    | Claim EOMB message 1 | No | Yes | Yes | Yes | Yes |
| <p>This field is used to generate EOMB messages. More than one remark code can be entered. System-generated remarks take priority over manual entries. Messages must contain specific text associated with the specific situation.</p> |                      |    |     |     |     |     |
| :P:IDR-J-EOMB- NUM(2)                                                                                                                                                                                                                  | Claim EOMB message   |    |     |     |     |     |
| :P:IDR-J-EOMB- NUM(3)                                                                                                                                                                                                                  | Claim EOMB message   |    |     |     |     |     |
| :P:IDR-J-EOMB- NUM(4)                                                                                                                                                                                                                  | Claim EOMB message   |    |     |     |     |     |
| :P:IDR-J-EOMB- NUM(5)                                                                                                                                                                                                                  | Claim EOMB message   |    |     |     |     |     |
|                                                                                                                                                                                                                                        |                      |    |     |     |     |     |
|                                                                                                                                                                                                                                        |                      |    |     |     |     |     |
|                                                                                                                                                                                                                                        |                      |    |     |     |     |     |
|                                                                                                                                                                                                                                        |                      |    |     |     |     |     |
|                                                                                                                                                                                                                                        |                      |    |     |     |     |     |





:P:IDR-HHDR-  
FROM-DOS

Claim from  
date of service

Yes

Yes

Yes

Yes

Yes

For claims that  
have  
suspended  
from the batch  
cycle for  
manual review,  
this field carries  
the earliest  
from-date-of-  
service on the  
claim.

|  |                            |                                                                                                                                                                                                                                        |     |     |     |     |     |
|--|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
|  |                            |                                                                                                                                                                                                                                        |     |     |     |     |     |
|  |                            |                                                                                                                                                                                                                                        |     |     |     |     |     |
|  |                            |                                                                                                                                                                                                                                        |     |     |     |     |     |
|  | :P:IDR-U-ORIG-RECEIPT-DATE | Original receipt date                                                                                                                                                                                                                  | Yes | Yes | Yes | No  | Yes |
|  |                            | This field contains the original receipt date. This information is completed only if there is a full claim adjustment. Original receipt date is the receipt date of the claim -- it must be the date the carrier actually received it. |     |     |     |     |     |
|  | :P:IDR-HDR-TO-DOS          | Claim to date of service                                                                                                                                                                                                               | Yes | Yes | Yes | Yes | Yes |
|  |                            | For claims that have suspended from the batch cycle for manual review, this field carries the latest to-date-of-service on the claim.                                                                                                  |     |     |     |     |     |
|  |                            |                                                                                                                                                                                                                                        |     |     |     |     |     |
|  |                            |                                                                                                                                                                                                                                        |     |     |     |     |     |
|  |                            |                                                                                                                                                                                                                                        |     |     |     |     |     |





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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|-----|-----|-----|-----|
| :P:IDR-DTL-<br>NUMBER                                                                                                                                                                                                                                                                                                  | Detail Number | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-CLM-DT-<br>CONTR-TYPE                                                                                                                                                                                                                                                                                           |               |     |     |     |     |     |
| :P:IDR-TOS                                                                                                                                                                                                                                                                                                             |               |     |     |     |     |     |
| Type of service - Yes<br>This is a one-<br>character code<br>that identifies<br>the type of<br>service<br>designated to a<br>particular<br>procedure code<br>and modifier.<br>This value may<br>further define<br>the procedure<br>code/modifier<br>combination<br>allowing it to<br>carry multiple<br>definitions and | Yes           | Yes | Yes | Yes |     |     |

|                       |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-TTWO-DIGIT-POS | 2 digit place of service - This is a CMS-defined, two-byte code that identifies where the service was rendered.                                                                                                                                                | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-ALLOWED    | Allowed amount - This is the initial charge allowed by Medicare before any reductions for coinsurance, limitations or deductible. The derivation of this dollar amount is based on the procedure code and modifiers, the provider and his location and the num | No  | Yes | Yes | Yes | Yes |
| :P:IDR-SERV-ALLOW     | Services allowed - This field defines the number of times a service is allowed, i.e., the number of items that are supplied, the units of blood provided, or the minutes involved in an anesthesia service.                                                    | No  | Yes | Yes | Yes | Yes |

|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |
|--|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|-----|-----|
|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |
|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |
|  | :P:IDR-DTL-<br>BENE-PAID | Detail beneficiary paid amount - The amount in this field is the final allowed charge paid to the beneficiary for the procedure after any pertinent reductions are made for an individual claim line. | No | No | Yes | Yes | Yes |
|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |
|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |
|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |
|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |
|  |                          |                                                                                                                                                                                                       |    |    |     |     |     |



:P:IDR-DTL-  
BLOOD-DED

Detail blood deductible -  
This field contains the number of pints of blood used to satisfy the Part B Medicare blood deductible on claim line. If the number of pints to be applied is less than or equal to 3 pints minus satisfied amount from the previous

No

Yes

Yes

Yes

Yes

|                      |                                                                                                                                                                                                 |    |     |     |     |     |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DTL-COINS     | Detail coinsurance amount                                                                                                                                                                       | No | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-REG-DED   | Detail regular deductible - This field displays the portion of the final charge allowed on a claim line that is used to satisfy the amount of Part B Medicare cash deductible remaining.        | No | Yes | Yes | Yes | Yes |
|                      |                                                                                                                                                                                                 |    |     |     |     |     |
|                      |                                                                                                                                                                                                 |    |     |     |     |     |
|                      |                                                                                                                                                                                                 |    |     |     |     |     |
|                      |                                                                                                                                                                                                 |    |     |     |     |     |
|                      |                                                                                                                                                                                                 |    |     |     |     |     |
| :P:IDR-DTL-PROV-PAID | Detail provider paid amount - The amount in this field is the final allowed charge paid to the provider for the procedure after any pertinent reductions are made for an individual claim line. | No | No  | Yes | Yes | Yes |
|                      |                                                                                                                                                                                                 |    |     |     |     |     |

|                      |                                                                                                                                                                                                              |     |     |     |     |     |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DTL-BILLED    | Billed amount - This field displays the dollar charges actually made by the physician or supplier for the service(s) rendered or supply(s) provided on the line item.                                        | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-FROM-DATE | From date of service - This field carries the date on which a particular service was first rendered.                                                                                                         | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-SERV-BILLED   | Services billed - This field defines the number of times a service is performed, i.e., the number of items that are supplied, the units of blood provided, or the minutes involved in an anesthesia service. | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-TO-DATE   | To Date of Service - This field indicates the last date on which a particular service was rendered for a specific claim case. It includes the day, month, and year .                                         | Yes | Yes | Yes | Yes | Yes |



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|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| :P:IDR-MOD-ONE | First procedure modifier - This is first procedure modifier.                                                                                                                                     | Yes | Yes | Yes | Yes | Yes | Yes |
|                | In addition to the normal pricing criteria, the system allows claims examiners to use modifier codes to further qualify billed procedures. In some cases, the modifier requires special handling |     |     |     |     |     |     |

|                |                                            |     |     |     |     |     |     |
|----------------|--------------------------------------------|-----|-----|-----|-----|-----|-----|
| :P:IDR-MOD-TWO | Second procedure modifier - Same as above. | Yes | Yes | Yes | Yes | Yes | Yes |
|----------------|--------------------------------------------|-----|-----|-----|-----|-----|-----|

|                  |                                           |     |     |     |     |     |     |
|------------------|-------------------------------------------|-----|-----|-----|-----|-----|-----|
| :P:IDR-MOD-THREE | Third procedure modifier - Same as above. | Yes | Yes | Yes | Yes | Yes | Yes |
|------------------|-------------------------------------------|-----|-----|-----|-----|-----|-----|

|                          |                                                                                                                                                                                            |     |     |     |     |     |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-MOD-FOUR          | Fourth procedure modifier - This is the fourth procedure modifier.                                                                                                                         | Yes | Yes | Yes | Yes | Yes |
|                          | In addition to the normal pricing criteria, the system allows claims examiners to use modifier codes to further qualify billed procedures. In some cases, the modifier requires special ha |     |     |     |     |     |
| :P:IDR-DTL-COINS         | Detail coinsurance amount                                                                                                                                                                  | No  | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-NUMBER        | Detail Number                                                                                                                                                                              | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-CLM-DT-CONTR-TYPE |                                                                                                                                                                                            |     |     |     |     |     |
|                          |                                                                                                                                                                                            |     |     |     |     |     |
|                          |                                                                                                                                                                                            |     |     |     |     |     |
|                          |                                                                                                                                                                                            |     |     |     |     |     |
|                          |                                                                                                                                                                                            |     |     |     |     |     |





:P:MULTIPLE-  
SURGERY-IND

Multiple  
surgery  
indicator -  
Indicates  
whether or not  
a service is  
subject to a  
multiple  
surgery  
payment  
adjustment  
when more  
than one of a  
similar type of  
service is billed  
on the same  
day

Value:  
Description:

Y Yes

No

Yes

Yes

Yes

Yes

:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-  
NUMBER    Detail Number    Yes            Yes            Yes            Yes            Yes



:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-  
NUMBER    Detail Number    Yes    Yes    Yes    Yes    Yes



|  |                               |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|--|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
|  | :P:IDR-DTL-OCC-<br>THER-DED   | Detail occupational therapy limit - This field displays the dollar amount allowed for the claim line that was applied to a Medicare occupational therapy payment limitation.                                                                                   | No  | Yes | Yes | Yes | Yes |
|  | :P:IDR-K-PRESCRIPTION-<br>NUM | Prescription number - This field carries the prescription number. The prescription number is comprised of the vendor ID number as the first four positions, the procedure code as the fifth thru ninth positions, and sequential numbering as the tenth thru t | Yes | Yes | Yes | Yes | Yes |
|  |                               |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|  |                               |                                                                                                                                                                                                                                                                |     |     |     |     |     |
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| :P:IDR-DTL-LATE-RED | Detail late filing reduction - A 10 % reduction of the final allowed charge is made when due to late claim filing restrictions. This reduction is applied to assigned services submitted for payment one year from date of service | No | Yes | Yes | Yes | Yes |
| :P:IDR-CASH-DED     | Detail subject to cash deductible - indicates if the claim is subject to a cash deductible amount. Y If true N Default                                                                                                             | No | Yes | Yes | Yes | Yes |
| :P:IDR-PAY-80-PER   | Detail payable at 80% - indicates if the claim is payable at 80%. Y If true N Default                                                                                                                                              | No | Yes | Yes | Yes | Yes |





:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL- Detail Number Yes Yes Yes Yes  
NUMBER

:P:IDR-CLM-DT-  
CONTR-TYPE















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|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DTL-REND-TYPE   | Detail rendering provider type - This field displays a two-number code that is associated with identifying the rendering provider's type code. See S0105010 for valid values.     | No  | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-REND-SPEC   | Detail rendering provider spec - The rendering provider specialty code is a two-character code that identifies the rendering provider's specialty. See S0106010 for valid values. | No  | Yes | Yes | Yes | Yes |
| :P:IDR-PERF-PROV-STATE | Detail performing provider state code - This field carries the performing provider state code. Same as Postal Code                                                                | Yes | Yes | Yes | Yes | Yes |
|                        |                                                                                                                                                                                   |     |     |     |     |     |
|                        |                                                                                                                                                                                   |     |     |     |     |     |
|                        |                                                                                                                                                                                   |     |     |     |     |     |
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|  | :P:IDR-PAR-<br>NONPAR | PAR/NON PAR<br>PRICING<br>INDICATOR -<br>indicates<br>whether the<br>provider on the<br>claim is<br>participating or<br>not<br>participating<br>with Medicare. | No | Yes | Yes | Yes | Yes |
|--|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
|  |                       |                                                                                                                                                                |    |     |     |     |     |
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:P:IDR-DTL-  
NUMBER

Detail Number Yes

Yes

Yes

Yes

Yes

:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-  
NUMBER

Detail Number Yes

Yes

Yes

Yes

Yes



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|  |  | :P:IDR-CLM-DT-<br>CONTR-TYPE |                                                                                                                                                                                                                                     |     |     |     |     |
|  |  | :P:IDR-DTL-<br>NUMBER        | Detail Number                                                                                                                                                                                                                       | Yes | Yes | Yes | Yes |
|  |  | :P:IDR-K-AUDIT-<br>NUM       | Audit number -<br>contains the<br>audit code<br>number for the<br>claim cutback.                                                                                                                                                    | No  | Yes | Yes | Yes |
|  |  | :P:IDR-K-AUDIT-<br>IND       | Audit indicator -<br>Indicates if the<br>code in the K-<br>AUDIT-NUM<br>field refers to<br>an audit,<br>header record<br>edit, or a claim<br>detail edit<br>Value:<br>Description:<br><br>A Audit<br>H Header edit<br>D Detail edit | No  | Yes | Yes | Yes |

|                                 |                                                                                                                                                                                                               |            |            |            |            |            |
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| <p>:P:IDR-K-AUDIT-DISP</p>      | <p>Audit disposition - carries the disposition code associated with the first SCC audit code contained on the claim. These values are assigned by the Carrier/MAC, specific to the affiliated audit code.</p> | <p>No</p>  | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> |
|                                 |                                                                                                                                                                                                               |            |            |            |            |            |
|                                 |                                                                                                                                                                                                               |            |            |            |            |            |
| <p>:P:IDR-CLM-DT-CONTR-TYPE</p> |                                                                                                                                                                                                               |            |            |            |            |            |
|                                 |                                                                                                                                                                                                               |            |            |            |            |            |
| <p>:P:IDR-DTL-NUMBER</p>        | <p>Detail Number</p>                                                                                                                                                                                          | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> |
|                                 |                                                                                                                                                                                                               |            |            |            |            |            |
|                                 |                                                                                                                                                                                                               |            |            |            |            |            |
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:P:IDR-CLM-DT-  
CONTR-TYPE

|                       |               |     |     |     |     |     |
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| :P:IDR-DTL-<br>NUMBER | Detail Number | Yes | Yes | Yes | Yes | Yes |
|-----------------------|---------------|-----|-----|-----|-----|-----|

|                           |                                                                                                                                                                        |    |     |     |     |     |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DTL-<br>CWF-ERR-CD | CWF Detail<br>Error Code -<br>This field<br>carries one<br>CWF detail<br>error code. This<br>is an entry in<br>the DTL-CWF-<br>ERROR table,<br>that occurs 5<br>times. | No | Yes | Yes | Yes | Yes |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                            |                                                                                                                                                                      |    |     |     |     |     |
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| :P:IDR-DTL-<br>CWF-OVRD-CD | CWF Detail<br>Override - This<br>field carries<br>one CWF detail<br>override code.<br>This is an entry<br>in the DTL-CWF-<br>ERROR table,<br>that occurs 5<br>times. | No | Yes | Yes | Yes | Yes |
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:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-  
NUMBER    Detail Number    Yes            Yes            Yes            Yes            Yes

:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-  
NUMBER    Detail Number    Yes            Yes            Yes            Yes            Yes

:P:IDR-K-ADJ-  
ORIG-DTL    Adjustment    No            Yes            Yes            No            Yes  
original detail  
number - This  
field is  
populated only  
for adjustment  
claims and  
carries the  
detail number  
from the  
original claim.

|                             |                                                                                                                                                                                                                                                          |     |     |     |     |     |
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| :P:IDR-K-CLIN-LAB-DEMO-ZONE | Clinical lab demonstration zone - The value in this field identifies if Competitive Laboratory Demonstration applies to this service.<br>Z1 Beneficiary Locality for the CBA1<br>Z2 Beneficiary Locality for the CBA2<br>Z9 Not a demonstration locality | Yes | Yes | Yes | Yes | Yes |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|

|                   |                                                                                                                                                                      |    |     |     |     |     |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-K-CUTB-MSG | Computer cutback message - contains the MSN/Remit message code for any denials/reductions occurring as the service was processed by the system (not pricing related) | No | Yes | Yes | Yes | Yes |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                           |                                                                                                                                                                                                                                                                                                                           |    |     |     |    |     |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|----|-----|
| :P:IDR-K-BENE-<br>PREV-PD | Previous bene-<br>paid amount -<br>For each<br>adjusted claim,<br>this is the net<br>amount of<br>payment to the<br>beneficiary of<br>all<br>payments/and<br>previous<br>adjustments to<br>the claim. Net<br>amount equals<br>total<br>beneficiary<br>previous<br>payment minus<br>total<br>beneficiary<br>return checks. | No | Yes | Yes | No | Yes |
| :P:IDR-K-INT-<br>PREV-PD  | Previous<br>Interest paid<br>amount - The<br>previous<br>interest paid<br>amount. This<br>amount applies<br>only to full<br>claim                                                                                                                                                                                         | No | Yes | Yes | No | Yes |
| :P:IDR-K-LTFL-<br>PREV-PD | Previous late<br>filing reduction<br>amount - This<br>field contains<br>the previous<br>late filing<br>reduction<br>amount. This<br>amount applies<br>only to full<br>claim<br>adjustments.                                                                                                                               | No | Yes | Yes | No | Yes |

|                                     |                                                                                                                                                                                                                                                         |     |     |     |     |     |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-K-PROV-<br>PREV-PD           | Previous provider paid amount - For each adjusted claim, this is the net amount of payment to the provider of all payments/and previous adjustments to the claim. Net amount equals total provider previous payment minus total provider return checks. | No  | Yes | Yes | No  | Yes |
| :P:IDR-K-HCT-<br>LEVEL              | Hematocrit level - This field carries the Hematocrit Test Results.                                                                                                                                                                                      | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-K-HGB-<br>LEVEL              | Hemoglobin level - This field carries the Hemoglobin Test Results.                                                                                                                                                                                      | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-K-<br>IMAGING-CAP-<br>AMOUNT | Imaging cap amount - the MFSDB Facility Imaging Payment Cap amount. This amount will be used in the reasonable charge calculation if the imaging cap indicator equals 1 and this amount is lower than the fee or billed amount.                         | No  | Yes | Yes | Yes | Yes |

|                        |                                                                                                                                                                                                                                    |    |     |     |     |     |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-K-MAN-CUTB-MSG  | Manual cutback message - contains the MSN/Remit message code for any denials/reductions occurring if the service was processed manually.                                                                                           | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MPA-OVR-AUDIT | Detail MPAP override audit - carries any edits/audit codes encountered by the claim that were overridden.                                                                                                                          | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MSP-CALC-TYP  | MSP calculation type                                                                                                                                                                                                               | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-DTL-OTAF      | Amount a provider is obligated to accept as full payment, MSP related field                                                                                                                                                        | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MPA-OVR-IND   | Detail MPAP override indicator - Indicates if the code in the K-MPA-OVR-AUDIT field refers to an audit, header record edit, or a claim detail edit.<br><br>Value:<br>Description:<br><br>A Audit<br>H Header edit<br>D Detail edit | No | Yes | Yes | Yes | Yes |

|                         |                                                                                                                                                                                                                                                                      |    |     |     |    |     |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|----|-----|
| :P:IDR-K-ORIG-REPT-AUD  | Original reporting audit - contains the original reporting audit code. This item applies only to full claim adjustments. It is used to back out claims from 1565.                                                                                                    | No | Yes | Yes | No | Yes |
| :P:IDR-K-ORG-REPT-AUD-D | Original reporting audit disposition - This field contains the original reporting audit disposition. This item applies only to full claim adjustments. It is used to back out claims from 1565.                                                                      | No | Yes | Yes | No | Yes |
| :P:IDR-K-ORIG-REPT-IND  | Original reporting indicator - Indicates if the code in the K-ORIG-REPT-AUD field refers to an audit, header record edit, or a claim detail edit.<br><br>This indicator applies only to full claim adjustments. It is used to back out claims from 1565. 1565 is a C | No | Yes | Yes | No | Yes |



|  |                             |                                                                                                                                                                                                                                                                                            |    |     |     |     |     |
|--|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
|  | :P:IDR-K-MPA-OVERRIDE-CODES | Detail MPAP override flag                                                                                                                                                                                                                                                                  | No | Yes | Yes | Yes | Yes |
|  | :P:IDR-K-ORG-REPT-AUD-C     | Original reporting MR category - This field contains the original reporting MR category. This item applies only to full claim adjustments. It is used to back out claims from 1565.                                                                                                        | No | Yes | Yes | No  | Yes |
|  | :P:IDR-K-PR-CUTB-MSG        | Pricing cutback message - contains the MSN/Remit message code for any denials/reductions occurring as the service was priced by the system.                                                                                                                                                | No | Yes | Yes | Yes | Yes |
|  | :P:IDR-K-REBUN-AUD-FLG      | <p>Rebundling audit flag (HCFA correct coding initiative, based upon the HCFA procedure files) - identifies the action taken on the service as a result of rebundling processing</p> <p>Value:<br/>Description:</p> <p>T Major procedure, cutback occurred<br/>U Minor procedure, clai</p> | No | Yes | Yes | Yes | Yes |

|                         |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-K-CERT-<br>NUMB  | Certification number - If the provider has a CLIA certification number, it is displayed in this field                                                                                                                                                          | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-K-<br>REBUN-MOD2 | Rebundling modifier 2 (HCFA correct coding initiative, based upon the HCFA procedure files) - This field identifies the major/minor procedure modifier (second position) that was found on a different claim against which the detail was denied/cut back. The | No  | Yes | Yes | Yes | Yes |
| :P:IDR-K-<br>REBUN-PROC | Rebundling procedure (HCFA correct coding initiative, based upon the HCFA procedure files)                                                                                                                                                                     | No  | Yes | Yes | Yes | Yes |
| :P:IDR-K-<br>REBUN-MOD1 | Rebundling modifier 1 (HCFA correct coding initiative, based upon the HCFA procedure files)                                                                                                                                                                    | No  | Yes | Yes | Yes | Yes |

|                          |                                                                                                                                                                                                                                   |     |     |     |     |     |     |
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| :P:IDR-K-CERT-TYPE       | Type of certification number present - This field will be filled if the service requires that a CLIA number be present and the number was found on the provider's record. C CLIA number follows in certification number field Spa | No  | Yes | Yes | Yes | Yes | Yes |
|                          |                                                                                                                                                                                                                                   |     |     |     |     |     |     |
|                          |                                                                                                                                                                                                                                   |     |     |     |     |     |     |
| :P:IDR-CLM-DT-CONTR-TYPE |                                                                                                                                                                                                                                   |     |     |     |     |     |     |
|                          |                                                                                                                                                                                                                                   |     |     |     |     |     |     |
| :P:IDR-DTL-NUMBER        | Detail Number                                                                                                                                                                                                                     | Yes | Yes | Yes | Yes | Yes | Yes |
|                          |                                                                                                                                                                                                                                   |     |     |     |     |     |     |
|                          |                                                                                                                                                                                                                                   |     |     |     |     |     |     |
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| :P:IDR-CLM-DT-<br>CONTR-TYPE                                                               |
|                                                                                            |
| :P:IDR-DTL-<br>NUMBER     Detail Number    Yes        Yes        Yes        Yes        Yes |
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| :P:IDR-DTL-<br>HPSA-ELIG | HPSA eligibility indicator - Indicates HPSA eligibility                        | No | Yes | Yes | Yes | Yes |
|                          | 1 – Eligible for Primary Care HPSA bonus based on HPSA/Scarcity zip code file  |    |     |     |     |     |
|                          | 2 – Eligible for Mental Health HPSA bonus based on HPSA/Scarcity zip code file |    |     |     |     |     |
|                          | N – Not eligible for HPSA bonus                                                |    |     |     |     |     |
|                          | V – HPSA                                                                       |    |     |     |     |     |

|                              |                                                                                                                                                                                                                        |    |     |     |     |     |
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| :P:IDR-DTL-<br>SCARCITY-ELIG | Physician Scarcity eligibility indicator - Indicates HPSA Scarcity eligibility. Certain areas of the US are deemed "scarce" of medical services. A bonus payment is given for providing services to underserved areas. | No | Yes | Yes | Yes | Yes |
|                              | 1 – Eligible for Primary Care Physician                                                                                                                                                                                |    |     |     |     |     |

|                    |                                                                                                                                       |    |     |     |     |     |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-BLD-DED     | Detail subject to blood deductible - indicates if the claim is subject to a blood deductible amount. Y If true N Default              | No | Yes | Yes | Yes | Yes |
| :P:IDR-PT-LIMIT    | Detail subject to physical therapy limits - indicates if the claim is subject to physical therapy limits. Y If true N Default         | No | Yes | Yes | Yes | Yes |
| :P:IDR-PSYCH-LIMIT | Detail subject to psychiatric limits - indicates if the claim is subject to psychiatric limits. Y If true N Default                   | No | Yes | Yes | Yes | Yes |
| :P:IDR-OT-LIMIT    | Detail subject to occupational therapy limits - indicates if the claim is subject to occupational therapy limits. Y If true N Default | No | Yes | Yes | Yes | Yes |

|                     |                                                                                                                                                                                                                                                               |    |     |     |     |     |
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| :P:IDR-DTL-STATUS   | Detail status flag - the current status information for all pending and paid claims currently in the system. Pending and paid claims information is updated during each processing cycle with current status information. The codes identify any adjustment o | No | Yes | Yes | Yes | Yes |
| :P:IDR-INC-DUPE     | INCLUDE FOR DUPE INDICATOR - indicates if this is a duplicate. Y if true Default N Denied services to be included in duplicate service auditing based upon CMS defined criteria.                                                                              | No | Yes | Yes | Yes | Yes |
| :P:IDR-DME-PATH-DET | DME/Pathology Detail - The value in this field indicates if this claim is a Durable Medical Equipment (DME) pathology claim. Y - Procedure is clinical diagnostic lab pathology. N - Default                                                                  | No | Yes | Yes | Yes | Yes |

|                    |                                                                                                                                                                                                                                                        |    |     |     |     |     |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-PEER-REVIEW | PEER REVIEW FLAG - identifies if the value in field IDR-J-PEER-REV-ORG(PEER REVIEW NUMBER) is a PRO number that indicates a procedure that requires prior authorization. If applicable, prior authorization was requested and received for this claim. | No | Yes | Yes | Yes | Yes |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                    |                                                                                                                                                                                                                                                               |    |     |     |     |     |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-PPRICE-FLAG | Pricing flag - Pricing levels are set by the system in much the same way pricing audits are set. The pricing levels, however, are used to control the pricing messages on beneficiary EOMBs. The pricing level displays on both the HI screen under the detai | No | Yes | Yes | Yes | Yes |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|



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|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DTL-<br>PROF-IND | Profile indicator - used only if the service was priced at level three using RVU amounts. x'40' RVUs used in pricing x'00' Not applicable RVU is relative value units. Only service that uses RVUs anymore is the Anastasia service | No | Yes | Yes | Yes | Yes |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                           |                                                                                                                                                                                  |    |     |     |     |     |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:ASSISTANT-<br>SURG-IND | Assistant surgeon indicator - Indicates whether or not an assistant surgeon is permissible for a given surgical procedure<br><br>Value:<br>Description:<br><br>Y Yes<br>Space No | No | Yes | Yes | Yes | Yes |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                    |                                                                                                                                                                                                                                                |    |     |     |     |     |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:TWO-SURGERY-IND | Two surgery indicator - Indicates whether or not two surgeons of different specialties can be paid when the claim line procedure code is accompanied by a procedure code modifier of "62." If approved, special payment adjustment rules apply | No | Yes | Yes | Yes | Yes |
|                    | Value: Descrip                                                                                                                                                                                                                                 |    |     |     |     |     |

|                     |                                                                                                                                                           |    |     |     |     |     |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:TEAM-SURGERY-IND | Team surgery indicator - indicates whether or not a procedure code is permissible when billed as a team surgery (i.e., with a claim line modifier of "66" | No | Yes | Yes | Yes | Yes |
|                     | Value:<br>Description:<br><br>Y Yes<br>Space No                                                                                                           |    |     |     |     |     |

|                        |                                                                                                                                                          |    |     |     |     |     |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:BILLABLE-SUPPLY-IND | Billable supply indicator - indicates whether or not certain supplies/administration procedure codes can be billed when performed in a physicians office | No | Yes | Yes | Yes | Yes |
|                        | Value:<br>Description:                                                                                                                                   |    |     |     |     |     |
|                        | Y Yes<br>Space No                                                                                                                                        |    |     |     |     |     |

|                    |                                                                                                                                                                                                                                                                |    |     |     |     |     |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IMAGING-CAP-IND | Imaging Cap Indicator - Indicates if procedure code is subject to the imaging payment cap reduction. Procedures which are subject to the imaging payment cap reduction will be allowed at the lower of the billed amount, reasonable charge amount or facility | No | Yes | Yes | Yes | Yes |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                 |                                                                                                                                                                                                                        |    |     |     |     |     |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DUPE-IND | Duplicate Internal control number indicator - Identifies if the clerk denied processing due to the claim being a duplicate claim.<br><br>Value:<br>Description:<br><br>D Clerk denied service due to being a duplicate | No | Yes | Yes | Yes | Yes |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                     |                                                                                                                                                                                  |    |     |     |     |     |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:DTL-ASC-PROC-IND | This field carries the ASC Procedure Indicator. This indicator identifies those ASC procedures as being either an ancillary service, Carrier/MAC-priced or a surgical procedure. | No | Yes | Yes | Yes | Yes |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                      |                                                                                                                                                                                                                                                                |    |     |     |     |     |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:DTL-ASC-COINS-IND | This field carries the ASC Coinsurance 25% Indicator . ASC procedures are paid at 80% (20% coinsurance) except for screening colonoscopies (currently hard coded F-G0105 and F- G0121) which are paid at 75% (25% coinsurance) as implemented by CR 26400 (CMS | No | Yes | Yes | Yes | Yes |
| :P:DTL-ASC-MULT-PROC | This field carries the ASC Multi-Procedure Discount Indicator. This indicator identifies those ASC surgical procedures that are subject to the multiple procedure payment reduction.                                                                           | No | Yes | Yes | Yes | Yes |
| :P:DTL-ASC-MOD-IND   | This field carries the ASC FB/FC Modifier Indicator. This indicator identifies those ASC procedures that have a FB/FC modifier reduced price.                                                                                                                  | No | Yes | Yes | Yes | Yes |

|                       |                                                                                                                          |    |     |     |     |     |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:BILATERAL-SURG-IND | Bilateral surgery indicator - Indicates if the procedure code is subject to the bilateral surgery payment rule           | No | Yes | Yes | Yes | Yes |
|                       | Value:<br>Description:                                                                                                   |    |     |     |     |     |
|                       | 0 - 150 percent payment adjustment for bilateral procedures does not apply. If procedure is reported with modifier-50 or |    |     |     |     |     |

|                         |                                                                                                                                                                                               |    |     |     |     |     |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:MULTIPLE-SURGERY-IND | Multiple surgery indicator - Indicates whether or not a service is subject to a multiple surgery payment adjustment when more than one of a similar type of service is billed on the same day | No | Yes | Yes | Yes | Yes |
|                         | Value:<br>Description:                                                                                                                                                                        |    |     |     |     |     |
|                         | Y Yes                                                                                                                                                                                         |    |     |     |     |     |

|                        |                                                                                                                                                                                                                                                                           |     |     |     |     |     |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-PAY-75-PER      | Indicates a colorectal cancer screening colonoscopy procedure code that was performed in a Ambulatory Surgical Center (ASC) and paid at 75%<br>Value:<br>Description: Y<br>Yes, colorectal cancer is paid at 75%                                                          | No  | Yes | Yes | Yes | Yes |
| :P:PROF-TECH-COMPONENT | Professional/technical component indicator - Indicates whether or not a procedure consists of a professional, technical and/or global component.<br>Value:<br>Description:<br>0 Physician services (i.e. PC/TC does not apply)<br>1 Services with both a PC and TC compon | Yes | Yes | Yes | Yes | Yes |

|                                 |                                                                                                                                                                                                                                                                  |    |     |     |     |     |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DTL-<br>NONC-AUD-<br>IND | Audit Indicator - No<br>indicates if the<br>code in the DTL-<br>NONCOV-AUD<br>field is an audit<br>or edit code.<br>A DTL-NONCOV-<br>AUD is an audit<br>number<br>D DTL-NONCOV-<br>AUD is an edit<br>number<br>SPACE DTL-<br>NONCOV-AUD<br>is equal to<br>zeroes | No | Yes | Yes | Yes | Yes |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                            |                                                                                                                                                                                                                                                                                                        |    |     |     |     |     |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-PERF-<br>PROV-GROUP | Detail<br>performing<br>provider group<br>indicator -<br>Identifies an<br>individual<br>provider as a<br>member of a<br>specific group<br>or clinic whose<br>members share<br>a common<br>payee name<br>and address.<br>Value:<br>Description:<br>G Group<br>provider<br>Blank Not a<br>group provider | No | Yes | Yes | Yes | Yes |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|



W-IDR-K-OVER- Field this is  
DENY-TO-SUSP derived from  
(:P:IDR-K-MPA-  
OVERRIDE-  
CODES ) is  
made up of 4  
one byte  
indicators of Y  
or N Y indicates  
it was  
overridden N  
indicates it was  
not

W-IDR-K-OVER- Field this is  
LISTED-AUDIT derived from  
(:P:IDR-K-MPA-  
OVERRIDE-  
CODES ) is  
made up of 4  
one byte  
indicators of Y  
or N Y indicates  
it was  
overridden N  
indicates it was  
not

W-IDR-K-OVER- Field this is  
MEDPOL-LIMIT derived from  
(:P:IDR-K-MPA-  
OVERRIDE-  
CODES ) is  
made up of 4  
one byte  
indicators of Y  
or N Y indicates  
it was  
overridden N  
indicates it was  
not

W-IDR-K-OVER- Field this is  
DUP-EDITS derived from  
(:P:IDR-K-MPA-  
OVERRIDE-  
CODES ) is  
made up of 4  
one byte  
indicators of Y  
or N Y indicates  
it was  
overridden N  
indicates it was  
not

:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-    Detail Number    Yes            Yes            Yes            Yes            Yes  
NUMBER

:P:IDR-CLM-DT-  
CONTR-TYPE

|                          |                                                                                                                                                                                                                                                                                                                             |     |     |     |     |     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DTL-<br>NUMBER    | Detail Number                                                                                                                                                                                                                                                                                                               | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-ORIG-<br>PROC     | Detail<br>upcode/downcode<br>procedure-<br>This field<br>displays the<br>original<br>procedure code<br>before the<br>clerk manually<br>down-coded it.                                                                                                                                                                       | No  | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-<br>EOMB-MSG2 | Detail EOMB<br>message 2 -<br>This field<br>represents the<br>second<br>occurrence of a<br>numeric code<br>that is used to<br>generate<br>corresponding<br>message<br>segments, on<br>beneficiary<br>EOMBs and/or<br>provider RAs,<br>specifying the<br>informational,<br>payment or<br>non-payment<br>action being<br>spec | No  | Yes | Yes | Yes | Yes |

|                          |                                                                                                                                                                                                                                                                       |    |     |     |     |     |
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| :P:IDR-DTL-<br>EOMB-MSG3 | Detail EOMB message 3 - This field represents the third occurrence of a numeric code that will be used to generate corresponding message segments, on beneficiary EOMBs and providers RAs, specifying the informational, payment or non-payment action being sp       | No | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-<br>MSP-TYPE  | Detail MSP type - This field is used to identify the Medicare secondary payer (MSP) claims associated with a special project, i.e., datamatch, supplemental funding, such as post-pay backlog and education.<br><br>For H99M4C02, this field identifies the type of o | No | Yes | Yes | Yes | Yes |

|                      |                                                                                                                                                                                                                        |    |     |     |     |     |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-PRE-CARE-DAYS | Pre-care days (XXX)-days before surgery - Precare days are the number of days allowed before a surgery is performed. This value is used internally to establish edit criteria and is carried on to the history record. | No | Yes | Yes | Yes | Yes |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                       |                                                                                                                                                                                                                                          |    |     |     |     |     |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-POST-CARE-DAYS | Post-care days (XXX)-days after a surgery- Postcare days are the number of days after a surgery is performed. This value is used internally to establish edit criteria and is carried on to the history record.<br>000 No post-care limi | No | Yes | Yes | Yes | Yes |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                            |                                                                                                                                                                                                                                                                             |     |     |     |     |     |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:PROCEDURE-<br>STAT-CODE | <p>Procedure status code -</p> <p>This field provides an indicator establishing the status for each individual procedure code/modifier. Acceptable values and definitions can be found the MCM §15901. The procedure code status codes are provided on the MPFSDB file.</p> | Yes | Yes | Yes | Yes | Yes |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|

|                             |                                                                                                                                                                                                                                                                              |    |     |     |     |     |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:SITE-OF-<br>SERVICE-DIFF | <p>SITE OF SERVICE DIFFERENCE - contains an indicator defining the service as subject to the site-of-service payment restrictions.</p> <p>Value:<br/>Description:</p> <p>0 Facility pricing does not apply.<br/>1 Facility pricing applies.<br/>9 Concept does not apply</p> | No | Yes | Yes | Yes | Yes |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|

|                            |                                                                                                                                                                                 |     |     |     |     |     |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:GLOBAL-<br>SURGERY-DAYS | GLOBAL<br>SURGERY DAYS-<br>Carries the<br>total days that<br>apply to<br>payment for<br>the indicated<br>surgical<br>procedure for<br>evaluation and<br>management<br>services. | No  | Yes | Yes | Yes | Yes |
| :P:IDR-SUBSEQ-<br>PROC     | Detail<br>subsequent<br>procedure -<br>This field shows<br>the procedure<br>code from<br>which the<br>system has<br>downcoded<br>this line item.                                | No  | Yes | Yes | Yes | Yes |
| :P:IDR-ENDO-<br>PROC       | Endoscopy<br>procedure -<br>This field<br>displays the<br>procedure code<br>that identifies<br>this as an<br>endoscopy<br>procedure. It is<br>the procedure<br>code.            | Yes | Yes | Yes | Yes | Yes |

|                        |                                                                                                                                                                                                                                                                |    |     |     |     |     |     |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|-----|
| :P:IDR-K-MAN-PRICE-IND | Manual pricing indicator - Indicates procedure code was manually priced. a procedure may require manual pricing because predetermined fees or reasonable charge amounts may not be available, or a procedure may require manual pricing because system pricing | No | Yes | Yes | Yes | Yes | Yes |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|-----|

|                         |                                                                                                                                                                                                                                                                              |    |     |     |     |     |     |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|-----|
| :P:IDR-K-CUTB-ACTION-CD | Cutback action code - indicates the type of the cutback action code<br>Values are:<br>A Manually price service<br>C Cutback service<br>D Deny service and send to CWF<br>J Deny service and do not send to CWF<br>W Undeny a service<br>Y Cutback and manually price service | No | Yes | Yes | Yes | Yes | Yes |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|-----|



|                        |                                                                                                                                                                                                                          |    |     |     |     |     |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-K-CMP-CUTBK-CD  | Computer cutback code - Displays the Edit/Audit number associated with a system generated denial or reduction in                                                                                                         | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-CMP-CUTBK-IND | Computer cutback indicator - Indicates if the code in the K-CMP-CUTBK-CD field refers to an audit, header record edit, or a claim detail edit<br>Value:<br>Description:<br><br>A Audit<br>H Header edit<br>D Detail edit | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MAN-CUTBK-TYP | Cutback type - indicates that this is a manual cutback type<br><br>Value:<br>Description:<br><br>E Manual cutback                                                                                                        | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MAN-CUTBK-CD  | Manual cutback code - displays the edit/audit number associated with a manual denial or reduction in payment.                                                                                                            | No | Yes | Yes | Yes | Yes |

|                        |                                                                                                                                                                                                                                                                             |     |     |     |     |     |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-K-MAN-CUTBK-IND | <p>Manual cutback indicator - Indicates if the code in the K-MAN-CUTBK-CD field refers to an audit, header record edit, or a claim detail edit</p> <p>Value:<br/>Description:</p> <p>A Audit<br/>H Header edit<br/>D Detail edit</p>                                        | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-K-PRC-CUTBK-TYP | <p>Cutback type - indicates the type of the pricing cutback code.</p> <p>Value:<br/>Description:</p> <p>C Computer<br/>P Manual price</p>                                                                                                                                   | No  | Yes | Yes | Yes | Yes |
| :P:IDR-K-PRC-CUTBK-CD  | <p>Pricing cutback code - indicate how the allowed amount was determined.</p> <p>Pricing audits are not actually audits in the true sense of the word; however, they are called audits because they are carried on the SCC audit file. Pricing audits do not cause clai</p> | No  | Yes | Yes | Yes | Yes |

|                         |                                                                                                                                                                                                                         |    |     |     |     |     |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-K-PRC-CUTBK-IND  | Pricing cutback indicator - Indicates if the code in the K-PRC-CUTBK-CD field refers to an audit, header record edit, or a claim detail edit<br>Value:<br>Description:<br><br>A Audit<br>H Header edit<br>D Detail edit | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-SSA-CUTBK-CD   | SSA cutback code                                                                                                                                                                                                        | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-SSA-CUTBK-IND  | SSA cutback indicator - Indicates if the code in the K-SSA-CUTBK-CD field refers to an audit, header record edit, or a claim detail edit.<br>Value:<br>Description:<br><br>A Audit<br>H Header edit<br>D Detail edit    | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MSRG-CUTBK-CD  | Multiple surgery cutback code                                                                                                                                                                                           | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MSRG-CUTBK-IND | Multiple surgery indicator - indicates if the code in the K-MSRG-CUTBK-CD field refers to an EOMB.<br>Value:<br>Description:<br><br>E EOMB                                                                              | No | Yes | Yes | Yes | Yes |

|                             |                                                                                                                                                                                |     |     |     |     |     |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| W-IDR-DTL-DIAG-ICD-TYPE     | Detail diagnosis code type                                                                                                                                                     | Yes | Yes | Yes | Yes | Yes |
| W-IDR-DTL-PRIMARY-DIAG-CODE | Primary detail diagnosis code                                                                                                                                                  | Yes | Yes | Yes | Yes | Yes |
| :P-IDR-DTL-DIAG-POINTER     | 1st Detail diagnosis pointer - The value in this field identifies the detail diagnosis pointer in the detail diagnosis pointer table. Valid values are blank, and 1 through 8. | Yes | Yes | Yes | Yes | Yes |
| :P-IDR-DTL-DIAG-POINTER(2)  | Detail diagnosis pointer<br>Valid Values 1 thru 8 or space. Corresponds to the number of the header diagnosis applicable to this detail.                                       |     |     |     |     |     |
| :P-IDR-DTL-DIAG-POINTER(3)  | Detail diagnosis pointer<br>Valid Values 1 thru 8 or space. Corresponds to the number of the header diagnosis applicable to this detail.                                       |     |     |     |     |     |

|                            |                                                                                                                                                                                                                                                               |     |     |     |     |     |     |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| :P:IDR-DTL-DIAG-POINTER(4) | Detail diagnosis pointer<br>Valid Values 1 thru 8 or space. Corresponds to the number of the header diagnosis applicable to this detail.                                                                                                                      |     |     |     |     |     |     |
| :P:IDR-DTL-PAID            | Total detail paid amount - This field documents the final allowed charge for each claim line after any reduction for coinsurance, exceeded limitations (psychiatric, occupational, or physical therapy) and/or MSP involvement. It is the amount paid. This a | No  | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-LMRP-POLICY-1   | Local Medical Review Policy number 1 - carries the first local medical review policy number.                                                                                                                                                                  | Yes | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-LMRP-POLICY-2   | Local Medical Review Policy number 2 - carries the second local medical review policy number                                                                                                                                                                  | Yes | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-LMRP-POLICY-3   | Local Medical Review Policy number 3 - carries the third local medical review policy number.                                                                                                                                                                  | Yes | Yes | Yes | Yes | Yes | Yes |

|                          |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DTL-2MRP-POLICY-4 | Local Medical Review Policy number 4                                                                                                                                                                                                                           | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-LVL1-PROF     | L1 profile amount (XXXXX.XX)- customary amount - Level 1 customary amount, filled only for those services subject to reasonable charge pricing. Different calculations that are used on "reasonable charge claims".                                            | No  | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-LVL2-PROF     | L2 profile amount (XXXXX.XX)- customary amount - the Level 2 prevailing amount, filled only for those services subject to reasonable charge pricing. internal fields that are possibly used to determine final pricing. These fields won't often be populated. | No  | Yes | Yes | Yes | Yes |

|                       |                                                                                                                                                                                                                                                                |    |     |     |     |     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DTL-LVL3-PROF  | L3 profile amount (XXXXX.XX)- customary amount - the Level 3 (CW by CW) prevailing or the established RVU amount, filled only for those services subject to reasonable charge pricing. internal fields that are possibly used to determine final pricing.      | No | Yes | Yes | Yes | Yes |
| :P:IDR-RREL-VAL-UNITS | Relative value units - The Relative Value Unit (RVU) is a numeric value assigned to each procedure to indicate its relative worth when compared to other procedures in the same type of service category. It is used with conversion factors to estimate custo | No | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-HPSA-PYMT  | Health Professional Shortage Area (HPSA) payment amount. A bonus paid for services rendered in shortage areas.                                                                                                                                                 | No | No  | No  | Yes | Yes |

|                          |                                                                                                                                                                                                     |     |     |     |     |     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DTL-SCARCITY-PYMT | Physician Scarcity payment amount - Bonus amounts for the scarcity program.                                                                                                                         | No  | No  | Yes | Yes | Yes |
| :P:IDR-DTL-ORIG-ALLOW    | Original allowed amount - This field contains the original allowed amount (prior to any reductions or denials) for a specific line item/detail                                                      | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-REAS-AMT      | Reasonable amount - The field contains the allowed reasonable charge amount for a specific line item.                                                                                               | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-CPT-INT       | Detail CPT Interest amount - This field contains the interest amount                                                                                                                                | No  | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-HPSA-P-CMPT   | Simulated Professional Component Amount Calculated amount used to pay HPSA and PSA bonus for PCTC 1 procedures billed without modifier 26 or TC - indicates the HPSA Professional Component amount. | No  | No  | Yes | Yes | Yes |
| :P:IDR-DTL-MSP-CUTBACK   | Detail MSP cutback amount                                                                                                                                                                           | No  | Yes | Yes | Yes | Yes |



|                      |                                                                                                                                                                                                                                                               |    |     |     |     |     |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DTL-MSP-ALLOW | Detail MSP allowed amount - This field documents the total amount allowed by the other insurance coverage when applicable to the line item. Determined in the batch process, the amount is weighted by each line submitted charge against the total other ins | No | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-MSP-PAID  | Detail MSP payable amount - This field documents the total amount paid by the other insurance coverage when applicable to the line item. Determined in the batch process, the amount is weighted by each line submitted charge against the total other insure | No | Yes | Yes | Yes | Yes |
| :P:IDR-ENDO-FEE      | Endoscopy fee schedule - displays the dollar amount for the endoscopy fee schedule.                                                                                                                                                                           | No | Yes | Yes | Yes | Yes |

|                        |                                                                                                                                                                                                                                                    |    |     |     |     |     |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-DEMO-CUTBACK    | Demo cutback - No<br>For demonstration claims where Medicare does not pay, this field carries the amount that would have been paid.                                                                                                                | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-CMP-CUTBK-AMT | Computer cutback amount - The amount in this field is the computer cutback amount. During pricing MCS system does some reduction and ultimately comeup with amount that need to be paid. It is internal field and will not be usefull for endusers | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-MAN-CUTBK-AMT | Manual cutback amount - The amount in this field is the manual cutback amount.                                                                                                                                                                     | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-PRC-CUTBK-AMT | Pricing cutback amount - The amount in this field is the pricing cutback amount.                                                                                                                                                                   | No | Yes | Yes | Yes | Yes |
| :P:IDR-K-SSA-CUTBK-AMT | SSA cutback amount - The amount in this field is the SSA cutback amount.                                                                                                                                                                           | No | Yes | Yes | Yes | Yes |

|                         |                                                                                                                                                                                                                                                                 |    |     |     |     |     |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-K-MSRG-CUTBK-AMT | Multiple surgery cutback amount - The amount in this field is the multiple surgery cutback amount.                                                                                                                                                              | No | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-NONCOV-MSG   | Three digit non covered message code - This field represents the first occurrence of a numeric code that is used to generate corresponding message segments on beneficiary EOMBs and/or provider's statements, specifying the informational, payment, or non-pa | No | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-NONCOV-AUD   | Three digit Audit number - If the line item/detail record was denied due to an SCC audit, that audit number will appear in this                                                                                                                                 | No | No  | No  | Yes | Yes |

|                          |                                                                                                                                                                                                                                                                       |     |     |     |     |     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-PERF-<br>PROV-EIN | Detail performing provider EIN Number - This field must be filled with either the Social Security Number or the Tax Identification Number/Employer Identification Number to identify the provider on payment records and to accumulate payment data for the Int       | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-PERF-<br>PROV-ST  | Detail performing provider status - This item is used to indicate the status of the performing provider, i.e., participating or not participating with Medicare.<br><br>A participating provider is a provider who signs an agreement with Medicare accepting assignm | No  | Yes | Yes | Yes | Yes |

|                             |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-PERF-<br>PROV-LOC    | Detail performing provider locality - This field is used to record the pricing locality code assigned to the performing provider by the area Carrier/MAC which has Part B Medicare jurisdiction. It is used when accessing area-specific fee schedule informat | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-PERF-<br>PROV-ZIP-CD | Detail performing provider zip code. Postal ZIP, comes in on the claim that is an input field which is used for pricing. Pricing is based on where service was rendered                                                                                        | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-PPERF-<br>PROV-TYPE  | Detail performing provider type - This field identifies the type of taxpayer identification number that is present on the provider's record. See spec S0105010.                                                                                                | Yes | Yes | Yes | Yes | Yes |

|                       |                                                                                                                                                                                                                  |     |     |     |     |     |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-PERF-PROV-SPEC | Detail performing provider specialty - This field is used to store the two-character primary specialty code of the performing provider. CMS DEFINED not carrier specific. It is ANSI standard same across all SS | Yes | Yes | Yes | Yes | Yes |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|

|                        |                                                                                                                                                                                                                                                                    |     |     |     |     |     |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-PERF-PRICE-SPEC | Detail performing provider pricing spec - This field is used to store the performing provider's pricing specialty code used for reasonable charge computation and on-line pricing purposes.<br><br>In the B-States and RRB, the field on the provider data base is | Yes | Yes | Yes | Yes | Yes |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|

|                             |                                                                                                                                                                                                                        |     |     |     |     |     |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DDTL-<br>PSYCH-DED   | Detail psychiatric limit -This field carries the allowed charge applied to the beneficiary's psychiatric limitation. If no limitation applies, the value will still represent any amount paid for psychiatric therapy. | No  | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-PHY-<br>THER-DED | Detail physical therapy limit - This field displays the dollar amount allowed for the claim line that was applied to a Medicare physical therapy payment limitation.                                                   | No  | Yes | Yes | Yes | Yes |
| :P:IDR-PROC-<br>CODE        | Procedure Number - This field carries the procedure code received keyed on the claim detail.                                                                                                                           | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-DTL-<br>REND-PROV    | Detail rendering provider Number- individual that performed the procedure. A 10 digit provider number that is unique within MCS                                                                                        | No  | Yes | Yes | Yes | Yes |

:P:IDR-CONTR-  
ID

Contractor  
number  
If a contractor  
is now a MAC,  
it would be the  
CMS assigned  
workload ID  
number, but  
there are still  
some legacy  
contractors out  
there. They are  
all 5 digits long.

MCS does not  
house the MAC  
number so the  
workload ID  
will always be  
used.

:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-  
NUMBER

Detail Number Yes Yes Yes Yes Yes



:P:IDR-CLM-DT- "

ICN

Adjustment  
ICNS begin with  
these values:  
83, 96, 97, 46,  
47, 48, 56, 57,  
58, 66, 67, 68  
If ICN ends with  
something  
other than a  
zero, then  
claim was split  
"

Three digit non  
covered  
message code -  
This field  
represents the  
first occurrence  
of a numeric  
code that is  
used to  
generate  
corresponding  
message  
segments on  
beneficiary  
EOMBs and/or  
provider's  
statements,  
specifying the  
informational,  
payment, or  
non-payment  
action that is  
specific to the  
claim line

:P:IDR-DTL-  
NONCOV-AUD

Three digit  
Audit number -  
If the line  
item/detail  
record was  
denied due to  
an SCC audit,  
that audit  
number will  
appear in this  
field.

:P:IDR-PERF-PROV Detail performing provider - This field is used to record the pricing locality code assigned to the performing provider by the area Carrier/MAC which has Part B Medicare jurisdiction. It is used when accessing area-specific fee schedule information.

:P:IDR-PPERF-PROV-TYPE Detail performing provider type - This field identifies the type of taxpayer identification number that is present on the provider's record. See spec S0105010.

:P:IDR-PERF-COUNTY Detail performing provider county - This field is used to identify the county in which the provider's office is located. Internal value that carriers define not same across Shared systems

:P:IDR-PERF-  
PROV-LOC

Detail performing provider locality - This field is used to record the pricing locality code assigned to the performing provider by the area Carrier/MAC which has Part B Medicare jurisdiction. It is used when accessing area-specific fee schedule information. CMS defined value not same across each carrier

:P:IDR-DTL-  
EOMB-MSG2

Detail EOMB message 2 - This field represents the second occurrence of a numeric code that is used to generate corresponding message segments, on beneficiary EOMBs and/or provider RAs, specifying the informational, payment or non-payment action being specific to the claim line.

:P:IDR-DTL-  
EOMB-MSG3  
Detail EOMB  
message 3 -  
This field  
represents the  
third  
occurrence of a  
numeric code  
that will be  
used to  
generate  
corresponding  
message  
segments, on  
beneficiary  
EOMBs and  
providers RAs,  
specifying the  
informational,  
payment or  
non-payment  
action being  
specific to the  
claim line.

:P:IDR-DUPE-  
ICN  
Duplicate claim  
Internal control  
number

:P:IDR-DUPE-  
EXCHK-NUM  
Duplicate  
external check  
number

:P:IDR-DTL-  
REND-PROV  
Detail  
rendering  
provider  
Number-  
individual that  
performed the  
procedure. A  
10 digit  
provider  
number that is  
unique within  
MCS

:P:IDR-DTL-  
REND-TYPE Detail rendering provider type - This field displays a two-number code that is associated with identifying the rendering provider's type code. See S0105010 for valid values.

:P:IDR-K-CMP-  
CUTBK-CD Computer cutback code - Displays the Edit/Audit number associated with a system generated denial or reduction in payment

:P:IDR-K-MAN-  
CUTBK-CD Manual cutback code - displays the edit/audit number associated with a manual denial or reduction in payment.

:P:IDR-K-PRC-  
CUTBK-CD "Pricing  
cutback code -  
indicate how  
the allowed  
amount was  
determined.

Pricing audits  
are not actually  
audits in the  
true sense of  
the word;  
however, they  
are called  
audits because  
they are carried  
on the SCC  
audit file.  
Pricing audits  
do not cause  
clai"

:P:IDR-K-SSA-  
CUTBK-CD SSA cutback  
code

:P:IDR-K-MSRG-  
CUTBK-CD Multiple  
surgery cutback  
code

:P:IDR-K-AUDIT-  
NUM Audit number -  
contains the  
audit code  
number for the  
claim cutback.

:P:IDR-K-MPA-  
OVR-AUDIT Detail MPAP  
override audit -  
carries any  
edits/audit  
codes  
encountered by  
the claim that  
were  
overriden.

:P:IDR-K-CUTB-MSG  
Computer cutback message - contains the MSN/Remit message code for any denials/reductions occurring as the service was processed by the system (not pricing related)

:P:IDR-K-PR-CUTB-MSG  
Pricing cutback message - contains the MSN/Remit message code for any denials/reductions occurring as the service was priced by the system.

:P:IDR-K-MAN-CUTB-MSG  
Manual cutback message - contains the MSN/Remit message code for any denials/reductions occurring if the service was processed manually.

:P:IDR-K-ORIG-  
REPT-AUD Original reporting audit - contains the original reporting audit code. This item applies only to full claim adjustments. It is used to back out claims from 1565.

:P:IDR-CLM-DT-  
CONTR-TYPE

:P:IDR-DTL-  
NUMBER Detail Number Yes Yes Yes Yes Yes

:P:IDR-CLM-DT-  
CONTR-TYPE



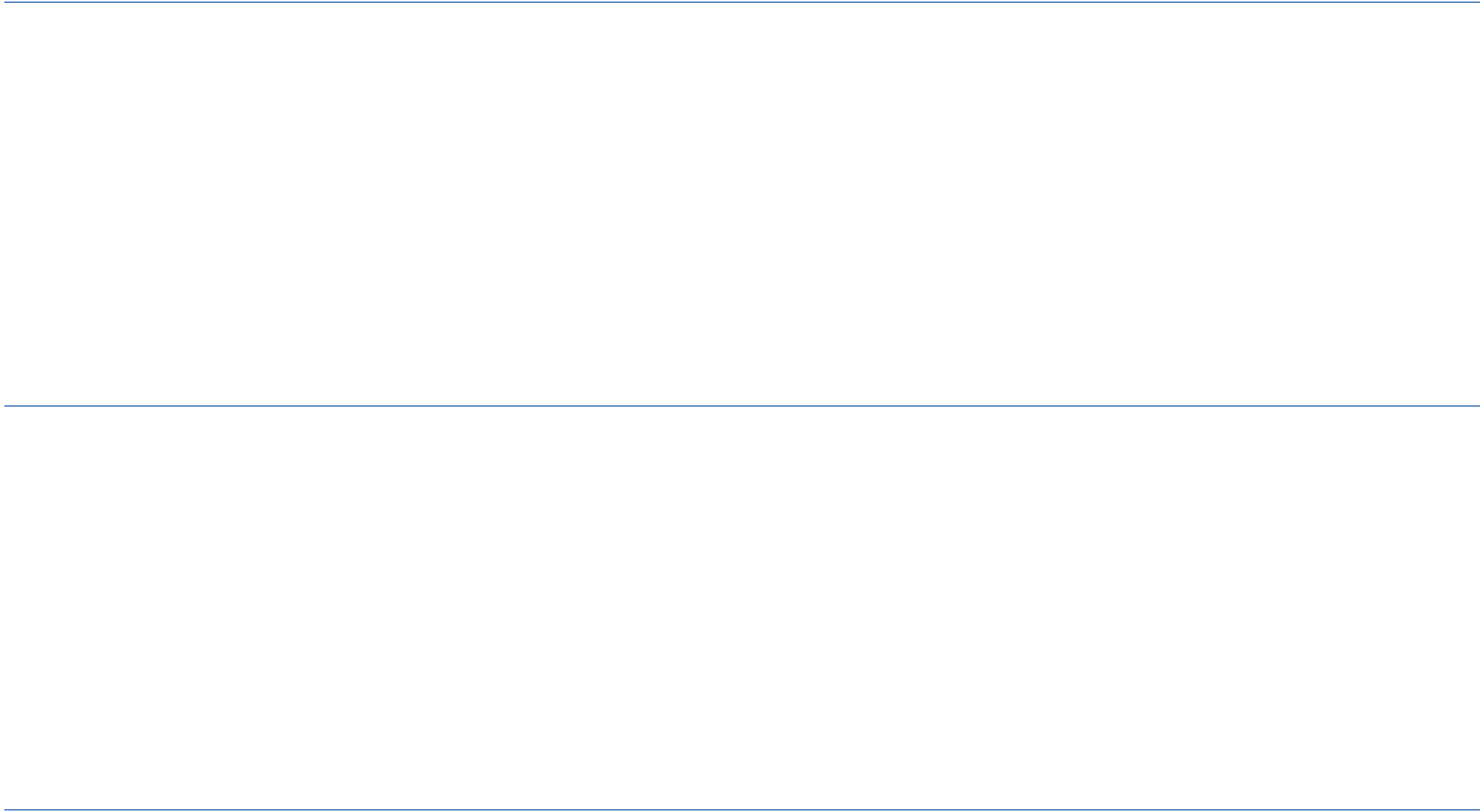
|  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |     |     |     |
|--|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
|  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |     |     |     |
|  | :P:IDR-DTL-NUMBER        | Detail Number                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | Yes | Yes | Yes | Yes |
|  | :P:IDR-PROC-FLAGS        | Depending on which flag it is, field will contain the last character of the field name, as described below:<br>See spec S0128000<br>Value A will be present if an A is on the procedure code file (same explanation applies to all PROC-FLAGS-* fields)<br>PROC FLAG A<br>PROC FLAG B<br>PROC FLAG C<br>PROC FLAG D<br>PROC FLAG E<br>PROC FLAG F<br>PROC FLAG G<br>PROC FLAG H<br>PROC FLAG I<br>PROC FLAG J<br>PROC FLAG K |     |     |     |     |     |
|  | :P:IDR-CLM-DT-CONTR-TYPE |                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |     |     |     |
|  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |     |     |     |

|                              |                                                                                                                                                                                          |     |     |     |     |     |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DTL-<br>NUMBER        | Detail Number                                                                                                                                                                            | Yes | Yes | Yes | Yes | Yes |
|                              |                                                                                                                                                                                          |     |     |     |     |     |
|                              |                                                                                                                                                                                          |     |     |     |     |     |
|                              |                                                                                                                                                                                          |     |     |     |     |     |
| :P:IDR-CLM-DT-<br>CONTR-TYPE |                                                                                                                                                                                          |     |     |     |     |     |
|                              |                                                                                                                                                                                          |     |     |     |     |     |
| :P:IDR-DTL-<br>NUMBER        | Detail Number                                                                                                                                                                            | Yes | Yes | Yes | Yes | Yes |
|                              |                                                                                                                                                                                          |     |     |     |     |     |
| :P:IDR-K-GDX-<br>RULE-NUM    | SCF update rule number - carries individual occurrences of any SCC audit number encountered during the processing of a particular claim. Separate data is carried at both the header and | No  | Yes | Yes | Yes | Yes |
|                              |                                                                                                                                                                                          |     |     |     |     |     |

|                          |                                                                                                                                                                                                                  |     |     |     |     |     |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-K-GDX-RULE-DATE   | Date of SCF update rule applied - carries the cycle date on which a specific SCC audit was received on a particular claim (occurs six times). Separate segments are carried at both the claim and detail levels. | No  | Yes | Yes | Yes | Yes |
|                          |                                                                                                                                                                                                                  |     |     |     |     |     |
|                          |                                                                                                                                                                                                                  |     |     |     |     |     |
| :P:IDR-CLM-DT-CONTR-TYPE |                                                                                                                                                                                                                  |     |     |     |     |     |
|                          |                                                                                                                                                                                                                  |     |     |     |     |     |
| :P:IDR-DTL-NUMBER        | Detail Number                                                                                                                                                                                                    | Yes | Yes | Yes | Yes | Yes |

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:P:IDR-DIAG-  
CODE, :P:IDR-J-  
DIAG-CODE,  
:P:IDR-DIAG-  
ICD-TYPE,  
:P:IDR-J-DIAG-  
ICD-TYPE







|                                                                                                                               |                         |     |     |     |     |     |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----|-----|-----|-----|-----|
| :P:IDR-J-BPROV-TIN                                                                                                            | Billing provider tax ID | Yes | Yes | Yes | Yes | Yes |
| This field carries the tax identification number for the billing provider.                                                    |                         |     |     |     |     |     |
| :P:IDR-BILL-PROV-NPI                                                                                                          | Billing provider NPI    | Yes | Yes | Yes | Yes | Yes |
| This segment of data carries the National Provider Identification (NPI) number for the billing provider.                      |                         |     |     |     |     |     |
| :P:IDR-BILL-PROV-TYPE                                                                                                         | Billing provider - type | Yes | Yes | Yes | Yes | Yes |
| This field is a two-number code that identifies the type of tax payer identification number that is on the provider's record. |                         |     |     |     |     |     |
| Refer to Specification S0105010.                                                                                              |                         |     |     |     |     |     |

:P:IDR-BILL-  
PROV-PRICE-  
SPEC

Billing provider - Yes  
pricing  
specialty

Yes

Yes

Yes

Yes

The billing  
provider pricing  
specialty code  
is a two-  
character code  
that identifies  
the provider's  
specialty. This  
field is used to  
store the  
provider's  
specialty code  
used for  
reasonable  
charge  
computation  
and on

:P:IDR-U-BILL-  
PROV-ZIP

Billing Provider No  
zip code

Yes

Yes

Yes

Yes

This field  
carries the  
billing provider  
zip code.

:P:IDR-U-BILL-  
PROV-STATE

Billing Provider  
state code

No

Yes

Yes

Yes

Yes

This field  
carries the  
billing provider  
state code.

:P:IDR-J-FAC-  
PROV-NUM

Facility  
provider  
number

No

Yes

Yes

Yes

Yes

This field  
carries the  
identification  
number of the  
facility, such as  
a hospital or  
lab, at which  
the service was  
performed.













|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|--|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
|  | :P:IDR--J-<br>REFERRING-<br>PROV-UPIN | Referring<br>provider UPIN<br><br>This field is<br>used to record<br>a unique<br>identification<br>number<br>assigned to<br>each provider<br>who refers<br>services to or<br>orders services<br>for a Medicare<br>beneficiary.<br>UPINs are<br>becoming<br>obsolete. It was<br>intended to be<br>a numbering<br>mechanism | No | Yes | Yes | Yes | Yes |
|  | :P:IDR-J-<br>REFERRING-<br>PROV-NPI   | Referring<br>provider NPI<br><br>This field<br>carries the<br>referring or<br>ordering<br>provider's<br>National<br>Provider<br>Identifier (NPI)                                                                                                                                                                          | No | Yes | Yes | Yes | Yes |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |
|  |                                       |                                                                                                                                                                                                                                                                                                                           |    |     |     |     |     |









|  | :P:IDR-J-FAC-<br>PROV-CNTY | Facility<br>provider -<br>county<br><br>This item is<br>used to identify<br>the county in<br>which the<br>facility provider<br>is located. | No | Yes | Yes | Yes | Yes |  |  |
|--|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|--|--|
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |
|  |                            |                                                                                                                                            |    |     |     |     |     |  |  |















|                  |                                                                                                                                                                                                                                                                                    |    |    |     |     |     |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|-----|-----|
| :P:IDR-B-ICN     | A/R number                                                                                                                                                                                                                                                                         | No | No | Yes | Yes | Yes |
|                  | <p>This field contains the 13-byte control number assigned to the indicated accounts receivable record.</p> <p>If it is HIGLAS, MCS would no longer have the information. This would be an A/R number for contractors that are not on HIGLAS. It is a separa</p>                   |    |    |     |     |     |
| :P:IDR-B-CUR-IND | <p>Current A/R indicator - indicates the status of the open accounts receivable record for the provider or beneficiary on the claim. A/R has been closed<br/>Y – Yes<br/>Space - No<br/>Will show that the claim went through and a subsequent adjustment has occurred and the</p> | No | No | Yes | Yes | Yes |
| :P:IDR-B-DATE    | <p>A/R Trailer Date - the date the B Trailer was added.</p>                                                                                                                                                                                                                        | No | No | Yes | Yes | Yes |

|  |                 |                                                                                                                                                                                                                                         |     |     |     |     |     |
|--|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
|  |                 |                                                                                                                                                                                                                                         |     |     |     |     |     |
|  |                 |                                                                                                                                                                                                                                         |     |     |     |     |     |
|  | :P:IDR-ADJ-DATE | Date of adjustment                                                                                                                                                                                                                      | No  | Yes | Yes | Yes | Yes |
|  |                 | This is the date on which the last change was made on the adjustment information contained within the X Trailer segment.<br><br>Format:<br>YYYYMMDD                                                                                     |     |     |     |     |     |
|  | :P:IDR-XREF-ICN | Cross reference ICN number                                                                                                                                                                                                              | No  | Yes | Yes | Yes | Yes |
|  | :P:IDR-INIT-CCN | Initiating CCN number                                                                                                                                                                                                                   | Yes | Yes | Yes | No  | Yes |
|  |                 | This field is used for adjustment claims only. It carries the correspondence control number associated to the review request letter. Just like claims correspondence is controlled, it's still a 13 digit correspondence control number |     |     |     |     |     |

|                        |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-ADJ-CLERK       | Clerk number - the identification number of the clerk initiating the change.                                                                                                                                                                                   | No  | Yes | Yes | Yes | Yes |
| :P:IDR-ADJ-CHK-WRT-DT  | Adjustment Claim Check Write Date<br><br>The date on which the adjustment claim check was written. This field is populated only on the original claim X Trailer.<br><br>Format:<br>YYYYMMDD                                                                    | No  | No  | No  | Yes | No  |
| :P:IDR-U-DISCOV-REASON | Discover reason<br><br>For full claim adjustments related to an overpayment, this field carries the overpayment discovery code.<br><br>D – (second digit)<br>Overpayment discovery code. Valid values are those from the second digit of the cash reason code. | Yes | Yes | Yes | No  | Yes |
|                        |                                                                                                                                                                                                                                                                |     |     |     |     |     |
|                        |                                                                                                                                                                                                                                                                |     |     |     |     |     |





|                        |                                                                                    |     |     |     |     |     |
|------------------------|------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-J-AUDIT-<br>NUM | Audit number - identifies the audit number, which indicates the reason for denial. | Yes | Yes | Yes | Yes | Yes |
|------------------------|------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|

|                        |                                                                                                              |     |     |     |     |     |
|------------------------|--------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-J-AUDIT-<br>IND | AUDIT INDICATOR - indicates if the number displayed in the J-AUDIT-NUM field is an audit or edit. A, D, or U | Yes | Yes | Yes | Yes | Yes |
|------------------------|--------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|

:P:IDR-J-AUDIT-  
DISP

Audit  
disposition

Yes

Yes

Yes

Yes

Yes

This item is  
used to identify  
the disposition  
of the J-AUDIT-  
NUM field.

Value:  
Description:

- A Auto Deny  
w/o transmit to  
CWF
- B Transfer
- C Deny
- D Deny  
against paid  
history
- E Suspend
- F Suspend  
with history
- G Modif



|  |                              |                                                                                                                                                                                                                           |    |     |     |     |     |
|--|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
|  | :P:IDR-W-COBA-<br>END-DATE   | COBA Insurer<br>End Date                                                                                                                                                                                                  | No | Yes | Yes | Yes | Yes |
|  |                              | This field carries the Coordination of Benefit Agreement (COBA) end date.                                                                                                                                                 |    |     |     |     |     |
|  | :P:IDR-W-COBA-<br>TEST-IND   | COBA Insurer<br>Test/Prod indicator                                                                                                                                                                                       | No | Yes | Yes | Yes | Yes |
|  |                              | occurs - carries the COBA test indicator. Values can be 'T' or 'P'.                                                                                                                                                       |    |     |     |     |     |
|  | :P:IDR-W-COBA-<br>NAME       | COBA Insurer<br>Name                                                                                                                                                                                                      | No | Yes | Yes | Yes | Yes |
|  |                              | This field carries the Coordination of Benefit Agreement (COBA) insurance company name that was received on the CWF Trailer 29.                                                                                           |    |     |     |     |     |
|  | :P:IDR-W-COBA-<br>ABORT-DATE | COBA Insurer<br>Abort Date                                                                                                                                                                                                | No | Yes | Yes | Yes | Yes |
|  |                              | This field carries the indicator to identify if the claim did not cross to the Coordination of Benefit Agreement (COBA) ID. Indicator will be displayed on the Claims W Trailer and populated by the Abort Process. It is |    |     |     |     |     |

|  | :P:IDR-C-TYPE | C/R type                                                                                                                                                                                                                                                                                         | No | No | Yes | Yes | Yes |
|--|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|-----|-----|
|  |               | <p>This field identifies the type of Cash Record carried for the provider or beneficiary specific to the claim.</p> <p>Value:<br/>Description:</p> <p>F Full refund<br/>P Partial refund<br/>R Reissue<br/>S Staledate<br/>V Void<br/>CR stands for Cash Repeat record. The claim receipt oc</p> |    |    |     |     |     |

|                   |                     |    |    |     |     |     |
|-------------------|---------------------|----|----|-----|-----|-----|
| :P:IDR-C-OLD-STAT | Prior detail status | No | No | Yes | Yes | Yes |
|-------------------|---------------------|----|----|-----|-----|-----|

This is a detail status code capturing the prior status of the claim detail. When a returned check is received the claim detail status is updated. F - Full claim refund - EGHP, used only when an EGHP accounts receivable has been sa

|                   |                       |    |    |     |     |     |
|-------------------|-----------------------|----|----|-----|-----|-----|
| :P:IDR-C-NEW-STAT | Current detail status | No | No | Yes | Yes | Yes |
|-------------------|-----------------------|----|----|-----|-----|-----|

This field carries the current status code specific to the line item/detail record, if there is a Cash Record (returned check) affiliated with the record.

Refer to Specification S0209000 for general input criteria information and a

|                       |                                |    |    |     |     |     |
|-----------------------|--------------------------------|----|----|-----|-----|-----|
| :P:IDR-C-DET-<br>NUMB | Detail number<br>being applied | No | No | Yes | Yes | Yes |
|-----------------------|--------------------------------|----|----|-----|-----|-----|

This field displays the detail number to which the returned check amount is being applied, if a Cash Reason record is applicable.

|              |            |    |    |     |     |     |
|--------------|------------|----|----|-----|-----|-----|
| :P:IDR-C-ICN | C/R number | No | No | Yes | Yes | Yes |
|--------------|------------|----|----|-----|-----|-----|

This field carries the internal control number assigned to the Cash Reason record (returned check) affiliated with the record.

The field identifies a claim throughout the processing cycle and allows for a linkage between the claim and the ben



|                          |                    |    |    |     |     |     |
|--------------------------|--------------------|----|----|-----|-----|-----|
| :P:IDR-C-<br>REASON-CODE | C/R reason<br>code | No | No | Yes | Yes | Yes |
|--------------------------|--------------------|----|----|-----|-----|-----|

The cash reason codes are three-digit alphanumeric codes. The first digit identifies the cause of overpayment. The second digit identifies the method of discovery, and the third digit controls special system processing.

Refer to Specif

|                          |                                                                                                                                                                                                                              |    |    |     |     |     |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|-----|-----|
| :P:IDR-C-<br>REASON-TYPE | C/R reason<br>type - The<br>value of the<br>cash/financial<br>action code<br>identify the<br>type of<br>transaction.<br>Refer to Spec<br>S0115010 for a<br>complete list of<br>valid codes and<br>respective<br>descriptions | No | No | Yes | Yes | Yes |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|-----|-----|

|                                                                                                                                                                                                                                |                                                      |    |    |     |     |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----|----|-----|-----|-----|
| :P::IDR-C-CLERK                                                                                                                                                                                                                | Clerk                                                | No | No | Yes | Yes | Yes |
| <p>This field contains the identification code of the clerk initiating the change. every clerk has their own clerk ID. This is tracking a change to the claim for the clerk audit trail. This field is provided in the IDR</p> |                                                      |    |    |     |     |     |
| :P::IDR-C-DATE                                                                                                                                                                                                                 | C/R Trailer Date - the date the C Trailer was added. | No | No | Yes | Yes | Yes |
| :P::IDR-C-AMOUNT                                                                                                                                                                                                               | Amount applied                                       | No | No | Yes | Yes | Yes |
| <p>This field displays the amount being applied to a line item/detail record, from an applicable Cash Reason record.</p>                                                                                                       |                                                      |    |    |     |     |     |
|                                                                                                                                                                                                                                |                                                      |    |    |     |     |     |
|                                                                                                                                                                                                                                |                                                      |    |    |     |     |     |
|                                                                                                                                                                                                                                |                                                      |    |    |     |     |     |
|                                                                                                                                                                                                                                |                                                      |    |    |     |     |     |

:P:IDR-CWF-  
QUERY-DATE

Date of CWF  
transmit

No

Yes

Yes

Yes

Yes

This field  
contains the  
date on which  
the CWF file  
was  
transmitted by  
MCS.

Format:  
YYYYMMDD

:P:IDR-CWF-  
QUERY-CODE

Query code  
No  
Yes  
Yes  
Yes  
Yes

The value in  
this field  
identifies the  
type of record.

Value:  
Description:

- 1 Claim
- 3 Void
- 5 Adjustment
- 9 Accrete

:P:IDR-CWF-  
RESPONSE-  
DATE(1)

Date of  
response from  
CWF

:P:IDR-CWF-  
RESPONSE-  
CODE(1)

Response code  
received from  
CWF

:P:IDR-REG-  
DED-  
REMAIN(1)

CWF  
disposition i.e.,  
01 11R 52  
Regular  
deductible  
remaining after  
processing this  
claim

|                             |                                                                               |
|-----------------------------|-------------------------------------------------------------------------------|
| :P:IDR-PSYCH-BAL-REMAIN(1)  | Psych limit remaining after processing this claim                             |
| :P:IDR-PHY-OCC-THER-REM(1)  | PHY-THER/OCC-THER<br>Remaining after processing this claim                    |
| :P:IDR-CWF-RESP-TRL-CODE(1) | Response trailer code<br>First trailer i.e. 11_08                             |
| :P:IDR-PHY-OCC-THER-IND(1)  | P - Physical therapy<br>O - Occupational therapy<br>Spaces - Physical therapy |
| :P:IDR-CWF-RESPONSE-DATE(2) | Date of response from CWF                                                     |
| :P:IDR-CWF-RESPONSE-CODE(2) | Response code received from CWF<br>CWF disposition i.e., 01_UH_52             |
| :P:IDR-REG-DED-REMAIN(2)    | Regular deductible remaining after processing this claim                      |
| :P:IDR-PSYCH-BAL-REMAIN(2)  | Psych limit remaining after processing this claim                             |
| :P:IDR-PHY-OCC-THER-REM(2)  | PHY-THER/OCC-THER<br>Remaining after processing this claim                    |
| :P:IDR-CWF-RESP-TRL-CODE(2) | Response trailer code<br>First trailer i.e. 11_08                             |

|                             |                                                                               |
|-----------------------------|-------------------------------------------------------------------------------|
| :P:IDR-PHY-OCC-THER-IND(2)  | P - Physical therapy<br>O - Occupational therapy<br>Spaces - Physical therapy |
| :P:IDR-CWF-RESPONSE-DATE(3) | Date of response from CWF                                                     |
| :P:IDR-CWF-RESPONSE-CODE(3) | Response code received from CWF<br>CWF disposition i.e., 01 UR 52             |
| :P:IDR-REG-DED-REMAIN(3)    | Regular deductible remaining after processing this claim                      |
| :P:IDR-PSYCH-BAL-REMAIN(3)  | Psych limit remaining after processing this claim                             |
| :P:IDR-PHY-OCC-THER-REM(3)  | PHY-THER/OCC-THER<br>Remaining after processing this claim                    |
| :P:IDR-CWF-RESP-TRL-CODE(3) | Response trailer code<br>First trailer i.e. 11.08                             |
| :P:IDR-PHY-OCC-THER-IND(3)  | P - Physical therapy<br>O - Occupational therapy<br>Spaces - Physical therapy |
| :P:IDR-CWF-RESPONSE-DATE(4) | Date of response from CWF                                                     |
| :P:IDR-CWF-RESPONSE-CODE(4) | Response code received from CWF<br>CWF disposition i.e., 01 UR 52             |

:P:IDR-REG-DED-REMAIN(4) Regular deductible remaining after processing this claim

:P:IDR-PSYCH-BAL-REMAIN(4) Psych limit remaining after processing this claim

:P:IDR-PHY-OCC-THER-REM(4) PHY-THER/OCC-THER Remaining after processing this claim

:P:IDR-CWF-RESP-TRL-CODE(4) Response trailer code First trailer i.e. 11\_08

:P:IDR-PHY-OCC-THER-IND(4) P - Physical therapy O - Occupational therapy Spaces - Physical therapy





|                            |                                                                                |
|----------------------------|--------------------------------------------------------------------------------|
| :P:IDR-U-CWF-OVRD-CD(1)    | CWF Header<br>Override<br>H - header<br>* - override<br>Blank - no<br>override |
| :P:IDR-U-CWF-OVRD-CD(2)    | CWF Header<br>Override<br>H - header<br>* - override<br>Blank - no<br>override |
| :P:IDR-U-CWF-OVRD-CD(3)    | CWF Header<br>Override<br>H - header<br>* - override<br>Blank - no<br>override |
| :P:IDR-U-CWF-OVRD-CD(4)    | CWF Header<br>Override<br>H - header<br>* - override<br>Blank - no<br>override |
| :P:IDR-U-CWF-ERR-CD(1)     | CWF Header<br>Error Code                                                       |
| :P:IDR-U-CWF-ERR-CD(2)     | CWF Header<br>Error Code                                                       |
| :P:IDR-U-CWF-ERR-CD(3)     | CWF Header<br>Error Code                                                       |
| :P:IDR-U-CWF-ERR-CD(4)     | CWF Header<br>Error Code                                                       |
| :P:IDR-BLOOD-DED-REMAIN(1) | Blood deduct<br>remaining,<br>after<br>processing this<br>claim                |
| :P:IDR-BLOOD-DED-REMAIN(2) | Blood deduct<br>remaining,<br>after<br>processing this<br>claim                |
| :P:IDR-BLOOD-DED-REMAIN(3) | Blood deduct<br>remaining,<br>after<br>processing this<br>claim                |

:P:IDR-BLOOD- Blood deduct  
DED- remaining,  
REMAIN(4) after  
processing this  
claim

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|-----------------------------------|----------------------------------------|----|----|-----|-----|-----|
| :P:IDR-CURR-<br>BENE-CHK-<br>STAT | Current<br>beneficiary<br>check status | No | No | Yes | Yes | Yes |
|-----------------------------------|----------------------------------------|----|----|-----|-----|-----|

This is a two-  
number code  
that is  
associated with  
identifying the  
beneficiary's  
current check  
status.

Refer to  
Specification  
S0116010 for  
general input  
criteria  
information  
and a listing of  
the acceptable  
entries.

|                            |                                |    |    |     |     |     |
|----------------------------|--------------------------------|----|----|-----|-----|-----|
| :P:IDR-U-BENE-<br>CHK-DATE | Last beneficiary<br>check date | No | No | Yes | Yes | Yes |
|----------------------------|--------------------------------|----|----|-----|-----|-----|

This field  
contains the  
date the last  
check was sent  
to the  
beneficiary.  
This date is  
present only if  
a re-issue was  
performed on  
the claim;  
otherwise, the  
INT-STATUS-  
DATE field  
contains the  
check date.

Format:  
YYYYMMDD

:P:IDR-BENE-  
INCHK-NUM

Beneficiary  
internal check  
number

No

No

Yes

Yes

Yes

The field  
contains a 9-  
byte numeric  
value, which  
identifies a  
claim  
throughout the  
processing  
cycle and  
allows for a  
linkage  
between the  
claim and the  
beneficiary for  
which it was  
submitted.  
There is an  
internal and exte

:P:IDR-BENE-  
OFFSET

Beneficiary  
offset amount

No

No

Yes

Yes

Yes

This field is  
used to show  
the line level  
breakdown of  
amounts used  
from this claim  
for the offset  
for a pending  
overpayment.  
It is the amount  
applied to  
accounts  
receivable.

|                           |                                                                                                                                                              |     |     |     |     |     |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-BENE-EXCHK-NUM     | Beneficiary external check number                                                                                                                            | Yes | Yes | Yes |     |     |
|                           | This is the number printed on the paper check that included the payment amount for a particular claim. The check number can have a combination of alphas and |     |     |     |     |     |
| :P:IDR-CURR-PROV-CHK-STAT | Current provider check status                                                                                                                                | No  | No  | Yes | Yes | Yes |
|                           | This is a two-number code that is associated with identifying the provider's current check status.                                                           |     |     |     |     |     |
|                           | Refer to Specification S0116010 for general input criteria information and a listing of the acceptable entries.                                              |     |     |     |     |     |

|                            |                             |    |    |     |     |     |
|----------------------------|-----------------------------|----|----|-----|-----|-----|
| :P:IDR-U-PROV-<br>CHK-DATE | Last provider<br>check date | No | No | Yes | Yes | Yes |
|----------------------------|-----------------------------|----|----|-----|-----|-----|

This field contains the date the last check was sent to the provider. This date is present only if a re-issue was performed on the claim; otherwise, the INT-STATUS-DATE field contains the check date.

Format:  
YYYYMMDD

|                           |                                      |    |    |     |     |     |
|---------------------------|--------------------------------------|----|----|-----|-----|-----|
| :P:IDR-PROV-<br>INCHK-NUM | Provider<br>Internal check<br>number | No | No | Yes | Yes | Yes |
|---------------------------|--------------------------------------|----|----|-----|-----|-----|

|                         |                                                                                                                                                                                                                                                   |     |     |     |     |     |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-U-TXIX-CHK-DIGIT | Title XIX check digit                                                                                                                                                                                                                             | No  | No  | Yes | Yes | Yes |
|                         | <p>This field carries the Title XIX check digit indicator, as entered on the extended claim screen.</p> <p>Value:<br/>Description:</p> <p>0-9 Title XIX Coverage<br/>Spaces Not applicable</p>                                                    |     |     |     |     |     |
| :P:IDR-BENE-PAID        | Beneficiary paid amount                                                                                                                                                                                                                           | Yes | Yes | Yes | Yes | Yes |
|                         | <p>Total amount of the submitted charges already paid to the provider by the beneficiary or another party on behalf of the beneficiary. This amount is determined at the claim level.</p> <p>Amount paid by the beneficiary cannot be greater</p> |     |     |     |     |     |
| :P:IDR-SPLIT-PAY-SUPP   | Split pay suppression amount. Amount suppressed to beneficiary under \$1.00                                                                                                                                                                       | No  | No  | Yes | Yes | Yes |

|                      |                                                                                                                                                                                                      |     |     |     |     |     |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-PROV-OFFSET   | Provider offset amount                                                                                                                                                                               | No  | No  | Yes | Yes | Yes |
|                      | This field is used to display the line level breakdown of amounts used from this claim for the offset for a pending overpayment. It is the amount applied to accounts receivable.                    |     |     |     |     |     |
| :P:IDR-J-MPA-OVR-IND | MPAP OVERRIDE INDICATOR - used to identify if the override audit is being applied against a detail or header record. A Audit D Detail edit H Header edit Related to field Header MPAP override audit | No  | Yes | Yes | Yes | Yes |
| :P:IDR-CLERK         | Claim examiner number - This field contains the identifying number of the clerk who dated the claim or who last updated it.                                                                          | Yes | Yes | Yes | Yes | Yes |

:P:IDR-J-FAC-  
PROV-STATUS

Facility  
provider -  
status

No

Yes

Yes

Yes

Yes

This field will  
carry an  
indicator  
identifying if  
the facility has  
participating  
provider status.  
This  
information is  
used in the  
calculation of  
workload and  
CPT reporting.

A participating  
provider is a  
provider who  
signs an

:P:IDR-J-CWF-  
PROV-SAN-IND

CWF SANCTION  
PROVIDER  
INDICATOR -  
sets when the  
CWF Provider  
Sanction  
applies.  
S – CWF  
Sanction  
Provider  
Blank – not  
sanction

No

Yes

Yes

Yes

Yes



|                          |                                                                                                                                                                                                                                                           |    |     |     |     |     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-J-XOVR-CLAIM-TYPE | Crossover claim type                                                                                                                                                                                                                                      | No | Yes | Yes | Yes | Yes |
|                          | <p>This field indicates the type of claim (adjustment vs. non-adjustment) for crossover purposes.</p> <p>Values:<br/>Description:</p> <p>A Adjustment claim – selected to be crossed over<br/>N Non-adjustment claim indicator – treat as an original</p> |    |     |     |     |     |
| :P:IDR-U-XOVR-COMP-NAME  | Crossover insurer #1                                                                                                                                                                                                                                      | No | No  | Yes | Yes | Yes |
|                          | <p>This field contains the complementary insurer identification crossover ID and the complementary insurer policy number.</p>                                                                                                                             |    |     |     |     |     |
| :P:IDR-U-XOVR-COMP-ID-2  | Crossover insurer #2                                                                                                                                                                                                                                      | No | No  | Yes | Yes | Yes |
|                          | <p>This field contains the complementary insurer identification number for the second insurer (where applicable).</p>                                                                                                                                     |    |     |     |     |     |

|                          |                                                                                                                                            |    |     |     |     |     |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-U-XOVER-COMP-ID-3 | Crossover insurer #3<br><br>This field contains the complementary insurer identification number for the third insurer (where applicable).  | No | No  | Yes | Yes | Yes |
| :P:IDR-U-XOVER-COMP-ID-5 | Crossover insurer #5<br><br>This field contains the complementary insurer identification number for the fifth insurer (where applicable).  | No | No  | Yes | Yes | Yes |
| :P:IDR-U-XOVER-COMP-ID-4 | Crossover insurer #4<br><br>This field contains the complementary insurer identification number for the fourth insurer (where applicable). | No | No  | Yes | Yes | Yes |
| :P:IDR-PROV-EXCHK-NUM    | Provider external check number                                                                                                             | No | No  | Yes | Yes | Yes |
| :P:IDR-DUPE-ICN          | Duplicate claim Internal control number                                                                                                    | No | Yes | Yes | Yes | Yes |
| :P:IDR-DUPE-PAID-DT      | Duplicate Internal control number paid date                                                                                                | No | Yes | Yes | Yes | Yes |
| :P:IDR-DUPE-EXCHK-NUM    | Duplicate external check number                                                                                                            | No | Yes | Yes | Yes | Yes |

:P:IDR-LAST-  
PROV-UPDT-DT

Last provider  
update date

No

No

Yes

Yes

Yes

This field  
represents the  
last date  
activity took  
place on the  
check data  
base.

The date is  
stored in Julian  
format: YYDDD

:P:IDR-LAST-  
BENE-UPDT-DT

Last beneficiary  
update date

No

No

Yes

Yes

Yes

This field  
represents the  
last date  
activity took  
place on the  
check data  
base.

The date is  
stored in Julian  
format: YYDDD



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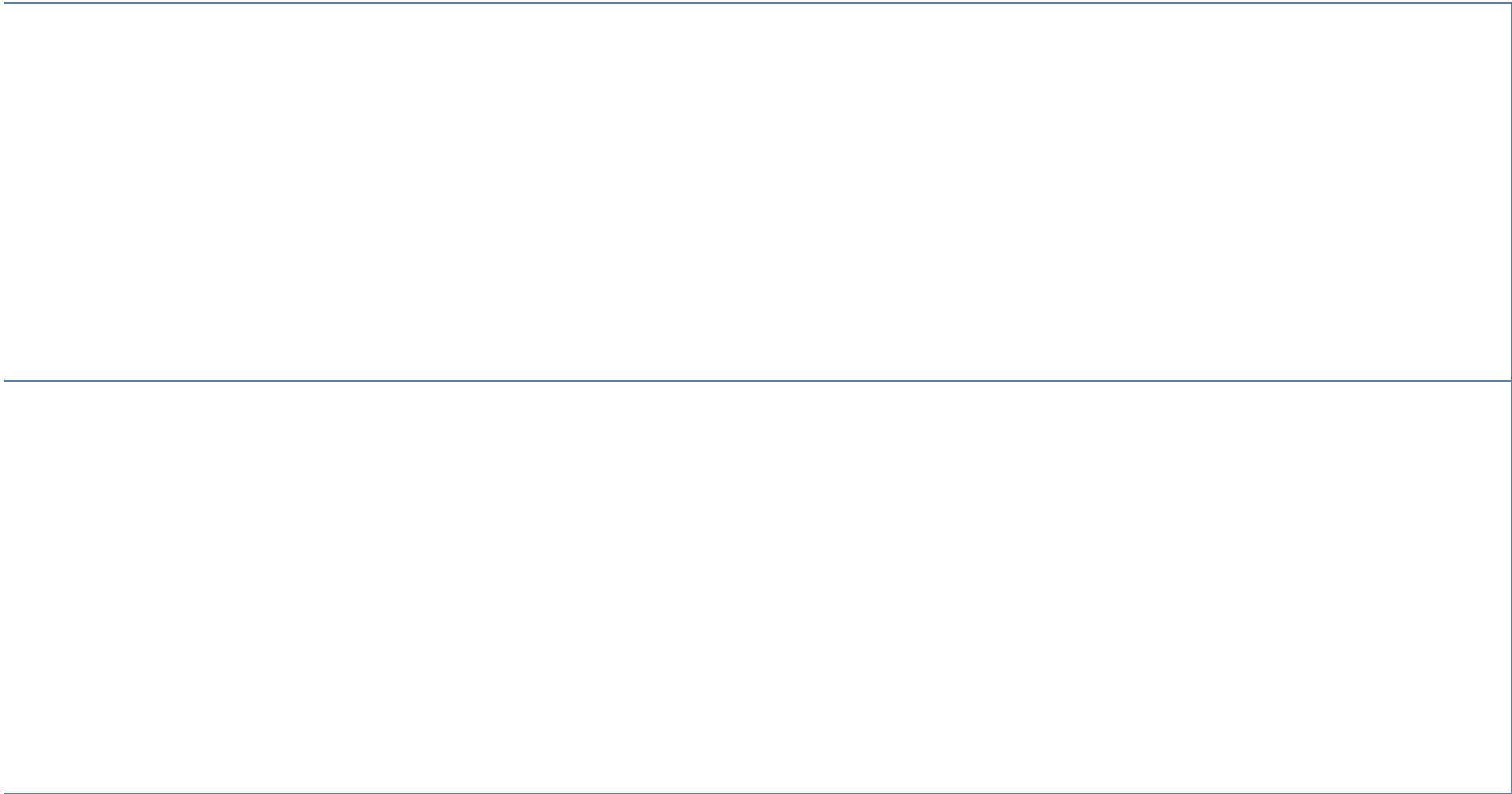
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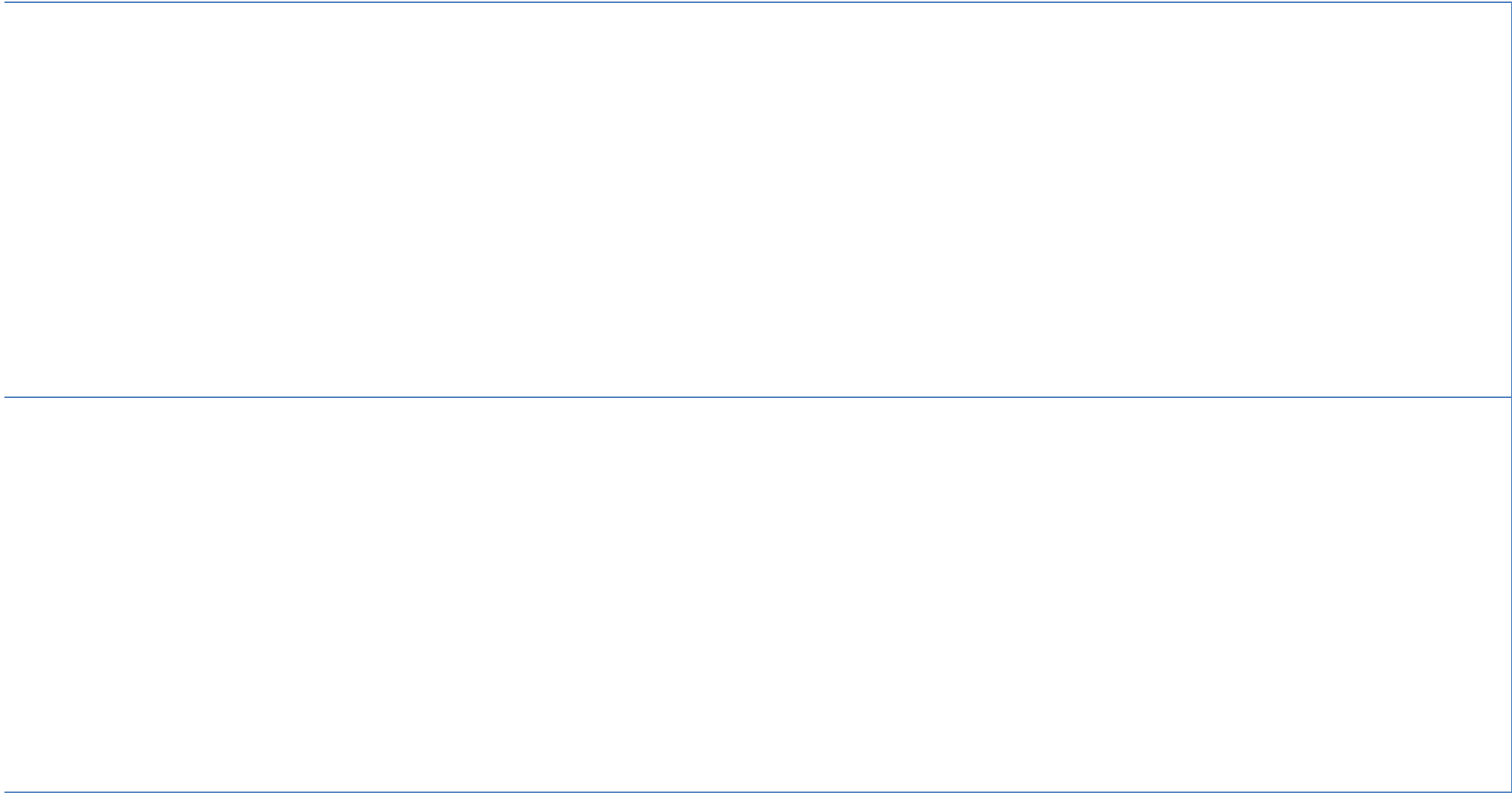
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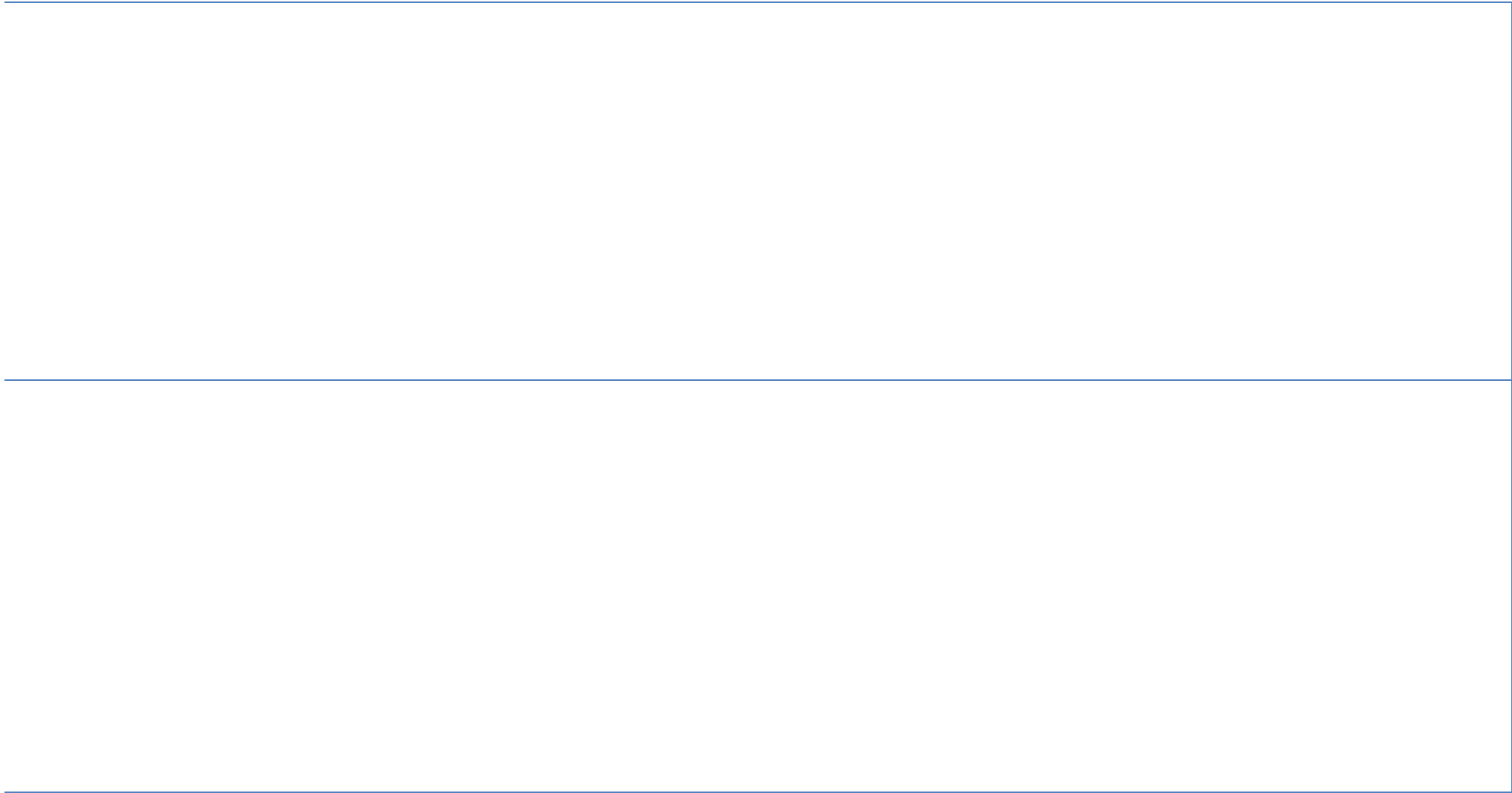
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|  |                         |                                                                                                                                                                                                                                 |    |     |     |     |     |     |
|  |                         |                                                                                                                                                                                                                                 |    |     |     |     |     |     |
|  |                         |                                                                                                                                                                                                                                 |    |     |     |     |     |     |
|  |                         |                                                                                                                                                                                                                                 |    |     |     |     |     |     |
|  |                         |                                                                                                                                                                                                                                 |    |     |     |     |     |     |
|  |                         |                                                                                                                                                                                                                                 |    |     |     |     |     |     |
|  |                         |                                                                                                                                                                                                                                 |    |     |     |     |     |     |
|  | :P:IDR-ADDRESSEE-CODE   | Letter Addressee code -indicated the type of beneficiary or provider to whom the letter is being sent.<br>B – Beneficiary<br>F – Facility provider<br>G – Ordering physician<br>P – Performing provider<br>V – Billing provider | No | Yes | Yes | Yes | Yes | Yes |
|  | :P:IDR-INITIAL-LTR-DATE | Date of initial letter<br><br>This item displays the date the initial ADS letter was sent.<br><br>Format:<br>YYYYMMDD                                                                                                           | No | Yes | Yes | Yes | Yes | Yes |

|                        |                                                                                                                |    |     |     |     |     |
|------------------------|----------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-ACN             | ADS return number                                                                                              | No | Yes | Yes | Yes | Yes |
|                        | This field contains the control number assigned to return mail answering ADS question.                         |    |     |     |     |     |
| :P:IDR-SUP-ACN         | Supplemental ADS return                                                                                        | No | Yes | Yes | Yes | Yes |
|                        | This field contains the supplemental ADS return control number assigned to return mail answering ADS question. |    |     |     |     |     |
| :P:IDR-ADS-DTL-<br>NUM | Letter Detail number                                                                                           | No | Yes | Yes | Yes | Yes |
|                        | Specifies which detail number on the claim for which an ADS letter was processed.                              |    |     |     |     |     |
| :P:IDR-ADS-DTL-<br>NUM | Letter Detail number                                                                                           | No | Yes | Yes | Yes | Yes |
|                        | Specifies which detail number on the claim for which an ADS letter was processed.                              |    |     |     |     |     |

|                        |                                                                                                  |    |     |     |     |     |
|------------------------|--------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-ADS-DTL-<br>NUM | Letter Detail<br>number                                                                          | No | Yes | Yes | Yes | Yes |
|                        | Specifies which<br>detail number<br>on the claim for<br>which an ADS<br>letter was<br>processed. |    |     |     |     |     |
| :P:IDR-ADS-DTL-<br>NUM | Letter Detail<br>number                                                                          | No | Yes | Yes | Yes | Yes |
|                        | Specifies which<br>detail number<br>on the claim for<br>which an ADS<br>letter was<br>processed. |    |     |     |     |     |
| :P:IDR-ADS-DTL-<br>NUM | Letter Detail<br>number                                                                          | No | Yes | Yes | Yes | Yes |
|                        | Specifies which<br>detail number<br>on the claim for<br>which an ADS<br>letter was<br>processed. |    |     |     |     |     |
| :P:IDR-ADS-DTL-<br>NUM | Letter Detail<br>number                                                                          | No | Yes | Yes | Yes | Yes |
|                        | Specifies which<br>detail number<br>on the claim for<br>which an ADS<br>letter was<br>processed. |    |     |     |     |     |

:P:IDR-ADS-MSG

Letter ADS message number

No

Yes

Yes

Yes

Yes

In order to provide special processing for ADS, some of the ADS questions are hard-coded within MCS and must be used for the same purpose by all Carriers. Claims producing ADS letters containing at least one of the following m

:P:IDR-ADS-MSG

Letter ADS message number

No

Yes

Yes

Yes

Yes

In order to provide special processing for ADS, some of the ADS questions are hard-coded within MCS and must be used for the same purpose by all Carriers. Claims producing ADS letters containing at least one of the following m

:P:IDR-ADS-MSG

Letter ADS message number

No

Yes

Yes

Yes

Yes

In order to provide special processing for ADS, some of the ADS questions are hard-coded within MCS and must be used for the same purpose by all Carriers. Claims producing ADS letters containing at least one of the following m

:P:IDR-ADS-MSG

Letter ADS message number

No

Yes

Yes

Yes

Yes

In order to provide special processing for ADS, some of the ADS questions are hard-coded within MCS and must be used for the same purpose by all Carriers. Claims producing ADS letters containing at least one of the following m

|                |                                                                                                                                                                                                                                           |    |     |     |     |     |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-ADS-MSG | Letter ADS message number                                                                                                                                                                                                                 | No | Yes | Yes | Yes | Yes |
|                | <p>In order to provide special processing for ADS, some of the ADS questions are hard-coded within MCS and must be used for the same purpose by all Carriers. Claims producing ADS letters containing at least one of the following m</p> |    |     |     |     |     |
| :P:IDR-ADS-MSG | Letter ADS message number                                                                                                                                                                                                                 | No | Yes | Yes | Yes | Yes |
|                | <p>In order to provide special processing for ADS, some of the ADS questions are hard-coded within MCS and must be used for the same purpose by all Carriers. Claims producing ADS letters containing at least one of the following m</p> |    |     |     |     |     |
|                |                                                                                                                                                                                                                                           |    |     |     |     |     |
|                |                                                                                                                                                                                                                                           |    |     |     |     |     |



|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|--|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  |                         |                                                                                                                                                                                                        |    |     |     |     |     |
|  | :P:IDR-HDR-AUDIT        | Primary header audit number - primary SCC audit number encounter as the claim was processed.                                                                                                           | No | Yes | Yes | Yes | Yes |
|  | :P:IDR-U-OLD-CWF-ICN    | ICN claim originally sent to CWF as<br><br>This field contains the ICN claim number originally sent to CWF.                                                                                            | No | Yes | Yes | No  | Yes |
|  | :P:IDR-U-CASE-TRACK-CCN | Case tracking CCN<br><br>This field is utilized for full claim adjustments related to overpayments only and carries the mother correspondence control number (case number) utilized to track the case. | No | Yes | Yes | No  | Yes |

|                        |                                                                                                                                                                                                                                                                                   |    |     |     |     |     |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-J-MPA-OVR-AUDIT | Header MPAP override audit - the SCC audit/edit number encountered during the processing of a particular claim that was overridden.                                                                                                                                               | No | Yes | Yes | Yes | Yes |
| :P:IDR-HDR-AUDIT-IND   | Primary header audit indicator - indicates if the number displayed in the INT-HDR-AUDIT field is a header edit, detail edit, or an audit.                                                                                                                                         | No | Yes | Yes | Yes | Yes |
| :P:IDR-U-CHOICES-PLAN  | <p>Choices HMO plan</p> <p>This field carries the identification code of the HMO in which beneficiary is/was enrolled.</p> <p>This field is updated in the batch with data received in the 05-Trailer of the CWF response record. Though it may not be manually updated, it c</p> | No | Yes | Yes | Yes | Yes |

|                        |                                                                                                                                                                                                                                                                       |     |     |     |     |     |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-EGHP-STATUS     | Employer group health plan status                                                                                                                                                                                                                                     | Yes | Yes | Yes | Yes | Yes |
|                        | <p>This field carries a value to indicate if the claim is covered under an employer group health plan.</p> <p>Value:<br/>Description:</p> <p>Y EGHP claim<br/>Space Not<br/>EGHP claim</p>                                                                            |     |     |     |     |     |
| :P:IDR-J-SUPR-IND      | <p>ADJUSTMENT SUPPRESSION INDICATOR - determines if payment should be suppressed. Y Suppress payment<br/>Blank Do not suppress</p>                                                                                                                                    | No  | Yes | Yes | No  | Yes |
| :P:IDR-CLEAN-DIRTY-IND | <p>Clean/dirty indicator - used to determine if the claim should be classified as 'clean' or 'dirty,' which depends primarily on whether or not all required information is supplied. This value is used in workload and CPT reporting, as well as in determining</p> | No  | Yes | Yes | Yes | Yes |

|                          |                                                                                                                                                                                                                                                                      |     |     |     |     |     |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-PAR-PROV-IND      | <p>PARTICIPATING PROVIDER INDICATOR - indicator identifying participating providers. This information is used in the calculation of workload and CPT reporting. A participating provider is a provider who signs an agreement with Medicare accepting assignment</p> | No  | Yes | Yes | Yes | Yes |
| :P:IDR-U-NAME-SUBMISSION | <p>Supervising physician name submitted flag</p> <p>The value in this field indicates if the name of the supervising physician is included on the claim.</p> <p>Value:<br/>Description:</p> <p>N No<br/>Y Yes</p>                                                    | No  | Yes | Yes | Yes | Yes |
| :P:IDR-U-PURCH-DIAG-FLG  | <p>Purchase diagnostic test flag - indicates if the claim contains services for an outside lab. Valid values are Y, N, and blank</p>                                                                                                                                 | Yes | Yes | Yes | Yes | Yes |

|                                                                                                                                                                                                                                                           |                                                                                                      |    |     |     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----|-----|-----|-----|
| :P:IDR-U-HOME-<br>EKG-TRACE-FLG                                                                                                                                                                                                                           | Homebound<br>EKG tracings<br>flag                                                                    | No | Yes | Yes | Yes |
| <p>The value in this field indicates if the claim contains services for an independent lab EKG tracings and specimen procurements in the patient's home.</p> <p>Value:<br/>Description:</p> <p>Y Independent lab EKG tracings and specimen procuremen</p> |                                                                                                      |    |     |     |     |
| :P:IDR-U-FAC-<br>PROV-IND                                                                                                                                                                                                                                 | <p>Facility provider indicator - indicates if the provider is a facility.<br/>Y – Yes<br/>N – No</p> | No | Yes | Yes | Yes |

|                                     |                             |     |     |     |     |     |
|-------------------------------------|-----------------------------|-----|-----|-----|-----|-----|
| :P:IDR-U-<br>PHYSICIAN-<br>SIGN-FLG | Physician<br>signature flag | Yes | Yes | Yes | Yes | Yes |
|-------------------------------------|-----------------------------|-----|-----|-----|-----|-----|

The value in  
this field  
indicates if the  
physician's  
signature is  
included on the  
submitted  
claim.

Value:  
Description:

N Signature not  
on claim  
submitted  
Y Signature on  
claim  
submitted  
Spaces Not  
indicated

|                              |                                    |     |     |    |     |
|------------------------------|------------------------------------|-----|-----|----|-----|
| :P: IDR-CPT-<br>SUPPRESS-CHK | Suppress Check<br>Indicator - used | Yes | Yes | No | Yes |
|------------------------------|------------------------------------|-----|-----|----|-----|

to identify if  
the check was  
suppressed.  
There's logic  
that will  
suppress a  
check. There's  
a process that  
holds checks  
for less than a  
dollar in order  
to increase  
efficiency for  
payments  
(mailing costs,  
etc.).

|                      |                                                                                                                                                                                                                                                  |     |     |     |     |     |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-DME-LIMIT-IND | Durable medical equipment/Limit indicator - indicates if the claim is a durable medical equipment (DME) claim.<br>Y – Yes<br>N – No<br>Not carried on                                                                                            | No  | No  | No  | No  | No  |
| :P:IDR-DOC-IND       | Documentation indicator<br><br>This field carries a value to indicate if documentation was attached to the claim. This may be in the form of additional documents attached to a paper claim or supplemental records submitted with an EMC claim. | Yes | Yes | Yes | Yes | Yes |
| :P:IDR-GROUP-IND     | Group Indicator - indicates if the Insurer's Group Policy was submitted on the claim. This field relates to Field 11 on the HCFA 1500 claim form                                                                                                 | Yes | Yes | Yes | Yes | Yes |

|                       |                   |    |     |     |     |    |
|-----------------------|-------------------|----|-----|-----|-----|----|
| :P:IDR-U-SPLIT-REASON | Split reason code | No | Yes | Yes | Yes | No |
|-----------------------|-------------------|----|-----|-----|-----|----|

The split reason code is used to indicate that the claim has been separated for processing either for a mandated split situation or replicated for internal processing situations. This indicator is at the claim level. An original claim

|                         |                              |     |    |     |    |     |
|-------------------------|------------------------------|-----|----|-----|----|-----|
| :P:IDR-U-CLM-ADJ-ACT-CD | Claim adjustment action code | Yes | No | Yes | No | Yes |
|-------------------------|------------------------------|-----|----|-----|----|-----|

The value of this field identifies the type of adjustment being applied to this claim.

Value:  
Description:

F Full claim adjustment  
S Supplemental adjustment  
Spaces Not an adjustment



|                       |                 |     |     |     |     |     |
|-----------------------|-----------------|-----|-----|-----|-----|-----|
| :P:EMC-U-SUBMITTER-ID | EMC Sender Code | Yes | Yes | Yes | Yes | Yes |
|-----------------------|-----------------|-----|-----|-----|-----|-----|

This field contains the EMC submitter number used in the transmission of the electronic claim file.

This item is used to display what is referred to as both the EMC sender code and the EMC submitter ID.

|                            |                                                                                                                                                                                                                                                                |     |     |     |    |     |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|----|-----|
| :P:IDR-U-CARRIER-APPL-CODE | CARRIER APPEALS CODE - keyed by the examiner when an adjustment claim is created. A Carrier/MAC appeal occurs most frequently when a beneficiary or provider requests that a claim that was previously denied or paid be re-considered for payment or correcti | Yes | Yes | Yes | No | Yes |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|----|-----|

CARRIER APPEALS CODE - keyed by the examiner when an adjustment claim is created. A Carrier/MAC appeal occurs most frequently when a beneficiary or provider requests that a claim that was previously denied or paid be re-considered for payment or correcti

|                           |                                                                                                                                                                                                                                                                  |     |     |     |     |     |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P::IDR-U-DELETE-RSN-CODE | Delete reason code                                                                                                                                                                                                                                               | No  | No  | No  | Yes | Yes |
|                           | <p>The value in this field indicates the delete reason code.</p> <p>Claim is getting transferred to location 90. An examiner does this. Field will be blank if the claim is not being deleted.</p>                                                               |     |     |     |     |     |
| :P::IDR-U-OVERPAY-REASON  | Overpayment reason                                                                                                                                                                                                                                               | Yes | Yes | Yes | No  | Yes |
|                           | <p>For full claim adjustments related to an overpayment, this field carries the overpayment reason code.</p> <p>R – (first digit) Overpayment reason code. Valid values are those from the first digit of the cash reason code.</p> <p>Value:<br/>Descriptio</p> |     |     |     |     |     |

|                           |                                                                                                                                                                                                                     |     |     |     |     |     |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P: J-MASS-ADJ-TYPE       | Mass adjustment type                                                                                                                                                                                                | No  | Yes | Yes | No  | Yes |
|                           | This field indicates whether the mass adjustment was due to a fee schedule pricing issue or another reason.                                                                                                         |     |     |     |     |     |
|                           | Values:<br>Description:                                                                                                                                                                                             |     |     |     |     |     |
|                           | M Mass adjustment claim-Medicare Physician Fee Schedule (MPFS)<br>O Mass adjustment claim-other                                                                                                                     |     |     |     |     |     |
| :P:IDR-U-UNSOL-RESP-TYPE  | Unsolicited response type - For full claim adjustments related to an overpayment caused by a CWF unsolicited response, the field carries the CWF response type. This value must be on the HXXTUNSL table or spaces. | Yes | Yes | Yes | No  | Yes |
| :P:IDR-U-HPSA-RPT-DT-CYMD | The value in this field contains the HPSA report date                                                                                                                                                               | No  | Yes | Yes | Yes | Yes |

|  |                               |                                                                                                                                                                                                                                                                                                                          |     |     |     |     |     |
|--|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
|  | :P:IDR-U-CHIRO-<br>XRAY-DATE  | Chiro x-ray<br>date                                                                                                                                                                                                                                                                                                      | Yes | Yes | Yes | Yes | Yes |
|  |                               | The date of the<br>last<br>chiropractic x-<br>ray or the last<br>treatment.                                                                                                                                                                                                                                              |     |     |     |     |     |
|  |                               | Format:<br>YYYYMMDD                                                                                                                                                                                                                                                                                                      |     |     |     |     |     |
|  | :P:IDR-U-CHIRO-<br>INIT-TREAT | Chiro initial<br>treatment date                                                                                                                                                                                                                                                                                          | Yes | Yes | Yes | Yes | Yes |
|  |                               | Date of the<br>initial<br>chiropractic<br>treatment.                                                                                                                                                                                                                                                                     |     |     |     |     |     |
|  |                               | Format:<br>YYYYMMDD                                                                                                                                                                                                                                                                                                      |     |     |     |     |     |
|  | :P:IDR-U-GDX-<br>RULE-NUM     | SCF update rule No<br>number<br>SCF is a rule<br>type of engine.<br>Within SCF,<br>they've defined<br>the elements<br>available on a<br>claim and on<br>the provider<br>file, various<br>control files,<br>etc. It allows<br>them and<br>contractors to<br>write "if, then"<br>statements to<br>determine a set<br>of cr | No  | Yes | Yes | Yes | Yes |
|  | :P:IDR-U-GDX-<br>RULE-DATE    | SCF update rule No<br>number -Date<br>the SCF update<br>rule was<br>applied                                                                                                                                                                                                                                              | No  | Yes | Yes | Yes | Yes |

|                                       |                                                                                                                                                                                                                                                                                                                         |            |            |            |           |            |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|------------|
| <p>:P:IDR-U-FCADJ-<br/>PREV-ASSGN</p> | <p>Full claim adj<br/>previous<br/>assignment</p> <p>The value in<br/>this field<br/>indicates the<br/>previous type<br/>of the<br/>assignment.<br/>This<br/>information is<br/>completed only<br/>if there is a full<br/>claim<br/>adjustment.</p> <p>Value:<br/>Description:</p> <p>A Assigned<br/>N Non-assigned</p> | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> | <p>No</p> | <p>Yes</p> |
| <p>:P:IDR-U-FCADJ-<br/>BENE-INT</p>   | <p>Full claim adj<br/>previous bene<br/>Interest</p> <p>The value in<br/>this field<br/>indicates the<br/>previous<br/>beneficiary<br/>interest<br/>amount. This<br/>information is<br/>completed only<br/>if there is a full<br/>claim</p>                                                                             | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> | <p>No</p> | <p>Yes</p> |
| <p>:P:IDR-U-FCADJ-<br/>PREV-HIC</p>   | <p>Full claim adj<br/>previous HIC</p> <p>This field<br/>contains the<br/>previous HIC<br/>number. This<br/>information is<br/>completed only<br/>if there is a full<br/>claim</p>                                                                                                                                      | <p>Yes</p> | <p>Yes</p> | <p>Yes</p> | <p>No</p> | <p>Yes</p> |

|                                                                                                                                       |                                                                                                                                                                                                                                             |     |     |     |    |     |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|----|-----|
| :P:IDR-U-FCADJ-<br>PROV-INT                                                                                                           | Full claim adj<br>previous<br>provider<br>Interest                                                                                                                                                                                          | Yes | Yes | Yes | No | Yes |
| The amount in this field indicates the previous provider interest amount. This information is completed only if there is a full claim |                                                                                                                                                                                                                                             |     |     |     |    |     |
| :P:IDR-U-FCADJ-<br>BIL-PROV                                                                                                           | Full claim adj<br>previous billing<br>provider<br>It is a billing<br>provider<br>number of the<br>previous<br>provider. It is<br>populated only<br>on an<br>adjustment if it<br>is done on a<br>claim with the<br>wrong provider<br>number. | Yes | Yes | Yes | No | Yes |
| :P:IDR-U-FCADJ-<br>BIL-NPI                                                                                                            | Full claim adj<br>previous billing<br>provider NPI                                                                                                                                                                                          | Yes | Yes | Yes | No | Yes |
| This segment of data carries the National Provider Identification (NPI) number for the billing provider.                              |                                                                                                                                                                                                                                             |     |     |     |    |     |

:P:IDR-N-MSP-  
TYPE-GROUP

MSP TYPE    Yes    Yes    Yes    Yes    Yes

This field provides a code which identifies the type of primary insurance coverage applicable to the beneficiary.

Value:  
Description:

- 012 Working aged
- 013 ESRD
- 014 Auto no-fault
- 015 Worker's Compensation
- 016 Federal
- 041 Black lung
- 042 Vetera

:P:IDR-U-MSP-  
MASS-ADJ-  
FLAG

Mass    No    Yes    Yes    Yes    No  
adjustment flag

This field indicates whether or not the claim was processed as a Medicare Secondary Payer (MSP) mass adjustment

:P:IDR-MSP-REPROCESS      MSP      Yes      Yes      Yes      Yes      Yes  
Reprocessed

Indicator  
This field identifies claims where an MSP EOB was submitted with the claim, and the claim was previously cost avoided.  
Value:  
Description:

C      An  
MSP EOB was submitted  
Spaces      No EOB was submitted

:P:IDR-CPT-DAYS      Number of days over 30 claim was paid      No      Yes      Yes      Yes      Yes

This item is used to indicate the number of days beyond the 30th day the claim was paid. From date of receipt, they have 30 days to process the claim in which no interest will be payed, but after 30 days, there will



:P:IDR-J-MED-  
COMP-NUM Medigap complimentary  
number

Yes

Yes

Yes

Yes

Yes

The beneficiary's policy number in the Medigap insurer's system. This field shows any Trading Partners that had active eligibility information as of the date this claim was adjudicated. This field is for information use on

:P:IDR-J-MED-  
INS-NUM Medigap insurer number

Yes

Yes

Yes

Yes

Yes

This field displays the beneficiary's group policy number that was assigned by their secondary insurer. This information is supplied on the eligibility file sent by the trading partner.

|                        |                                                                                                        |     |     |     |     |     |
|------------------------|--------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-J-MED-SIGNATURE | Medigap signature                                                                                      | Yes | Yes | Yes | Yes | Yes |
|                        | This field indicates if the insurer's signature is present, signifying that there is Medigap coverage. |     |     |     |     |     |
|                        | Value:<br>Description:                                                                                 |     |     |     |     |     |
|                        | N No - signature not on file<br>Y Yes - signature on file                                              |     |     |     |     |     |
| :P:IDR-HIC-CHG-DATE    | Date HIC change occurred                                                                               | No  | Yes | Yes | Yes | Yes |
|                        | The date on which an adjustment was made to this "H" trailer.                                          |     |     |     |     |     |
|                        | Format:<br>YYYYMMDD                                                                                    |     |     |     |     |     |
| :P:IDR-HIC-CHG-CLERK   | Clerk initiating the change - The identifier of the clerk initiating the HIC change.                   | No  | Yes | Yes | Yes | Yes |

:P:IDR-HIC-CHG- From/To HIC No Yes Yes Yes Yes  
IND change indicator

This field carries an identifier that determines the type of HIC cross-reference that has taken place.

Value:  
Description:

F HIC  
Number carried in the trailer is the 'From' HIC  
T HIC  
Number carried in the traile

:P:IDR-HIC-CHG- HIC Change No Yes Yes Yes Yes  
HBACK Back out Indicator

This item is used to identify whether or not the claim being adjusted is a CWF suspended claim.

Value:  
Description:

B HIC  
change being performed on a claim in CWF suspense  
Blank HIC  
change being performed on a  
c

:P:IDR-P-REP-  
PAYEE-TYPE

Rep payee type Yes

Yes

Yes

Yes

Yes

The representative payee type field is no longer used.

When it was used, the representative payee type indicates whether the 'other payee' name to whom the Medicare payment was sent is an alternate/court appointed or CMS representative.

:P:IDR-P-REP-  
PAYEE-NAME

Rep payee name No

No

No

No

No

The field is no longer carried on new claims, but would be on past claims. When used, it carried the complete name and address of the representative payee.

The representative payee is the name of an individual, other than beneficiary, wh

|                                    |                                                                                                                                                                                                                                                                                                         |     |     |     |     |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|
| :P:IDR-BILL-<br>PROV-GROUP-<br>IND | Billing provider - Yes<br>group indicator -<br>identifies an<br>individual<br>provider as a<br>member of a<br>specific group<br>or clinic whose<br>members share<br>a common<br>payee name<br>and address. It<br>allows charges<br>from group<br>members to be<br>paid on the<br>same assigned<br>claim | Yes | Yes | Yes | Yes |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|

|                             |                                                                                                                                    |     |     |     |     |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|
| :P:IDR-BILL-<br>PROV-COUNTY | Billing provider - Yes<br>county<br><br>This field<br>identifies the<br>county in which<br>the provider's<br>office is<br>located. | Yes | Yes | Yes | Yes |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|

:P:IDR-BILL- Billing provider Yes Yes Yes Yes Yes  
PROV-LOC locality

This field is a two-character code that is used to designate the provider's pricing locality or area. The pricing locality code is assigned to the provider by the area Carrier/MAC which has Part B Medicare jurisdiction. It is

:P:IDR-J-BPROV- Billing provider Yes Yes Yes Yes Yes  
TIN-IND tax ID indicator

This segment of data carries the tax identification number indicator for the billing provider.

Value:  
Description:

E Employer Identification Number (EIN)  
S Social Security Number (SSN)

:P:IDR-BILL-  
PROV-STATUS-  
CD

Billing provider  
status code

No

Yes

Yes

Yes

Yes

This field  
carries an  
indicator  
identifying  
participating  
providers. This  
status code is  
used in  
calculation of  
workload and  
CPT reporting.

Value:

Description:

N Non-  
participating  
provider

P Participating  
provider

A partici

:P:IDR-U-BENE-  
NAME-CORR-  
FLG

Bene name  
corrected flag

No

Yes

Yes

Yes

Yes

The value in  
this field  
indicates if the  
beneficiary's  
name was  
corrected  
during the  
processing of  
the claim. It  
can be either  
before CWF or  
something back  
from CWF in  
the trailer that  
indicates the  
name needs  
correcting.

|                                                                                                                                                                                                                                                |                                    |     |     |     |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-JJ-COMP-<br>NUM                                                                                                                                                                                                                         | Complementar<br>y number           | No  | Yes | Yes | Yes | Yes |
| <p>This field shows any Trading Partners that had active eligibility information as of the date this claim was adjudicated. This field is for information use only. It will be most useful in determining why a claim crossed; or in conju</p> |                                    |     |     |     |     |     |
| :P:IDR-U-<br>PATIENT-ACCT-<br>N-OLD                                                                                                                                                                                                            | Patient account<br>number – old    | No  | No  | Yes | Yes | Yes |
| <p>This field contains the patient account number on the old claim.</p>                                                                                                                                                                        |                                    |     |     |     |     |     |
| :P:IDR-N-MSP-<br>ALLOWED                                                                                                                                                                                                                       | Other payer<br>allowable<br>amount | Yes | Yes | Yes | Yes | Yes |
| <p>This field identifies the total amount approved/allowed by the other insurance coverage. This amount is carried forward from the original data entry on the processing screen.</p>                                                          |                                    |     |     |     |     |     |



|                        |                                                                                                                                                                                                          |     |     |     |     |     |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-U-MICRO-INDEX   | Micro index number                                                                                                                                                                                       | No  | No  | Yes | Yes | Yes |
|                        | This field identifies the index number assigned to the microfilm associated with this claim.                                                                                                             |     |     |     |     |     |
| :P:IDR-J-PEER-REV-ORG  | Peer review number                                                                                                                                                                                       |     | No  | No  | Yes | Yes |
|                        | This field is used to document the Peer Review Organization (PRO) authorization number for a procedures that require prior authorization, investigational device number, or HHA hospice provider number. |     |     |     |     |     |
| :P:IDR-U-BENE-SIGN-FLG | Beneficiary signature flag                                                                                                                                                                               | Yes | Yes | Yes | Yes | Yes |
|                        | The value in this field indicates if the beneficiary's signature is included on the submitted claim.                                                                                                     |     |     |     |     |     |
|                        | Value:<br>Description:                                                                                                                                                                                   |     |     |     |     |     |
|                        | N Signature not on claim submitted<br>Y Signature on claim submitted<br>Spaces Not indicated                                                                                                             |     |     |     |     |     |

|                                    |                                                                                                                                                                |    |     |     |     |     |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|
| :P:IDR-J-FAC-<br>PROV-LOCALITY     | Facility<br>provider<br>locality                                                                                                                               | No | Yes | Yes | Yes | Yes |
|                                    | This item is<br>used to identify<br>the facility<br>provider<br>locality at<br>which the<br>service was<br>performed.                                          |    |     |     |     |     |
| :P:IDR-CASH-<br>DED-<br>APPLIED(1) | The portion of<br>the final charge<br>allowed on a<br>claim that is<br>used to satisfy<br>the amount of<br>Part B<br>Medicare cash<br>deductible<br>remaining. |    |     |     |     |     |
| :P:IDR-CASH-<br>DED-<br>APPLIED(2) | The portion of<br>the final charge<br>allowed on a<br>claim that is<br>used to satisfy<br>the amount of<br>Part B<br>Medicare cash<br>deductible<br>remaining. |    |     |     |     |     |
| :P:IDR-CASH-<br>DED-<br>APPLIED(3) | The portion of<br>the final charge<br>allowed on a<br>claim that is<br>used to satisfy<br>the amount of<br>Part B<br>Medicare cash<br>deductible<br>remaining. |    |     |     |     |     |

:P:IDR-CASH-DED-APPLIED(4)

The portion of the final charge allowed on a claim that is used to satisfy the amount of Part B Medicare cash deductible remaining.

:P:IDR-CLAIM-TYPE

Claim type code

Yes

Yes

Yes

Yes

Yes

This field contains a value that identifies the type of claim being processed.

Value:  
Description:

- 1 Correspondence
- 2 Adjustment
- 3 Claim

:P:IDR-BILL-PROV-NUM

Billing provider number

Yes

Yes

Yes

Yes

Yes

This is the number identifying the billing provider for this claim. This is actually the provider number. It is in addition to the NPI or UPIN. It's the legacy number.

:P:IDR-CONTR-  
ID

Contractor  
number  
If a contractor  
is now a MAC,  
it would be the  
CMS assigned  
workload ID  
number, but  
there are still  
some legacy  
contractors out  
there. They are  
all 5 digits long.  
  
MCS does not  
house the MAC  
number so the  
workload ID  
will always be  
used.

:P:IDR-CLM-HD-  
PLAN

:P:IDR-CLM-HD-  
ICN-NBR

"ICN  
Adjustment  
ICNs begin with  
these values:  
83, 96, 97, 46,  
47, 48, 56, 57,  
58, 66, 67, 68  
If ICN ends with  
somet

:P:IDR-BENE-  
INCHK-NUM

"Beneficiary  
internal check  
number

The field  
contains a 9-  
byte numeric  
value, which  
identifies a  
claim  
throughout the  
processing  
cycle and  
allows for a  
linkage  
between the  
claim and the  
beneficiary for  
which it was  
submitted.  
There is an  
internal and  
external check  
number"

:P:IDR-BENE-  
EXCHK-NUM

"Beneficiary  
external check  
number

This is the  
number printed  
on the paper  
check that  
included the  
payment  
amount for a  
particular  
claim. The  
check number  
can have a  
combination of  
alphas and  
numerics."

:P:IDR-BILL-  
PROV-NUM

"Billing  
provider  
number

This is the  
number  
identifying the  
billing provider  
for this claim.  
This is actually  
the provider  
number. It is in  
addition to the  
NPI or UPIN.  
It's the legacy  
number. "

:P:IDR-BILL-  
PROV-TYPE

:P:IDR-BILL-  
PROV-SPEC

"Billing  
provider -  
specialty code

This field is  
used to store  
the two-  
character  
provider's  
primary  
specialty code.

Refer to  
Specification  
S0106010 for  
general input  
criteria  
information  
and a listing of  
the acceptable  
entries.  
"

:P:IDR-BILL-  
PROV-LOC

"Billing  
provider  
locality

This field is a two-character code that is used to designate the provider's pricing locality or area. The pricing locality code is assigned to the provider by the area Carrier/MAC which has Part B Medicare jurisdiction. It is used when accessing area specific fee schedule information.

01 – 99

The definition

:P:IDR-HDR-  
EOMB-MSG

"Claim EOMB  
message 1

This field is  
used to  
generate EOMB  
messages.  
More than one  
remark code  
can be entered.  
System-  
generated  
remarks take  
priority over  
manual entries.  
Messages must  
contain specific  
text associated  
with the  
specific  
situation.  
"

:P:IDR-HDR-  
AUDIT

Primary header  
audit indicator -  
indicates if the  
number  
displayed in the  
INT-HDR-AUDIT  
field is a header  
edit, detail edit,  
or an audit.

:P:IDR-PROV-  
INCHK-NUM

Provider  
Internal check  
number

:P:IDR-PROV-  
EXCHK-NUM

Provider  
external check  
number



:P:IDR-ADS-  
MSG

"Letter ADS  
message  
number

In order to  
provide special  
processing for  
ADS, some of  
the ADS  
questions are  
hard-coded  
within MCS and  
must be used  
for the same  
purpose by all  
Carriers.  
Claims  
producing ADS  
letters  
containing at  
least one of the  
following  
messages are  
sent to location  
014 and are  
sorted  
separately from  
other ADS  
letters.

:P:IDR-J-AUDIT-  
NUM

Audit number -  
identifies the  
audit number,  
which indicates  
the reason for  
denial.

:P:IDR-J-FAC-  
PROV-NUM

"Facility  
provider  
number

This field  
carries the  
identification  
number of the  
facility, such as  
a hospital or  
lab, at which  
the service was  
performed.  
"

:P:IDR-J-FAC-  
PROV-LOCALITY

"Facility  
provider  
locality

This item is  
used to identify  
the facility  
provider  
locality at  
which the  
service was  
performed."

:P:IDR-J-FAC-  
PROV-TYPE

"Facility  
provider - type

This is a two-  
number code  
that is  
associated with  
identifying the  
provider's type.

Refer to  
Specification  
S0105010 for  
general input  
criteria  
information  
and a listing of  
the acceptable  
entries."

:P:IDR-J-FAC-  
PROV-CNTY

"Facility  
provider -  
county

This item is  
used to identify  
the county in  
which the  
facility provider  
is located."

:P:IDR-J-MPA-  
OVR-AUDIT Header MPAP  
override audit -  
the SCC  
audit/edit  
number  
encountered  
during the  
processing of a  
particular claim  
that was  
overridden.

:P:IDR-J-MED-  
INS-NUM "Medigap  
insurer number  
  
This field  
displays the  
beneficiary's  
group policy  
number that  
was assigned  
by their  
secondary  
insurer. This  
information is  
supplied on the  
eligibility file  
sent by the  
trading  
partner."

:P:IDR-J-  
ORDERING-  
PROV-NUMB

:P:IDR-LOC-  
CODE

"Most recent  
claim location  
code

This value  
represents the  
completion  
/pending status  
of a claim.  
Values, with  
assigned  
definitions,  
define the  
point at which  
a claim resides  
during the  
entire  
adjudication  
process.

Locations are  
used to control  
the path the  
claim will take  
through the  
system from  
the initial  
activation to  
finalization.  
The system

:P:IDR-U-  
XOVER-COMP-  
NAME

"Crossover  
insurer #1

This field  
contains the  
complementary  
insurer  
identification  
crossover ID  
and the  
complementary  
insurer policy  
number."

:P:IDR-U-  
XOVER-COMP-  
ID-2

"Crossover  
insurer #2

This field  
contains the  
complementary  
insurer  
identification  
number for the  
second insurer  
(where  
applicable)."

:P:IDR-U-  
XOVER-COMP-  
ID-2

"Crossover  
insurer #2

This field  
contains the  
complementary  
insurer  
identification  
number for the  
second insurer  
(where  
applicable)."

:P:IDR-U-  
XOVER-COMP-  
ID-4

"Crossover  
insurer #4

This field  
contains the  
complementary  
insurer  
identification  
number for the  
fourth insurer  
(where  
applicable)."

:P:IDR-U-  
XOVER-COMP-  
ID-5

"Crossover  
insurer #5

This field  
contains the  
complementary  
insurer  
identification  
number for the  
fifth insurer  
(where  
applicable)."

:P:EMC-U-  
SUBMITTER-ID

"EMC Sender  
Code

This field  
contains the  
EMC submitter  
number used in  
the  
transmission of  
the electronic  
claim file.

This item is  
used to display  
what is  
referred to as  
both the EMC  
sender code  
and the EMC  
submitter ID.  
"

:P:IDR-U-  
CARRIER-APPL-  
CODE

CARRIER  
APPEALS CODE -  
keyed by the  
examiner when  
an adjustment  
claim is  
created. A  
Carrier/MAC  
appeal occurs  
most  
frequently  
when a  
beneficiary or  
provider  
requests that a  
claim that was  
previously  
denied or paid  
be re-  
considered for  
payment or  
correction.

:P:IDR-U-DEMO- "Demo  
PROVIDER provider

This item is  
used to identify  
the provider  
involved in the  
demonstration  
project."

:P:IDR-U-FCADJ- "Full claim adj  
BIL-PROV previous billing  
provider

It is a billing  
provider  
number of the  
previous  
provider. It is  
populated only  
on an  
adjustment if it  
is done on a  
claim with the  
wrong provider  
number.

"

:P:IDR-U-  
DELETE-RSN-  
CODE

"Delete reason  
code

The value in  
this field  
indicates the  
delete reason  
code.  
Claim is getting  
transferred to  
location 90. An  
examiner does  
this. Field will  
be blank if the  
claim is not  
being deleted."

:P:IDR-U-CASE- TRACK-CCN

"Case tracking  
CCN

This field is utilized for full claim adjustments related to overpayments only and carries the mother correspondence control number (case number) utilized to track the case."

:P:IDR-B-ICN

"A/R number

This field contains the 13-byte control number assigned to the indicated accounts receivable record.

If it is HIGLAS, MCS would no longer have the information. This would be an A/R number for contractors that are not on HIGLAS. It is a separate file. If an A/R is set up against a claim, it will post accounts receivable against the claim and controls how



:P:IDR-C-ICN "C/R number

This field carries the internal control number assigned to the Cash Reason record (returned check) affiliated with the record.

The field identifies a claim throughout the processing cycle and allows for a linkage between the claim and the ben"

:P:IDR-C-REASON-TYPE

C/R reason type - The value of the cash/financial action code identify the type of transaction. Refer to Spec S0115010 for a complete list of valid codes and respective descriptions

:P:IDR-C-  
REASON-CODE

"C/R reason  
code

The cash  
reason codes  
are three-digit  
alphanumeric  
codes. The first  
digit identifies  
the cause of  
overpayment.  
The second  
digit identifies  
the method of  
discovery, and  
the third digit  
controls special  
system  
processing.

Refer to  
Specification  
S0121000 for a  
complete list of  
the cash reason  
codes and  
respective  
descriptions."

:P:IDR-F-BENE-  
INT-EOB

"Original bene  
Internal check  
number

For check  
reissue records,  
this field carries  
the EOMB  
number carried  
on the original  
payment. –  
specific to the  
beneficiary."

:P:IDR-F-BENE- "Original bene  
EXT-EOB external check  
number

For check  
reissue records,  
where a second  
reissue has  
occurred, this  
field carries the  
EOB number  
on the second  
reissued  
record. –  
specific to the  
beneficiary."

:P:IDR-F-PROV- "Original  
INT-EOB provider  
Internal check  
number

For check  
reissue records,  
this field carries  
the EOMB  
number  
carried on the  
original  
payment –  
specific to the  
provider."

:P:IDR-F-PROV- "Original  
EXT-EOB provider  
external check  
number

For check  
reissue records,  
where a second  
reissue has  
occurred, this  
field carries the  
EOMB number  
on the second  
reissued record  
– provider  
payments  
only."

:P:IDR-INIT- "Initiating CCN  
CCN number

This field is  
used for  
adjustment  
claims only. It  
carries the  
correspondenc  
e control  
number  
associated to  
the review  
request letter.  
Just like claims  
correspondenc  
e is controlled,  
it's still a 13  
digit  
correspondenc  
e control  
number"





















:P:IDR-F-TYPE Reissue type No No Yes Yes Yes

The value in this field indicates the type of reissue transaction that was performed on this record.

Value:  
Description:

F EGHP Check posting  
I NSPR Pay  
P Regular pay posting with ADS trailer  
R Re-issue check posting  
S Special check posting

:P:IDR-F-TRLR-NUMB Reissue trailer number No No Yes Yes Yes

This field carries the check reissue trailer occurrence number. Only the two most current reissue trailers are kept.

Valid range of trailer occurrence number: 1 or 2

|                       |                                                                                                                                                                                                   |    |    |     |     |     |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|-----|-----|
| :P:IDR-F-BENE-INT-EOB | Original bene<br>Internal check<br>number                                                                                                                                                         | No | No | Yes | Yes | Yes |
|                       | For check<br>reissue records,<br>this field carries<br>the EOMB<br>number carried<br>on the original<br>payment. –<br>specific to the<br>beneficiary.                                             |    |    |     |     |     |
| :P:IDR-F-BENE-EXT-EOB | Original bene<br>external check<br>number                                                                                                                                                         | No | No | Yes | Yes | Yes |
|                       | For check<br>reissue records,<br>where a second<br>reissue has<br>occurred, this<br>field carries the<br>EOMB number<br>on the second<br>reissued<br>record. –<br>specific to the<br>beneficiary. |    |    |     |     |     |
| :P:IDR-F-2ND-CHK-IND  | Second check<br>indicator                                                                                                                                                                         | No | No | Yes | Yes | Yes |
|                       | The value in<br>this field<br>indicates if and<br>to whom a<br>second check<br>was processed.                                                                                                     |    |    |     |     |     |
|                       | Value:<br>Description:                                                                                                                                                                            |    |    |     |     |     |
|                       | N No secondary<br>check<br>P Second check<br>to provider<br>S Second check<br>to SSA                                                                                                              |    |    |     |     |     |

|                       |                                                                                                                                                            |    |    |     |     |     |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|-----|-----|
| :P:IDR-F-PROV-INT-EOB | Original provider Internal check number                                                                                                                    | No | No | Yes | Yes | Yes |
|                       | For check reissue records, this field carries the EOMB number carried on the original payment – specific to the provider.                                  |    |    |     |     |     |
| :P:IDR-F-PROV-EXT-EOB | Original provider external check number                                                                                                                    | No | No | Yes | Yes | Yes |
|                       | For check reissue records, where a second reissue has occurred, this field carries the EOMB number on the second reissued record – provider payments only. |    |    |     |     |     |
| :P:IDR-F-CLERK        | Clerk - the identification code of the clerk initiating the change.                                                                                        | No | No | Yes | Yes | Yes |
| :P:IDR-F-BENE-OFF-AMT | Original bene offset amount                                                                                                                                | No | No | Yes | Yes | Yes |
|                       | For check reissue records, this field carries any offset amounts applied to the beneficiary's original payment.                                            |    |    |     |     |     |







|  | :P:IDR-STATUS- | Claim<br>status/paid                                                     | Yes | Yes | Yes | Yes | Yes |  |
|--|----------------|--------------------------------------------------------------------------|-----|-----|-----|-----|-----|--|
|  | DATE           | date-last date<br>on which<br>activity against<br>this claim<br>occurred |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |
|  |                |                                                                          |     |     |     |     |     |  |

|                    |                   |    |     |     |     |     |
|--------------------|-------------------|----|-----|-----|-----|-----|
| :P:IDR-STATUS-CODE | Claim status code | No | Yes | Yes | Yes | Yes |
|--------------------|-------------------|----|-----|-----|-----|-----|

For the H99YB338 and H99MB338 files, this field contains current status information for the pending and paid claims currently in the system. Pending and paid claims information is updated during each processing cycle with current statu

|                 |                                                                                                                                                                                       |     |     |     |     |     |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| :P:IDR-LOC-CODE | This value represents the completion /pending status of a claim. Values, with assigned definitions, define the point at which a claim resides during the entire adjudication process. | Yes | Yes | Yes | Yes | Yes |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|

Locations are used to control the path the claim will take through the

|  |                      |                                                                                                                                                                                                                                                                                                   |     |     |     |     |     |
|--|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
|  | :P:IDR-LOC-CLERK     | CLERK - This item is used to identify the operator who last updated the information on the location audit trailer.                                                                                                                                                                                | Yes | Yes | Yes | Yes | Yes |
|  | :P:IDR-LOC-ACTV-CODE | <p>Front End Activity Code</p> <p>This field carries a system-assigned activity code, indicating the activity performed on the pending claim record for the indicated location segment.</p> <p>Value:<br/>Description:</p> <p>A Activation activity<br/>B Location transfer<br/>C Aged out of</p> | Yes | Yes | Yes | Yes | Yes |
|  |                      |                                                                                                                                                                                                                                                                                                   |     |     |     |     |     |
|  |                      |                                                                                                                                                                                                                                                                                                   |     |     |     |     |     |

|                                                                                                                                                                                                                                                      |                     |     |     |     |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|-----|-----|-----|-----|
| :P:IDR-LOC-DATE                                                                                                                                                                                                                                      | Activity date       | Yes | Yes | Yes | Yes | Yes |
| <p>This field contains the date that the claim was in a specific location in the system (as noted in the related location field W-INT-LOC-CODE). There are 11 occurrences of this field on the claim history record. It provides the date for th</p> |                     |     |     |     |     |     |
| :P:IDR--C-OLD-STAT                                                                                                                                                                                                                                   | Prior detail status | No  | No  | Yes | Yes | Yes |
| <p>This is a detail status code capturing the prior status of the claim detail. When a returned check is received the claim detail status is updated. F - Full claim refund - EGHP, used only when an EGHP accounts receivable has been sa</p>       |                     |     |     |     |     |     |
|                                                                                                                                                                                                                                                      |                     |     |     |     |     |     |
|                                                                                                                                                                                                                                                      |                     |     |     |     |     |     |
|                                                                                                                                                                                                                                                      |                     |     |     |     |     |     |
|                                                                                                                                                                                                                                                      |                     |     |     |     |     |     |











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