Claims Files

03/28/2016

Files CP-F-001 Paper Data (keyRCD) Entry File

File Contains Claims WORK-IN-PROCESS Data. Copy Member=ACTVRCDS LRECL=1720.

Subsystem:	Claims
Copybook:	CPKEYRCD N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	ACTV-ENR-ID-NUMBER (3001) ACTV-REFERENCE-NUMBER (2001)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook Element	Element ID	Field Name	Data Element Dictionary Name
CPKEYRCD	DE2001	ACTV-REFERENCE-NUMBER	Claim Request ICN
CPKEYRCD	DE3001	ACTV-ENR-ID-NUMBER	Enrollee Identification Number
CPKEYRCD	DE3093	ACTV-ENR-PERM-ID-NUMBER	Enrollee Permanent Identification Number
CPKEYRCD	DE3143	ACTV-ENR-BENEFIT-ENROLLMT-STATUS	Enrollee Benefit Preassignment Condition Code
CPKEYRCD	DE3550	ACTV-BENEFIT-DEFINITION-BPC	Benefit Definition Benefit Plan Code
CPKEYRCD	DE3072	ACTV-ENR-BENEFIC-EXPT-CD	Benefit Plan Exception Indicator
CPKEYRCD	DE3110	ACTV-ENR-LAST-NAME	Enrollee Last Name
CPKEYRCD	DE3111	ACTV-ENR-FIRST-NAME	Enrollee First Name
CPKEYRCD	DE3112	ACTV-ENR-MIDDLE-INITIAL	Enrollee Middle Initial
CPKEYRCD	DE2006	ACTV-PARTIAL-RECIP-NAME	Claim Partial Recipient Name
CPKEYRCD	DE3005	ACTV-ENR-BIRTH-DATE	Enrollee Birth Date
CPKEYRCD	DE3007	ACTV-ENR-SEX-CD	Enrollee Sex Code
CPKEYRCD	DE3034	ACTV-ENR-SSN	Enrollee Social Security Number (SSN)

CPKEYRCD	DE2037	ACTV-RECIP-EMP-STATUS	
CPKEYRCD	DE2074	ACTV-EMP-IND	Claim Employment Indicator
CPKEYRCD	DE3002	ACTV-ENR-HEALTH-INSUR-CLM(HIC)-NUMBER	Medicare Number
CPKEYRCD	DE3006	ACTV-ENR-RACE-CD	Enrollee Race Code
CPKEYRCD	DE3008	ACTV-ENR-FIPS-CD	Enrollee FIPS Code
CPKEYRCD	DE3009	ACTV-ENR-ELIG-AID-CAT	Enrollee Eligibility Aid Category
CPKEYRCD	DE3015	ACTV-ENR-MED-PREM-PYMT-TRAN-CD	Enrollee Medicare Premium Payment Transaction Code
CPKEYRCD	DE3019	ACTV-ENR-BENEFIT-ASSIGN-CD	Enrollee Benefit Assignment Code
CPKEYRCD	DE3265	ACTV-ELIG-VERIF-REQST-DISP	Eligibility Verification Request Disposition
CPKEYRCD	DE3450	ACTV-CASE-SSN	Case Social Security Number
CPKEYRCD	DE3470	ACTV-TDO-CASE-NUMBER TDO	Warrant Number
CPKEYRCD	DE3479	ACTV-TDO-COURT-NAME TDO	Court Name
CPKEYRCD	DE2095	ACTV-RECIP-AGE(DAY-YEAR)	Claim EAPG CMB CPTAPG
CPKEYRCD	DE2071	ACTV-SERV-PROV-NUMBER	Claim Pricing Source Code
CPKEYRCD	DE2059	ACTV-SERV-PROV-BASE-ID-NUMBER	Service Provider Number Type
CPKEYRCD	DE2100	ACTV-REF-PHYS-ID-NUMBER	Erwin Element
CPKEYRCD	DE2826	ACTV-PRESC-PHYS-ID-NUMBER	Claim Prescribing Physician Identification Number
CPKEYRCD	DE2004	ACTV-BILL-PROV-ID-NUMBER	Claim Billing Provider Identification Number
CPKEYRCD	DE2070	ACTV-PARTIAL-PROV-NAME	Claim Pricing Source Type
CPKEYRCD	DE4085	ACTV-PROV-NAME	Provider Name
CPKEYRCD	DE4064	ACTV-PROV-LICENSE-NUMBER	Provider License Number
CPKEYRCD	DE4006	ACTV-PROV-TYPE	Provider Type
CPKEYRCD	DE4007	ACTV-PROV-SPECIALTY-CD	Provider Specialty Code
CPKEYRCD	DE4118	ACTV-PROV-SIGNATURE	Provider Signature
CPKEYRCD	DE4255	ACTV-PROV-RATE	Provider Rate
CPKEYRCD	DE4474	ACTV-PROV-MANAGED-CARE-RISK-POOL	Provider Managed Care Risk Pool
CPKEYRCD	DE4310	ACTV-PROV-CLINICAL-LAB-IMPVMT-AMEND(CLIA)	Clinical Laboratory Improvement Amendment (CLIA) Number
CPKEYRCD	DE2049	ACTV-TPL-EXCEPTION-IND	Origin of PA Entry
CPKEYRCD	DE3013	ACTV-TPL-COVERAGE-CD TPL	Coverage Code

CPKEYRCD	DE3657	ACTV-TPL-CARRIER-CD TPL	Carrier Code
CPKEYRCD	DE3670	ACTV-TPL-POLICY-HOLDER-SSN	TPL Policy Holder Social Security Number (SSN)
CPKEYRCD	DE3675	ACTV-TPL-CARRIER-ADDRESS-LINE	TPL Carrier Address Line
CPKEYRCD	DE3676	ACTV-TPL-CARRIER-CITY-NAME	TPL Carrier City Name
CPKEYRCD	DE3677	ACTV-TPL-CARRIER-STATE-CD	TPL Carrier State Code
CPKEYRCD	DE3678	ACTV-TPL-CARRIER-ZIP-CD	TPL Carrier ZIP Code
CPKEYRCD	DE3696	ACTV-TPL-COVERAGE-DEDUCTIBLE-AMT	TPL Coverage Deductible Amount
CPKEYRCD	DE2002	ACTV-TYPE	Claim Type
CPKEYRCD	DE2003	ACTV-TYPE-MODIFIER	Claim Type Modifier
CPKEYRCD	DE2013	ACTV-DATE-ENTERED	Claim EDI Attachment Control Number
CPKEYRCD	DE2039	ACTV-STATUS	Claim Status
CPKEYRCD	DE2014	ACTV-STATUS-DATE	Claim EDI Attachment Report Type
CPKEYRCD	DE2015	ACTV-PYMT-DATE	Claim EDI Attachment Trans Code
CPKEYRCD	DE2020	ACTV-CONVERSION-IND	Claim Conversion Indicator
CPKEYRCD	DE2022	ACTV-MED-COINSURANCE	Claim Medicaid Co-Payment
CPKEYRCD	DE2023	ACTV-PYMT-AMT	Claim Payment Amount
CPKEYRCD	DE2030	ACTV-ATTACHMENTS-IND	Claim Attachments Indicator
CPKEYRCD	DE2033	ACTV-ADJ-REASON	Adjustment/Void Reason
CPKEYRCD	DE2035	ACTV-USER-ID-CD	Claim User-ID Code
CPKEYRCD	DE2038	ACTV-CAT-OF-SERV	Claim Category of Service
CPKEYRCD	DE2040	ACTV-DOC-LINE-ITEM-COUNT	Claim Payment Adjustment Sequence Number
CPKEYRCD	DE2041	ACTV-ERROR-LOCATION	Claim Payment Adjustment Amount
CPKEYRCD	DE2042	ACTV-CURR-ERRORS-COUNTER	Claim Payment Adjustment Units
CPKEYRCD	DE2043	ACTV-CURR-ERRORS	Claim Payment Adjustment Line Number
CPKEYRCD	DE2044	ACTV-NUMBER-OF-TIMES-PENDED	Claim Payment Adjustment SLH Indicator
CPKEYRCD	DE2048	ACTV-TOTAL-ERRORS-COUNTER	Duplicate PA Line Number
CPKEYRCD	DE2052	ACTV-OVERRIDE/EOB-CD	Present On Admission (POA)

			Indicator
CPKEYRCD	DE2543	ACTV-TAD-RESUBMITTAL-NUMBER	Claim TAD Resubmittal Number (not claim)
CPKEYRCD	DE2066	ACTV-CUTBACK-AMT	Claim Cutback Amount
CPKEYRCD	DE2065	ACTV-CUTBACK-DAYS/UNITS	Claim Cutback Days/Units
CPKEYRCD	DE2073	ACTV-ALLOWED-AMT	Claim Allowed Amount
CPKEYRCD	DE2077	ACTV-PRIVATE-ROOM-DIFFERENTIAL	Claim Private Room Differential
CPKEYRCD	DE2096	ACTV-REMARKS-FOR-PENDED-CLM	Claim EAPG Cap AO Amount
CPKEYRCD	DE2121	ACTV-EACH-OVER/EOB-ERROR-LINE	Claim Line Number
CPKEYRCD	DE2208	ACTV-PAYER-ID	Claim Payer Identification
CPKEYRCD	DE5002	ACTV-PROC-CD	Procedure Code
CPKEYRCD	DE5449	ACTV-LOC-REG-TYPE-MGMT-FEE	Locality Region Type Management Fee
CPKEYRCD	DE5322	ACTV-DIAG-EMER/SUSP-CD	Diagnosis Emergency Code
CPKEYRCD	DE5353	ACTV-DRG-CD DRG	(Diagnosis Related Group) Code
CPKEYRCD	DE5050	ACTV-ANESTHESIA-BASE	Anesthesiology Base Units
CPKEYRCD	DE2068	ACTV-MANUAL-PRICE/PERCENT-IND	Claim Special Batch Indicator
CPKEYRCD	DE2158	ACTV-MANUAL-PRICE-AMT	Claim Manual Price Amount
CPKEYRCD	DE2143	ACTV-LTC-LEVEL-OF-CARE	Unit of Measure Qualifier
CPKEYRCD	DE2031	ACTV-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPKEYRCD	DE1001	ACTV-PATIENT'S-NAME	Person Name
CPKEYRCD	DE1002	ACTV-PATIENT'S-ADDRESS	Person Address
CPKEYRCD	DE1006	ACTV-PATIENT'S-BIRTH-DATE	Person Birth Date
CPKEYRCD	DE1010	ACTV-PATIENT'S-SEX-CD	Person Gender Code
CPKEYRCD	DE1011	ACTV-PATIENT'S-MARITAL-STATUS-CD	Person Marital Status Code
CPKEYRCD	DE2009	ACTV-NUMBER-OF-UNITS/VISITS/QUANTITY	Claim Number of Units/Visits/Studies
CPKEYRCD	DE2010	ACTV-SERV-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2011	ACTV-SERV-THRU-DATE	Claim Service Thru Date
CPKEYRCD	DE2012	ACTV-BILL-DATE	Claim EDI Line Item Control Number
CPKEYRCD	DE2016	ACTV-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE2017	ACTV-TOTAL-DOCUMENT-CHARGE	Claim Total Document Charge
CPKEYRCD	DE2018	ACTV-THIRD-PARTY-PYMT-	Claim Third Party Payment

		BY-LINE-ITEM	
CPKEYRCD	DE2019	ACTV-THIRD-PARTY-PYMT-BY-DOCUMENT	Claim EDI Encounter Contract Code
CPKEYRCD	DE2024	ACTV-PRIOR-AUTH-CONTROL-NUMBER	Prior Authorization Control Number
CPKEYRCD	DE2025	ACTV-TPL-IND	Associated RX Number
CPKEYRCD	DE2027	ACTV-TPL-ACCIDENT-IND	Claim Accident Indicator
CPKEYRCD	DE2032	ACTV-PRINCIPAL-DIAG-CD	Erwin Element
CPKEYRCD	DE2036	ACTV-SECONDARY-DIAG-CD PA	Patient Tracking Number
CPKEYRCD	DE2034	ACTV-FORMER-REF-NUMBER	Claim Related Document Number
CPKEYRCD	DE2081	ACTV-PRIOR-AUTH-IND	Pend Resolution Flag
CPKEYRCD	DE2083	ACTV-PATIENT-PAY-AMT	Claim Patient Pay Amount
CPKEYRCD	DE2173	ACTV-PROF-PLACE-OF-SERV	Claim Professional Place of Service
CPKEYRCD	DE2072	ACTV-TYPE-OF-SERV	Claim Type of Service
CPKEYRCD	DE2402	ACTV-MED-COVERAGE-IND	Claim Medicare Coverage Indicator
CPKEYRCD	DE2418	ACTV-DISPENSED-AS-WRITTEN-IND	Claim Dispensed as Written Indicator
CPKEYRCD	DE2544	ACTV-COB-IND	Claim COB Indicator
CPKEYRCD	DE2802	ACTV-EMER-ID	Claim Emergency Identifier
CPKEYRCD	DE2130	ACTV-DATE-OF-SURGERY	Date Resolved Pend Submitted to Adjudication
CPKEYRCD	DE2102	ACTV-BILL-FACILITY-TYPE	Claim Facility Bill Type
CPKEYRCD	DE2105	ACTV-UB92-ADM-DATE	Claim Admission Date
CPKEYRCD	DE2136	ACTV-HOUR-OF-ADM	Claim Hour of Admission
CPKEYRCD	DE2107	ACTV-NATURE-OF-ADM	Claim Nature of Admission
CPKEYRCD	DE2106	ACTV-ADM-SOURCE	Claim Admission Source
CPKEYRCD	DE2412	ACTV-HOUR-OF-DISCHARGE	Claim Hour of Discharge
CPKEYRCD	DE2115	ACTV-CONDITION-CD	Claim Condition Code
CPKEYRCD	DE2110	ACTV-OCCURRENCE-CD	Claim Occurrence Code
CPKEYRCD	DE2113	ACTV-OCCURRENCE-SPAN-FR-DATE	Claim Occurrence From Date
CPKEYRCD	DE2114	ACTV-OCCURRENCE-SPAN-TH-DATE	Claim Occurrence Thru Date
CPKEYRCD	DE2122	ACTV-REVENUE-CD	Claim Revenue Code
CPKEYRCD	DE2128	ACTV-VALUE-CD	Claim Value Code
CPKEYRCD	DE2131	ACTV-VALUE-AMT	Claim Value Amount
CPKEYRCD	DE2108	ACTV-COVERED-DAYS	Claim Covered Days

CPKEYRCD	DE2109	ACTV-NON-COVERED-DAYS	Claim Non-Covered Days
CPKEYRCD	DE2123	ACTV-REVENUE-UNITS	Claim Revenue Units
CPKEYRCD	DE2124	ACTV-REVENUE-AMT	Claim Revenue Amount
CPKEYRCD	DE2137	ACTV-REVENUE-NON-COVERED-AMT	Claim Revenue Non-Covered Amount
CPKEYRCD	DE2139	ACTV-NON-COVERED-AMT-IND	Claim Non-Covered Amount
CPKEYRCD	DE2205	ACTV-PROC-CODING-TYPE	Claim Procedure Coding Type
CPKEYRCD	DE2008	ACTV-PRINCIPAL-PROC-CD	Claim Principal Procedure Code
CPKEYRCD	DE2021	ACTV-PRINCIPAL-PROC-CD-DATE	Claim Procedure Code Date
CPKEYRCD	DE2075	ACTV-FAMILY-PLANNING-IND	Claim Family Planning/EPSDT Indicator
CPKEYRCD	DE2091	ACTV-DIAG-IND	Claim EAPG Weight
CPKEYRCD	DE2171	ACTV-PROF-PROC-MOD	Claims Procedure Code Modifier
CPKEYRCD	DE2174	ACTV-PROF-LAB-IND	Claim Professional Lab Indicator
CPKEYRCD	DE2200	ACTV-DENTAL-TOOTH-CD	Claim Dental Tooth Code
CPKEYRCD	DE2201	ACTV-DENTAL-SURFACE-CD	Claim Dental Surface Codes
CPKEYRCD	DE2251	ACTV-TITLE-XVIII-CASH-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
CPKEYRCD	DE2252	ACTV-TITLE-XVIII-COIN-CHARGE	Claim Title XVIII Coinsurance Amount
CPKEYRCD	DE2253	ACTV-TITLE-XVIII-CHARGE-ALLOWED	Claim Title XVIII Charge Allowed
CPKEYRCD	DE2254	ACTV-TITLE-XVIII-MED-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPKEYRCD	DE2257	ACTV-TITLE-XVIII-AMT-BILLED-TO-MCARE	Claim Title XVIII Amount Billed to Medicare
CPKEYRCD	DE2781	ACTV-TRANSACTION-ID	Claim CHIRP Request Iden-tification
CPKEYRCD	DE5200	ACTV-DRUG-CD(NDC)	Drug Code (NDC)
CPKEYRCD	DE5042	ACTV-DRUG-UNIT-DOSE-CD	Drug Unit Dose Code
CPKEYRCD	DE5061	ACTV-DRUG-GEN-CD-NUMBER(GCN)	Drug Generic Code Number (GCN)
CPKEYRCD	DE5070	ACTV-DRUG-STRENGTH-DESC	Drug Strength Description
CPKEYRCD	DE5193	ACTV-DRUG-UNIT-OF-USE-CD	Drug Unit of Use Code
CPKEYRCD	DE5206	ACTV-DRUG-FORM-NAME	Drug Form Code
CPKEYRCD	DE5208	ACTV-DRUG-BRAND-NAME	Drug Brand Name
CPKEYRCD	DE5223	ACTV-DRUG-COST-PRICE	Drug Cost Price
CPKEYRCD	DE5232	ACTV-DRUG-THERP-CLASS-	Drug Therapeutic Class Standard

		STAND-CD	Code
CPKEYRCD	DE5293	ACTV-DRUG-THERP-CLASS-STAND-DESC	Drug Therapeutic Class Standard Description
CPKEYRCD	DE2217	ACTV-PHAR-DISPENSING-FEE	Claim Pharmacy Dispensing Fee
CPKEYRCD	DE2220	ACTV-PHAR-COMPOUND-IND	Claim Pharmacy Compound Indicator
CPKEYRCD	DE2211	ACTV-PHAR-PRESC-NUMBER	Claim Pharmacy Prescription Number
CPKEYRCD	DE2212	ACTV-PHAR-REFILL-CD	Claim Pharmacy Refill Code
CPKEYRCD	DE2216	ACTV-PHAR-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPKEYRCD	DE2224	ACTV-PHAR-TRANSACTION-TYPE	Claim Pharmacy Transaction Type
CPKEYRCD	DE2227	ACTV-PHAR-OTHER-COVERAGE-IND	Claim Pharmacy Other Coverage Indicator
CPKEYRCD	DE2228	ACTV-PHAR-PAT-LOCATION-CD	Claim Pharmacy Patient Location Code
CPKEYRCD	DE2229	ACTV-PHAR-LEVEL-OF-SERV	Claim Pharmacy Level of Service
CPKEYRCD	DE2418	ACTV-DISPENSED-AS-WRITTEN-IND	Claim Dispensed as Written Indicator
CPKEYRCD	DE2213	ACTV-PHAR-USUAL-CHARGE	Claim Pharmacy Usual Charge
CPKEYRCD	DE2214	ACTV-PHAR-DATE-PRESC-WRITTEN	Claim Pharmacy Date Prescription Written
CPKEYRCD	DE2218	ACTV-PHAR-NURSING-HOME-IND	Claim Pharmacy Add-on Fee
CPKEYRCD	DE2221	ACTV-PHAR-COMPOUND-NUMBER-OF-INGREDT	Claim Pharmacy Compound Number of Ingredients
CPKEYRCD	DE2223	ACTV-PHAR-INGREDT-COST	Pharmacy Ingredient Cost
CPKEYRCD	DE2225	ACTV-PHAR-NCPDP-VERSION	Claim Pharmacy NCPDP Version
CPKEYRCD	DE2226	ACTV-PHAR-TRANSMISSION-RECVED-LINE	Claim Pharmacy Transmission Received Line
CPKEYRCD	DE2230	ACTV-PHAR-DENY-ELIG-CLARIFICATION-CD	Claim Pharmacy Deny Eligibility Clarification Code
CPKEYRCD	DE2231	ACTV-PHAR-PROV-DRUG-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPKEYRCD	DE2248	ACTV-PHAR-METRIC/DEC/QTY	Claims Pharmacy Metric/Dec/Qty
CPKEYRCD	DE9576	ACTV-REMITTANCE-CHECK-NUMBER	Remittance Check Number
CPKEYRCD	DE9578	ACTV-REMITTANCE-PYMT-DATE	Remittance Payment Date
CPKEYRCD	DE9580	ACTV-REMITTANCE-ADVICE-NUMBER	Remittance Advice Number

CPKEYRCD	DE9828	ACTV-BUDGET-AGENCY-CD	Budget Agency Code
CPKEYRCD	DE9835	ACTV-BUDGET-PROG-CD	Budget Program Code
CPKEYRCD	DE9838	ACTV-BUDGET-SUB-PROG-CD	Budget Sub-Program Code
CPKEYRCD	DE9843	ACTV-BUDGET-OBJECT-CD	Budget Object Code
CPKEYRCD	DE9831	ACTV-BUDGET-FUND-CD	Budget Fund Code
CPKEYRCD	DE9833	ACTV-BUDGET-FUND-DETAIL-CD	Budget Fund Detail Code
CPKEYRCD	DE9848	ACTV-BUDGET-FUND-SPLIT-PERCENTAGE	Budget Fund Split Percentage
CPKEYRCD	DE9856	ACTV-BUDGET-SHARE-AMT	Budget Share Amount
CPKEYRCD	DE9830	ACTV-BUDGET-EXPENDITURE-CD	Budget Expenditure Code
CPKEYRCD	DE9846	ACTV-BUDGET-COST-CENTER-CD	Budget Cost Center Code
CPKEYRCD	DE9850	ACTV-BUDGET-TRANSACTION-CD	Budget Transaction Code
CPKEYRCD	DE9852	ACTV-BUDGET-GROUP-CD	Budget Group Code
CPKEYRCD	DE9791	ACTV-BUDGET-PROJECT-CD	Budget Project Code
CPKEYRCD	DE9652	ACTV-BARS-CHECK-STATUS-CD BARS	Check Type Code
CPKEYRCD	DE9874	ACTV-FINANCIAL-CONTROL-NUMBER	Financial Control Number
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE	Transmission Code
CPKEYRCD	DE2002	DE-TRANS-TYPE	Claim Type
CPKEYRCD	DE5301	DE-CLAIM-PRINC-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-SECND-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-THIRD-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-FOURTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-FIFTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-SIXTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-SEVENTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-EIGHTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-NINTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-ADM-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2802	DE-CLAIM-EXT-CAUSE-OF-INJ-CODEDE-CLAIM-EXT-CAUSE-OF-INJ-CODE	Claim Emergency Identifier

CPKEYRCD	DE2205	DE-CLAIM-PROC-CODE-TYPE	Claim Procedure Coding Type
CPKEYRCD	DE2008	DE-CLAIM-PRINC-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-PRINC-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE2008	DE-CLAIM-OTHER1-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER1-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE2008	DE-CLAIM-OTHER2-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER2-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE2008	DE-CLAIM-OTHER3-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER3-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE2008	DE-CLAIM-OTHER4-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER4-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE2008	DE-CLAIM-OTHER5-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER5-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE2060	DE-CLAIM-ATTNDG-PHYS-ID	Claim Attending Provider Identification Number
CPKEYRCD	DE2452	DE-CLAIM-OTHER1-PHYS-ID	Other Provider 1
CPKEYRCD	DE2453	DE-CLAIM-OTHER2-PHYS-ID	Other Provider 2
CPKEYRCD		DE-CLAIM-TECH-CODEDE-CLAIM-TECH-CODE	
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE2499	DE-CLAIM-PA-NUMBER	Claims PA Number of Days Since
CPKEYRCD		DE-CLAIM-SIGNATURE	
CPKEYRCD		DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE0000	DE-CLAIM-SUPPLEMENTAL-DATA	Claim Supplemental Data
CPKEYRCD	DE2517	DE-INSURED-EMPLOYER-	Claim Employer Name

		NAME	
CPKEYRCD	DE2537	DE-INSURED-EMPLOYER-ADDR	Claim Employer/School Address
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE.	Transmission Code
CPKEYRCD	DE2002	DE-TRANS-TYPE	Claim Type
CPKEYRCD	DE2003	DE-TRANS-TYPE-MODIFIER	Claim Type Modifier
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2004	DE-CLAIM-BILLING-PROVIDER-NO	Claim Billing Provider Identification Number
CPKEYRCD	DE2004	DE-CLAIM-SER-PROVIDER-NUMBER	Claim Billing Provider Identification Number
CPKEYRCD	DE2512	DE-CLAIM-ENROLLEE-ID	Claim Insured's Identification
CPKEYRCD	DE2006	DE-CLAIM-PATIENT-NAME	Claim Partial Recipient Name
CPKEYRCD	DE3005	DE-CLAIM-ENROLLEE-DOB	Enrollee Birth Date
CPKEYRCD	DE3006	DE-CLAIM-ENROLLEE-SEX	Enrollee Race Code
CPKEYRCD	DE2522	DE-CLAIM-INSURED-NAME	Claim Other Insured's Name
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SELF-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SPOUSE-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-CHILD-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-OTHER-TO-INSR	Relationship to Patient
CPKEYRCD		DE-CLAIM-PATIENT-MS	
CPKEYRCD		DE-CLAIM-PATIENT-EMPL-STAT	
CPKEYRCD	DE2522	DE-CLAIM-OTHER-INSURED-NAME	Claim Other Insured's Name
CPKEYRCD	DE2524	DE-CLAIM-OTHER-INSURED-DOB	Claim Other Insured's Date of Birth
CPKEYRCD	DE2350	DE-CLAIM-OTHER-INSURED-SEX	Insured Sex
CPKEYRCD	DE2074	DE-CLAIM-PAT-COND-EMPL	Claim Employment Indicator
CPKEYRCD	DE2431	DE-CLAIM-PAT-COND-AUTO	Claim Auto Accident
CPKEYRCD	DE2028	DE-CLAIM-PAT-COND-OTHER	Claim Other Accident Indicator
CPKEYRCD	DE2516	DE-CLAIM-INSURED-POLICY	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE2524	DE-CLAIM-INSURED-DOB	Claim Other Insured's Date of Birth
CPKEYRCD	DE2350	DE-CLAIM-INSURED-SEX	Insured Sex

CPKEYRCD	DE2517	DE-CLAIM-INSURED-EMPL-NAME	Claim Employer Name
CPKEYRCD	DE2522	DE-CLAIM-INSURED-PLAN-NAME	Claim Other Insured's Name
CPKEYRCD	DE2532	DE-CLAIM-INSURED-COB-IND	Claim Other Dental Plan Coverage Indicator
CPKEYRCD		DE-CLAIM-SIGNATURE	
CPKEYRCD		DE-CLAIM-DATE-BILLED	
CPKEYRCD		DE-CLAIM-PATIENT-SIGNATURE	
CPKEYRCD	DE2209	DE-CLAIM-DATE-OF-ILLNESS	Claim Date of Illness/Injury/Pregnancy
CPKEYRCD	DE2209	DE-CLAIM-DATE-SIMILAR-ILLNESS	Claim Date of Illness/Injury/Pregnancy
CPKEYRCD	DE2209	DE-CLAIM-PAT-UNABLE-WORK-FROM	Claim Date of Illness/Injury/Pregnancy
CPKEYRCD	DE2209	DE-CLAIM-PAT-UNABLE-WORK-THRU	Claim Date of Illness/Injury/Pregnancy
CPKEYRCD		DE-CLAIM-REF-PHYS-NAME	
CPKEYRCD	DE2410	DE-CLAIM-HOSP-REL-FROM-DATE	Claim Hospital Start Date
CPKEYRCD	DE2411	DE-CLAIM-HOSP-REL-THRU-DATE	Claim Hospital End Date
CPKEYRCD	DE2100	DE-CLAIM-REFERRING-PHYS-ID	Erwin Element
CPKEYRCD	DE2993	DE-CLAIM-CLIA-NUMBER	Claims CLIA Number
CPKEYRCD	DE2174	DE-CLAIM-OUTSIDE-LAB-IND	Claim Professional Lab Indicator
CPKEYRCD	DE2032	DE-CLAIM-PRINCIPAL-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-SECOND-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-THIRD-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-FOURTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-FIFTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-SIXTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-SEVENTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-EIGHTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-NINTH-DIAG-CODE	Erwin Element

CPKEYRCD	DE2032	DE-CLAIM-TENTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-ELEVENTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2032	DE-CLAIM-TWELFTH-DIAG-CODE	Erwin Element
CPKEYRCD	DE2010	DE-CLAIM-SRVC-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2011	DE-CLAIM-SRVC-THRU-DATE	Claim Service Thru Date
CPKEYRCD	DE2173	DE-CLAIM-PROF-PLACE-OF-SRVC	Claim Professional Place of Service
CPKEYRCD	DE2072	DE-CLAIM-TYPE-OF-SERVICE	Claim Type of Service
CPKEYRCD	DE2008	DE-CLAIM-PRINC-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MODIFIER	Claims Procedure Code Modifier
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MOD2	Claims Procedure Code Modifier
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MOD3	Claims Procedure Code Modifier
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE2009	DE-CLAIM-UNITS	Claim Number of Units/Visits/Studies
CPKEYRCD	DE2075	DE-CLAIM-FAMILY-PLAN-IND-EPSDT	Claim Family Planning/EPSDT Indicator
CPKEYRCD	DE2802	DE-CLAIM-EMERGENCY-IDENTIFIER	Claim Emergency Identifier
CPKEYRCD	DE2544	DE-CLAIM-COB-INDICATOR	Claim COB Indicator
CPKEYRCD	DE2018	DE-CLAIM-THIRD-PARTY-PAYMENT	Claim Third Party Payment
CPKEYRCD		DE-CLAIM-FED-TAX-ID	
CPKEYRCD		DE-CLAIM-SSN-EIN-IND	
CPKEYRCD	DE2031	DE-CLAIM-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPKEYRCD		DE-CLAIM-ASG-BEN	
CPKEYRCD	DE2017	DE-CLAIM-TOTAL-CHARGES	Claim Total Document Charge
CPKEYRCD	DE2083	DE-CLAIM-PAYMENT-AMOUNT	Claim Patient Pay Amount
CPKEYRCD		DE-CLAIM-BALANCE-DUE	
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE2499	DE-CLAIM-PA-NUMBER	Claims PA Number of Days Since
CPKEYRCD		DE-CLAIM-SIGNATURE	
CPKEYRCD		DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator

CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE.	Transmission Code
CPKEYRCD	DE2002	DE-TRANS-TYPE	Claim Type
CPKEYRCD	DE2003	DE-TRANS-TYPE-MODIFIER	Claim Type Modifier
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2004	DE-CLAIM-SERV-PROVIDER-NUMBER	Claim Billing Provider Identification Number
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE2006	DE-CLAIM-PATIENT-NAME	Claim Partial Recipient Name
CPKEYRCD	DE2031	DE-CLAIM-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPKEYRCD	DE2544	DE-CLAIM-COB-CODE	Claim COB Indicator
CPKEYRCD	DE2402	DE-CLAIM-MEDICARE-COVRG-IND	Claim Medicare Coverage Indicator
CPKEYRCD	DE5301	DE-CLAIM-MEDICARE-DIAGNOSIS-CD	Diagnosis Code
CPKEYRCD	DE2802	DE-CLAIM-EMERGENCY-IDENTIFIER	Claim Emergency Identifier
CPKEYRCD	DE2802	DE-CLAIM-ACCIDENT	Claim Emergency Identifier
CPKEYRCD	DE2802	DE-CLAIM-OTHER-ACCIDENT	Claim Emergency Identifier
CPKEYRCD	DE2072	DE-CLAIM-TYPE-OF-SERVICE	Claim Type of Service
CPKEYRCD	DE2008	DE-CLAIM-PRINC-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MODIFIER	Claims Procedure Code Modifier
CPKEYRCD	DE2009	DE-CLAIM-UVS	Claim Number of Units/Visits/Studies
CPKEYRCD	DE2105	DE-CLAIM-ADMISSION-DATE	Claim Admission Date
CPKEYRCD	DE2010	DE-CLAIM-SERVC-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2011	DE-CLAIM-SERVC-THRU-DATE	Claim Service Thru Date
CPKEYRCD	DE2257	DE-CLAIM-T18-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPKEYRCD	DE2253	DE-CLAIM-T18-ALLOWED-CHARGE	Claim Title XVIII Charge Allowed
CPKEYRCD	DE2254	DE-CLAIM-T18-MEDICARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPKEYRCD	DE2251	DE-CLAIM-T18-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
CPKEYRCD	DE2252	DE-CLAIM-T18-COINSURANCE-AMT	Claim Title XVIII Coinsurance Amount

CPKEYRCD	DE2018	DE-CLAIM-T18-TPL-AMOUNT	Claim Third Party Payment
CPKEYRCD	DE2083	DE-CLAIM-PATIENT-PAY-AMOUNT	Claim Patient Pay Amount
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD		DE-CLAIM-TECH-CODE	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE2448	DE-CLAIM-MEDICARE-CRN	Claim Title18 Mcare Enrollee
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE.	Transmission Code
CPKEYRCD	DE2002	DE-TRANS-TYPE	Claim Type
CPKEYRCD	DE2003	DE-TRANS-TYPE-MODIFIER	Claim Type Modifier
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2071	DE-CLAIM-SERV-PROVIDER-NUMBER	Claim Pricing Source Code
CPKEYRCD	DE2499	DE-CLAIM-PA-DAYS-SINCE-MED	Claims PA Number of Days Since
CPKEYRCD	DE2498	DE-CLAIM-PA-SEQ-NO-MED	DE-CLAIM-PA-SEQ-NO-MED Claims PA Number Sequence
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE3110	DE-CLAIM-ENROLLEE-SNAME	Enrollee Last Name
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SELF-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SPOUSE-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-CHILD-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-OTHER-TO-INSR	Relationship to Patient
CPKEYRCD	DE3007	DE-CLAIM-PATIENT-SEX-CODE	Enrollee Sex Code
CPKEYRCD	DE2522	DE-CLAIM-INSURED-NAME	Claim Other Insured's Name
CPKEYRCD		DE-CLAIM-INSURED-ADDR	
CPKEYRCD	DE2031	New Field Definition	Claim Patient Account Number
CPKEYRCD	DE3005	DE-CLAIM-INSURED-DOB	Enrollee Birth Date
CPKEYRCD	DE2517	DE-CLAIM-INSURED-EMPL-NAME	Claim Employer Name
CPKEYRCD	DE2537	DE-CLAIM-INSURED-EMPL-ADDR	Claim Employer/School Address

CPKEYRCD	DE2516	DE-CLAIM-INSURED-GROUP-NUMBER	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE2532	DE-CLAIM-OTHER-DNTL-COVRG-IND	Claim Other Dental Plan Coverage Indicator
CPKEYRCD	DE2684	DE-CLAIM-MED-COVRG-IND	Claim Dental Medical Coverage Flag
CPKEYRCD	DE2522	DE-CLAIM-INS-CARRIER-NAME	Claim Other Insured's Name
CPKEYRCD	DE2534	DE-CLAIM-INS-CARRIER-ADDR	Claim Name and Address of Other Carrier(s)
CPKEYRCD	DE2516	DE-CLAIM-INSURED-GROUP-NUMBER2	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE2517	DE-CLAIM-INS-OTH-EMP-NAME	Claim Employer Name
CPKEYRCD	DE2537	DE-CLAIM-INS-OTH-EMP-ADDR	Claim Employer/School Address
CPKEYRCD	DE2522	DE-CLAIM-OTH-INSRD-NAME	Claim Other Insured's Name
CPKEYRCD		DE-CLAIM-OTH-INSRD-PLAN-ID-NO	
CPKEYRCD	DE2524	DE-CLAIM-OTH-INSRD-DOB	Claim Other Insured's Date of Birth
CPKEYRCD	DE2352	DE-CLAIM-OTH-INS-SELF-TO-PAT	Relationship to Patient
CPKEYRCD	DE2532	DE-CLAIM-OTH-INS-SPOUSE-TO-PAT	Claim Other Dental Plan Coverage Indicator
CPKEYRCD	DE2532	New Field Definition	Claim Other Dental Plan Coverage Indicator
CPKEYRCD	DE2532	DE-CLAIM-OTH-INS-OTHER-TO-PAT	Claim Other Dental Plan Coverage Indicator
CPKEYRCD	DE2074	DE-CLAIM-EMPL-ACCIDENT	Claim Employment Indicator
CPKEYRCD	DE2431	DE-CLAIM-AUTO-ACCIDENT	Claim Auto Accident
CPKEYRCD	DE2028	DE-CLAIM-OTHER-ACCIDENT	Claim Other Accident Indicator
CPKEYRCD			New Field Definition
CPKEYRCD		DE-CLAIM-PRIOR-DATE	
CPKEYRCD		DE-CLAIM-ORTHODONTICS-IND	
CPKEYRCD	DE2200	DE-CLAIM-DENTAL-TOOTH-CODE	Claim Dental Tooth Code
CPKEYRCD	DE2201	DE-CLAIM-DENTAL-SURFACE-CODE	Claim Dental Surface Codes
CPKEYRCD	DE2010	DE-CLAIM-SERVICE-FROM-DATE	Claim Service From Date

CPKEYRCD	DE2009	DE-CLAIM-UNITS	Claim Number of Units/Visits/Studies
CPKEYRCD	DE2008	DE-CLAIM-PRINC-PROC-CODE	Claim Principal Procedure Code
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD		DE-CLAIM-PROVIDER-LICENSE	
CPKEYRCD	DE2017	DE-CLAIM-TOTAL-BILLED-CHARGES20	Claim Total Document Charge
CPKEYRCD	DE2018	DE-CLAIM-ADA-TPL	Claim Third Party Payment
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD		DE-CLAIM-SIGNED-DATE	
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE.	Transmission Code
CPKEYRCD	DE2002	DE-TRANS-TYPE	Claim Type
CPKEYRCD	DE2003	DE-TRANS-TYPE-MODIFIER	Claim Type Modifier
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2004	DE-CLAIM-BILLING-PROVIDER-NO	Claim Billing Provider Identification Number
CPKEYRCD	DE2512	DE-CLAIM-ENROLLEE-ID	Claim Insured's Identification
CPKEYRCD	DE3110	DE-CLAIM-PATIENT-NAME	Enrollee Last Name
CPKEYRCD	DE1006	DE-CLAIM-ENROLLEE-DOB	Person Birth Date
CPKEYRCD	DE1010		New Field Definition Person Gender Code
CPKEYRCD	DE2229	DE-CLAIM-LEVEL-OF-SERVICE	Claim Pharmacy Level of Service
CPKEYRCD	DE2216	DE-CLAIM-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPKEYRCD	DE2212	DE-CLAIM-REFILL-CODE	Claim Pharmacy Refill Code
CPKEYRCD	DE2228	DE-CLAIM-PATIENT-LOCATION	Claim Pharmacy Patient Location Code
CPKEYRCD	DE2211	DE-CLAIM-PRESCRIPTION-NUMBER	Claim Pharmacy Prescription Number
CPKEYRCD	DE2010	DE-CLAIM-DATE-DISPENSED	Claim Service From Date
CPKEYRCD	DE2418	DE-CLAIM-DAW	Claim Dispensed as Written Indicator
CPKEYRCD	DE2016	DE-CLAIM-NDC	Claim Billed Charge
CPKEYRCD		DE-CLAIM-INGRED-DESCRIP	
CPKEYRCD	DE2248	DE-CLAIM-METRIC-DECIMAL-	Claims Pharmacy Metric/Dec/Qty

		QTY	
CPKEYRCD	DE2024	DE-CLAIM-PA-NUMBER	Prior Authorization Control Number
CPKEYRCD	DE2826	DE-CLAIM-PRESCRIBING-PHYSICIAN	Claim Prescribing Physician Identification Number
CPKEYRCD	DE2032	DE-CLAIM-DIAGNOSIS-CODE	Erwin Element
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE2544	DE-CLAIM-COB-INDICATOR	Claim COB Indicator
CPKEYRCD	DE2018	DE-CLAIM-THIRD-PARTY-PAYMENT	Claim Third Party Payment
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD		DE-CLAIM-SIGNATURE	
CPKEYRCD		DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE2220	DE-COMPOUND-INDICATOR	Claim Pharmacy Compound Indicator
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE.	Transmission Code
CPKEYRCD	DE2002	DE-TRANS-TYPE	Claim Type
CPKEYRCD	DE2003	DE-TRANS-TYPE-MODIFIER	Claim Type Modifier
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2004	DE-CLAIM-BILLING-PROVIDER-NO	Claim Billing Provider Identification Number
CPKEYRCD	DE2512	DE-CLAIM-ENROLLEE-ID	Claim Insured's Identification
CPKEYRCD	DE3110	DE-CLAIM-PATIENT-NAME	Enrollee Last Name
CPKEYRCD	DE1006	DE-CLAIM-ENROLLEE-DOB1	Person Birth Date
CPKEYRCD	DE1010	DE-CLAIM-ENROLLEE-SEX	Person Gender Code
CPKEYRCD	DE2229	DE-CLAIM-LEVEL-OF-SERVICE	Claim Pharmacy Level of Service
CPKEYRCD	DE2216	DE-CLAIM-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPKEYRCD	DE2212	DE-CLAIM-REFILL-CODE	Claim Pharmacy Refill Code
CPKEYRCD	DE2228	DE-CLAIM-PATIENT-LOCATION	Claim Pharmacy Patient Location Code
CPKEYRCD	DE2418	DE-CLAIM-DAW	Claim Dispensed as Written Indicator
CPKEYRCD	DE2211	DE-CLAIM-PRESCRIPTION-NUMBER	Claim Pharmacy Prescription Number
CPKEYRCD	DE2010	DE-CLAIM-DATE-DISPENSED	Claim Service From Date
CPKEYRCD	DE2016	DE-CLAIM-NDC	Claim Billed Charge

CPKEYRCD	DE2248	DE-CLAIM-METRIC-DECIMAL-QTY	Claims Pharmacy Metric/Dec/Qty
CPKEYRCD	DE2236	DE-CLAIM-UNIT-DOSE-IND	Claim Pharmacy Unit Dose Indicator
CPKEYRCD	DE2404	DE-CLAIM-COPAY-EXEMPT	Pend Transfer Date
CPKEYRCD	DE2024	DE-CLAIM-PA-NUMBER	Prior Authorization Control Number
CPKEYRCD	DE2826	DE-CLAIM-PRESCRIBING-PHYSICIAN	Claim Prescribing Physician Identification Number
CPKEYRCD	DE2032	DE-CLAIM-DIAGNOSIS-CODE	Erwin Element
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE2544	DE-CLAIM-COB-INDICATOR	Claim COB Indicator
CPKEYRCD	DE2018	DE-CLAIM-THIRD-PARTY-PAYMENTDE-CLAIM-THIRD-PARTY-PAYMENTDE-CLAIM-THIRD-PARTY-PAYMENTDE-CLAIM-THIRD-PARTY-PAYMENT	Claim Third Party Payment
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	New Field Definition	Claim Related Document Number
CPKEYRCD		DE-CLAIM-SIGNATURE	
CPKEYRCD		DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE2235	DE-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CPKEYRCD	DE2234	DE-QTY-INTNDED-DISP-ALPHA	Claim Pharmacy Quantity Intended to be Dispensed
CPKEYRCD	DE2232	DE-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
CPKEYRCD	DE2025	DE-I-ASSOCIATED-RX-NO	Associated RX Number
CPKEYRCD	DE2026	DE-D-ASSOCIATED-SERVICE	Associated Date of Service
CPKEYRCD	DE2003	DE-TRANS-TYPE-MODIFIER	Claim Type Modifier
CPKEYRCD	DE2102	DE-CLAIM-BILL-TYPE	Claim Facility Bill Type
CPKEYRCD		DE-CLAIM-FED-TAX-ID	
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE4700	DE-CLAIM-SER-PROVIDER-NUMBER	National Provider Identifier
CPKEYRCD	DE3093	DE-CLAIM-ENROLLEE-ID	Enrollee Permanent Identification

			Number
CPKEYRCD	DE2031	DE-CLAIM-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPKEYRCD	DE2010	DE-CLAIM-SERVICE-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2011	DE-CLAIM-SERVICE-THRU-DATE	Claim Service Thru Date
CPKEYRCD	DE2108	DE-CLAIM-COVERED-DAYS	Claim Covered Days
CPKEYRCD	DE2109	DE-CLAIM-NON-COVERED-DAYS	Claim Non-Covered Days
CPKEYRCD		DE-CLAIM-C-ID	
CPKEYRCD		DE-CLAIM-L-RD	
CPKEYRCD	DE2006	DE-CLAIM-PATIENT-NAME	Claim Partial Recipient Name
CPKEYRCD	DE3005	DE-CLAIM-ENROLLEE-DOB	Enrollee Birth Date
CPKEYRCD	DE3007	DE-CLAIM-ENROLLEE-SEX	Enrollee Sex Code
CPKEYRCD		DE-CLAIM-ENROLLEE-MS	
CPKEYRCD	DE2105	DE-CLAIM-ADMISSION-DATE	Claim Admission Date
CPKEYRCD	DE2136	DE-CLAIM-HOUR-OF-ADMISSION	Claim Hour of Admission
CPKEYRCD	DE2107	DE-CLAIM-NATURE-OF-ADMISSION	Claim Nature of Admission
CPKEYRCD	DE2106	DE-CLAIM-ADMISSION-SOURCE	Claim Admission Source
CPKEYRCD	DE2412	DE-CLAIM-HOUR-OF-DISCHARGE	Claim Hour of Discharge
CPKEYRCD	DE2869	DE-CLAIM-DISCHARGE-STATUS	Claim Discharge Status
CPKEYRCD	DE2845	DE-CLAIM-MEDICAL-RECORD-NUMBER	Claim Medical Record Number
CPKEYRCD	DE2115	DE-CLAIM-CONDITION-CODE	Claim Condition Code
CPKEYRCD	DE2110	DE-CLAIM-OCCURRENCE-CODE	Claim Occurrence Code
CPKEYRCD	DE2113	DE-CLAIM-OCCURRENCE-FROM-DATE	Claim Occurrence From Date
CPKEYRCD	DE2110	DE-CLAIM-OCCURRENCE-SPAN-CODE	Claim Occurrence Code
CPKEYRCD	DE2113	DE-CLAIM-OCCUR-SPAN-FROM-DATE	Claim Occurrence From Date
CPKEYRCD	DE2114	DE-CLAIM-OCCUR-SPAN-THRU-DATE	Claim Occurrence Thru Date
CPKEYRCD	DE2128	DE-CLAIM-VALUE-CODE	Claim Value Code

CPKEYRCD	DE2131	DE-CLAIM-VALUE-CD-AMOUNT	Claim Value Amount
CPKEYRCD	DE2122	DE-CLAIM-REVENUE-CODE	Claim Revenue Code
CPKEYRCD	DE2008	DE-CLAIM-REVENUE-HCPCS-RATE	Claim Principal Procedure Code
CPKEYRCD		DE-CLAIM-REVENUE-SERVICE-DATE	
CPKEYRCD	DE2123	DE-CLAIM-REVENUE-UNITS	Claim Revenue Units
CPKEYRCD	DE2124	DE-CLAIM-REV-TOTAL-CHARGES	Claim Revenue Amount
CPKEYRCD	DE2139	DE-CLAIM-REV-NON-CVRD-CHARGES	Claim Non-Covered Amount
CPKEYRCD		DE-CLAIM-PAYER-ID	
CPKEYRCD		DE-CLAIM-REL-INFO	
CPKEYRCD		DE-CLAIM-ASG-BEN	
CPKEYRCD		DE-CLAIM-PRIOR-PAYMENTS	
CPKEYRCD		DE-CLAIM-EST-AMOUNT-DUE	
CPKEYRCD	DE2083	DE-CLAIM-PATIENT-PAY-AMOUNT	Claim Patient Pay Amount
CPKEYRCD	DE2522	DE-CLAIM-INSUREDS-NAME	Claim Other Insured's Name
CPKEYRCD	DE2352	DE-CLAIM-P-RELATIONSHIP	Relationship to Patient
CPKEYRCD	DE2522	DE-CLAIM-TPL-CARRIER-NAME	Claim Other Insured's Name
CPKEYRCD	DE2446	DE-CLAIM-TPL-POLICY-NO	Insured Plan Number

Files CP-F-002 Daily PA Transaction Request File

Subsystem:	Claims
Copybook:	PAKEYPRO
File Organization:	From the PA Contractor, KePRO
Device Type:	N/A
Primary Key:	DE-PA-NBR
Alternate Key:	DE-PA-CASE-CNTRL-NBR
Program:	Batch PA Capture (CPI060)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYPRO	DE2635	DE-PA-SERVICE-TYPE	PA Service Type Code
PAKEYPRO	DE2024	DE-PA-NBR	Prior Authorization Control Number
PAKEYPRO	DE2605	DE-PA-CASE-CNTRL-NBR	PA Reference Number Mailroom Control Number
PAKEYPRO	DE2650	DE-PA-ENROLLEE-NBR	PA Enrollee Identification Number
PAKEYPRO	DE4002	DE-PA-SERV-PROV-NBR	Provider Identification Number
PAKEYPRO	DE4002	DE-PA-SERV-PROV-NBR-RE	Provider Identification Number
PAKEYPRO	DE4002	DE-PA-SERV-PROV-NBR	Provider Identification Number
PAKEYPRO	DE2652	DE-PA-REF-PROV-NBR	PA Referring Provider Identification Number
PAKEYPRO	DE2652	DE-PA-REF-PROV-NBR-RE	PA Referring Provider Identification Number
PAKEYPRO	DE2652	DE-PA-REF-PROV-NBR	PA Referring Provider Identification Number
PAKEYPRO	DE2895	DE-PA-PROV-CONTACT-PHONE	PA Servicing Provider Phone Number
PAKEYPRO	DE2243	DE-PA-PROV-CONTACT-NAME	Contact Person
PAKEYPRO	DE5301	DE-PA-DIAGNOSIS-CODE	Diagnosis Code
PAKEYPRO	DE5254	DE-PA-CSA-LOCALITY	MMIS Locality Code based on Postal Code
PAKEYPRO	DE2639	DE-PA-MEDIA-TYPE	PA Media Type Code
PAKEYPRO	DE2621	DE-PA-AUTH-TYPE	PA Authorization Type Code
PAKEYPRO	DE2607	DE-PA-LINE-NBR	PA Line Number
PAKEYPRO	DE5002	DE-PA-PROCEDURE-CODE	Procedure Code

PAKEYPRO	DE5001	DE-PA-PROCEDURE-TYPE	Procedure Code Type
PAKEYPRO	DE2171	DE-PA-PROCEDURE-MOD1	Claims Procedure Code Modifier
PAKEYPRO	DE2171	DE-PA-PROCEDURE-MOD2	Claims Procedure Code Modifier
PAKEYPRO	DE2171	DE-PA-PROCEDURE-MOD3	Claims Procedure Code Modifier
PAKEYPRO	DE2171	DE-PA-PROCEDURE-MOD4	Claims Procedure Code Modifier
PAKEYPRO	DE3072	DE-PA-BNFT-LOC-EXCP	Benefit Plan Exception Indicator
PAKEYPRO	DE2648	DE-PA-EPSDT-INDICATOR	PA EPSDT Indicator
PAKEYPRO	DE2612	DE-PA-RQST-UNITS	PA Requested Units
PAKEYPRO	DE2615	DE-PA-RQST-AMT	PA Requested Amount
PAKEYPRO	DE2608	DE-PA-RQST-FROM-DATE	PA Request From Date
PAKEYPRO	DE2609	DE-PA-RQST-THRU-DATE	PA Request Through Date
PAKEYPRO	DE2613	DE-PA-AUTH-UNITS	
PAKEYPRO	DE2610	DE-PA-AUTH-FROM-DATE	PA Authorized From Date
PAKEYPRO	DE2611	DE-PA-AUTH-THRU-DATE	PA Authorized Through Date
PAKEYPRO	DE2616	DE-PA-AUTH-AMT	PA Authorized Amount
PAKEYPRO	DE2646	DE-PA-COST-PER-UNIT	PA Actual Cost Per Unit
PAKEYPRO	DE2634	DE-PA-FREQUENCY	PA Per Frequency Code
PAKEYPRO	DE2485	DE-PA-AUTHORIZED-BY	Claims PA Authorized By
PAKEYPRO	DE2641	DE-PA-STATUS-CODE	PA Detail Action Status Code
PAKEYPRO	DE2637	DE-PA-REASON-CODES	PA Detail Action Reason Code
PAKEYPRO	DE2619	DE-PA-COMMENTS	

Files CP-F-003 PA Transaction History File

Copymember=????????. LRECL=????.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Backup of the Daily PA Transaction Request File
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	

Files CP-F-004 Claims Extended Adjudication Transaction File

Copy Member=PREAUTH LRECL=82.

Subsystem:	Claims
Copybook:	VMCPACTE
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Batch Adjudication Feeder - Part 1 (CPA001) Batch Adjudication Feeder - Part 2 (CPA002) Transportation Service And Mileage Pairing (CPA500) Adjudication Consolidation Program (CPA990) Read Pharmacy Fee for Service Claims and format to AWR (CPI115)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCPACTE	DE0000	AWE-CLAIMS-WORK-RECORD	
VMCPACTE	DE0000	AWE-SPECIFIC--CLAIM-AREA	
VMCPACTE	DE0000	AWE-CLAIMS-MISC-AREA	
VMCPACTE	DE0000	AWE-PSX100-RETURN-DATA	
VMCPACTE	DE0000	AWE-RSX100-RETURN-DATA	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-1	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-2	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-4	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-5	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-6	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-7	

VMCPACTE	DE0000	AWE-FLG-EXC-IND-9	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-A	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-E	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-F	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-J	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-L	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-Q	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-R	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-Y	
VMCPACTE	DE0000	AWE-FLG-EXC-IND-S	
VMCPACTE	DE0000	AWE-FLG-NEWBORN-ENCOUNTER	
VMCPACTE	DE0000	AWE-FLG-ATTACH-DISP-PROC-MOD	
VMCPACTE	DE0000	AWE-ELIG-TYPE	
VMCPACTE	DE0000	AWE-CURR-PROCESS-DT	
VMCPACTE	DE0000	AWE-NEW-SYS-LIVE-DT	
VMCPACTE	DE0000	AWE-DIFF-DT-PROCESS-DT-ENTERED	
VMCPACTE	DE0000	AWE-ENRL-AGE-AS-OF-DOS-FROM	
VMCPACTE	DE0000	AWE-ENRL-AGE-AS-OF-DOS-THRU	
VMCPACTE	DE0000	AWE-CHG-SRC	
VMCPACTE	DE4006	AWE-C-BILLING-PROV-TYPE	Provider Type
VMCPACTE	DE2016	AWE-N-CAS-BILLED-AMT	Claim Billed Charge
VMCPACTE	DE0002	AWE-NPIDATE	Calculated
VMCPACTE	DE0000	AWE-FLG-GROUP	
VMCPACTE	DE0000	AWE-SYS-GEN-FL;AG	
VMCPACTE	DE0000	AWE-I-PYMT-REQ-DATE	
VMCPACTE	DE0000	AWE-EDIT-FLAG	
VMCPACTE	DE0000	AWE-FILLER	
VMCPACTE	DE0000	AWE-NUM-OF-FAC-LINES	
VMCPACTE	DE0000	AWE-P07-FAC-REV-LINE-NO	

Files CP-F-005 Prior Authorization Master Data Store

FILE CONTAINS VAMMIS PRIOR AUTHORIZATION DATA.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-006 Claims Adjudication Transaction File

CLAIMS ACTIVITY FILE AWR (ADJUDICATED WORK AREA)

Subsystem:	Claims
Copybook:	VMCPACTV
	N/A
File Organ-ization:	Sequential
Device Type:	Disk
Primary Key:	AWR-C-PYMT-REQ-MEDIA (2478) AWR-I-PYMT-REQ-DATE (2477) AWR-I-PYMT-REQ-LINE-NO (2343) AWR-I-PYMT-REQ-SEQ-NO (2480)
Alternate Key:	N/A
Program:	Batch Adjudication Feeder - Part 1 (CPA001) Adjudication Consolidation Program (CPA990) Paper CMS-1500 Capture (CPI012) Paper UB04 Capture (CPI014) Paper ADA Capture (CPI016) Paper Crossover Capture (CPI018) ICN Assign, PA Xref, Reformat Provider IDs, AWR comp data (CPI020) Paper Pharmacy Capture (CPI026) Related Document Verification Program (CPI029) ICN Verification Program (CPI032) Claim Document Validation (CPI035) Monthly DRG Case Building & Adjustments (CPI070) Assessments Claim generation (CPI100) Enrollment Interface-Capitation (CPI110) CCC Enrollment Interface Capitation (CPI111) Pend Re-cycle Batch Processor (CPI140) Mass Adjustment Processor (CPI220) Managed Care Capitation Payment Correction Program (CPI715) CCC Managed Care Capitation Payment Correction Program (CPI716) Split DRUG, 1099, Other Claims and Build DOD Report for VDH (CPI220EZ) CP-O-472-01 and CP-O-472-02 Report Writer (CPR416) Daily Stalled Claims Report (CPR550) Managed Care Capitation Payment Correction Report Program (CPR720) CCC Managed Care Capitation Payment Correction Report Program (CPR721)

	COBA - Extract Zero Billed or Fully Paid Claims Prior to Adjudication (CPREPT0) COBA - Create the Provider Tax ID Discrepancy File - Pre-process (CPREPT2) COBA - Create the Provider Tax ID Discrepancy File - Auto Recycle (CPREPT3) 837D Dental Claims and Encounters (EDD400) 837I Institutional Claims and Encounters (EDD500) 837P Professional Claims and Encounters (EDD600) NCPDP Pharmacy Claims and Encounters (EDD700) NCPDP Pharmacy Claim and Encounter Response (EDD800) Pharmacy Batch/EMC Reformatted (VPR032VA)
Graphics:	CP-F-006

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCPACTV	DE2477	AWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMCPACTV	DE2478	AWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMCPACTV	DE2480	AWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMCPACTV	DE2343	AWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMCPACTV	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
VMCPACTV	DE2030	AWR-C-ATTACHMNT-CVAL	Claim Attachments Indicator
VMCPACTV	DE4082	AWR-I-PROV-SRVC-VNDR	Provider Service Center
VMCPACTV	DE2088	AWR-C-CLM-FORM-CVAL	Claim Form Type
VMCPACTV	DE2006	AWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
VMCPACTV	DE3005	AWR-D-ENROLLEE-BIRTH	Enrollee Birth Date
VMCPACTV	DE3007	AWR-C-ENROLLEE-SEX	Enrollee Sex Code
VMCPACTV	DE2020	AWR-F-CONVERSION	Claim Conversion Indicator
VMCPACTV	DE2569	AWR-I-CLM-SUBMIT	Claims Submission Identifier
VMCPACTV	DE2177	AWR-D-ENTERED	Claim Entered Date
VMCPACTV	DE2581	AWR-I-CLAIM-MCN	Claims MCN Number
VMCPACTV	DE2684	AWR-F-ADA-MED-COVERAGE	Claim Dental Medical Coverage Flag
VMCPACTV	DE2225	AWR-I-VERSION	Claim Pharmacy NCPDP Version
VMCPACTV	DE2226	AWR-I-TRANS-RCVD-LINE	Claim Pharmacy Transmission Received Line
VMCPACTV	DE2013	AWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number

VMCPACTV	DE2265	AWR-C-4010-5010-CVAL	Claim EDI Version Indicator
VMCPACTV	DE2267	AWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
VMCPACTV	DE3901	AWR-I-PERSON-CLM	Person ID
VMCPACTV	DE4001	AWR-I-SRVC-BASE-PROV	Provider Base Identification Number
VMCPACTV	DE4002	AWR-I-SRVC-PROV-P50	Provider Identification Number
VMCPACTV	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
VMCPACTV	DE2002	AWR-C-CLM-TYPE-CVAL	Claim Type
VMCPACTV	DE2010	AWR-D-SERV-FROM	Claim Service From Date
VMCPACTV	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
VMCPACTV	DE2016	AWR-N-BILLED-CHG	Claim Billed Charge
VMCPACTV	DE3098	AWR-I-EVS-NO	Eligibility Verification Number
VMCPACTV	DE3001	AWR-I-ENROLLEE-ID	Enrollee Identification Number
VMCPACTV	DE3093	AWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCPACTV	DE3009	AWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
VMCPACTV	DE3551	AWR-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
VMCPACTV	DE3552	AWR-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
VMCPACTV	DE3553	AWR-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
VMCPACTV	DE3072	AWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
VMCPACTV	DE3655	AWR-C-ENRL-PREM-IND	Medicare Premium Indicator
VMCPACTV	DE2544	AWR-C-COB	Claim COB Indicator
VMCPACTV	DE2246	AWR-F-CONSENT	Claim Consent Indicator
VMCPACTV	DE2224	AWR-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
VMCPACTV	DE2018	AWR-N-TPL-AMT-PAID	Claim Third Party Payment
VMCPACTV	DE2027	AWR-F-ACCIDENT	Claim Accident Indicator
VMCPACTV	DE2802	AWR-F-EMERGENCY	Claim Emergency Identifier
VMCPACTV	DE2781	AWR-I-REQUEST-NO	Claim CHIRP Request Identification
VMCPACTV	DE2068	AWR-F-SPECIAL-BATCH	Claim Special Batch Indicator
VMCPACTV	DE2012	AWR-I-LINE-ITEM-CNTL-NUM	Claim EDI Line Item Control Number
VMCPACTV	DE2019	AWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
VMCPACTV	DE2007	AWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
VMCPACTV	DE2268	AWR-D-CVRG-EXPIR	Coverage Expiration Date
VMCPACTV	DE2150	AWR-C-PROC-DIAG-VER-	Submitted Surgical Procedure/Diagnosis

		SUBM	Code Version
VMCPACTV	DE2151	AWR-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
VMCPACTV	DE0002	AWR-CLM-PROC-NUM-OCCRS	Calculated
VMCPACTV	DE2444	AWR-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-09	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-09	Procedure Code
VMCPACTV	DE2021	AWR-D-PROCEDURE-09	Claim Procedure Code Date
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
VMCPACTV	DE0002	AWR-P13-NUM-OF-DIAG	Calculated
VMCPACTV	DE2449	AWR-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
VMCPACTV	DE5301	AWR-C-DIAG	Diagnosis Code
VMCPACTV	DE5020	AWR-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
VMCPACTV	DE2585	AWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
VMCPACTV	DE2052	AWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
VMCPACTV	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
VMCPACTV	DE2023	AWR-N-PYMT-AMT	Claim Payment Amount
VMCPACTV	DE2073	AWR-N-ALLOW-AMT	Claim Allowed Amount
VMCPACTV	DE2158	AWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
VMCPACTV	DE2545	AWR-N-CALC-COINS	Claim Calculated Co-Insurance
VMCPACTV	DE2083	AWR-N-PATNT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
VMCPACTV	DE2217	AWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
VMCPACTV	DE2315	AWR-N-PYMT-DAYS	Claim Payment days
VMCPACTV	DE2056	AWR-N-ELIGIBLE-DAYS	Claim number of days eligible
VMCPACTV	DE2358	AWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
VMCPACTV	DE2080	AWR-N-DSA-AMT	Claim Disproportionate Share Amount

VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-29	Claim Cutback Amount
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
VMCPACTV	DE2022	AWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
VMCPACTV	DE5353	AWR-C-DRG	DRG (Diagnosis Related Group) Code
VMCPACTV	DE2547	AWR-N-DRG-PYMT-AMT	DRG Payment Amount
VMCPACTV	DE6827	AWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
VMCPACTV	DE2470	AWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
VMCPACTV	DE2348	AWR-C-DRG-PYMT-TYPE	DRG Payment Type
VMCPACTV	DE5354	AWR-N-DRG-WEIGHT	DRG Relative Weight
VMCPACTV	DE2881	AWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
VMCPACTV	DE4006	AWR-C-PROV-TYPE	Provider Type
VMCPACTV	DE4007	AWR-C-PROV-SPECIALTY	Provider Specialty Code
VMCPACTV	DE2599	AWR-C-COPAY-IND	Claim Co-pay Indicator
VMCPACTV	DE2674	AWR-F-TPL	Claim TPL Flag
VMCPACTV	DE2673	AWR-F-SPLIT-CLAIM	Split Claim Flag
VMCPACTV	DE2433	AWR-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
VMCPACTV	DE2566	AWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
VMCPACTV	DE3008	AWR-I-ENRL-LOCALITY	Enrollee FIPS Code
VMCPACTV	DE4089	AWR-I-PROV-LOCALITY	Provider Locality Code
VMCPACTV	DE2589	AWR-C-DRG-GRPET1	Claim DRG Grouper Return Code
VMCPACTV	DE2590	AWR-C-DRG-MDC	Claim DRG MDC Code
VMCPACTV	DE2591	AWR-C-DRG-TYPE	Claim DRG Type Code
VMCPACTV	DE2592	AWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
VMCPACTV	DE2593	AWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
VMCPACTV	DE2594	AWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
VMCPACTV	DE2069	AWR-C-PRICE-SRC	Claim Pricing Source
VMCPACTV	DE2070	AWR-C-PRICE-TYPE	Claim Pricing Source Type
VMCPACTV	DE2071	AWR-C-PRICE-CODE	Claim Pricing Source Code
VMCPACTV	DE2994	AWR-N-ENC-PYMT-AMT	Encounter Payment Amount
VMCPACTV	DE2995	AWR-D-ENC-PYMT	Encounter Payment Date
VMCPACTV	DE2589	AWR-C-DRG-GRPET	Claim DRG Grouper Return Code
VMCPACTV	DE2588	AWR-C-DRG-SOI	Claim DRG Severity of Illness
VMCPACTV	DE2435	AWR-I-MOD-STAT-SEQ-NO-32	Claim Status Sequence Number
VMCPACTV	DE9580	AWR-I-RA-NUM	Remittance Advice Number

VMCPACTV	DE2003	AWR-C-CLM-MOD-CVAL	Claim Type Modifier
VMCPACTV	DE2383	AWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
VMCPACTV	DE2384	AWR-D-MOD-STAT-END	Claim Status End Date
VMCPACTV	DE2039	AWR-C-CLM-STAT-CVAL	Claim Status
VMCPACTV	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
VMCPACTV	DE9916	AWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
VMCPACTV	DE2038	AWR-C-CATG-SRVC-CVAL	Claim Category of Service
VMCPACTV	DE0012	AWR-I-USER-ID-32	User/Operator ID
VMCPACTV	DE0002	AWR-NO-CURRENT-ERRORS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-C-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-C-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-C-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-C-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-I-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-I-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-F-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-T-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-I-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE2496	AWR-F-PEND-LOCATION-UPD	Claims Pend Resolution Update Flag
VMCPACTV	DE2584	AWR-I-PEND-SEQ-NO	Claims Pend Location Sequence Number
VMCPACTV	DE2841	AWR-C-PND-LOC-TO-CVAL	Claim Pend To Location
VMCPACTV	DE2840	AWR-C-PND-LOC-FRM-CVAL	Claim Pend From Location
VMCPACTV	DE2404	AWR-D-TRANSFER	Pend Transfer Date
VMCPACTV	DE2496	AWR-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag
VMCPACTV	DE0012	AWR-I-USER-ID-62	User/Operator ID
VMCPACTV	DE0002	AWR-NO-HISTORY-ERRORS	Calculated
VMCPACTV	DE2435	AWR-H-MOD-STAT-SEQ-NO-24	Claim Status Sequence Number
VMCPACTV	DE2156	AWR-H-EDIT-SEQ-NO-24	Claim Edit Sequence Number

VMCPACTV	DE5506	AWR-H-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-H-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-H-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-H-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-H-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-H-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-H-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-H-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-H-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-H-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE0002	AWR-NO-CONFLICT-ICNS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-36	Claim Edit Sequence Number
VMCPACTV	DE2441	AWR-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
VMCPACTV	DE2440	AWR-I-CNFLCT-ICN-DATE	Claim Conflict ICN
VMCPACTV	DE2678	AWR-I-CNFLCT-ICN-MEDIA	Conflicting Claim ICN Media
VMCPACTV	DE2679	AWR-I-CNFLCT-ICN-SEQ	Conflicting Claim ICN Sequence Number
VMCPACTV	DE2681	AWR-I-CNFLCT-ICN-LINE	Conflicting Claim ICN Line Number
VMCPACTV	DE2034	AWR-I-RELATED-DOC-NUM	Claim Related Document Number
VMCPACTV	DE2351	AWR-C-INTRREL-TYP-CVAL	Interrelationship Type
VMCPACTV	DE2033	AWR-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
VMCPACTV	DE2356	AWR-I-TAD-SEQ-NO	Claim TAD Sequence Number
VMCPACTV	DE2310	AWR-D-TAD-SENT	Claim TAD Sent Date
VMCPACTV	DE2543	AWR-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not
VMCPACTV	DE0002	AWR-NUM-SCHOOL-EMPLYR-RECS	Calculated
VMCPACTV	DE0016	AWR-I-SCH-EMP-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-20	Policy Owner
VMCPACTV	DE2517	AWR-T-SCHOOL-EMP-NAME	Claim Employer Name
VMCPACTV	DE2537	AWR-T-EMP-ADDRESS	Claim Employer/School Address
VMCPACTV	DE0002	AWR-NUM-OTHER-INSRD-RECS	Calculated

VMCPACTV	DE0016	AWR-I-OTH-INSRD-SEQ-NO	Seq Num
VMCPACTV	DE2522	AWR-T-INSRD-NAME	Claim Other Insured's Name
VMCPACTV	DE2524	AWR-D-INSRD-BIRTH	Claim Other Insured's Date of Birth
VMCPACTV	DE2350	AWR-C-INSRD-SEX	Insured Sex
VMCPACTV	DE2352	AWR-C-PATNT-REL	Relationship to Patient
VMCPACTV	DE2353	AWR-C-PERSON	Person
VMCPACTV	DE2532	AWR-F-OTHER-CVRG	Claim Other Dental Plan Coverage Indicator
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL	Policy Owner
VMCPACTV	DE0002	AWR-NUM-INS-CARRIER-RECS	Calculated
VMCPACTV	DE0016	AWR-I-CARRIER-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-11	Policy Owner
VMCPACTV	DE2512	AWR-I-INSRD-ID	Claim Insured's Identification
VMCPACTV	DE2446	AWR-I-INSRD-PLAN-NO	Insured Plan Number
VMCPACTV	DE2522	AWR-T-CARRIER-NAME	Claim Other Insured's Name
VMCPACTV	DE2534	AWR-T-CARRIER-ADDRESS	Claim Name and Address of Other Carrier (s)
VMCPACTV	DE2515	AWR-T-GROUP-NAME	Claim Group Name (Insurance)
VMCPACTV	DE2516	AWR-I-GROUP-NO	Claim Group Number or FECA Number (Insurance)
VMCPACTV	DE2579	AWR-UB92-REC90-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-REC91-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-EDI-REMARKS	Claims Remarks Text
VMCPACTV	DE0002	AWR-NUM-PYMT-REQ-ATTACH-RECS	Calculated
VMCPACTV	DE0015	AWR-I-ATTACH-SEQ-NO	Code ID
VMCPACTV	DE2015	AWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
VMCPACTV	DE2014	AWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
VMCPACTV	DE4002	AWR-I-SRVC-MCAID-SUBMT	Provider Identification Number

VMCPACTV	DE4700	AWR-I-SRVC-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-SRVC-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-BILL-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-BILL-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-BILL-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4099	AWR-C-SUBMT-ZIP	Provider Address ZIP Code
VMCPACTV	DE4002	AWR-I-PROV-FINANCE	Provider Identification Number
VMCPACTV	DE2053	AWR-C-SPECIAL-PROCESS	Special Process Indicator
VMCPACTV	DE4089	AWR-I-PROV-PRICE-LOC	Provider Locality Code
VMCPACTV	DE4701	AWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
VMCPACTV	DE4701	AWR-C-SUBMT-BILL-TXNMY	NPI-API Label
VMCPACTV	DE4143	AWR-I-SITE-NO	NPI XREF Site Number
VMCPACTV	DE2031	AWR-I-PATNT-ACCT-NUM	Claim Patient Account Number
VMCPACTV	DE2102	AWR-C-BILL-TYPE	Claim Facility Bill Type
VMCPACTV	DE2136	AWR-H-ADMISSION-HOUR	Claim Hour of Admission
VMCPACTV	DE2108	AWR-N-COVRD-DAYS	Claim Covered Days
VMCPACTV	DE2109	AWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
VMCPACTV	DE2105	AWR-D-ADMIT	Claim Admission Date
VMCPACTV	DE2106	AWR-C-ADMIT-SRC-CVAL	Claim Admission Source
VMCPACTV	DE2412	AWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
VMCPACTV	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
VMCPACTV	DE2107	AWR-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
VMCPACTV	DE2869	AWR-C-DISCHG-STAT-CVAL	Claim Discharge Status
VMCPACTV	DE2060	AWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
VMCPACTV	DE4002	AWR-I-OTHER-PROV1	Provider Identification Number
VMCPACTV	DE2453	AWR-I-OTHER-PROV2	Other Provider 2
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-FAC	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-FAC	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-51	Claims PA Type Code
VMCPACTV	DE4002	AWR-I-ATND-MCAID-SUBMT	Provider Identification Number

VMCPACTV	DE4700	AWR-I-ATND-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-ATND-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH1-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH1-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-OTH1-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH2-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH2-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-OTH2-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE2050	AWR-C-PROC-DIAG-VER DX	Version Qualifier
VMCPACTV	DE2057	AWR-C-ACCIDENT-STATE	Accident State
VMCPACTV	DE4700	AWR-I-OTH-OPER-NPI	National Provider Identifier
VMCPACTV	DE4700	AWR-I-REFER-NPI-FAC	National Provider Identifier
VMCPACTV	DE2075	AWR-F-P51-EPSDT	EPSDT Indicator
VMCPACTV	DE0002	AWR-NUM-OF-COND-CODES	Calculated
VMCPACTV	DE2439	AWR-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
VMCPACTV	DE2115	AWR-C-CONDITION	Claim Condition Code
VMCPACTV	DE0002	AWR-NUM-OF-OCCUR-CODES	Calculated
VMCPACTV	DE2451	AWR-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
VMCPACTV	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
VMCPACTV	DE2113	AWR-D-OCCUR-BEGIN	Claim Occurrence From Date
VMCPACTV	DE2114	AWR-D-OCCUR-END	Claim Occurrence Thru Date
VMCPACTV	DE2005	AWR-C-OCCUR-TYPE-CVAL	Occurrence Type
VMCPACTV	DE0002	AWR-NUM-OF-VALUE-CODES	Calculated
VMCPACTV	DE2357	AWR-I-VALUE-SEQ-NO	Value Code Sequence Number
VMCPACTV	DE2128	AWR-C-VALUE	Claim Value Code
VMCPACTV	DE2131	AWR-N-VALUE-CD-AMT	Claim Value Amount
VMCPACTV	DE2448	AWR-A-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-A-MCARE-PROV	Provider Alternate ID Value

VMCPACTV	DE2251	AWR-A-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-A-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-A-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-A-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-A-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-A-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-A-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-A-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-A-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2173	AWR-C-PLACE-OF-SERV	Claim Professional Place of Service
VMCPACTV	DE2072	AWR-C-TYPE-SERVICE	Claim Type of Service
VMCPACTV	DE2993	AWR-I-CLIA-52	Claims CLIA Number
VMCPACTV	DE2009	AWR-N-UNITS-52	Claim Number of Units/Visits/Studies
VMCPACTV	DE2083	AWR-N-INPT-PAT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2410	AWR-D-HOSP-FROM	Claim Hospital Start Date
VMCPACTV	DE2411	AWR-D-HOSP-THRU	Claim Hospital End Date
VMCPACTV	DE4002	AWR-I-REFER-PROV	Provider Identification Number
VMCPACTV	DE2075	AWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2074	AWR-F-EMPLOYMENT	Claim Employment Indicator
VMCPACTV	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
VMCPACTV	DE2431	AWR-F-AUTO-ACCIDENT	Claim Auto Accident
VMCPACTV	DE2075	AWR-F-EPSDT-52	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2084	AWR-N-WAIT-TIME	Anesthesia Minutes
VMCPACTV	DE2085	AWR-N-PASSENGERS	Claim Number of Passengers
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-MED	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-MED	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-52	Claims PA Type Code
VMCPACTV	DE2209	AWR-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
VMCPACTV	DE2028	AWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
VMCPACTV	DE4002	AWR-I-REF-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-REF-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-REF-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE5200	AWR-C-NDC	Drug Code (NDC)
VMCPACTV	DE2143	AWR-C-UOM-QUALIFIER	Unit of Measure - Qualifier

VMCPACTV	DE2144	AWR-N-UOM-QTY	Unit of Measure - Quantity
VMCPACTV	DE2200	AWR-C-TOOTH	Claim Dental Tooth Code
VMCPACTV	DE2892	AWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
VMCPACTV	DE2448	AWR-B-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-B-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-B-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-B-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-B-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-B-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-B-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-B-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-B-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-B-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-B-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2141	AWR-F-FAC-CLM-NDC	UB04 NDC Existence flag
VMCPACTV	DE5064	AWR-C-EAPG	EAPG Code
VMCPACTV	DE2091	AWR-N-EAPG-WEIGHT	Claim EAPG Weight
VMCPACTV	DE2092	AWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
VMCPACTV	DE2093	AWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
VMCPACTV	DE2094	AWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
VMCPACTV	DE2095	AWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
VMCPACTV	DE2096	AWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
VMCPACTV	DE2097	AWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
VMCPACTV	DE2266	AWR-N-OBSTET-UNITS	Obstetrical Units
VMCPACTV	DE2228	AWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
VMCPACTV	DE2467	AWR-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
VMCPACTV	DE2211	AWR-I-RX-NO	Claim Pharmacy Prescription Number

VMCPACTV	DE2826	AWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
VMCPACTV	DE2468	AWR-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
VMCPACTV	DE2229	AWR-C-LVL-SRVC	Claim Pharmacy Level of Service
VMCPACTV	DE2216	AWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
VMCPACTV	DE2232	AWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
VMCPACTV	DE2238	AWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
VMCPACTV	DE2214	AWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
VMCPACTV	DE2220	AWR-F-COMPOUND	Claim Pharmacy Compound Indicator
VMCPACTV	DE2212	AWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
VMCPACTV	DE2230	AWR-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
VMCPACTV	DE2233	AWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
VMCPACTV	DE2234	AWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
VMCPACTV	DE2235	AWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
VMCPACTV	DE2236	AWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
VMCPACTV	DE2227	AWR-C-TPL	Claim Pharmacy Other Coverage Indicator
VMCPACTV	DE2432	AWR-F-PREGNANCY	Pregnancy
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-PHRM	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-PHRM	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-53	Claims PA Type Code
VMCPACTV	DE2213	AWR-N-UC-PRICE	Claim Pharmacy Usual Charge
VMCPACTV	DE2025	AWR-I-ASSOCIATED-RX-NO	Associated RX Number
VMCPACTV	DE2026	AWR-D-ASSOCIATED-SERV	Associated Date of Service
VMCPACTV	DE2055	AWR-C-PHRM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
VMCPACTV	DE2264	AWR-C-PATNT-RES	Patient Residence
VMCPACTV	DE2260	AWR-C-COMPOUND-TYPE	Compound Type
VMCPACTV	DE2261	AWR-C-PHRM-SERV-TYPE	Pharmacy Service Type
VMCPACTV	DE2262	AWR-N-PROF-SERV-FEE	Professional Service Fee

VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE4085	AWR-T-PRESC-NAME-FIRST	Provider Name
VMCPACTV	DE4085	AWR-T-PRESC-NAME-LAST	Provider Name
VMCPACTV	DE4097	AWR-T-PRESC-ADDR-LINE	Provider Address Line
VMCPACTV	DE4130	AWR-T-PRESC-CITY	Provider Address City Name
VMCPACTV	DE4098	AWR-C-PRESC-STATE	Provider Address State
VMCPACTV	DE4099	AWR-C-PRESC-ZIP	Provider Address ZIP Code
VMCPACTV	DE4090	AWR-T-PRESC-PHONE-NUM	Provider Phone Number
VMCPACTV	DE0002	AWR-NUM-OF-NDC-DRUG	Calculated
VMCPACTV	DE2450	AWR-I-NDC-DRUG-SEQ-NO	NDC Drug Sequence Number
VMCPACTV	DE5735	AWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
VMCPACTV	DE2469	AWR-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
VMCPACTV	DE5200	AWR-C-DRUG-NDC	Drug Code (NDC)
VMCPACTV	DE5061	AWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
VMCPACTV	DE5731	AWR-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
VMCPACTV	DE5088	AWR-C-DRUG-CATG	Drug Category Code
VMCPACTV	DE5059	AWR-C-DRUG-CLASS	Drug Class Code
VMCPACTV	DE2237	AWR-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
VMCPACTV	DE2248	AWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
VMCPACTV	DE5230	AWR-N-UNIT-PRICE	Drug Unit Dose Price
VMCPACTV	DE2223	AWR-N-INGRED-COST	Pharmacy Ingredient Cost
VMCPACTV	DE2231	AWR-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
VMCPACTV	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
VMCPACTV	DE2218	AWR-N-UD-FEE	Claim Pharmacy Add-on Fee
VMCPACTV	DE5043	AWR-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
VMCPACTV	DE5031	AWR-C-DRUG-DISP-UNIT	Drug Dispensing Unit
VMCPACTV	DE2221	AWR-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
VMCPACTV	DE5740	AWR-C-CONFLICT	ProDUR Reason Code (Reason for Service)
VMCPACTV	DE5741	AWR-C-INTERVENT	ProDUR Service Code (Professional Service Code)

VMCPACTV	DE5742	AWR-C-OUTCOME	ProDUR Result Code
VMCPACTV	DE2160	AWR-RECYCLE-FLAG	Claims Recycle Flag
VMCPACTV	DE2481	AWR-OLD-FORMAT-PA-NUMBER	Claims Original PA Number
VMCPACTV	DE0002	AWR-NUM-OF-FAC-LINES	Calculated
VMCPACTV	DE2445	AWR-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
VMCPACTV	DE2122	AWR-C-REV	Claim Revenue Code
VMCPACTV	DE2123	AWR-N-UNITS-07	Claim Revenue Units
VMCPACTV	DE2124	AWR-N-REV-BILLED-AMT	Claim Revenue Amount
VMCPACTV	DE2139	AWR-N-NON-COV-AMT	Claim Non-Covered Amount
VMCPACTV	DE2991	AWR-N-REV-ALLOWED-AMT	Claim Revenue Allowed Amt
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-07	Claim Cutback Days/Units
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-07	Claim Cutback Amount
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-07	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-07	Procedure Code

Files CP-F-006E Extract of CP-F-006 for VDH Death Match

File is used by reporting programs RMS095 and RSM291 to display actual capitation and FFS claim amounts by enrollee.

Subsystem:	Claims
Copybook:	CPF006E
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Split DRUG, 1099, Other Claims and Build DOD Report for VDH (CPI220EZ) Deceased Enrollee Report (RSM095) FFS Claims Retractions from VDH Match (RSM291)
Graphics:	CP-F-006E

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF006E	DE2477	ICN Date ID	Claims Payment Request Date Identifier
CPF006E	DE2478	ICN Media	Claims Payment Request Media Code
CPF006E	DE2480	ICN Sequence	Claims Payment Request Sequence
CPF006E	DE2343	ICN Line Number	Claim Payment Request Line Number
CPF006E	DE4700	NPI	National Provider Identifier
CPF006E	DE2250	Provider Number Type	NPI XREF Provider Number Type
CPF006E	DE3001	Enrollee ID	Enrollee Identification Number
CPF006E	DE2088	Claim Form Type	Claim Form Type
CPF006E	DE2002	Claim Type	Claim Type
CPF006E	DE2034	Claim Doc Number	Claim Related Document Number
CPF006E	DE2033	Adjust/void Reason	Adjustment/Void Reason
CPF006E	DE5002	Procedure Code	Procedure Code
CPF006E	DE2122	Claim Revenue Code	Claim Revenue Code
CPF006E	DE5200	NDC	Drug Code (NDC)
CPF006E	DE2010	Claim Service From	Claim Service From Date

		Date	
CPF006E	DE2011	Claim Service Thru Date	Claim Service Thru Date
CPF006E	DE0000	Filler	

Files CP-F-006LC Claims Adjudication Line Control File

Contains the line control number for facility claims.

Subsystem:	Claims
Copybook:	VMAWRLCN
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Facility Line Control Load (CPI351) Unused Facility Line Control Compare (CPI352)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMAWRLCN	DE2477	AWC-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMAWRLCN	DE2478	AWC-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMAWRLCN	DE2480	AWC-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMAWRLCN	DE2343	AWC-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMAWRLCN		AWC-NUM-OF-FAC-LINES	Enrollee Permanent Identification Number
VMAWRLCN	DE2445	AWC-I-LCN-REV-LINE-NO	Claims Facility Revenue Line Number
VMAWRLCN	DE2012	AWC-C-LINE-CNTL-NUM	Claim EDI Line Item Control Number

Files CP-F-006LL Claims Adjudication Load Line Control File

Contains the unused line control numbers for facility claims.

Subsystem:	Claims
Copybook:	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Facility Line Control Load (CPI351) Unused Facility Line Control Compare (CPI352)
Graphics:	N/A

Field Definitions

Element ID	Field Name	Data Element Dictionary Name
DE2477	AWN-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
DE2478	AWN-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
DE2480	AWN-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
DE2343	AWN-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
DE2445	AWN-I-LCN-REV-LINE-NO	Claims Facility Revenue Line Number
DE2012	AWN-C-LINE-CNTL-NUM	Claim EDI Line Item Control Number

Files CP-F-006O Claims Adjudication VSAM Transaction File

Captures Adjustment claims for claim type '01' with provider type '001', '014', '085', '091' writing it to the VSAM file to for batch processing.

Subsystem:	Claims
Copybook:	VMCPACTV
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	AWR-C-PYMT-REQ-MEDIA (2478) AWR-I-PYMT-REQ-DATE (2477) AWR-I-PYMT-REQ-LINE-NO (2343) AWR-I-PYMT-REQ-SEQ-NO (2480)
Alternate Key:	N/A
Program:	Pend Resolution -- UB Entry (CPA114) UB04 Adjustments (CPA156)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCPACTV	DE2477	AWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMCPACTV	DE2478	AWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMCPACTV	DE2480	AWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMCPACTV	DE2343	AWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMCPACTV	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
VMCPACTV	DE2030	AWR-C-ATTACHMNT-CVAL	Claim Attachments Indicator
VMCPACTV	DE4082	AWR-I-PROV-SRVC-VNDR	Provider Service Center
VMCPACTV	DE2088	AWR-C-CLM-FORM-CVAL	Claim Form Type
VMCPACTV	DE2006	AWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
VMCPACTV	DE3005	AWR-D-ENROLLEE-BIRTH	Enrollee Birth Date
VMCPACTV	DE3007	AWR-C-ENROLLEE-SEX	Enrollee Sex Code
VMCPACTV	DE2020	AWR-F-CONVERSION	Claim Conversion Indicator
VMCPACTV	DE2569	AWR-I-CLM-SUBMIT	Claims Submission Identifier

VMCPACTV	DE2177	AWR-D-ENTERED	Claim Entered Date
VMCPACTV	DE2581	AWR-I-CLAIM-MCN	Claims MCN Number
VMCPACTV	DE2684	AWR-F-ADA-MED-COVERAGE	Claim Dental Medical Coverage Flag
VMCPACTV	DE2225	AWR-I-VERSION	Claim Pharmacy NCPDP Version
VMCPACTV	DE2226	AWR-I-TRANS-RCVD-LINE	Claim Pharmacy Transmission Received Line
VMCPACTV	DE2013	AWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
VMCPACTV	DE2265	AWR-C-4010-5010-CVAL	Claim EDI Version Indicator
VMCPACTV	DE2267	AWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
VMCPACTV	DE3901	AWR-I-PERSON-CLM	Person ID
VMCPACTV	DE4001	AWR-I-SRVC-BASE-PROV	Provider Base Identification Number
VMCPACTV	DE4002	AWR-I-SRVC-PROV-P50	Provider Identification Number
VMCPACTV	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
VMCPACTV	DE2002	AWR-C-CLM-TYPE-CVAL	Claim Type
VMCPACTV	DE2010	AWR-D-SERV-FROM	Claim Service From Date
VMCPACTV	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
VMCPACTV	DE2016	AWR-N-BILLED-CHG	Claim Billed Charge
VMCPACTV	DE3098	AWR-I-EVS-NO	Eligibility Verification Number
VMCPACTV	DE3001	AWR-I-ENROLLEE-ID	Enrollee Identification Number
VMCPACTV	DE3093	AWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCPACTV	DE3009	AWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
VMCPACTV	DE3551	AWR-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
VMCPACTV	DE3552	AWR-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
VMCPACTV	DE3553	AWR-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
VMCPACTV	DE3072	AWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
VMCPACTV	DE3655	AWR-C-ENRL-PREM-IND	Medicare Premium Indicator
VMCPACTV	DE2544	AWR-C-COB	Claim COB Indicator
VMCPACTV	DE2246	AWR-F-CONSENT	Claim Consent Indicator
VMCPACTV	DE2224	AWR-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
VMCPACTV	DE2018	AWR-N-TPL-AMT-PAID	Claim Third Party Payment
VMCPACTV	DE2027	AWR-F-ACCIDENT	Claim Accident Indicator
VMCPACTV	DE2802	AWR-F-EMERGENCY	Claim Emergency Identifier
VMCPACTV	DE2781	AWR-I-REQUEST-NO	Claim CHIRP Request Identification
VMCPACTV	DE2068	AWR-F-SPECIAL-BATCH	Claim Special Batch Indicator
VMCPACTV	DE2012	AWR-I-LINE-ITEM-CNTL-NUM	Claim EDI Line Item Control Number
VMCPACTV	DE2019	AWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
VMCPACTV	DE2007	AWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
VMCPACTV	DE2268	AWR-D-CVRG-EXPIR	Coverage Expiration Date

VMCPACTV	DE2150	AWR-C-PROC-DIAG-VER-SUBM	Submitted Surgical Procedure/Diagnosis Code Version
VMCPACTV	DE2151	AWR-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
VMCPACTV	DE0002	AWR-CLM-PROC-NUM-OCCRS	Calculated
VMCPACTV	DE2444	AWR-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-09	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-09	Procedure Code
VMCPACTV	DE2021	AWR-D-PROCEDURE-09	Claim Procedure Code Date
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
VMCPACTV	DE0002	AWR-P13-NUM-OF-DIAG	Calculated
VMCPACTV	DE2449	AWR-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
VMCPACTV	DE5301	AWR-C-DIAG	Diagnosis Code
VMCPACTV	DE5020	AWR-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
VMCPACTV	DE2585	AWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
VMCPACTV	DE2052	AWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
VMCPACTV	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
VMCPACTV	DE2023	AWR-N-PYMT-AMT	Claim Payment Amount
VMCPACTV	DE2073	AWR-N-ALLOW-AMT	Claim Allowed Amount
VMCPACTV	DE2158	AWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
VMCPACTV	DE2545	AWR-N-CALC-COINS	Claim Calculated Co-Insurance
VMCPACTV	DE2083	AWR-N-PATNT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
VMCPACTV	DE2217	AWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
VMCPACTV	DE2315	AWR-N-PYMT-DAYS	Claim Payment days
VMCPACTV	DE2056	AWR-N-ELIGIBLE-DAYS	Claim number of days eligible
VMCPACTV	DE2358	AWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
VMCPACTV	DE2080	AWR-N-DSA-AMT	Claim Disproportionate Share Amount
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-29	Claim Cutback Amount
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
VMCPACTV	DE2022	AWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
VMCPACTV	DE5353	AWR-C-DRG DRG	(Diagnosis Related Group) Code
VMCPACTV	DE2547	AWR-N-DRG-PYMT-AMT DRG	Payment Amount
VMCPACTV	DE6827	AWR-N-DRG-OUTLIER-AMT MARS DRG Outlier	Payment Amount
VMCPACTV	DE2470	AWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
VMCPACTV	DE2348	AWR-C-DRG-PYMT-TYPE DRG	Payment Type
VMCPACTV	DE5354	AWR-N-DRG-WEIGHT DRG	Relative Weight
VMCPACTV	DE2881	AWR-N-NATCEP-PYMT-AMT	Payment-Amount

		NATCEP-	
VMCPACTV	DE4006	AWR-C-PROV-TYPE	Provider Type
VMCPACTV	DE4007	AWR-C-PROV-SPECIALTY	Provider Specialty Code
VMCPACTV	DE2599	AWR-C-COPAY-IND	Claim Co-pay Indicator
VMCPACTV	DE2674	AWR-F-TPL	Claim TPL Flag
VMCPACTV	DE2673	AWR-F-SPLIT-CLAIM Split	Claim Flag
VMCPACTV	DE2433	AWR-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
VMCPACTV	DE2566	AWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
VMCPACTV	DE3008	AWR-I-ENRL-LOCALITY	Enrollee FIPS Code
VMCPACTV	DE4089	AWR-I-PROV-LOCALITY	Provider Locality Code
VMCPACTV	DE2589	AWR-C-DRG-GRPET	Claim DRG Grouper Return Code
VMCPACTV	DE2590	AWR-C-DRG-MDC	Claim DRG MDC Code
VMCPACTV	DE2591	AWR-C-DRG-TYPE	Claim DRG Type Code
VMCPACTV	DE2592	AWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
VMCPACTV	DE2593	AWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
VMCPACTV	DE2594	AWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
VMCPACTV	DE2069	AWR-C-PRICE-SRC	Claim Pricing Source
VMCPACTV	DE2070	AWR-C-PRICE-TYPE	Claim Pricing Source Type
VMCPACTV	DE2071	AWR-C-PRICE-CODE	Claim Pricing Source Code
VMCPACTV	DE2994	AWR-N-ENC-PYMT-AMT	Encounter Payment Amount
VMCPACTV	DE2995	AWR-D-ENC-PYMT Encounter	Payment Date
VMCPACTV	DE2435	AWR-I-MOD-STAT-SEQ-NO-32	Claim Status Sequence Number
VMCPACTV	DE9580	AWR-I-RA-NUM	Remittance Advice Number
VMCPACTV	DE2003	AWR-C-CLM-MOD-CVAL	Claim Type Modifier
VMCPACTV	DE2383	AWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
VMCPACTV	DE2384	AWR-D-MOD-STAT-END	Claim Status End Date
VMCPACTV	DE2039	AWR-C-CLM-STAT-CVAL	Claim Status
VMCPACTV	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
VMCPACTV	DE9916	AWR-I-BDGT-ACCT-SEQ-NO DMAS BAC	Sequence Number
VMCPACTV	DE2038	AWR-C-CATG-SRVC-CVAL	Claim Category of Service
VMCPACTV	DE0012	AWR-I-USER-ID-32	User/Operator ID
VMCPACTV	DE0002	AWR-NO-CURRENT-ERRORS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-C-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-C-EDIT Error	Text Error Code
VMCPACTV	DE5603	AWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-C-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-C-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-I-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-I-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-F-OVERRIDE	Claim Edit Override

VMCPACTV	DE2349	AWR-T-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-I-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE2496	AWR-F-PEND-LOCATION-UPD	Claims Pend Resolution Update Flag
VMCPACTV	DE2584	AWR-I-PEND-SEQ-NO	Claims Pend Location Sequence Number
VMCPACTV	DE2841	AWR-C-PND-LOC-TO-CVAL	Claim Pend To Location
VMCPACTV	DE2840	AWR-C-PND-LOC-FRM-CVAL	Claim Pend From Location
VMCPACTV	DE2404	AWR-D-TRANSFER	Pend Transfer Date
VMCPACTV	DE2496	AWR-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag
VMCPACTV	DE0012	AWR-I-USER-ID-62	User/Operator ID
VMCPACTV	DE0002	AWR-NO-HISTORY-ERRORS	Calculated
VMCPACTV	DE2435	AWR-H-MOD-STAT-SEQ-NO-24	Claim Status Sequence Number
VMCPACTV	DE2156	AWR-H-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-H-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-H-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-H-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-H-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-H-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-H-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-H-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-H-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-H-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-H-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE0002	AWR-NO-CONFLICT-ICNS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-36	Claim Edit Sequence Number
VMCPACTV	DE2441	AWR-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
VMCPACTV	DE2440	AWR-I-CNFLCT-ICN-DATE	Claim Conflict ICN
VMCPACTV	DE2678	AWR-I-CNFLCT-ICN-MEDIA	Conflicting Claim ICN Media
VMCPACTV	DE2679	AWR-I-CNFLCT-ICN-SEQ	Conflicting Claim ICN Sequence Number
VMCPACTV	DE2681	AWR-I-CNFLCT-ICN-LINE	Conflicting Claim ICN Line Number
VMCPACTV	DE2034	AWR-I-RELATED-DOC-NUM	Claim Related Document Number
VMCPACTV	DE2351	AWR-C-INTRREL-TYP-CVAL	Interrelationship Type
VMCPACTV	DE2033	AWR-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
VMCPACTV	DE2356	AWR-I-TAD-SEQ-NO	Claim TAD Sequence Number
VMCPACTV	DE2310	AWR-D-TAD-SENT	Claim TAD Sent Date
VMCPACTV	DE2543	AWR-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not Claim)
VMCPACTV	DE0002	AWR-NUM-SCHOOL-EMPLYR-RECS	Calculated
VMCPACTV	DE0016	AWR-I-SCH-EMP-SEQ-NO	Seq Num

VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-20	Policy Owner
VMCPACTV	DE2517	AWR-T-SCHOOL-EMP-NAME	Claim Employer Name
VMCPACTV	DE2537	AWR-T-EMP-ADDRESS	Claim Employer/School Address
VMCPACTV	DE0002	AWR-NUM-OTHER-INSRD-RECS	Calculated
VMCPACTV	DE0016	AWR-I-OTH-INSRD-SEQ-NO	Seq Num
VMCPACTV	DE2522	AWR-T-INSRD-NAME	Claim Other Insured's Name
VMCPACTV	DE2524	AWR-D-INSRD-BIRTH	Claim Other Insured's Date of Birth
VMCPACTV	DE2350	AWR-C-INSRD-SEX	Insured Sex
VMCPACTV	DE2352	AWR-C-PATNT-REL	Relationship to Patient
VMCPACTV	DE2353	AWR-C-PERSON	Person
VMCPACTV	DE2532	AWR-F-OTHER-CVRG	Claim Other Dental Plan Coverage Indicator
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL	Policy Owner
VMCPACTV	DE0002	AWR-NUM-INS-CARRIER-RECS	Calculated
VMCPACTV	DE0016	AWR-I-CARRIER-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-11	Policy Owner
VMCPACTV	DE2512	AWR-I-INSRD-ID	Claim Insured's Identification
VMCPACTV	DE2446	AWR-I-INSRD-PLAN-NO	Insured Plan Number
VMCPACTV	DE2522	AWR-T-CARRIER-NAME	Claim Other Insured's Name
VMCPACTV	DE2534	AWR-T-CARRIER-ADDRESS	Claim Name and Address of Other Carrier(s)
VMCPACTV	DE2515	AWR-T-GROUP-NAME	Claim Group Name (Insurance)
VMCPACTV	DE2516	AWR-I-GROUP-NO	Claim Group Number or FECA Number (Insurance)
VMCPACTV	DE2579	AWR-UB92-REC90-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-REC91-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-EDI-REMARKS	Claims Remarks Text
VMCPACTV	DE0002	AWR-NUM-PYMT-REQ-ATTACH-RECS	Calculated
VMCPACTV	DE0015	AWR-I-ATTACH-SEQ-NO	Code ID
VMCPACTV	DE2015	AWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
VMCPACTV	DE2014	AWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
VMCPACTV	DE4002	AWR-I-SRVC-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-SRVC-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-SRVC-PROV-SUBMT NPI XREF	Provider Number Type
VMCPACTV	DE4002	AWR-I-BILL-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-BILL-NPI-SUBMT	National Provider Identifier

VMCPACTV	DE4145	AWR-C-BILL-PROV-SUBMT NPI XREF	Provider Number Type
VMCPACTV	DE4099	AWR-C-SUBMT-ZIP	Provider Address ZIP Code
VMCPACTV	DE4002	AWR-I-PROV-FINANCE	Provider Identification Number
VMCPACTV	DE2053	AWR-C-SPECIAL-PROCESS	Special Process Indicator
VMCPACTV	DE4089	AWR-I-PROV-PRICE-LOC	Provider Locality Code
VMCPACTV	DE4701	AWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
VMCPACTV	DE4701	AWR-C-SUBMT-BILL-TXNMY	NPI-API Label
VMCPACTV	DE4143	AWR-I-SITE-NO NPI XREF	Site Number
VMCPACTV	DE2031	AWR-I-PATNT-ACCT-NUM	Claim Patient Account Number
VMCPACTV	DE2102	AWR-C-BILL-TYPE	Claim Facility Bill Type
VMCPACTV	DE2136	AWR-H-ADMISSION-HOUR	Claim Hour of Admission
VMCPACTV	DE2108	AWR-N-COVRD-DAYS	Claim Covered Days
VMCPACTV	DE2109	AWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
VMCPACTV	DE2105	AWR-D-ADMIT	Claim Admission Date
VMCPACTV	DE2106	AWR-C-ADMIT-SRC-CVAL	Claim Admission Source
VMCPACTV	DE2412	AWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
VMCPACTV	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
VMCPACTV	DE2107	AWR-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
VMCPACTV	DE2869	AWR-C-DISCHG-STAT-CVAL	Claim Discharge Status
VMCPACTV	DE2060	AWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
VMCPACTV	DE4002	AWR-I-OTHER-PROV1	Provider Identification Number
VMCPACTV	DE2453	AWR-I-OTHER-PROV2 Other	Provider 2
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-FAC	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-FAC	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-51	Claims PA Type Code
VMCPACTV	DE4002	AWR-I-ATND-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-ATND-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-ATND-PROV-SUBMT NPI XREF	Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH1-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH1-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-OTH1-PROV-SUBMT NPI XREF	Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH2-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH2-NPI-SUBMT National	Provider Identifier
VMCPACTV	DE4145	AWR-C-OTH2-PROV-SUBMT NPI XREF	Provider Number Type
VMCPACTV	DE2050	AWR-C-PROC-DIAG-VER	Version Qualifier
VMCPACTV	DE2057	AWR-C-ACCIDENT-STATE	Accident State
VMCPACTV	DE4700	AWR-I-OTH-OPER-NPI	National Provider Identifier

VMCPACTV	DE4700	AWR-I-REFER-NPI-FAC	National Provider Identifier
VMCPACTV	DE2075	AWR-F-P51-EPSDT	EPSDT Indicator
VMCPACTV	DE0002	AWR-NUM-OF-COND-CODES	Calculated
VMCPACTV	DE2439	AWR-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
VMCPACTV	DE2115	AWR-C-CONDITION	Claim Condition Code
VMCPACTV	DE0002	AWR-NUM-OF-OCCUR-CODES	Calculated
VMCPACTV	DE2451	AWR-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
VMCPACTV	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
VMCPACTV	DE2113	AWR-D-OCCUR-BEGIN	Claim Occurrence From Date
VMCPACTV	DE2114	AWR-D-OCCUR-END	Claim Occurrence Thru Date
VMCPACTV	DE2005	AWR-C-OCCUR-TYPE-CVAL	Occurrence Type
VMCPACTV	DE0002	AWR-NUM-OF-VALUE-CODES	Calculated
VMCPACTV	DE2357	AWR-I-VALUE-SEQ-NO	Value Code Sequence Number
VMCPACTV	DE2128	AWR-C-VALUE	Claim Value Code
VMCPACTV	DE2131	AWR-N-VALUE-CD-AMT	Claim Value Amount
VMCPACTV	DE2448	AWR-A-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-A-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-A-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-A-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-A-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-A-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-A-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-A-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-A-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-A-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-A-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2173	AWR-C-PLACE-OF-SERV	Claim Professional Place of Service
VMCPACTV	DE2072	AWR-C-TYPE-SERVICE	Claim Type of Service
VMCPACTV	DE2993	AWR-I-CLIA-52	Claims CLIA Number
VMCPACTV	DE2009	AWR-N-UNITS-52	Claim Number of Units/Visits/Studies
VMCPACTV	DE2083	AWR-N-INPT-PAT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2410	AWR-D-HOSP-FROM	Claim Hospital Start Date
VMCPACTV	DE2411	AWR-D-HOSP-THRU	Claim Hospital End Date
VMCPACTV	DE4002	AWR-I-REFER-PROV	Provider Identification Number
VMCPACTV	DE2075	AWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2074	AWR-F-EMPLOYMENT	Claim Employment Indicator
VMCPACTV	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
VMCPACTV	DE2431	AWR-F-AUTO-ACCIDENT	Claim Auto Accident
VMCPACTV	DE2075	AWR-F-EPSDT-52	Claim Family Planning/EPSDT Indic-

			ator
VMCPACTV	DE2084	AWR-N-WAIT-TIME	Anesthesia Minutes
VMCPACTV	DE2085	AWR-N-PASSENGERS	Claim Number of Passengers
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-MED	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-MED	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-52	Claims PA Type Code
VMCPACTV	DE2209	AWR-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
VMCPACTV	DE2028	AWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
VMCPACTV	DE4002	AWR-I-REF-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-REF-NPI-SUBMT National	Provider Identifier
VMCPACTV	DE4145	AWR-C-REF-PROV-SUBMT NPI XREF	Provider Number Type
VMCPACTV	DE5200	AWR-C-NDC	Drug Code (NDC)
VMCPACTV	DE2200	AWR-C-TOOTH	Claim Dental Tooth Code
VMCPACTV	DE2892	AWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
VMCPACTV	DE2448	AWR-B-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-B-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-B-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-B-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-B-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-B-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-B-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-B-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-B-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-B-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-B-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2266	AWR-N-OBSTET-UNITS	Obstetrical Units
VMCPACTV	DE2228	AWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
VMCPACTV	DE2467	AWR-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
VMCPACTV	DE2211	AWR-I-RX-NO	Claim Pharmacy Prescription Number
VMCPACTV	DE2826	AWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
VMCPACTV	DE2468	AWR-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
VMCPACTV	DE2229	AWR-C-LVL-SRVC	Claim Pharmacy Level of Service
VMCPACTV	DE2216	AWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
VMCPACTV	DE2232	AWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended

			To Be Dispensed
VMCPACTV	DE2238	AWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
VMCPACTV	DE2214	AWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
VMCPACTV	DE2220	AWR-F-COMPOUND	Claim Pharmacy Compound Indicator
VMCPACTV	DE2212	AWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
VMCPACTV	DE2230	AWR-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
VMCPACTV	DE2233	AWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
VMCPACTV	DE2234	AWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
VMCPACTV	DE2235	AWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
VMCPACTV	DE2236	AWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
VMCPACTV	DE2227	AWR-C-TPL	Claim Pharmacy Other Coverage Indicator
VMCPACTV	DE2432	AWR-F-PREGNANCY	Pregnancy
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-PHRM	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-PHRM	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-53	Claims PA Type Code
VMCPACTV	DE2213	AWR-N-UC-PRICE	Claim Pharmacy Usual Charge
VMCPACTV	DE2025	AWR-I-ASSOCIATED-RX-NO	Associated RX Number
VMCPACTV	DE2026	AWR-D-ASSOCIATED-SERV	Associated Date of Service
VMCPACTV	DE2055	AWR-C-PHRM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
VMCPACTV	DE2264	AWR-C-PATNT-RES	Patient Residence
VMCPACTV	DE2260	AWR-C-COMPOUND-TYPE	Compound Type
VMCPACTV	DE2261	AWR-C-PHRM-SERV-TYPE	Pharmacy Service Type
VMCPACTV	DE2262	AWR-N-PROF-SERV-FEE	Professional Service Fee
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE4085	AWR-T-PRESC-NAME-FIRST	Provider Name
VMCPACTV	DE4085	AWR-T-PRESC-NAME-LAST	Provider Name
VMCPACTV	DE4097	AWR-T-PRESC-ADDR-LINE	Provider Address Line
VMCPACTV	DE4130	AWR-T-PRESC-CITY	Provider Address City Name
VMCPACTV	DE4098	AWR-C-PRESC-STATE	Provider Address State
VMCPACTV	DE4099	AWR-C-PRESC-ZIP	Provider Address ZIP Code
VMCPACTV	DE4090	AWR-T-PRESC-PHONE-NUM	Provider Phone Number
VMCPACTV	DE0002	AWR-NUM-OF-NDC-DRUG	Calculated
VMCPACTV	DE2450	AWR-I-NDC-DRUG-SEQ-NO NDC	Drug Sequence Number
VMCPACTV	DE5735	AWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
VMCPACTV	DE2469	AWR-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
VMCPACTV	DE5200	AWR-C-DRUG-NDC	Drug Code (NDC)
VMCPACTV	DE5061	AWR-I-DRUG-GCN	Drug Generic Code Number (GCN)

VMCPACTV	DE5731	AWR-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
VMCPACTV	DE5088	AWR-C-DRUG-CATG	Drug Category Code
VMCPACTV	DE5059	AWR-C-DRUG-CLASS	Drug Class Code
VMCPACTV	DE2237	AWR-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
VMCPACTV	DE2248	AWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
VMCPACTV	DE5230	AWR-N-UNIT-PRICE	Drug Unit Dose Price
VMCPACTV	DE2223	AWR-N-INGRED-COST	Pharmacy Ingredient Cost
VMCPACTV	DE2231	AWR-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
VMCPACTV	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
VMCPACTV	DE2218	AWR-N-UD-FEE	Claim Pharmacy Add-on Fee
VMCPACTV	DE5043	AWR-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
VMCPACTV	DE5031	AWR-C-DRUG-DISP-UNIT	Drug Dispensing Unit
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE2221	AWR-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
VMCPACTV	DE5740	AWR-C-CONFLICT	ProDUR Reason Code (Reason for Service)
VMCPACTV	DE5741	AWR-C-INTERVENT	ProDUR Service Code (Professional Service Code)
VMCPACTV	DE5742	AWR-C-OUTCOME	ProDUR Result Code
VMCPACTV	DE2160	AWR-RECYCLE-FLAG	Claims Recycle Flag
VMCPACTV	DE2481	AWR-OLD-FORMAT-PA-NUMBER	Claims Original PA Number
VMCPACTV	DE0002	AWR-NUM-OF-FAC-LINES	Calculated
VMCPACTV	DE2445	AWR-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
VMCPACTV	DE2122	AWR-C-REV	Claim Revenue Code
VMCPACTV	DE2123	AWR-N-UNITS-07	Claim Revenue Units
VMCPACTV	DE2124	AWR-N-REV-BILLED-AMT	Claim Revenue Amount
VMCPACTV	DE2139	AWR-N-NON-COV-AMT	Claim Non-Covered Amount
VMCPACTV	DE2991	AWR-N-REV-ALLOWED-AMT	Claim Revenue Allowed Amt
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-07	Claim Cutback Days/Units
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-07	Claim Cutback Amount
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-07	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-07	Procedure Code
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD1	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD2	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD3	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD4	Modifier
VMCPACTV	DE5064	AWR-C-P07-EAPG	EAPG CODE
VMCPACTV	DE2091	AWR-N-P07-EAPG-WEIGHT	EAPG WEIGHT

Files CP-F-007 Claims Annual Extract File

Claims History File sorted by Claim Type and Category of service

Subsystem:	Claims
Copybook:	CPEXTHP N/A
File Organ-ization:	Sequential
Device Type:	Disk
Primary Key:	EWR-I-ENROLLEE-ID (3001)
Alternate Key:	N/A
Program:	Claims Extract (CPR100) Claims Extract Summary Sysout (CPR108) (MONTHLY, QUARTERLY, YTD) MEDICAL SCREENING REPORT (EPM305)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEXTHP	DE2051	EWR-RECORD-TYPE	Claim Extract Record Type Code
CPEXTHP	DE2477	EWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPEXTHP	DE2478	EWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPEXTHP	DE2480	EWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPEXTHP	DE2343	EWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPEXTHP	DE2088	EWR-C-FORM-TYPE	Claim Form Type
CPEXTHP	DE2002	EWR-CLAIM-TYPE	Claim Type
CPEXTHP	DE2003	EWR-C-CLM-MOD	Claim Type Modifier
CPEXTHP	DE2030	EWR-C-ATTACHMENTS	Claim Attachments Indicator
CPEXTHP	DE2177	EWR-DATE-ENTERED	Claim Entered Date
CPEXTHP	DE2013	EWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
CPEXTHP	DE2015	EWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code

CPEXTHP	DE2014	EWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
CPEXTHP	DE2265	EWR-C-4010-5010-CVAL	EDI Version Identifier
CPEXTHP	DE2267	EWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
CPEXTHP	DE4001	EWR-I-SRVC-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-SRVC-PROV	Provider Identification Number
CPEXTHP	DE4001	EWR-I-BILLING-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2004	EWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPEXTHP	DE4085	EWR-T-SRVC-PROV-NAME	Provider Name
CPEXTHP	DE4007	EWR-C-PROV-SPECIALTY	Provider Specialty Code
CPEXTHP	DE4006	EWR-C-PROV-TYPE	Provider Type
CPEXTHP	DE4082	EWR-I-PROV-SRVC-VNDR	Provider Service Center
CPEXTHP	DE4089	EWR-I-PROV-LOCALITY	Provider Locality Code
CPEXTHP	DE4002	EWR-I-1099-TAX-GROUP	Provider Identification Number
CPEXTHP	DE3001	EWR-I-ENROLLEE-ID	Enrollee Identification Number
CPEXTHP	DE3093	EWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
CPEXTHP	DE3901	EWR-I-PERSON	Person ID
CPEXTHP	DE3110	EWR-T-NAME-LAST	Enrollee Last Name
CPEXTHP	DE3111	EWR-T-NAME-FIRST	Enrollee First Name
CPEXTHP	DE3112	EWR-T-MIDDLE-INIT	Enrollee Middle Initial
CPEXTHP	DE3113	EWR-T-NAME-SUFFIX	Enrollee Name Suffix
CPEXTHP	DE3114	EWR-T-ADDL-NAME	Enrollee Additional Address Name
CPEXTHP	DE3115	EWR-T-STREET	Enrollee Street Address
CPEXTHP	DE3116	EWR-T-CITY	Enrollee City Name
CPEXTHP	DE3117	EWR-C-STATE	Enrollee State Code
CPEXTHP	DE3118	EWR-C-ZIP-9	Enrollee ZIP Code
CPEXTHP	DE3034	EWR-I-ENRL-SSN	Enrollee Social Security Number (SSN)
CPEXTHP	DE3955	EWR-C-SSA-NO	Person Identifier Value
CPEXTHP	DE3005	EWR-D-BIRTH	Enrollee Birth Date
CPEXTHP	DE3006	EWR-C-RACE	Enrollee Race Code
CPEXTHP	DE3007	EWR-C-ENROLLEE-SEX	Enrollee Sex Code
CPEXTHP	DE3008	EWR-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEXTHP	DE3550	EWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEXTHP	DE3551	EWR-I-BNFT-PGM	Benefit Definition Plan Program Code
CPEXTHP	DE3552	EWR-I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code
CPEXTHP	DE3553	EWR-I-PLAN-CODE	Benefit Definition Plan Benefit Code

CPEXTHP	DE3009	EWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CPEXTHP	DE3072	EWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
CPEXTHP	DE3655	EWR-C-ENRL-PREM-IND	Medicare Premium Indicator
CPEXTHP	DE2069	EWR-C-PRICE-SRC	Claim Pricing Source
CPEXTHP	DE2070	EWR-C-PRICE-TYPE	Claim Pricing Source Type
CPEXTHP	DE2071	EWR-C-PRICE-CODE	Claim Pricing Source Code
CPEXTHP	DE2031	EWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPEXTHP	DE2499	EWR-N-DAYS-SINCE	Claims PA Number of Days Since
CPEXTHP	DE2498	EWR-I-PA-SEQ-NO	Claims PA Number Sequence
CPEXTHP	DE2508	EWR-C-PA-TYPE	Claims PA Type Code
CPEXTHP	DE2083	EWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEXTHP	DE2022	EWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CPEXTHP	DE2016	EWR-N-BILLED-CHARGE	Claim Billed Charge
CPEXTHP	DE2073	EWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEXTHP	DE2023	EWR-N-PMT-AMT	Claim Payment Amount
CPEXTHP	DE2545	EWR-N-CALC-COINS	Claim Calculated Co-Insurance
CPEXTHP	DE2992	EWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPEXTHP	DE2080	EWR-N-DSA-AMT	Claim Disproportionate Share Amount
CPEXTHP	DE2547	EWR-N-DRG-PYMT-AMT	DRG Payment Amount
CPEXTHP	DE2881	EWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
CPEXTHP	DE2038	EWR-C-CATEG-SERV	Claim Category of Service
CPEXTHP	DE2010	EWR-D-SERV-FROM	Claim Service From Date
CPEXTHP	DE2011	EWR-D-SERV-THRU	Claim Service Thru Date
CPEXTHP	DE2033	EWR-C-ADJUST-RSN	Adjustment/Void Reason
CPEXTHP	DE5301	EWR-C-DIAG	Diagnosis Code
CPEXTHP	DE2052	EWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
CPEXTHP	DE2585	EWR-C-DIAG-TYPE	Claims Diag Type Code
CPEXTHP	DE9865	EWR-I-BUDGET-ACCT	Budget Account Identifier
CPEXTHP	DE9916	EWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
CPEXTHP	DE9843	EWR-C-BAC-OBJECT	Budget Object Code
CPEXTHP	DE9835	EWR-C-BAC-PROGRAM	Budget Program Code
CPEXTHP	DE9838	EWR-C-BAC-SUB-PRGM	Budget Sub-Program Code
CPEXTHP	DE2034	EWR-I-FORMER-ICN	Claim Related Document Number
CPEXTHP	DE2034	EWR-I-HMO-CLAIM-NUM	Claim Related Document Number
CPEXTHP	DE9580	EWR-I-RA-NUM	Remittance Advice Number

CPEXTHP	DE9578	EWR-D-RA-PYMT	Remittance Payment Date
CPEXTHP	DE2544	EWR-C-COB	Claim COB Indicator
CPEXTHP	DE2674	EWR-F-TPL	Claim TPL Flag
CPEXTHP	DE2018	EWR-N-TPL-AMT-PAID	Claim Third Party Payment
CPEXTHP	DE5353	EWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPEXTHP	DE2566	EWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
CPEXTHP	DE2673	EWR-F-SPLIT-CLAIM	Split Claim Flag
CPEXTHP	DE2027	EWR-F-ACCIDENT	Claim Accident Indicator
CPEXTHP	DE2802	EWR-F-EMERGENCY	Claim Emergency Identifier
CPEXTHP	DE2599	EWR-C-COPAY-IND	Claim Co-pay Indicator
CPEXTHP	DE2065	EWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2012	EWR-I-LINE-ITEM-CNTN-NUM	Claim EDI Line Item Control Number
CPEXTHP	DE2019	EWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
CPEXTHP	DE2007	EWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
CPEXTHP	DE2383	EWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
CPEXTHP	DE2039	EWR-C-STATUS	Claim Status
CPEXTHP	DE0012	EWR-I-USER-ID	User/Operator ID
CPEXTHP	DE2383	EWR-D-ADJUDICATION	Claim Status Begin Date
CPEXTHP	DE5506	EWR-C-ERROR-ESC	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
CPEXTHP	DE5506	EWR-C-ERROR-ESC-H	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT-H	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE-H	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION-H	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO-H	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF-H	Adjustment Reason/Response Cross Reference

CPEXTHP	DE0002	EWR-N-TIMES-PEND-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-PEND-PERIOD	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-PERIOD	Calculated
CPEXTHP	DE2251	EWR-N-MCARE-DEDUCT-AMT	Claim Title XVIII Deductible Amount
CPEXTHP	DE2252	EWR-N-MCARE-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPEXTHP	DE2253	EWR-N-MCARE-ALLOW-CHG	Claim Title XVIII Charge Allowed
CPEXTHP	DE2254	EWR-N-MCARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPEXTHP	DE2257	EWR-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPEXTHP	DE4700	EWR-I-SRVC-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-BILL-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4099	EWR-C-SUBMT-ZIP	Provider Address ZIP Code
CPEXTHP	DE4002	EWR-I-PROV-FINANCE	Provider Identification Number
CPEXTHP	DE2053	EWR-C-SPECIAL-PROCESS	Special Process Indicator
CPEXTHP	DE4089	EWR-I-PROV-PRICE-LOC	Provider Locality Code
CPEXTHP	DE4701	EWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
CPEXTHP	DE4701	EWR-C-SUBMT-BILL-TXNMY	NPI-API Label
CPEXTHP	DE4143	EWR-I-SITE-NO	NPI XREF Site Number
CPEXTHP	DE4085	EWR-T-BILL-PROV-NAME	Provider Name
CPEXTHP	DE2994	EWR-N-MCO-PYMT-AMT	MCO Payment Amount
CPEXTHP	DE2995	EWR-D-MCO-PYMT	MCO Payment date
CPEXTHP	DE2150	EWR-C-DIAG-VER-SUBM	Submitted Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2151	EWR-C-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2588	EWR-C-DRG-SOI	Claim DRG Severity of Illness
CPEXTHP	DE2102	EWR-C-BILL-TYPE	Claim Facility Bill Type
CPEXTHP	DE2136	EWR-H-ADMISSION-HOUR	Claim Hour of Admission
CPEXTHP	DE2108	EWR-N-COVD-DAYS	Claim Covered Days

CPEXTHP	DE2109	EWR-N-NCOV-DAYS	Claim Non-Covered Days
CPEXTHP	DE2056	EWR-N-ELIGIBLE-DAYS	Claim number of days eligible
CPEXTHP	DE2105	EWR-D-ADMIT	Claim Admission Date
CPEXTHP	DE2106	EWR-C-ADMIT-SRC	Claim Admission Source
CPEXTHP	DE2412	EWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
CPEXTHP	DE2107	EWR-C-ADMIT-TYPE	Claim Nature of Admission
CPEXTHP	DE2869	EWR-C-DISCHG-STAT	Claim Discharge Status
CPEXTHP	DE2315	EWR-N-PMT-DAYS	Claim Payment days
CPEXTHP	DE2358	EWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CPEXTHP	DE2077	EWR-N-PRV-ROOM-DIFF	Claim Private Room Differential
CPEXTHP	DE2115	EWR-C-CONDITION	Claim Condition Code
CPEXTHP	DE2110	EWR-C-OCCURRENCE	Claim Occurrence Code
CPEXTHP	DE2113	EWR-D-OCCUR-BEGIN	Claim Occurrence From Date
CPEXTHP	DE2114	EWR-D-OCCUR-END	Claim Occurrence Thru Date
CPEXTHP	DE2005	EWR-C-OCCUR-TYPE-CVAL	Occurrence Type
CPEXTHP	DE2128	EWR-C-VALUE	Claim Value Code
CPEXTHP	DE2131	EWR-N-VALUE-AMT	Claim Value Amount
CPEXTHP	DE5002	EWR-C-PROCEDURE-UB	Procedure Code
CPEXTHP	DE2021	EWR-D-PROCEDURE	Claim Procedure Code Date
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE	Procedure Code Type
CPEXTHP	DE2060	EWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
CPEXTHP	DE4001	EWR-I-ATTEND-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-OTHER-PROV1	Provider Identification Number
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV1	Provider Base Identification Number
CPEXTHP	DE2453	EWR-I-OTHER-PROV2	Other Provider 2
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV2	Provider Base Identification Number
CPEXTHP	DE2845	EWR-I-MED-REC-NO	Claim Medical Record Number
CPEXTHP	DE6827	EWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
CPEXTHP	DE2470	EWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
CPEXTHP	DE4700	EWR-I-OTH1-PROV-SUBMT	National Provider Identifier

CPEXTHP	DE4700	EWR-I-ATND-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-OTH2-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE2050	EWR-C-PROC-DIAG-VER	DX Version Qualifier
CPEXTHP	DE2057	EWR-C-ACCIDENT-STATE	Accident State
CPEXTHP	DE4700	EWR-I-OTH-OPER-NPI	Other Operating NPI
CPEXTHP	DE4700	EWR-I-REFER-NPI-FAC	Facility Referring NPI
CPEXTHP	DE2075	EWR-F-P51-EPSDT	Facility EPSDT Indicator
CPEXTHP	DE2141	EWR-F-FAC-CLM-NDC	UB04 NDC Existence Flag
CPEXTHP	DE0002	EWR-NUM-OF-FAC-LINES	Calculated
CPEXTHP	DE2122	EWR-C-REV	Claim Revenue Code
CPEXTHP	DE5002	EWR-C-HCPCS	Procedure Code
CPEXTHP	DE2123	EWR-N-UNITS-UB	Claim Revenue Units
CPEXTHP	DE2124	EWR-N-REV-BILLED-AMT	Claim Revenue Amount
CPEXTHP	DE2139	EWR-N-NON-COV-AMT	Claim Non-Covered Amount
CPEXTHP	DE2991	EWR-N-REV-ALLD-AMT	Claim Revenue Allowed Amt
CPEXTHP	DE2065	EWR-N-UB-CBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-UB-CBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2431	EWR-F-AUTO-ACCIDENT	Claim Auto Accident
CPEXTHP	DE2028	EWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
CPEXTHP	DE2074	EWR-F-EMPLOYMENT	Claim Employment Indicator
CPEXTHP	DE2075	EWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CPEXTHP	DE2174	EWR-I-PROF-LAB	Claim Professional Lab Indicator
CPEXTHP	DE4001	EWR-I-REFER-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-REFER-PROV	Provider Identification Number
CPEXTHP	DE2173	EWR-C-PLACE-OF-SERV	Claim Professional Place of Service
CPEXTHP	DE2072	EWR-C-TYPE-SERVICE	Claim Type of Service
CPEXTHP	DE5002	EWR-C-PROCEDURE-MED	Procedure Code
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE-MED	Procedure Code Type
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-	Claims Procedure Code Modifier

		MOD4	
CPEXTHP	DE2010	EWR-D-LI-SERV-FROM	EAPG DATE OF SERVICE
CPEXTHP	DE5064	EWR-C-LI-EAPG	EAPG CODE
CPEXTHP	DE2091	EWR-N-LI-EAPG-WEIGHT	EAPG WEIGHT
CPEXTHP	DE2009	EWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEXTHP	DE2084	EWR-N-WAIT-TIME	Anesthesia Minutes
CPEXTHP	DE2085	EWR-N-PASSENGERS	Claim Number of Passengers
CPEXTHP	DE2200	EWR-C-TOOTH	Claim Dental Tooth Code
CPEXTHP	DE2892	EWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPEXTHP	DE2994	EWR-N-ENC-PYMT-AMT	Encounter Payment Amount
CPEXTHP	DE2995	EWR-D-ENC-PYMT	Encounter Payment Date
CPEXTHP	DE4700	EWR-I-REF-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE5200	EWR-C-NDC	National Drug Code
CPEXTHP	DE2143	EWR-C-UOM-QUALIFIER	Unit of Measure - Qualifier
CPEXTHP	DE2144	EWR-N-UOM-QTY	Unit of Measure - Quantity
CPEXTHP	DE5064	EWR-C-EAPG	EAPG Code
CPEXTHP	DE2091	EWR-N-EAPG-WEIGHT	Claim EAPG Weight
CPEXTHP	DE2092	EWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
CPEXTHP	DE2093	EWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
CPEXTHP	DE2094	EWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
CPEXTHP	DE2095	EWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
CPEXTHP	DE2096	EWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
CPEXTHP	DE2097	EWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
CPEXTHP	DE2266	EWR-N-OBSTET-UNITS	Obstetrical Units
CPEXTHP	DE2228	EWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CPEXTHP	DE2211	EWR-I-RX-NO	Claim Pharmacy Prescription Number
CPEXTHP	DE2826	EWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CPEXTHP	DE4001	EWR-I-PRESCRIB-BASE-PROV	Provider Base Identification Number

CPEXTHP	DE2229	EWR-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
CPEXTHP	DE2216	EWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPEXTHP	DE2233	EWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CPEXTHP	DE2220	EWR-F-COMPOUND	Claim Pharmacy Compound Indicator
CPEXTHP	DE2212	EWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CPEXTHP	DE2227	EWR-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2217	EWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPEXTHP	DE2236	EWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CPEXTHP	DE2214	EWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
CPEXTHP	DE2238	EWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
CPEXTHP	DE2025	EWR-I-ASSOCIATED-RX-NO	Associated RX Number
CPEXTHP	DE2026	EWR-D-ASSOCIATED.SERVICE	Associated Date of Service
CPEXTHP	DE2235	EWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CPEXTHP	DE2234	EWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
CPEXTHP	DE2232	EWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
CPEXTHP	DE2213	EWR-N-UC-PRICE	Claim Pharmacy Usual Charge
CPEXTHP	DE2055	EWR-C-PHARM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
CPEXTHP	DE2468	EWR-PRESC-PROV-QUAL	Claim Prescribing Provider Code
CPEXTHP	DE2264	EXT-C-PATNT-RES	Claim Pharmacy Patient Residence Code
CPEXTHP	DE2260	EXT-C-COMPOUND-TYPE	Claim Pharmacy Compound Type Code
CPEXTHP	DE2261	EXT-C-PHRM-SERV-TYPE	Claim Pharmacy Service Type
CPEXTHP	DE2262	EXT-N-PROF-SERV-FEE	Claim Pharmacy Professional Service Fee
CPEXTHP	DE5736	EXT-C-DRUG-RTE-ADMIN	Route of Administration
CPEXTHP	DE4085	EXT-T-PRESC-NAME-FIRST	Prescriber First Name
CPEXTHP	DE4085	EXT-T-PRESC-NAME-LAST	Prescriber Last Name
CPEXTHP	DE4097	EXT-T-PRESC-ADDR-LINE	Prescriber Address
CPEXTHP	DE4130	EXT-T-PRESC-CITY	Prescriber City
CPEXTHP	DE4098	EXT-C-PRESC-STATE	Prescriber State
CPEXTHP	DE4099	EXT-C-PRESC-ZIP	Prescriber Zip Code
CPEXTHP	DE4090	EXT-T-PRESC-PHONE-NUM	Prescriber Phone Number
CPEXTHP	DE2221	EWR-N-INGRDNT-CMPNT-	Claim Pharmacy Compound Number of

		CNT	Ingredients
CPEXTHP	DE5200	EWR-C-DRUG-NDC	Drug Code (NDC)
CPEXTHP	DE2248	EWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE5232	EWR-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CPEXTHP	DE5061	EWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE2418	EWR-I-DRUG-GCN-SEQ	Claim Dispensed as Written Indicator
CPEXTHP	DE5193	EWR-C-DRUG-UNIT-USE	Drug Unit of Use Code
CPEXTHP	DE2418	EWR-F-DAW	Claim Dispensed as Written Indicator
CPEXTHP	DE5206	EWR-C-DRUG-FORM	Drug Form Code
CPEXTHP	DE5070	EWR-T-DRUG-STR	Drug Strength Description
CPEXTHP	DE5235	EWR-N-UNIT-PRICE	Drug Direct Unit Price
CPEXTHP	DE5059	EWR-C-DRUG-CLASS	Drug Class Code
CPEXTHP	DE2223	EWR-N-INGRED-COST	Pharmacy Ingredient Cost
CPEXTHP	DE5088	EWR-C-DRUG-CAT	Drug Category Code
CPEXTHP	DE5032	EWR-C-DRUG-DEA	Drug Enforcement Administration (DEA) Code
CPEXTHP	DE2231	EWR-C-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPEXTHP	DE5735	EWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code

Files CP-F-008 Claims Quarterly Extract File

General Information

Quarterly Extract sorted by Enrollee ID, Date of Service.

Subsystem:	Claims
Copybook:	CPEXTHP N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	EWR-I-ENROLLEE-ID (3001)
Alternate Key:	N/A
Program:	Claims Extract (CPR100) Claims Extract Summary Sysout (CPR108) (MONTHLY, QUARTERLY, YTD) MEDICAL SCREENING REPORT (EPM305) Transitional Coverage Under Welfare Reform Claims Extract (RSQ022)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEXTHP	DE2051	EWR-RECORD-TYPE	Claim Extract Record Type Code
CPEXTHP	DE2477	EWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPEXTHP	DE2478	EWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPEXTHP	DE2480	EWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPEXTHP	DE2343	EWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPEXTHP	DE2088	EWR-C-FORM-TYPE	Claim Form Type
CPEXTHP	DE2002	EWR-CLAIM-TYPE	Claim Type
CPEXTHP	DE2003	EWR-C-CLM-MOD	Claim Type Modifier
CPEXTHP	DE2030	EWR-C-ATTACHMENTS	Claim Attachments Indicator
CPEXTHP	DE2177	EWR-DATE-ENTERED	Claim Entered Date
CPEXTHP	DE2013	EWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
CPEXTHP	DE2015	EWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code

CPEXTHP	DE2014	EWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
CPEXTHP	DE2265	EWR-C-4010-5010-CVAL	EDI Version Identifier
CPEXTHP	DE2267	EWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
CPEXTHP	DE4001	EWR-I-SRVC-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-SRVC-PROV	Provider Identification Number
CPEXTHP	DE4001	EWR-I-BILLING-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2004	EWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPEXTHP	DE4085	EWR-T-SRVC-PROV-NAME	Provider Name
CPEXTHP	DE4007	EWR-C-PROV-SPECIALTY	Provider Specialty Code
CPEXTHP	DE4006	EWR-C-PROV-TYPE	Provider Type
CPEXTHP	DE4082	EWR-I-PROV-SRVC-VNDR	Provider Service Center
CPEXTHP	DE4089	EWR-I-PROV-LOCALITY	Provider Locality Code
CPEXTHP	DE4002	EWR-I-1099-TAX-GROUP	Provider Identification Number
CPEXTHP	DE3001	EWR-I-ENROLLEE-ID	Enrollee Identification Number
CPEXTHP	DE3093	EWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
CPEXTHP	DE3901	EWR-I-PERSON	Person ID
CPEXTHP	DE3110	EWR-T-NAME-LAST	Enrollee Last Name
CPEXTHP	DE3111	EWR-T-NAME-FIRST	Enrollee First Name
CPEXTHP	DE3112	EWR-T-MIDDLE-INIT	Enrollee Middle Initial
CPEXTHP	DE3113	EWR-T-NAME-SUFFIX	Enrollee Name Suffix
CPEXTHP	DE3114	EWR-T-ADDL-NAME	Enrollee Additional Address Name
CPEXTHP	DE3115	EWR-T-STREET	Enrollee Street Address
CPEXTHP	DE3116	EWR-T-CITY	Enrollee City Name
CPEXTHP	DE3117	EWR-C-STATE	Enrollee State Code
CPEXTHP	DE3118	EWR-C-ZIP-9	Enrollee ZIP Code
CPEXTHP	DE3034	EWR-I-ENRL-SSN	Enrollee Social Security Number (SSN)
CPEXTHP	DE3955	EWR-C-SSA-NO	Person Identifier Value
CPEXTHP	DE3005	EWR-D-BIRTH	Enrollee Birth Date
CPEXTHP	DE3006	EWR-C-RACE	Enrollee Race Code
CPEXTHP	DE3007	EWR-C-ENROLLEE-SEX	Enrollee Sex Code
CPEXTHP	DE3008	EWR-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEXTHP	DE3550	EWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEXTHP	DE3551	EWR-I-BNFT-PGM	Benefit Definition Plan Program Code
CPEXTHP	DE3552	EWR-I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code
CPEXTHP	DE3553	EWR-I-PLAN-CODE	Benefit Definition Plan Benefit Code
CPEXTHP	DE3009	EWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CPEXTHP	DE3072	EWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator

CPEXTHP	DE3655	EWR-C-ENRL-PREM-IND	Medicare Premium Indicator
CPEXTHP	DE2069	EWR-C-PRICE-SRC	Claim Pricing Source
CPEXTHP	DE2070	EWR-C-PRICE-TYPE	Claim Pricing Source Type
CPEXTHP	DE2071	EWR-C-PRICE-CODE	Claim Pricing Source Code
CPEXTHP	DE2031	EWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPEXTHP	DE2499	EWR-N-DAYS-SINCE	Claims PA Number of Days Since
CPEXTHP	DE2498	EWR-I-PA-SEQ-NO	Claims PA Number Sequence
CPEXTHP	DE2508	EWR-C-PA-TYPE	Claims PA Type Code
CPEXTHP	DE2083	EWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEXTHP	DE2022	EWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CPEXTHP	DE2016	EWR-N-BILLED-CHARGE	Claim Billed Charge
CPEXTHP	DE2073	EWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEXTHP	DE2023	EWR-N-PMT-AMT	Claim Payment Amount
CPEXTHP	DE2545	EWR-N-CALC-COINS	Claim Calculated Co-Insurance
CPEXTHP	DE2992	EWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPEXTHP	DE2080	EWR-N-DSA-AMT	Claim Disproportionate Share Amount
CPEXTHP	DE2547	EWR-N-DRG-PYMT-AMT	DRG Payment Amount
CPEXTHP	DE2881	EWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
CPEXTHP	DE2038	EWR-C-CATEG-SERV	Claim Category of Service
CPEXTHP	DE2010	EWR-D-SERV-FROM	Claim Service From Date
CPEXTHP	DE2011	EWR-D-SERV-THRU	Claim Service Thru Date
CPEXTHP	DE2033	EWR-C-ADJUST-RSN	Adjustment/Void Reason
CPEXTHP	DE5301	EWR-C-DIAG	Diagnosis Code
CPEXTHP	DE2052	EWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
CPEXTHP	DE2585	EWR-C-DIAG-TYPE	Claims Diag Type Code
CPEXTHP	DE9865	EWR-I-BUDGET-ACCT	Budget Account Identifier
CPEXTHP	DE9916	EWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
CPEXTHP	DE9843	EWR-C-BAC-OBJECT	Budget Object Code
CPEXTHP	DE9835	EWR-C-BAC-PROGRAM	Budget Program Code
CPEXTHP	DE9838	EWR-C-BAC-SUB-PRGM	Budget Sub-Program Code
CPEXTHP	DE2034	EWR-I-FORMER-ICN	Claim Related Document Number
CPEXTHP	DE2034	EWR-I-HMO-CLAIM-NUM	Claim Related Document Number
CPEXTHP	DE9580	EWR-I-RA-NUM	Remittance Advice Number
CPEXTHP	DE9578	EWR-D-RA-PYMT	Remittance Payment Date
CPEXTHP	DE2544	EWR-C-COB	Claim COB Indicator
CPEXTHP	DE2674	EWR-F-TPL	Claim TPL Flag
CPEXTHP	DE2018	EWR-N-TPL-AMT-PAID	Claim Third Party Payment

CPEXTHP	DE5353	EWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPEXTHP	DE2566	EWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
CPEXTHP	DE2673	EWR-F-SPLIT-CLAIM	Split Claim Flag
CPEXTHP	DE2027	EWR-F-ACCIDENT	Claim Accident Indicator
CPEXTHP	DE2802	EWR-F-EMERGENCY	Claim Emergency Identifier
CPEXTHP	DE2599	EWR-C-COPAY-IND	Claim Co-pay Indicator
CPEXTHP	DE2065	EWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2012	EWR-I-LINE-ITEM-CNTN-NUM	Claim EDI Line Item Control Number
CPEXTHP	DE2019	EWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
CPEXTHP	DE2007	EWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
CPEXTHP	DE2383	EWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
CPEXTHP	DE2039	EWR-C-STATUS	Claim Status
CPEXTHP	DE0012	EWR-I-USER-ID	User/Operator ID
CPEXTHP	DE2383	EWR-D-ADJUDICATION	Claim Status Begin Date
CPEXTHP	DE5506	EWR-C-ERROR-ESC	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
CPEXTHP	DE5506	EWR-C-ERROR-ESC-H	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT-H	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE-H	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION-H	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO-H	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF-H	Adjustment Reason/Response Cross Reference
CPEXTHP	DE0002	EWR-N-TIMES-PEND-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-PEND-PERIOD	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-PERIOD	Calculated
CPEXTHP	DE2251	EWR-N-MCARE-DEDUCT-	Claim Title XVIII Deductible Amount

		AMT	
CPEXTHP	DE2252	EWR-N-MCARE-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPEXTHP	DE2253	EWR-N-MCARE-ALLOW-CHG	Claim Title XVIII Charge Allowed
CPEXTHP	DE2254	EWR-N-MCARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPEXTHP	DE2257	EWR-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPEXTHP	DE4700	EWR-I-SRVC-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-BILL-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4099	EWR-C-SUBMT-ZIP	Provider Address ZIP Code
CPEXTHP	DE4002	EWR-I-PROV-FINANCE	Provider Identification Number
CPEXTHP	DE2053	EWR-C-SPECIAL-PROCESS	Special Process Indicator
CPEXTHP	DE4089	EWR-I-PROV-PRICE-LOC	Provider Locality Code
CPEXTHP	DE4701	EWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
CPEXTHP	DE4701	EWR-C-SUBMT-BILL-TXNMY	NPI-API Label
CPEXTHP	DE4143	EWR-I-SITE-NO	NPI XREF Site Number
CPEXTHP	DE4085	EWR-T-BILL-PROV-NAME	Provider Name
CPEXTHP	DE2994	EWR-N-MCO-PYMT-AMT	MCO Payment Amount
CPEXTHP	DE2995	EWR-D-MCO-PYMT	MCO Payment Date
CPEXTHP	DE2150	EWR-C-DIAG-VER-SUBM	Submitted Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2151	EWR-C-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2588	EWR-C-DRG-SOI	Claim DRG Severity of Illness
CPEXTHP	DE2102	EWR-C-BILL-TYPE	Claim Facility Bill Type
CPEXTHP	DE2136	EWR-H-ADMISSION-HOUR	Claim Hour of Admission
CPEXTHP	DE2108	EWR-N-COVD-DAYS	Claim Covered Days
CPEXTHP	DE2109	EWR-N-NCOV-DAYS	Claim Non-Covered Days
CPEXTHP	DE2056	EWR-N-ELIGIBLE-DAYS	Claim number of days eligible
CPEXTHP	DE2105	EWR-D-ADMIT	Claim Admission Date
CPEXTHP	DE2106	EWR-C-ADMIT-SRC	Claim Admission Source
CPEXTHP	DE2412	EWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
CPEXTHP	DE2107	EWR-C-ADMIT-TYPE	Claim Nature of Admission
CPEXTHP	DE2869	EWR-C-DISCHG-STAT	Claim Discharge Status
CPEXTHP	DE2315	EWR-N-PMT-DAYS	Claim Payment days
CPEXTHP	DE2358	EWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CPEXTHP	DE2077	EWR-N-PRV-ROOM-DIFF	Claim Private Room Differential

CPEXTHP	DE2115	EWR-C-CONDITION	Claim Condition Code
CPEXTHP	DE2110	EWR-C-OCCURRENCE	Claim Occurrence Code
CPEXTHP	DE2113	EWR-D-OCCUR-BEGIN	Claim Occurrence From Date
CPEXTHP	DE2114	EWR-D-OCCUR-END	Claim Occurrence Thru Date
CPEXTHP	DE2005	EWR-C-OCCUR-TYPE-CVAL	Occurrence Type
CPEXTHP	DE2128	EWR-C-VALUE	Claim Value Code
CPEXTHP	DE2131	EWR-N-VALUE-AMT	Claim Value Amount
CPEXTHP	DE5002	EWR-C-PROCEDURE-UB	Procedure Code
CPEXTHP	DE2021	EWR-D-PROCEDURE	Claim Procedure Code Date
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE	Procedure Code Type
CPEXTHP	DE2060	EWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
CPEXTHP	DE4001	EWR-I-ATTEND-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-OTHER-PROV1	Provider Identification Number
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV1	Provider Base Identification Number
CPEXTHP	DE2453	EWR-I-OTHER-PROV2	Other Provider 2
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV2	Provider Base Identification Number
CPEXTHP	DE2845	EWR-I-MED-REC-NO	Claim Medical Record Number
CPEXTHP	DE6827	EWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
CPEXTHP	DE2470	EWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
CPEXTHP	DE4700	EWR-I-OTH1-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-ATND-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-OTH2-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE2050	EWR-C-PROC-DIAG-VER	DX Version Qualifier
CPEXTHP	DE2057	EWR-C-ACCIDENT-STATE	Accident State
CPEXTHP	DE4700	EWR-I-OTH-OPER-NPI	Other Operating NPI
CPEXTHP	DE4700	EWR-I-REFER-NPI-FAC	Facility Referring NPI
CPEXTHP	DE2075	EWR-F-P51-EPSDT	Facility EPSDT Indicator
CPEXTHP	DE2141	EWR-F-FAC-CLM-NDC	UB04 NDC Existence Flag
CPEXTHP	DE0002	EWR-NUM-OF-FAC-LINES	Calculated
CPEXTHP	DE2122	EWR-C-REV	Claim Revenue Code
CPEXTHP	DE5002	EWR-C-HCPCS	Procedure Code
CPEXTHP	DE2123	EWR-N-UNITS-UB	Claim Revenue Units
CPEXTHP	DE2124	EWR-N-REV-BILLED-AMT	Claim Revenue Amount
CPEXTHP	DE2139	EWR-N-NON-COV-AMT	Claim Non-Covered Amount
CPEXTHP	DE2991	EWR-N-REV-ALLD-AMT	Claim Revenue Allowed Amt

CPEXTHP	DE2065	EWR-N-UB-CBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-UB-CBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2431	EWR-F-AUTO-ACCIDENT	Claim Auto Accident
CPEXTHP	DE2028	EWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
CPEXTHP	DE2074	EWR-F-EMPLOYMENT	Claim Employment Indicator
CPEXTHP	DE2075	EWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CPEXTHP	DE2174	EWR-I-PROF-LAB	Claim Professional Lab Indicator
CPEXTHP	DE4001	EWR-I-REFER-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-REFER-PROV	Provider Identification Number
CPEXTHP	DE2173	EWR-C-PLACE-OF-SERV	Claim Professional Place of Service
CPEXTHP	DE2072	EWR-C-TYPE-SERVICE	Claim Type of Service
CPEXTHP	DE5002	EWR-C-PROCEDURE-MED	Procedure Code
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE-MED	Procedure Code Type
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
CPEXTHP	DE2010	EWR-D-LI-SERV-FROM	EAPG DATE OF SERVICE
CPEXTHP	DE5064	EWR-C-LI-EAPG	EAPG CODE
CPEXTHP	DE2091	EWR-N-LI-EAPG-WEIGHT	EAPG WEIGHT
CPEXTHP	DE2009	EWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEXTHP	DE2084	EWR-N-WAIT-TIME	Anesthesia Minutes
CPEXTHP	DE2085	EWR-N-PASSENGERS	Claim Number of Passengers
CPEXTHP	DE2200	EWR-C-TOOTH	Claim Dental Tooth Code
CPEXTHP	DE2892	EWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPEXTHP	DE2994	EWR-N-ENC-PYMT-AMT	Encounter Payment Amount
CPEXTHP	DE2995	EWR-D-ENC-PYMT	Encounter Payment Date
CPEXTHP	DE4700	EWR-I-REF-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE5200	EWR-C-NDC	National Drug Code
CPEXTHP	DE2143	EWR-C-UOM-QUALIFIER	Unit of Measure - Qualifier
CPEXTHP	DE2144	EWR-N-UOM-QTY	Unit of Measure - Quantity

CPEXTHP	DE5064	EWR-C-EAPG	EAPG Code
CPEXTHP	DE2091	EWR-N-EAPG-WEIGHT	Claim EAPG Weight
CPEXTHP	DE2092	EWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
CPEXTHP	DE2093	EWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
CPEXTHP	DE2094	EWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
CPEXTHP	DE2095	EWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
CPEXTHP	DE2096	EWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
CPEXTHP	DE2097	EWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
CPEXTHP	DE2266	EWR-N-OBSTET-UNITS	Obstetrical Units
CPEXTHP	DE2228	EWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CPEXTHP	DE2211	EWR-I-RX-NO	Claim Pharmacy Prescription Number
CPEXTHP	DE2826	EWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CPEXTHP	DE4001	EWR-I-PRESCRIB-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2229	EWR-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
CPEXTHP	DE2216	EWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPEXTHP	DE2233	EWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CPEXTHP	DE2220	EWR-F-COMPOUND	Claim Pharmacy Compound Indicator
CPEXTHP	DE2212	EWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CPEXTHP	DE2227	EWR-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2217	EWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPEXTHP	DE2236	EWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CPEXTHP	DE2214	EWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
CPEXTHP	DE2238	EWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
CPEXTHP	DE2025	EWR-I-ASSOCIATED-RX-NO	Associated RX Number
CPEXTHP	DE2026	EWR-D-ASSOCIATED.SERVICE	Associated Date of Service
CPEXTHP	DE2235	EWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CPEXTHP	DE2234	EWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
CPEXTHP	DE2232	EWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
CPEXTHP	DE2213	EWR-N-UC-PRICE	Claim Pharmacy Usual Charge

CPEXTHP	DE2055	EWR-C-PHARM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
CPEXTHP	DE2468	EWR-PRESC-PROV-QUAL	Claim Prescribing Provider Code
CPEXTHP	DE2264	EXT-C-PATNT-RES	Claim Pharmacy Patient Residence Code
CPEXTHP	DE2260	EXT-C-COMPOUND-TYPE	Claim Pharmacy Compound Type
CPEXTHP	DE2261	EXT-C-PHRM-SERV-TYPE	Claim Pharmacy Service Type
CPEXTHP	DE2262	EXT-N-PROF-SERV-FEE	Claim Pharmacy Professional Service Fee
CPEXTHP	DE5736	EXT-C-DRUG-RTE-ADMIN	Route of Administration
CPEXTHP	DE4085	EXT-T-PRESC-NAME-FIRST	Prescriber First Name
CPEXTHP	DE4085	EXT-T-PRESC-NAME-LAST	Prescriber Last Name
CPEXTHP	DE4097	EXT-T-PRESC-ADDR-LINE	Prescriber Address
CPEXTHP	DE4130	EXT-T-PRESC-CITY	Prescriber City
CPEXTHP	DE4098	EXT-C-PRESC-STATE	Prescriber State
CPEXTHP	DE4099	EXT-C-PRESC-ZIP	Prescriber Zip Code
CPEXTHP	DE4090	EXT-T-PRESC-PHONE-NUM	Prescriber Phone Number
CPEXTHP	DE2221	EWR-N-INGRDNT-CMPNT-CNT	Claim Pharmacy Compound Number of Ingredients
CPEXTHP	DE5200	EWR-C-DRUG-NDC	Drug Code (NDC)
CPEXTHP	DE2248	EWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE5232	EWR-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CPEXTHP	DE5061	EWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE2418	EWR-I-DRUG-GCN-SEQ	Claim Dispensed as Written Indicator
CPEXTHP	DE5193	EWR-C-DRUG-UNIT-USE	Drug Unit of Use Code
CPEXTHP	DE2418	EWR-F-DAW	Claim Dispensed as Written Indicator
CPEXTHP	DE5206	EWR-C-DRUG-FORM	Drug Form Code
CPEXTHP	DE5070	EWR-T-DRUG-STR	Drug Strength Description
CPEXTHP	DE5235	EWR-N-UNIT-PRICE	Drug Direct Unit Price
CPEXTHP	DE5059	EWR-C-DRUG-CLASS	Drug Class Code
CPEXTHP	DE2223	EWR-N-INGRED-COST	Pharmacy Ingredient Cost
CPEXTHP	DE5088	EWR-C-DRUG-CAT	Drug Category Code
CPEXTHP	DE5032	EWR-C-DRUG-DEA	Drug Enforcement Administration (DEA) Code
CPEXTHP	DE2231	EWR-C-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPEXTHP	DE5735	EWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code

Files CP-F-008O Enrollee Medical Services Comma-Delimited File

This file contains the Enrollee Medical Services Report (CP-O-008-02) in a comma-delimited file format. It contains the following data lines per request: 1) DARS header record containing the report number, report date, requestor id, and user id; 2) Report header line of all fields being displayed; 3) Enrollee Medical Services data for UB92, HCFA, DENTAL, CROSSOVERS, PHARMACY, and TRANSPORTATION claim types. This file is sent to the CHIRP CSV folder in DARS for the user to VIEW or DOWNLOAD the file in an EXCEL format.

Subsystem:	Claims
Copybook:	CPMEDCSV N/A
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-008-01 Enrollee Medical Services Cover Page, CP-O-008-02 Enrollee Medical Service Report (CPR110)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPMEDCSV	DE3093	Enrollee Nbr	Enrollee Permanent Identification Number
CPMEDCSV	DE3110	Enr Name	Enrollee Last Name
CPMEDCSV	DE3007	Sex	Enrollee Sex Code
CPMEDCSV	DE3006	Race	Enrollee Race Code
CPMEDCSV	DE3005	Birth	Enrollee Birth Date
CPMEDCSV	DE3036	Death	Enrollee Date of Death
CPMEDCSV	DE0002	Age	Calculated
CPMEDCSV	DE3009	Aid Cat	Enrollee Eligibility Aid Category
CPMEDCSV	DE3008	Enr Key	Enrollee FIPS Code
CPMEDCSV	DE3115	Address 1	Enrollee Street Address
CPMEDCSV	DE3114	Address 2	Enrollee Additional Address Name
CPMEDCSV	DE3116	City	Enrollee City Name
CPMEDCSV	DE3117	State	Enrollee State Code

CPMEDCSV	DE3118	Zip	Enrollee ZIP Code
CPMEDCSV	DE2010	Serv Frm	Claim Service From Date
CPMEDCSV	DE2011	Serv Thru	Claim Service Thru Date
CPMEDCSV	DE4002	Serv Prov	Provider Identification Number
CPMEDCSV	DE4085	Serv Prov Name	Provider Name
CPMEDCSV	DE3008	FIPS	Enrollee FIPS Code
CPMEDCSV	DE2016	Billed amt	Claim Billed Charge
CPMEDCSV	DE2073	Allowed Amt	Claim Allowed Amount
CPMEDCSV	DE2023	Paid Amt	Claim Payment Amount
CPMEDCSV	DE2018	TPL Amt	Claim Third Party Payment
CPMEDCSV	DE2022	CoPay Amt	Claim Medicaid Co-Payment
CPMEDCSV	DE2083	Pat Pay Amt	Claim Patient Pay Amount
CPMEDCSV	DE2544	COB	Claim COB Indicator
CPMEDCSV	DE2462	P O S	Place Of Service Description
CPMEDCSV	DE2004	Bill Prov	Claim Billing Provider Identification Number
CPMEDCSV	DE4085	Bill Prov Name	Provider Name
CPMEDCSV	DE3555	Prog/Type	Benefit Definition Plan Short Name
CPMEDCSV	DE9578	Remit Dt	Remittance Payment Date
CPMEDCSV	DE2001	ICN	Claim Request ICN
CPMEDCSV	DE2034	Former ICN	Claim Related Document Number
CPMEDCSV	DE5501	Err-Disp1	Error Text Error Code
CPMEDCSV	DE5501	Err-Disp2	Error Text Error Code
CPMEDCSV	DE5501	Err-Disp3	Error Text Error Code
CPMEDCSV	DE3550	BPC-EI	Benefit Definition Benefit Plan Code
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2031	Pat Acct No	Claim Patient Account Number
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE2105	Admit Dt	Claim Admission Date
CPMEDCSV	DE2106	Adm Src	Claim Admission Source
CPMEDCSV	DE2869	Dis St	Claim Discharge Status
CPMEDCSV	DE2102	Bil Typ	Claim Facility Bill Type
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE2845	Med Rec	Claim Medical Record Number
CPMEDCSV	DE2315	Pymt Days	Claim Payment days
CPMEDCSV	DE2056	Elig Days	Claim number of days eligible
CPMEDCSV	DE2108	Cov Days	Claim Covered Days
CPMEDCSV	DE2065	CB Days	Claim Cutback Days/Units

CPMEDCSV	DE2060	Attnd Prv	Claim Attending Provider Identification Number
CPMEDCSV	DE5353	DRG Grp Cd	DRG (Diagnosis Related Group) Code
CPMEDCSV	DE2588	DRG SOI	Claim DRG Severity of Illness
CPMEDCSV	DE2547	DRG Pay Amt	DRG Payment Amount
CPMEDCSV	DE5301	Prim Diag	Diagnosis Code
CPMEDCSV	DE5302	Desc	Diagnosis Name
CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE2021	Proc Dt	Claim Procedure Code Date
CPMEDCSV	DE3470	TDO	TDO Warrant Number
CPMEDCSV	DE5301	Adm Dx	Diagnosis Code
CPMEDCSV	DE5002	Proc Cd/Dt 1	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 2	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 3	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 4	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 5	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 6	Procedure Code
CPMEDCSV	DE2122	Rev 01	Claim Revenue Code
CPMEDCSV	DE2122	Rev 02	Claim Revenue Code
CPMEDCSV	DE2122	Rev 03	Claim Revenue Code
CPMEDCSV	DE2122	Rev 04	Claim Revenue Code
CPMEDCSV	DE2122	Rev 05	Claim Revenue Code
CPMEDCSV	DE2122	Rev 06	Claim Revenue Code
CPMEDCSV	DE2122	Rev 07	Claim Revenue Code
CPMEDCSV	DE2122	Rev 08	Claim Revenue Code
CPMEDCSV	DE2122	Rev 09	Claim Revenue Code
CPMEDCSV	DE2122	Rev 10	Claim Revenue Code
CPMEDCSV	DE2122	Rev 11	Claim Revenue Code
CPMEDCSV	DE2122	Rev 12	Claim Revenue Code
CPMEDCSV	DE2122	Rev 13	Claim Revenue Code
CPMEDCSV	DE2122	Rev 14	Claim Revenue Code
CPMEDCSV	DE2122	Rev 15	Claim Revenue Code
CPMEDCSV	DE2122	Rev 16	Claim Revenue Code
CPMEDCSV	DE2122	Rev 17	Claim Revenue Code
CPMEDCSV	DE2122	Rev 18	Claim Revenue Code
CPMEDCSV	DE2122	Rev 19	Claim Revenue Code
CPMEDCSV	DE2122	Rev 20	Claim Revenue Code
CPMEDCSV	DE5301	Oth Diag 1	Diagnosis Code

CPMEDCSV	DE5301	Oth Diag 2	Diagnosis Code
CPMEDCSV	DE5301	Oth Diag 3	Diagnosis Code
CPMEDCSV	DE5301	Oth Diag 4	Diagnosis Code
CPMEDCSV	DE5301	Oth Diag 5	Diagnosis Code
CPMEDCSV	DE5301	Oth Diag 6	Diagnosis Code
CPMEDCSV	DE5301	Oth Diag 7	Diagnosis Code
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2072	TOS	Claim Type of Service
CPMEDCSV	DE2009	Units	Claim Number of Units/Visits/Studies
CPMEDCSV	DE2171	Proc Cd	Claims Procedure Code Modifier
CPMEDCSV	DE2171	Proc Cd Mod	Claims Procedure Code Modifier
CPMEDCSV	DE5015	Proc Desc	Procedure Short Name
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE4002	Refer Prov	Provider Identification Number
CPMEDCSV	DE2802	Emer	Claim Emergency Identifier
CPMEDCSV	DE3470	TDO	TDO Warrant Number
CPMEDCSV	DE5301	Diag	Diagnosis Code
CPMEDCSV	DE5302	Diag Desc	Diagnosis Name
CPMEDCSV	DE5301	Oth Dx 1	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 2	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 3	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 4	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 5	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 6	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 7	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 8	Diagnosis Code
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2248	Qty	Claims Pharmacy Metric/Dec/Qty
CPMEDCSV	DE5200	NDC	Drug Code (NDC)
CPMEDCSV	DE5206	Form	Drug Form Code
CPMEDCSV	DE2212	N/R	Claim Pharmacy Refill Code
CPMEDCSV	DE2211	RX#	Claim Pharmacy Prescription Number
CPMEDCSV	DE5232	Th Cl	Drug Therapeutic Class Standard Code
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE5208	Drug Name	Drug Brand Name

CPMEDCSV	DE2217	Disp Fee	Claim Pharmacy Dispensing Fee
CPMEDCSV	DE5220	Drug Prc	Drug Price Amount
CPMEDCSV	DE2216	Days	Claim Pharmacy Days Supply
CPMEDCSV	DE2802	Emer	Claim Emergency Identifier
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE2220	Cmpd	Claim Pharmacy Compound Indicator
CPMEDCSV	DE2004	Bill Prov	Claim Billing Provider Identification Number
CPMEDCSV	DE2826	Presc Prov	Claim Prescribing Physician Identification Number
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2009	UVS	Claim Number of Units/Visits/Studies
CPMEDCSV	DE2802	Emer	Claim Emergency Identifier
CPMEDCSV	DE2257	XVR Chg	Claim Title XVIII Amount Billed to Medicare
CPMEDCSV	DE2253	Alwd	Claim Title XVIII Charge Allowed
CPMEDCSV	DE2251	Deduct	Claim Title XVIII Deductible Amount
CPMEDCSV	DE2252	Co Ins	Claim Title XVIII Coinsurance Amount
CPMEDCSV	DE2254	Mcare Pd	Claim Title XVIII Medicare Paid Amount
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE5301	Prim Diag	Diagnosis Code
CPMEDCSV	DE5302	Prim Diag Desc	Diagnosis Name
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2031	Pat Acct No	Claim Patient Account Number
CPMEDCSV	DE2027	Acdt	Claim Accident Indicator
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE2200	Tooth	Claim Dental Tooth Code
CPMEDCSV	DE2892	Quad	Claim Dental Quadrant
CPMEDCSV	DE2201	Surf1	Claim Dental Surface Codes
CPMEDCSV	DE2201	Surf2	Claim Dental Surface Codes
CPMEDCSV	DE2201	Surf3	Claim Dental Surface Codes
CPMEDCSV	DE2201	Surf4	Claim Dental Surface Codes
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status

CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE2084	Wait	Anesthesia Minutes
CPMEDCSV	DE2085	Psngrs	Claim Number of Passengers
CPMEDCSV	DE0002	Miles	Calculated

Files CP-F-009-01 CPR560 Monthly Report Data Extract File

Monthly report data extract file for reports CP-O-519 and CP-O-520 Residential and TFC Services by Locality for Medicaid, Famis, and Medicaid Extended claims.

Subsystem:	Claims
Copybook:	CP560EXT N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Report Data Extract for CP-O-519 and CP-O-520 (CPR560) CP-O-519-01/02/03 CSA Billing Report (CPR560A) CP-O-520-01/02/03 CSA Billing Summary Report (CPR560B)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEXTHP	DE3551	CR-BNFT-PGM	Benefit Definition Plan Program Code
CPEXTHP	DE3039	CR-ENRL-LOCALITY	Case Administrative FIPS Code
CPEXTHP	DE5255	CR-LOCALITY-NAME	Locality Name
CPEXTHP	DE3110	CR-ENROLLEE-NAME	Enrollee Last Name
CPEXTHP	DE3093	CR-ENROLLEE-ID	Enrollee Permanent Identification Number
CPEXTHP	DE2002	CR-CLM-TYPE	Claim Type
CPEXTHP	DE2039	CR-CLM-STATUS	Claim Status
CPEXTHP	DE2003	CR-CLM-MOD	Claim Type Modifier
CPEXTHP	DE4002	CR-SRVC-PROV	Provider Identification Number
CPEXTHP	DE4085	CR-PROV-NAME	Provider Name
CPEXTHP	DE4006	CR-PROV-TYPE	Provider Type
CPEXTHP	DE4089	CR-PROV-LOCALITY	Provider Locality Code
CPEXTHP	DE3552	CR-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code

CPEXTHP	DE2069	CR-PRICE-SRC	Claim Pricing Source
CPEXTHP	DE2010	CR-SRVC-FROM-DTE	Claim Service From Date
CPEXTHP	DE2011	CR-SRVC-THRU-DTE	Claim Service Thru Date
CPEXTHP	DE9843	CR-BAC-OBJECT	Budget Object Code
CPEXTHP	DE9835	CR-BAC-PROGRAM	Budget Program Code
CPEXTHP	DE9838	CR-BAC-SUB-PGM	Budget Sub-Program Code
CPEXTHP	DE5002	CR-PROCEDURE	Procedure Code
CPEXTHP	DE2171	CR-PROC-MOD	Claims Procedure Code Modifier
CPEXTHP	DE2016	CR-BILL-CHARGE	Claim Billed Charge
CPEXTHP	DE2023	CR-AMT-PAID	Claim Payment Amount
CPEXTHP	DE5370	CR-F-PCT	System Parameter ID
CPEXTHP	DE5370	CR-S-PCT	System Parameter ID
CPEXTHP	DE5370	CR-FF-PCT	System Parameter ID
CPEXTHP	DE5370	CR-SF-PCT	System Parameter ID
CPEXTHP	DE0000	CR-MONTH-NAME	
CPEXTHP	DE0000	CR-YEAR	
CPEXTHP	DE2001	CR-ICN	Claim Request ICN
CPEXTHP	DE9578	CR-RPT-DATE	Remittance Payment Date
CPEXTHP	DE0000	CR-DENIED-STAT	

Files CP-F-009-09 Header Record from Claims Monthly Extract file

This is the header record for the Claims monthly extract file. It is created for use in the CPM process.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	SUMMARIZE MONTHLY CLAIM ACTIVITY (CPR500) SUMMARIZE DATA FOR CLAIMS SUBSYSTEM STATISTICS (CPR505)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-009 Claims Monthly Extract File

Claims Extract sorted by TPL Amount, Enrollee ID and ICN.

Subsystem:	Claims
Copybook:	CPEXTHP N/A
File Organ-ization:	Sequential
Device Type:	Disk
Primary Key:	EWR-I-ENROLLEE-ID (3001)
Alternate Key:	N/A
Program:	Create Fee for Service claims from Pharmacy claims (CPI114) Disease Management Program (CPM330) MHMRSAS Practitioner & Pers Care Extract (CPR095) Claims Extract (CPR100) Claims Extract Summary Sysout (CPR108) CP-O-099 - Provider High Error Rate Report (CPR133) Monthly Encounters Summary Report (CPR150) CP-O-437-03 CMM Claims Detail Listing Fiscal YTD, CP-O-437-04 Non-CMM Claims Detail Listing Fiscal YTD (CPR170) CNS Data Interface - Psychotropic Drugs (CPR180) CP-O-432-01 CMM Claims Processed by System- Monthly Totals, CP-O-432-02 Non-CMM Claims Processed by System-Monthly Totals (CPR202) CP-O-480 Fee-For-Service Claims Paid For HMO Enrolled Enrollees (CPR205) CP-O-511 Monthly Adjudicated Claims with 3RD Party Reported (CPR209) CP-O-508 Summary of HMO Claims Requiring Recovery - Monthly TPL (CPR210) CP-O-437-01 CMM Claims Detail Listing, CP-O-437-02 Non-CMM Claims Detail Listing (CPR213) Medicaid MEDALLION Provider Management Fee Report (CPR216A) CP-O-436-03 CMM Pends Resolved by HUR-Totals by Provider-for the Fiscal YTD, CP-O-436-04 Non-CMM Pends Resolved by HUR-Totals by Provider-for the fiscal YTD. (CPR220) CP-O-433-01 CMM Claims Processed by System - for Fiscal YTD, CP-O-433-02

	NON-CMM Claims Processed by System - for Fiscal YTD. (CPR230) Title XVIII Claims with TPL Code Discrepancies (CPR295) SUMMARIZE MONTHLY CLAIM ACTIVITY (CPR500) Report Data Extract for CP-O-519 and CP-O-520 (CPR560) IRP CLAIMS EXTRACT (CPR800) UB04 - NDC EXTRACT FILE TO SAS (CPR865) CLAIMS EARLY INTERVENTION MONTHLY AND ANNUAL PROGRAM (CPR866) E15 - SYNCSORT - USER EXIT (E15CP152) Extract EPSDT claims from Claims monthly tapes (EPA087) SCREENING, REFERRAL, & TREATMENT RECORDS EXTRACTION (EPC002) (MONTHLY, QUARTERLY, YTD) MEDICAL SCREENING REPORT (EPM305) FAMIS SELECT Monthly Claims and Premium Extract (FNM100) MICC ACTIVE PROVIDER REPORT (MIQ320) MARS - Populate missing Category of Service on pended and denied claims. (MRM005) MARS Claim Error Processing (MRM015) CBU Billing Report (MRM350) SAS Library Loader for Claims (SSM010) Managed Care Claims Summary (SUM350) SURS Claim Extract (Claim) (SUM800) Claims History Selection Driver (SUW100)
Graphics:	CP-F-009

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEXTHP	DE2051	EWR-RECORD-TYPE	Claim Extract Record Type Code
CPEXTHP	DE2477	EWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPEXTHP	DE2478	EWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPEXTHP	DE2480	EWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPEXTHP	DE2343	EWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPEXTHP	DE2088	EWR-C-FORM-TYPE	Claim Form Type
CPEXTHP	DE2002	EWR-CLAIM-TYPE	Claim Type
CPEXTHP	DE2003	EWR-C-CLM-MOD	Claim Type Modifier
CPEXTHP	DE2030	EWR-C-ATTACHMENTS	Claim Attachments Indicator
CPEXTHP	DE2177	EWR-DATE-ENTERED	Claim Entered Date

CPEXTHP	DE2013	EWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
CPEXTHP	DE2015	EWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
CPEXTHP	DE2014	EWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
CPEXTHP	DE2265	EWR-C-4010-5010-CVAL	EDI Version Identifier
CPEXTHP	DE2267	EWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
CPEXTHP	DE4001	EWR-I-SRVC-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-SRVC-PROV	Provider Identification Number
CPEXTHP	DE4001	EWR-I-BILLING-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2004	EWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPEXTHP	DE4085	EWR-T-SRVC-PROV-NAME	Provider Name
CPEXTHP	DE4007	EWR-C-PROV-SPECIALTY	Provider Specialty Code
CPEXTHP	DE4006	EWR-C-PROV-TYPE	Provider Type
CPEXTHP	DE4082	EWR-I-PROV-SRVC-VNDR	Provider Service Center
CPEXTHP	DE4089	EWR-I-PROV-LOCALITY	Provider Locality Code
CPEXTHP	DE4002	EWR-I-1099-TAX-GROUP	Provider Identification Number
CPEXTHP	DE3001	EWR-I-ENROLLEE-ID	Enrollee Identification Number
CPEXTHP	DE3093	EWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
CPEXTHP	DE3901	EWR-I-PERSON	Person ID
CPEXTHP	DE3110	EWR-T-NAME-LAST	Enrollee Last Name
CPEXTHP	DE3111	EWR-T-NAME-FIRST	Enrollee First Name
CPEXTHP	DE3112	EWR-T-MIDDLE-INIT	Enrollee Middle Initial
CPEXTHP	DE3113	EWR-T-NAME-SUFFIX	Enrollee Name Suffix
CPEXTHP	DE3114	EWR-T-ADDL-NAME	Enrollee Additional Address Name
CPEXTHP	DE3115	EWR-T-STREET	Enrollee Street Address
CPEXTHP	DE3116	EWR-T-CITY	Enrollee City Name
CPEXTHP	DE3117	EWR-C-STATE	Enrollee State Code
CPEXTHP	DE3118	EWR-C-ZIP-9	Enrollee ZIP Code
CPEXTHP	DE3034	EWR-I-ENRL-SSN	Enrollee Social Security Number (SSN)
CPEXTHP	DE3955	EWR-C-SSA-NO	Person Identifier Value
CPEXTHP	DE3005	EWR-D-BIRTH	Enrollee Birth Date
CPEXTHP	DE3006	EWR-C-RACE	Enrollee Race Code
CPEXTHP	DE3007	EWR-C-ENROLLEE-SEX	Enrollee Sex Code
CPEXTHP	DE3008	EWR-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEXTHP	DE3550	EWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEXTHP	DE3551	EWR-I-BNFT-PGM	Benefit Definition Plan Program Code
CPEXTHP	DE3552	EWR-I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code

CPEXTHP	DE3553	EWR-I-PLAN-CODE	Benefit Definition Plan Benefit Code
CPEXTHP	DE3009	EWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CPEXTHP	DE3072	EWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
CPEXTHP	DE3655	EWR-C-ENRL-PREM-IND	Medicare Premium Indicator
CPEXTHP	DE2069	EWR-C-PRICE-SRC	Claim Pricing Source
CPEXTHP	DE2070	EWR-C-PRICE-TYPE	Claim Pricing Source Type
CPEXTHP	DE2071	EWR-C-PRICE-CODE	Claim Pricing Source Code
CPEXTHP	DE2031	EWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPEXTHP	DE2499	EWR-N-DAYS-SINCE	Claims PA Number of Days Since
CPEXTHP	DE2498	EWR-I-PA-SEQ-NO	Claims PA Number Sequence
CPEXTHP	DE2508	EWR-C-PA-TYPE	Claims PA Type Code
CPEXTHP	DE2083	EWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEXTHP	DE2022	EWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CPEXTHP	DE2016	EWR-N-BILLED-CHARGE	Claim Billed Charge
CPEXTHP	DE2073	EWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEXTHP	DE2023	EWR-N-PMT-AMT	Claim Payment Amount
CPEXTHP	DE2545	EWR-N-CALC-COINS	Claim Calculated Co-Insurance
CPEXTHP	DE2992	EWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPEXTHP	DE2080	EWR-N-DSA-AMT	Claim Disproportionate Share Amount
CPEXTHP	DE2547	EWR-N-DRG-PYMT-AMT	DRG Payment Amount
CPEXTHP	DE2881	EWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
CPEXTHP	DE2038	EWR-C-CATEG-SERV	Claim Category of Service
CPEXTHP	DE2010	EWR-D-SERV-FROM	Claim Service From Date
CPEXTHP	DE2011	EWR-D-SERV-THRU	Claim Service Thru Date
CPEXTHP	DE2033	EWR-C-ADJUST-RSN	Adjustment/Void Reason
CPEXTHP	DE5301	EWR-C-DIAG	Diagnosis Code
CPEXTHP	DE2052	EWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
CPEXTHP	DE2585	EWR-C-DIAG-TYPE	Claims Diag Type Code
CPEXTHP	DE9865	EWR-I-BUDGET-ACCT	Budget Account Identifier
CPEXTHP	DE9916	EWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
CPEXTHP	DE9843	EWR-C-BAC-OBJECT	Budget Object Code
CPEXTHP	DE9835	EWR-C-BAC-PROGRAM	Budget Program Code
CPEXTHP	DE9838	EWR-C-BAC-SUB-PRGM	Budget Sub-Program Code
CPEXTHP	DE2034	EWR-I-FORMER-ICN	Claim Related Document Number
CPEXTHP	DE2034	EWR-I-HMO-CLAIM-NUM	Claim Related Document Number
CPEXTHP	DE9580	EWR-I-RA-NUM	Remittance Advice Number

CPEXTHP	DE9578	EWR-D-RA-PYMT	Remittance Payment Date
CPEXTHP	DE2544	EWR-C-COB	Claim COB Indicator
CPEXTHP	DE2674	EWR-F-TPL	Claim TPL Flag
CPEXTHP	DE2018	EWR-N-TPL-AMT-PAID	Claim Third Party Payment
CPEXTHP	DE5353	EWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPEXTHP	DE2566	EWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
CPEXTHP	DE2673	EWR-F-SPLIT-CLAIM	Split Claim Flag
CPEXTHP	DE2027	EWR-F-ACCIDENT	Claim Accident Indicator
CPEXTHP	DE2802	EWR-F-EMERGENCY	Claim Emergency Identifier
CPEXTHP	DE2599	EWR-C-COPAY-IND	Claim Co-pay Indicator
CPEXTHP	DE2065	EWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2012	EWR-I-LINE-ITEM-CNTN-NUM	Claim EDI Line Item Control Number
CPEXTHP	DE2019	EWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
CPEXTHP	DE2007	EWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
CPEXTHP	DE2383	EWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
CPEXTHP	DE2039	EWR-C-STATUS	Claim Status
CPEXTHP	DE0012	EWR-I-USER-ID	User/Operator ID
CPEXTHP	DE2383	EWR-D-ADJUDICATION	Claim Status Begin Date
CPEXTHP	DE5506	EWR-C-ERROR-ESC	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
CPEXTHP	DE5506	EWR-C-ERROR-ESC-H	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT-H	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE-H	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION-H	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO-H	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF-H	Adjustment Reason/Response Cross Reference
CPEXTHP	DE0002	EWR-N-TIMES-PEND-TOTAL	Calculated

CPEXTHP	DE0002	EWR-N-TIMES-PEND-PERIOD	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-PERIOD	Calculated
CPEXTHP	DE2251	EWR-N-MCARE-DEDUCT-AMT	Claim Title XVIII Deductible Amount
CPEXTHP	DE2252	EWR-N-MCARE-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPEXTHP	DE2253	EWR-N-MCARE-ALLOW-CHG	Claim Title XVIII Charge Allowed
CPEXTHP	DE2254	EWR-N-MCARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPEXTHP	DE2257	EWR-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPEXTHP	DE4700	EWR-I-SRVC-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-BILL-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4099	EWR-C-SUBMT-ZIP	Provider Address ZIP Code
CPEXTHP	DE4002	EWR-I-PROV-FINANCE	Provider Identification Number
CPEXTHP	DE2053	EWR-C-SPECIAL-PROCESS	Special Process Indicator
CPEXTHP	DE4089	EWR-I-PROV-PRICE-LOC	Provider Locality Code
CPEXTHP	DE4701	EWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
CPEXTHP	DE4701	EWR-C-SUBMT-BILL-TXNMY	NPI-API Label
CPEXTHP	DE4143	EWR-I-SITE-NO	NPI XREF Site Number
CPEXTHP	DE4085	EWR-T-BILL-PROV-NAME	Provider Name
CPEXTHP	DE2994	EWR-N-MCO-PYMT-AMT	MCO Payment Amount
CPEXTHP	DE2995	EWR-D-MCO-PYMT	MCO Payment Date
CPEXTHP	DE2150	AWR-C-PROC-DIAG-VER-SUBM	Submitted Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2151	AWR-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2588	AWR-C-DRG-SOI	Claim DRG Severity of Illness
CPEXTHP	DE2102	EWR-C-BILL-TYPE	Claim Facility Bill Type
CPEXTHP	DE2136	EWR-H-ADMISSION-HOUR	Claim Hour of Admission
CPEXTHP	DE2108	EWR-N-COVD-DAYS	Claim Covered Days
CPEXTHP	DE2109	EWR-N-NCOV-DAYS	Claim Non-Covered Days
CPEXTHP	DE2056	EWR-N-ELIGIBLE-DAYS	Claim number of days eligible
CPEXTHP	DE2105	EWR-D-ADMIT	Claim Admission Date
CPEXTHP	DE2106	EWR-C-ADMIT-SRC	Claim Admission Source

CPEXTHP	DE2412	EWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
CPEXTHP	DE2107	EWR-C-ADMIT-TYPE	Claim Nature of Admission
CPEXTHP	DE2869	EWR-C-DISCHG-STAT	Claim Discharge Status
CPEXTHP	DE2315	EWR-N-PMT-DAYS	Claim Payment days
CPEXTHP	DE2358	EWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CPEXTHP	DE2077	EWR-N-PRV-ROOM-DIFF	Claim Private Room Differential
CPEXTHP	DE2115	EWR-C-CONDITION	Claim Condition Code
CPEXTHP	DE2110	EWR-C-OCCURRENCE	Claim Occurrence Code
CPEXTHP	DE2113	EWR-D-OCCUR-BEGIN	Claim Occurrence From Date
CPEXTHP	DE2114	EWR-D-OCCUR-END	Claim Occurrence Thru Date
CPEXTHP	DE2005	EWR-C-OCCUR-TYPE-CVAL	Occurrence Type
CPEXTHP	DE2128	EWR-C-VALUE	Claim Value Code
CPEXTHP	DE2131	EWR-N-VALUE-AMT	Claim Value Amount
CPEXTHP	DE5002	EWR-C-PROCEDURE-UB	Procedure Code
CPEXTHP	DE2021	EWR-D-PROCEDURE	Claim Procedure Code Date
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE	Procedure Code Type
CPEXTHP	DE2060	EWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
CPEXTHP	DE4001	EWR-I-ATTEND-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-OTHER-PROV1	Provider Identification Number
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV1	Provider Base Identification Number
CPEXTHP	DE2453	EWR-I-OTHER-PROV2	Other Provider 2
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV2	Provider Base Identification Number
CPEXTHP	DE2845	EWR-I-MED-REC-NO	Claim Medical Record Number
CPEXTHP	DE6827	EWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
CPEXTHP	DE2470	EWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
CPEXTHP	DE4700	EWR-I-OTH1-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-ATND-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-OTH2-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE2050	EWR-C-PROC-DIAG-VER	DX Version Qualifier
CPEXTHP	DE2057	EWR-C-ACCIDENT-STATE	Accident State
CPEXTHP	DE4700	EWR-I-OTH-OPER-NPI	Other Operating NPI
CPEXTHP	DE4700	EWR-I-REFER-NPI-FAC	Facility Referring NPI
CPEXTHP	DE2075	EWR-F-P51-EPSDT	Facility EPSDT Indicator
CPEXTHP	DE2141	EWR-F-FAC-CLM-NDC	UB04 NDC Existence flag

CPEXTHP	DE0002	EWR-NUM-OF-FAC-LINES	Calculated
CPEXTHP	DE2122	EWR-C-REV	Claim Revenue Code
CPEXTHP	DE5002	EWR-C-HCPCS	Procedure Code
CPEXTHP	DE2123	EWR-N-UNITS-UB	Claim Revenue Units
CPEXTHP	DE2124	EWR-N-REV-BILLED-AMT	Claim Revenue Amount
CPEXTHP	DE2139	EWR-N-NON-COV-AMT	Claim Non-Covered Amount
CPEXTHP	DE2991	EWR-N-REV-ALLD-AMT	Claim Revenue Allowed Amt
CPEXTHP	DE2065	EWR-N-UB-CBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-UB-CBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2431	EWR-F-AUTO-ACCIDENT	Claim Auto Accident
CPEXTHP	DE2028	EWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
CPEXTHP	DE2074	EWR-F-EMPLOYMENT	Claim Employment Indicator
CPEXTHP	DE2075	EWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CPEXTHP	DE2174	EWR-I-PROF-LAB	Claim Professional Lab Indicator
CPEXTHP	DE4001	EWR-I-REFER-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-REFER-PROV	Provider Identification Number
CPEXTHP	DE2173	EWR-C-PLACE-OF-SERV	Claim Professional Place of Service
CPEXTHP	DE2072	EWR-C-TYPE-SERVICE	Claim Type of Service
CPEXTHP	DE5002	EWR-C-PROCEDURE-MED	Procedure Code
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE-MED	Procedure Code Type
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
CPEXTHP	DE2010	EWR-D-LI-SERV-FROM	EAPG DATE OF SERVICE
CPEXTHP	DE5064	EWR-C-LI-EAPG	EAPG CODE
CPEXTHP	DE2091	EWR-N-LI-EAPG-WEIGHT	EAPG WEIGHT
CPEXTHP	DE2009	EWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEXTHP	DE2084	EWR-N-WAIT-TIME	Anesthesia Minutes
CPEXTHP	DE2085	EWR-N-PASSENGERS	Claim Number of Passengers
CPEXTHP	DE2200	EWR-C-TOOTH	Claim Dental Tooth Code
CPEXTHP	DE2892	EWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC2	Claim Dental Surface Codes

CPEXTHP	DE2201	EWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPEXTHP	DE2994	EWR-N-ENC-PYMT-AMT	Encounter Payment Amount
CPEXTHP	DE2995	EWR-D-ENC-PYMT	Encounter Payment Date
CPEXTHP	DE4700	EWR-I-REF-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE5200	EWR-C-NDC	National Drug Code
CPEXTHP	DE2143	EWR-C-UOM-QUALIFIER	Unit of Measure - Qualifier
CPEXTHP	DE2144	EWR-N-UOM-QTY	Unit of Measure - Quantity
CPEXTHP	DE5064	EWR-C-EAPG	EAPG Code
CPEXTHP	DE2091	EWR-N-EAPG-WEIGHT	Claim EAPG Weight
CPEXTHP	DE2092	EWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
CPEXTHP	DE2093	EWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
CPEXTHP	DE2094	EWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
CPEXTHP	DE2095	EWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
CPEXTHP	DE2096	EWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
CPEXTHP	DE2097	EWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
CPEXTHP	DE2266	EWR-N-OBSTET-UNITS	Obstetrical Units
CPEXTHP	DE2228	EWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CPEXTHP	DE2211	EWR-I-RX-NO	Claim Pharmacy Prescription Number
CPEXTHP	DE2826	EWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CPEXTHP	DE4001	EWR-I-PRESCRIB-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2229	EWR-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
CPEXTHP	DE2216	EWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPEXTHP	DE2233	EWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CPEXTHP	DE2220	EWR-F-COMPOUND	Claim Pharmacy Compound Indicator
CPEXTHP	DE2212	EWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CPEXTHP	DE2227	EWR-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2217	EWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPEXTHP	DE2236	EWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CPEXTHP	DE2214	EWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
CPEXTHP	DE2238	EWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
CPEXTHP	DE2025	EWR-I-ASSOCIATED-RX-	Associated RX Number

		NO	
CPEXTHP	DE2026	EWR-D-ASSOCIATED.SERVICE	Associated Date of Service
CPEXTHP	DE2235	EWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CPEXTHP	DE2234	EWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
CPEXTHP	DE2232	EWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
CPEXTHP	DE2213	EWR-N-UC-PRICE	Claim Pharmacy Usual Charge
CPEXTHP	DE2055	EWR-C-PHARM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
CPEXTHP	DE2468	EWR-PRESC-PROV-QUAL	Claim Prescribing Provider Code
CPEXTHP	DE2264	EXT-C-PATNT-RES	Claim Pharmacy Patient Residence Code
CPEXTHP	DE2260	EXT-C-COMPOUND-TYPE	Claim Pharmacy Compound Type
CPEXTHP	DE2261	EXT-C-PHRM-SERV-TYPE	Claim Pharmacy Service Type
CPEXTHP	DE2262	EXT-N-PROF-SERV-FEE	Claim Pharmacy Professional Service Fee
CPEXTHP	DE5736	EXT-C-DRUG-RTE-ADMIN	Route of Administration
CPEXTHP	DE4085	EXT-T-PRESC-NAME-FIRST	Prescriber First Name
CPEXTHP	DE4085	EXT-T-PRESC-NAME-LAST	Prescriber Last Name
CPEXTHP	DE4097	EXT-T-PRESC-ADDR-LINE	Prescriber Address
CPEXTHP	DE4130	EXT-T-PRESC-CITY	Prescriber City
CPEXTHP	DE4098	EXT-C-PRESC-STATE	Prescriber State
CPEXTHP	DE4099	EXT-C-PRESC-ZIP	Prescriber Zip Code
CPEXTHP	DE4090	EXT-T-PRESC-PHONE-NUM	Prescriber Phone Number
CPEXTHP	DE2221	EWR-N-INGRDNT-CMPNT-CNT	Claim Pharmacy Compound Number of Ingredients
CPEXTHP	DE5200	EWR-C-DRUG-NDC	Drug Code (NDC)
CPEXTHP	DE2248	EWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE5232	EWR-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CPEXTHP	DE5061	EWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE2418	EWR-I-DRUG-GCN-SEQ	Claim Dispensed as Written Indicator
CPEXTHP	DE5193	EWR-C-DRUG-UNIT-USE	Drug Unit of Use Code
CPEXTHP	DE2418	EWR-F-DAW	Claim Dispensed as Written Indicator
CPEXTHP	DE5206	EWR-C-DRUG-FORM	Drug Form Code
CPEXTHP	DE5070	EWR-T-DRUG-STR	Drug Strength Description
CPEXTHP	DE5235	EWR-N-UNIT-PRICE	Drug Direct Unit Price
CPEXTHP	DE5059	EWR-C-DRUG-CLASS	Drug Class Code
CPEXTHP	DE2223	EWR-N-INGRED-COST	Pharmacy Ingredient Cost

CPEXTHP	DE5088	EWR-C-DRUG-CAT	Drug Category Code
CPEXTHP	DE5032	EWR-C-DRUG-DEA	Drug Enforcement Administration (DEA) Code
CPEXTHP	DE2231	EWR-C-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPEXTHP	DE5735	EWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code

Files CP-F-009O Provider Medical Services Comma-Delimited File Layout

This file contains the Provider Medical Services Report (CP-O-009) in a comma-delimited file format. It contains the following data lines per request: 1) DARS header record containing the report number, report date, requestor id, and user id; 2) Report header line of all fields being displayed; 3) Provider Medical Services data for UB92, HCFA, DENTAL, CROSSOVERS, PHARMACY, and TRANSPORTATION claim types. This file is sent to the CHIRP CSV folder in DARS for the user to VIEW or DOWNLOAD the data in an EXCEL format.

Subsystem:	Claims
Copybook:	CPMEDCSV N/A
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-009 Provider Medical Services Report (CPR120)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPMEDCSV	DE4002	Serv Prov	Provider Identification Number
CPMEDCSV	DE4085	Serv Prov Name	Provider Name
CPMEDCSV	DE4002	Bill Prov	Provider Identification Number
CPMEDCSV	DE4085	Bill Prov Name	Provider Name
CPMEDCSV	DE4089	C/C	Provider Locality Code
CPMEDCSV	DE4298	Prov Desc	Provider Specialty Code Description
CPMEDCSV	DE4044	IRS Number	Provider Alternate ID Value
CPMEDCSV	DE0002	Elig Sta	Calculated
CPMEDCSV	DE4090	Phone	Provider Phone Number
CPMEDCSV	DE4096	Address	Provider Attention Name
CPMEDCSV	DE4130	City	Provider Address City Name
CPMEDCSV	DE4098	St	Provider Address State
CPMEDCSV	DE4099	Zip Code	Provider Address ZIP Code

CPMEDCSV	DE4206	Can Dt	Provider Program Code End Date
CPMEDCSV	DE4012	Rsn	Provider Reason Code
CPMEDCSV	DE2010	Serv From	Claim Service From Date
CPMEDCSV	DE2011	Serv Thru	Claim Service Thru Date
CPMEDCSV	DE3093	Enrollee Nbr	Enrollee Permanent Identification Number
CPMEDCSV	DE3110	Enrollee Name	Enrollee Last Name
CPMEDCSV	DE3005	DOB	Enrollee Birth Date
CPMEDCSV	DE3007	Sex	Enrollee Sex Code
CPMEDCSV	DE3006	Race	Enrollee Race Code
CPMEDCSV	DE3008	FIPS	Enrollee FIPS Code
CPMEDCSV	DE2001	ICN	Claim Request ICN
CPMEDCSV	DE2034	Former ICN	Claim Related Document Number
CPMEDCSV	DE3555	Prog/Type	Benefit Definition Plan Short Name
CPMEDCSV	DE9578	Remit Dt	Remittance Payment Date
CPMEDCSV	DE2016	Bill Amt	Claim Billed Charge
CPMEDCSV	DE2073	Allwd Amt	Claim Allowed Amount
CPMEDCSV	DE2023	Paid Amt	Claim Payment Amount
CPMEDCSV	DE2018	TPL Amt	Claim Third Party Payment
CPMEDCSV	DE2022	CoPay	Claim Medicaid Co-Payment
CPMEDCSV	DE2083	Pat Pay	Claim Patient Pay Amount
CPMEDCSV	DE2544	COB	Claim COB Indicator
CPMEDCSV	DE2173	POS	Claim Professional Place of Service
CPMEDCSV	DE2004	Serv Prov	Claim Billing Provider Identification Number
CPMEDCSV	DE4085	Serv Prov Nm	Provider Name
CPMEDCSV	DE5501	Err-Disp1	Error Text Error Code
CPMEDCSV	DE5501	Err-Disp2	Error Text Error Code
CPMEDCSV	DE5501	Err-Disp3	Error Text Error Code
CPMEDCSV	DE3550	BPC-EI	Benefit Definition Benefit Plan Code
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2031	Pat Acct No	Claim Patient Account Number
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE2105	Admit Dt	Claim Admission Date
CPMEDCSV	DE2106	Adm Src	Claim Admission Source
CPMEDCSV	DE2869	Dis St	Claim Discharge Status
CPMEDCSV	DE2102	Bil Typ	Claim Facility Bill Type
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE2845	Med Rec	Claim Medical Record Number

CPMEDCSV	DE2315	Pymt Days	Claim Payment days
CPMEDCSV	DE2109	Elig Days	Claim Non-Covered Days
CPMEDCSV	DE2065	CB Days	Claim Cutback Days/Units
CPMEDCSV	DE2108	Cov Days	Claim Covered Days
CPMEDCSV	DE2060	Atnd Prv	Claim Attending Provider Identification Number
CPMEDCSV	DE5353	DRG Grp	DRG (Diagnosis Related Group) Code
CPMEDCSV	DE2588	DRG SOI	Claim DRG Severity of Illness
CPMEDCSV	DE2547	DRG Pay	DRG Payment Amount
CPMEDCSV	DE5301	Prim Diag	Diagnosis Code
CPMEDCSV	DE5302	Desc	Diagnosis Name
CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE2021	Proc Dt	Claim Procedure Code Date
CPMEDCSV	DE3470	TDO	TDO Warrant Number
CPMEDCSV	DE5301	Adm Dx	Diagnosis Code
CPMEDCSV	DE5002	Proc Cd/Dt 1	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 2	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 3	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 4	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 5	Procedure Code
CPMEDCSV	DE5002	Proc Cd/Dt 6	Procedure Code
CPMEDCSV	DE2122	Rev 01	Claim Revenue Code
CPMEDCSV	DE2122	Rev 02	Claim Revenue Code
CPMEDCSV	DE2122	Rev 03	Claim Revenue Code
CPMEDCSV	DE2122	Rev 04	Claim Revenue Code
CPMEDCSV	DE2122	Rev 05	Claim Revenue Code
CPMEDCSV	DE2122	Rev 06	Claim Revenue Code
CPMEDCSV	DE2122	Rev 07	Claim Revenue Code
CPMEDCSV	DE2122	Rev 08	Claim Revenue Code
CPMEDCSV	DE2122	Rev 09	Claim Revenue Code
CPMEDCSV	DE2122	Rev 10	Claim Revenue Code
CPMEDCSV	DE2122	Rev 11	Claim Revenue Code
CPMEDCSV	DE2122	Rev 12	Claim Revenue Code
CPMEDCSV	DE2122	Rev 13	Claim Revenue Code
CPMEDCSV	DE2122	Rev 14	Claim Revenue Code
CPMEDCSV	DE2122	Rev 15	Claim Revenue Code
CPMEDCSV	DE2122	Rev 16	Claim Revenue Code

CPMEDCSV	DE2122	Rev 17	Claim Revenue Code
CPMEDCSV	DE2122	Rev 18	Claim Revenue Code
CPMEDCSV	DE2122	Rev 19	Claim Revenue Code
CPMEDCSV	DE2122	Rev 20	Claim Revenue Code
CPMEDCSV	DE5301	Oth Dx 1	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 2	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 3	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 4	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 5	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 6	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 7	Diagnosis Code
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2072	TOS	Claim Type of Service
CPMEDCSV	DE2009	Units	Claim Number of Units/Visits/Studies
CPMEDCSV	DE5002	Proc Cd	Procedure Code
CPMEDCSV	DE2171	Proc Cd Mod	Claims Procedure Code Modifier
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE4002	Refer Prov	Provider Identification Number
CPMEDCSV	DE2802	Emer	Claim Emergency Identifier
CPMEDCSV	DE3470	TDO	TDO Warrant Number
CPMEDCSV	DE5301	Diag	Diagnosis Code
CPMEDCSV	DE5302	Diag Desc	Diagnosis Name
CPMEDCSV	DE5301	Oth Dx 1	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 2	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 3	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 4	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 5	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 6	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 7	Diagnosis Code
CPMEDCSV	DE5301	Oth Dx 8	Diagnosis Code
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2248	Qty	Claims Pharmacy Metric/Dec/Qty
CPMEDCSV	DE5200	NDC	Drug Code (NDC)
CPMEDCSV	DE5206	Form	Drug Form Code
CPMEDCSV	DE2212	N/R	Claim Pharmacy Refill Code

CPMEDCSV	DE2211	RX#	Claim Pharmacy Prescription Number
CPMEDCSV	DE5232	Th Cl	Drug Therapeutic Class Standard Code
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE5208	Drug Name	Drug Brand Name
CPMEDCSV	DE2217	Disp Fee	Claim Pharmacy Dispensing Fee
CPMEDCSV	DE5220	Drug Prc	Drug Price Amount
CPMEDCSV	DE2216	Days	Claim Pharmacy Days Supply
CPMEDCSV	DE2802	Emer	Claim Emergency Identifier
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE2220	Cmpd	Claim Pharmacy Compound Indicator
CPMEDCSV	DE4002	Bill Prov	Provider Identification Number
CPMEDCSV	DE2826	Presc Prov	Claim Prescribing Physician Identification Number
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2108	UVS	Claim Covered Days
CPMEDCSV	DE2802	Emer	Claim Emergency Identifier
CPMEDCSV	DE2257	XVR Chrg	Claim Title XVIII Amount Billed to Medicare
CPMEDCSV	DE2253	Alwd	Claim Title XVIII Charge Allowed
CPMEDCSV	DE2251	Deduct	Claim Title XVIII Deductible Amount
CPMEDCSV	DE2252	Co Ins	Claim Title XVIII Coinsurance Amount
CPMEDCSV	DE2254	Mcare Pd	Claim Title XVIII Medicare Paid Amount
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE5301	Prim Diag	Diagnosis Code
CPMEDCSV	DE5302	Prim Diag Desc	Diagnosis Name
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE2031	Pat Acct No	Claim Patient Account Number
CPMEDCSV	DE2027	Acdt	Claim Accident Indicator
CPMEDCSV	DE2499	Prior Auth	Claims PA Number of Days Since
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE2200	Tooth	Claim Dental Tooth Code
CPMEDCSV	DE2892	Quad	Claim Dental Quadrant
CPMEDCSV	DE2201	Surf1	Claim Dental Surface Codes

CPMEDCSV	DE2201	Surf2	Claim Dental Surface Codes
CPMEDCSV	DE2201	Surf3	Claim Dental Surface Codes
CPMEDCSV	DE2201	Surf4	Claim Dental Surface Codes
CPMEDCSV	DE2002	CT-M	Claim Type
CPMEDCSV	DE2039	St	Claim Status
CPMEDCSV	DE5002	Proc	Procedure Code
CPMEDCSV	DE5015	Proc Name	Procedure Short Name
CPMEDCSV	DE4298	Prov Specialty	Provider Specialty Code Description
CPMEDCSV	DE2084	Wait	Anesthesia Minutes
CPMEDCSV	DE2085	Psngrs	Claim Number of Passengers
CPMEDCSV	DE0002	Miles	Calculated

Files CP-F-010 Electronic Encounter Error File

Subsystem:	Claims
Copybook:	ENCERRDN
	N/A
File Organization:	SEQ / FB - 294
Device Type:	Disk
Primary Key:	ERRDN-MCN (2581) ERRDN-SEQ (0000) ERRDN-SERVICE-CENTER (4082)
Alternate Key:	N/A
Program:	Encounter Reporting (CPD320) Split Encounter Files by MCN into Dynamically Allocated Files (CPD321)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
ENCERRDN	DE4082	ERRDN-SERVICE-CENTER	Provider Service Center
ENCERRDN	DE2581	ERRDN-MCN	Claims MCN Number
ENCERRDN	DE0000	ERRDN-SEQ	
ENCERRDN	DE2034	ERRDN-HMO-REF-NBR	Claim Related Document Number
ENCERRDN	DE2001	ERRDN-FH-REF-NBR	Claim Request ICN
ENCERRDN	DE3001	ERRDN-RECIP-ID	Enrollee Identification Number
ENCERRDN	DE4700	ERRDN-PROV-ID	National Provider Identifier
ENCERRDN	DE2010	ERRDN-FROM-YYYYMMDD	Claim Service From Date
ENCERRDN	DE2011	ERRDN-THRU-YYYYMMDD	Claim Service Thru Date
ENCERRDN	DE5301	ERRDN-DIAG	Diagnosis Code
ENCERRDN	DE5301	ERRDN-DIAG-2	Diagnosis Code
ENCERRDN	DE5002	ERRDN-SERVICE-PROC-CODE	Procedure Code

ENCERRDN	DE2171	ERRDN-SERVICE-PROC-MOD	Claims Procedure Code Modifier
ENCERRDN	DE2173	ERRDN-SERVICE-PROC-PLACE	Claim Professional Place of Service
ENCERRDN	DE5002	ERRDN-SERVICE-PRINC-PROC	Procedure Code
ENCERRDN	DE2892	ERRDN-SERVICE-DNTL-QUAD	Claim Dental Quadrant
ENCERRDN	DE2201	ERRDN-SERVICE-DNTL-SURF	Claim Dental Surface Codes
ENCERRDN	DE5200	ERRDN-SERVICE-PHAR-NDC	Drug Code (NDC)
ENCERRDN	DE2211	ERRDN-SERVICE-PHAR-PRESC	Claim Pharmacy Prescription Number
ENCERRDN	DE2009	ERRDN-QTY	Claim Number of Units/Visits/Studies
ENCERRDN	DE2016	ERRDN-CHARGES	Claim Billed Charge
ENCERRDN	DE2023	ERRDN-PAID	Claim Payment Amount
ENCERRDN	DE2002	ERRDN-INV-TYPE	Claim Type
ENCERRDN	DE5603	ERRDN-DISP	Error Disposition
ENCERRDN	DE4006	ERRDN-PCT	Provider Type
ENCERRDN	DE4007	ERRDN-PROV-SPEC	Provider Specialty Code
ENCERRDN	DE2039	ERRDN-STAT	Claim Status
ENCERRDN	DE2039	ERRDN-ENCNTR-STAT	Claim Status
ENCERRDN	DE5501	ERRDN-ERR-CODE	Error Text Error Code
ENCERRDN	DE2122	ERRDN-SERVICE-UB-REV-CODE	Claim Revenue Code
ENCERRDN	DE0000	ERRDN-TOT-KEY	
ENCERRDN	DE0000	ERRDN-TOT-COUNT-DESC	
ENCERRDN	DE0002	ERRDN-TOT-COUNT	Calculated

Files CP-F-011 Claims Weekly Extract File

Weekly Extract sorted by Claims Status and Provider ID.

Subsystem:	Claims
Copybook:	CPEXTHP N/A
File Organ-ization:	Sequential
Device Type:	Disk
Primary Key:	EWR-I-ENROLLEE-ID (3001)
Alternate Key:	N/A
Program:	Claims Extract (CPR100) Claims Extract Summary Sysout (CPR108) Pend Extract Program for SAS file sets. (CPR115) Newborn Payment Retraction Letter (CPR229) Weekly/Monthly Claims/PAs for VALTC Recipients (CPR240) Weekly CNS Claims Extract (CPW530) Medicaid Part D Paid and Denied Claims Report (DRW300) PRODUCE THE ANNUAL OR QUARTERLY MANAGED CARE HCFA-416 REPORTS. (EPA091) EPSDT SCREENING REFERRAL AND TREATMENT RECORD EXTRACT (EPW003) SAS Library Loader for Weekly Pended Claims (SSW015) Claims History Selection Driver (SUW100) First IQ Claims Data Extract (VAFIQPC1) Create Weekly Claims for FirstTrax (VAPDLHST)
Graphics:	CP-F-011

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEXTHP	DE2051	EWR-RECORD-TYPE	Claim Extract Record Type Code
CPEXTHP	DE2477	EWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPEXTHP	DE2478	EWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code

CPEXTHP	DE2480	EWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPEXTHP	DE2343	EWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPEXTHP	DE2088	EWR-C-FORM-TYPE	Claim Form Type
CPEXTHP	DE2002	EWR-CLAIM-TYPE	Claim Type
CPEXTHP	DE2003	EWR-C-CLM-MOD	Claim Type Modifier
CPEXTHP	DE2030	EWR-C-ATTACHMENTS	Claim Attachments Indicator
CPEXTHP	DE2177	EWR-DATE-ENTERED	Claim Entered Date
CPEXTHP	DE2013	EWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
CPEXTHP	DE2015	EWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
CPEXTHP	DE2014	EWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
CPEXTHP	DE2265	EWR-C-4010-5010-CVAL	EDI Version Identifier
CPEXTHP	DE2267	EWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
CPEXTHP	DE4001	EWR-I-SRVC-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-SRVC-PROV	Provider Identification Number
CPEXTHP	DE4001	EWR-I-BILLING-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2004	EWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPEXTHP	DE4085	EWR-T-SRVC-PROV-NAME	Provider Name
CPEXTHP	DE4007	EWR-C-PROV-SPECIALTY	Provider Specialty Code
CPEXTHP	DE4006	EWR-C-PROV-TYPE	Provider Type
CPEXTHP	DE4082	EWR-I-PROV-SRVC-VNDR	Provider Service Center
CPEXTHP	DE4089	EWR-I-PROV-LOCALITY	Provider Locality Code
CPEXTHP	DE4002	EWR-I-1099-TAX-GROUP	Provider Identification Number
CPEXTHP	DE3001	EWR-I-ENROLLEE-ID	Enrollee Identification Number
CPEXTHP	DE3093	EWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
CPEXTHP	DE3901	EWR-I-PERSON	Person ID
CPEXTHP	DE3110	EWR-T-NAME-LAST	Enrollee Last Name
CPEXTHP	DE3111	EWR-T-NAME-FIRST	Enrollee First Name
CPEXTHP	DE3112	EWR-T-MIDDLE-INIT	Enrollee Middle Initial
CPEXTHP	DE3113	EWR-T-NAME-SUFFIX	Enrollee Name Suffix
CPEXTHP	DE3114	EWR-T-ADDL-NAME	Enrollee Additional Address Name
CPEXTHP	DE3115	EWR-T-STREET	Enrollee Street Address
CPEXTHP	DE3116	EWR-T-CITY	Enrollee City Name
CPEXTHP	DE3117	EWR-C-STATE	Enrollee State Code
CPEXTHP	DE3118	EWR-C-ZIP-9	Enrollee ZIP Code
CPEXTHP	DE3034	EWR-I-ENRL-SSN	Enrollee Social Security Number (SSN)
CPEXTHP	DE3955	EWR-C-SSA-NO	Person Identifier Value
CPEXTHP	DE3005	EWR-D-BIRTH	Enrollee Birth Date

CPEXTHP	DE3006	EWR-C-RACE	Enrollee Race Code
CPEXTHP	DE3007	EWR-C-ENROLLEE-SEX	Enrollee Sex Code
CPEXTHP	DE3008	EWR-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEXTHP	DE3550	EWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEXTHP	DE3551	EWR-I-BNFT-PGM	Benefit Definition Plan Program Code
CPEXTHP	DE3552	EWR-I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code
CPEXTHP	DE3553	EWR-I-PLAN-CODE	Benefit Definition Plan Benefit Code
CPEXTHP	DE3009	EWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CPEXTHP	DE3072	EWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
CPEXTHP	DE3655	EWR-C-ENRL-PREM-IND	Medicare Premium Indicator
CPEXTHP	DE2069	EWR-C-PRICE-SRC	Claim Pricing Source
CPEXTHP	DE2070	EWR-C-PRICE-TYPE	Claim Pricing Source Type
CPEXTHP	DE2071	EWR-C-PRICE-CODE	Claim Pricing Source Code
CPEXTHP	DE2031	EWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPEXTHP	DE2499	EWR-N-DAYS-SINCE	Claims PA Number of Days Since
CPEXTHP	DE2498	EWR-I-PA-SEQ-NO	Claims PA Number Sequence
CPEXTHP	DE2508	EWR-C-PA-TYPE	Claims PA Type Code
CPEXTHP	DE2083	EWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEXTHP	DE2022	EWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CPEXTHP	DE2016	EWR-N-BILLED-CHARGE	Claim Billed Charge
CPEXTHP	DE2073	EWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEXTHP	DE2023	EWR-N-PMT-AMT	Claim Payment Amount
CPEXTHP	DE2545	EWR-N-CALC-COINS	Claim Calculated Co-Insurance
CPEXTHP	DE2992	EWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPEXTHP	DE2080	EWR-N-DSA-AMT	Claim Disproportionate Share Amount
CPEXTHP	DE2547	EWR-N-DRG-PYMT-AMT	DRG Payment Amount
CPEXTHP	DE2881	EWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
CPEXTHP	DE2038	EWR-C-CATEG-SERV	Claim Category of Service
CPEXTHP	DE2010	EWR-D-SERV-FROM	Claim Service From Date
CPEXTHP	DE2011	EWR-D-SERV-THRU	Claim Service Thru Date
CPEXTHP	DE2033	EWR-C-ADJUST-RSN	Adjustment/Void Reason
CPEXTHP	DE5301	EWR-C-DIAG	Diagnosis Code
CPEXTHP	DE2052	EWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
CPEXTHP	DE2585	EWR-C-DIAG-TYPE	Claims Diag Type Code
CPEXTHP	DE9865	EWR-I-BUDGET-ACCT	Budget Account Identifier
CPEXTHP	DE9916	EWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
CPEXTHP	DE9843	EWR-C-BAC-OBJECT	Budget Object Code

CPEXTHP	DE9835	EWR-C-BAC-PROGRAM	Budget Program Code
CPEXTHP	DE9838	EWR-C-BAC-SUB-PRGM	Budget Sub-Program Code
CPEXTHP	DE2034	EWR-I-FORMER-ICN	Claim Related Document Number
CPEXTHP	DE2034	EWR-I-HMO-CLAIM-NUM	Claim Related Document Number
CPEXTHP	DE9580	EWR-I-RA-NUM	Remittance Advice Number
CPEXTHP	DE9578	EWR-D-RA-PYMT	Remittance Payment Date
CPEXTHP	DE2544	EWR-C-COB	Claim COB Indicator
CPEXTHP	DE2674	EWR-F-TPL	Claim TPL Flag
CPEXTHP	DE2018	EWR-N-TPL-AMT-PAID	Claim Third Party Payment
CPEXTHP	DE5353	EWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPEXTHP	DE2566	EWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
CPEXTHP	DE2673	EWR-F-SPLIT-CLAIM	Split Claim Flag
CPEXTHP	DE2027	EWR-F-ACCIDENT	Claim Accident Indicator
CPEXTHP	DE2802	EWR-F-EMERGENCY	Claim Emergency Identifier
CPEXTHP	DE2599	EWR-C-COPAY-IND	Claim Co-pay Indicator
CPEXTHP	DE2065	EWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2012	EWR-I-LINE-ITEM-CNTN-NUM	Claim EDI Line Item Control Number
CPEXTHP	DE2019	EWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
CPEXTHP	DE2007	EWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
CPEXTHP	DE2383	EWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
CPEXTHP	DE2039	EWR-C-STATUS	Claim Status
CPEXTHP	DE0012	EWR-I-USER-ID	User/Operator ID
CPEXTHP	DE2383	EWR-D-ADJUDICATION	Claim Status Begin Date
CPEXTHP	DE5506	EWR-C-ERROR-ESC	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
CPEXTHP	DE5506	EWR-C-ERROR-ESC-H	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT-H	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE-H	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION-H	Error Text Disposition Attachments

CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO-H	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF-H	Adjustment Reason/Response Cross Reference
CPEXTHP	DE0002	EWR-N-TIMES-PEND-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-PEND-PERIOD	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-PERIOD	Calculated
CPEXTHP	DE2251	EWR-N-MCARE-DEDUCT-AMT	Claim Title XVIII Deductible Amount
CPEXTHP	DE2252	EWR-N-MCARE-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPEXTHP	DE2253	EWR-N-MCARE-ALLOW-CHG	Claim Title XVIII Charge Allowed
CPEXTHP	DE2254	EWR-N-MCARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPEXTHP	DE2257	EWR-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPEXTHP	DE4700	EWR-I-SRVC-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-BILL-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4099	EWR-C-SUBMT-ZIP	Provider Address ZIP Code
CPEXTHP	DE4002	EWR-I-PROV-FINANCE	Provider Identification Number
CPEXTHP	DE2053	EWR-C-SPECIAL-PROCESS	Special Process Indicator
CPEXTHP	DE4089	EWR-I-PROV-PRICE-LOC	Provider Locality Code
CPEXTHP	DE4701	EWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
CPEXTHP	DE4701	EWR-C-SUBMT-BILL-TXNMY	NPI-API Label
CPEXTHP	DE4143	EWR-I-SITE-NO	NPI XREF Site Number
CPEXTHP	DE4085	EWR-T-BILL-PROV-NAME	Provider Name
CPEXTHP	DE2994	EWR-N-MCO-PYMT-AMT	MCO Payment Amount
CPEXTHP	DE2995	EWR-D-MCO-PYMT	MCO Payment Date
CPEXTHP	DE2150	AWR-C-PROC-DIAG-VER-SUBM	Submitted Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2151	AWR-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
CPEXTHP	DE2588	AWR-C-DRG-SOI	Claim DRG Severity of Illness
CPEXTHP	DE2102	EWR-C-BILL-TYPE	Claim Facility Bill Type
CPEXTHP	DE2136	EWR-H-ADMISSION-HOUR	Claim Hour of Admission
CPEXTHP	DE2108	EWR-N-COVD-DAYS	Claim Covered Days
CPEXTHP	DE2109	EWR-N-NCOV-DAYS	Claim Non-Covered Days

CPEXTHP	DE2056	EWR-N-ELIGIBLE-DAYS	Claim number of days eligible
CPEXTHP	DE2105	EWR-D-ADMIT	Claim Admission Date
CPEXTHP	DE2106	EWR-C-ADMIT-SRC	Claim Admission Source
CPEXTHP	DE2412	EWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
CPEXTHP	DE2107	EWR-C-ADMIT-TYPE	Claim Nature of Admission
CPEXTHP	DE2869	EWR-C-DISCHG-STAT	Claim Discharge Status
CPEXTHP	DE2315	EWR-N-PMT-DAYS	Claim Payment days
CPEXTHP	DE2358	EWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CPEXTHP	DE2077	EWR-N-PRV-ROOM-DIFF	Claim Private Room Differential
CPEXTHP	DE2115	EWR-C-CONDITION	Claim Condition Code
CPEXTHP	DE2110	EWR-C-OCCURRENCE	Claim Occurrence Code
CPEXTHP	DE2113	EWR-D-OCCUR-BEGIN	Claim Occurrence From Date
CPEXTHP	DE2114	EWR-D-OCCUR-END	Claim Occurrence Thru Date
CPEXTHP	DE2005	EWR-C-OCCUR-TYPE-CVAL	Occurrence Type
CPEXTHP	DE2128	EWR-C-VALUE	Claim Value Code
CPEXTHP	DE2131	EWR-N-VALUE-AMT	Claim Value Amount
CPEXTHP	DE5002	EWR-C-PROCEDURE-UB	Procedure Code
CPEXTHP	DE2021	EWR-D-PROCEDURE	Claim Procedure Code Date
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE	Procedure Code Type
CPEXTHP	DE2060	EWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
CPEXTHP	DE4001	EWR-I-ATTEND-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-OTHER-PROV1	Provider Identification Number
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV1	Provider Base Identification Number
CPEXTHP	DE2453	EWR-I-OTHER-PROV2	Other Provider 2
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV2	Provider Base Identification Number
CPEXTHP	DE2845	EWR-I-MED-REC-NO	Claim Medical Record Number
CPEXTHP	DE6827	EWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
CPEXTHP	DE2470	EWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
CPEXTHP	DE4700	EWR-I-OTH1-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-ATND-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-OTH2-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE2050	EWR-C-PROC-DIAG-VER	DX Version Qualifier
CPEXTHP	DE2057	EWR-C-ACCIDENT-STATE	Accident State
CPEXTHP	DE4700	EWR-I-OTH-OPER-NPI	Other Operating NPI

CPEXTHP	DE4700	EWR-I-REFER-NPI-FAC	Facility Referring NPI
CPEXTHP	DE2075	EWR-F-P51-EPSDT	Facility EPSDT Indicator
CPEXTHP	DE2141	EWR-F-FAC-CLM-NDC	UB04 NDC Existence flag
CPEXTHP	DE0002	EWR-NUM-OF-FAC-LINES	Calculated
CPEXTHP	DE2122	EWR-C-REV	Claim Revenue Code
CPEXTHP	DE5002	EWR-C-HCPCS	Procedure Code
CPEXTHP	DE2123	EWR-N-UNITS-UB	Claim Revenue Units
CPEXTHP	DE2124	EWR-N-REV-BILLED-AMT	Claim Revenue Amount
CPEXTHP	DE2139	EWR-N-NON-COV-AMT	Claim Non-Covered Amount
CPEXTHP	DE2991	EWR-N-REV-ALLD-AMT	Claim Revenue Allowed Amt
CPEXTHP	DE2065	EWR-N-UB-CBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-UB-CBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2431	EWR-F-AUTO-ACCIDENT	Claim Auto Accident
CPEXTHP	DE2028	EWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
CPEXTHP	DE2074	EWR-F-EMPLOYMENT	Claim Employment Indicator
CPEXTHP	DE2075	EWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CPEXTHP	DE2174	EWR-I-PROF-LAB	Claim Professional Lab Indicator
CPEXTHP	DE4001	EWR-I-REFER-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-REFER-PROV	Provider Identification Number
CPEXTHP	DE2173	EWR-C-PLACE-OF-SERV	Claim Professional Place of Service
CPEXTHP	DE2072	EWR-C-TYPE-SERVICE	Claim Type of Service
CPEXTHP	DE5002	EWR-C-PROCEDURE-MED	Procedure Code
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE-MED	Procedure Code Type
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
CPEXTHP	DE2010	EWR-D-LI-SERV-FROM	EAPG DATE OF SERVICE
CPEXTHP	DE5064	EWR-C-LI-EAPG	EAPG CODE
CPEXTHP	DE2091	EWR-N-LI-EAPG-WEIGHT	EAPG WEIGHT
CPEXTHP	DE2009	EWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEXTHP	DE2084	EWR-N-WAIT-TIME	Anesthesia Minutes
CPEXTHP	DE2085	EWR-N-PASSENGERS	Claim Number of Passengers
CPEXTHP	DE2200	EWR-C-TOOTH	Claim Dental Tooth Code
CPEXTHP	DE2892	EWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC2	Claim Dental Surface Codes

CPEXTHP	DE2201	EWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPEXTHP	DE2994	EWR-N-ENC-PYMT-AMT	Encounter Payment Amount
CPEXTHP	DE2995	EWR-D-ENC-PYMT	Encounter Payment Date
CPEXTHP	DE4700	EWR-I-REF-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE5200	EWR-C-NDC	National Drug Code
CPEXTHP	DE2143	EWR-C-UOM-QUALIFIER	Unit of Measure - Qualifier
CPEXTHP	DE2144	EWR-N-UOM-QTY	Unit of Measure - Quantity
CPEXTHP	DE5064	EWR-C-EAPG	EAPG Code
CPEXTHP	DE2091	EWR-N-EAPG-WEIGHT	Claim EAPG Weight
CPEXTHP	DE2092	EWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
CPEXTHP	DE2093	EWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
CPEXTHP	DE2094	EWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
CPEXTHP	DE2095	EWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
CPEXTHP	DE2096	EWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
CPEXTHP	DE2097	EWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
CPEXTHP	DE2266	EWR-N-OBSTET-UNITS	Obstetrical Units
CPEXTHP	DE2228	EWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CPEXTHP	DE2211	EWR-I-RX-NO	Claim Pharmacy Prescription Number
CPEXTHP	DE2826	EWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CPEXTHP	DE4001	EWR-I-PRESCRIB-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2229	EWR-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
CPEXTHP	DE2216	EWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPEXTHP	DE2233	EWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CPEXTHP	DE2220	EWR-F-COMPOUND	Claim Pharmacy Compound Indicator
CPEXTHP	DE2212	EWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CPEXTHP	DE2227	EWR-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2217	EWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPEXTHP	DE2236	EWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CPEXTHP	DE2214	EWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
CPEXTHP	DE2238	EWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
CPEXTHP	DE2025	EWR-I-ASSOCIATED-RX-NO	Associated RX Number

CPEXTHP	DE2026	EWR-D-ASSOCIATED.SERVICE	Associated Date of Service
CPEXTHP	DE2235	EWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CPEXTHP	DE2234	EWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
CPEXTHP	DE2232	EWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
CPEXTHP	DE2213	EWR-N-UC-PRICE	Claim Pharmacy Usual Charge
CPEXTHP	DE2055	EWR-C-PHARM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
CPEXTHP	DE2468	EWR-PRESC-PROV-QUAL	Claim Prescribing Provider Code
CPEXTHP	DE2264	EXT-C-PATNT-RES	Claim Pharmacy Patient Residence Code
CPEXTHP	DE2260	EXT-C-COMPOUND-TYPE	Claim Pharmacy Compound Type
CPEXTHP	DE2261	EXT-C-PHRM-SERV-TYPE	Claim Pharmacy Service Type
CPEXTHP	DE2262	EXT-N-PROF-SERV-FEE	Claim Pharmacy Professional Service Fee
CPEXTHP	DE5736	EXT-C-DRUG-RTE-ADMIN	Route of Administration
CPEXTHP	DE4085	EXT-T-PRESC-NAME-FIRST	Prescriber First Name
CPEXTHP	DE4085	EXT-T-PRESC-NAME-LAST	Prescriber Last Name
CPEXTHP	DE4097	EXT-T-PRESC-ADDR-LINE	Prescriber Address
CPEXTHP	DE4130	EXT-T-PRESC-CITY	Prescriber City
CPEXTHP	DE4098	EXT-C-PRESC-STATE	Prescriber State
CPEXTHP	DE4099	EXT-C-PRESC-ZIP	Prescriber Zip Code
CPEXTHP	DE4090	EXT-T-PRESC-PHONE-NUM	Prescriber Phone Number
CPEXTHP	DE2221	EWR-N-INGRDNT-CMPNT-CNT	Claim Pharmacy Compound Number of Ingredients
CPEXTHP	DE5200	EWR-C-DRUG-NDC	Drug Code (NDC)
CPEXTHP	DE2248	EWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE5232	EWR-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CPEXTHP	DE5061	EWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE2418	EWR-I-DRUG-GCN-SEQ	Claim Dispensed as Written Indicator
CPEXTHP	DE5193	EWR-C-DRUG-UNIT-USE	Drug Unit of Use Code
CPEXTHP	DE2418	EWR-F-DAW	Claim Dispensed as Written Indicator
CPEXTHP	DE5206	EWR-C-DRUG-FORM	Drug Form Code
CPEXTHP	DE5070	EWR-T-DRUG-STR	Drug Strength Description
CPEXTHP	DE5235	EWR-N-UNIT-PRICE	Drug Direct Unit Price
CPEXTHP	DE5059	EWR-C-DRUG-CLASS	Drug Class Code
CPEXTHP	DE2223	EWR-N-INGRED-COST	Pharmacy Ingredient Cost
CPEXTHP	DE5088	EWR-C-DRUG-CAT	Drug Category Code

CPEXTHP	DE5032	EWR-C-DRUG-DEA	Drug Enforcement Administration (DEA) Code
CPEXTHP	DE2231	EWR-C-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPEXTHP	DE5735	EWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific

Files CP-F-012 PA Request Processing Error Activity File

Claim s DAILY extract file.

Subsystem:	Claims
Copybook:	PAKEYRES CP-F-012
File Organization:	Produced daily by program CPI060 (Job VMPCD060)
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	KePro Prior Authorization Error Resolution Report Program (CPD060) Batch PA Capture (CPI060)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYRES	DE0000	Bogus field to retain copybook in Word Compile	
PAKEYRES	DE2051	RECORD TYPE	Claim Extract Record Type Code
PAKEYRES	DE2477	EWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
PAKEYRES	DE2478	EWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
PAKEYRES	DE2480	EWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
PAKEYRES	DE2343	EWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
PAKEYRES	DE2088	EWR-C-FORM-TYPE	Claim Form Type
PAKEYRES	DE2002	EWR-CLAIM-TYPE	Claim Type
PAKEYRES	DE2003	EWR-C-CLM-MOD	Claim Type Modifier
PAKEYRES	DE2030	EWR-C-ATTACHMENTS	Claim Attachments Indicator
PAKEYRES	DE2177	EWR-DATE-ENTERED	Claim Entered Date
PAKEYRES	DE4001	EWR-I-SRVC-BASE-PROV	Provider Base Identification Number
PAKEYRES	DE4002	EWR-I-SRVC-PROV	Provider Identification Number
PAKEYRES	DE4001	EWR-I-BILLING-BASE-PROV	Provider Base Identification Number
PAKEYRES	DE2004	EWR-I-BILLING-PROV	Claim Billing Provider Identification Num-

			ber
PAKEYRES	DE4085	EWR-T-SRVC-PROV-NAME	Provider Name
PAKEYRES	DE4007	EWR-C-PROV-SPECIALTY	Provider Specialty Code
PAKEYRES	DE4006	EWR-C-PROV-TYPE	Provider Type
PAKEYRES	DE4082	EWR-I-PROV-SRVC-VNDR	Provider Service Center
PAKEYRES	DE4089	EWR-I-PROV-LOCALITY	Provider Locality Code
PAKEYRES	DE4002	EWR-I-1099-TAX-GROUP	Provider Identification Number
PAKEYRES	DE3001	EWR-I-ENROLLEE-ID	Enrollee Identification Number
PAKEYRES	DE3093	EWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
PAKEYRES	DE3901	EWR-I-PERSON	Person ID
PAKEYRES	DE3110	EWR-T-LAST-NAME	Enrollee Last Name
PAKEYRES	DE3112	EWR-T-MIDDLE-INITIAL	Enrollee Middle Initial
PAKEYRES	DE3111	EWR-T-FIRST-NAME	Enrollee First Name
PAKEYRES	DE3113	EWR-T-NAME-SUFFIX	Enrollee Name Suffix
PAKEYRES	DE3114	EWR-T-ADDL-NAME	Enrollee Additional Address Name
PAKEYRES	DE3115	EWR-T-STREET	Enrollee Street Address
PAKEYRES	DE3116	EWR-T-CITY	Enrollee City Name
PAKEYRES	DE3117	EWR-C-STATE	Enrollee State Code
PAKEYRES	DE3118	EWR-C-ZIP-9	Enrollee ZIP Code
PAKEYRES	DE3034	EWR-I-ENRL-SSN	Enrollee Social Security Number (SSN)
PAKEYRES	DE3955	EWR-C-SSA-NO	Person Identifier Value
PAKEYRES	DE3005	EWR-D-BIRTH	Enrollee Birth Date
PAKEYRES	DE3006	EWR-C-RACE	Enrollee Race Code
PAKEYRES	DE3007	EWR-C-ENROLLEE-SEX	Enrollee Sex Code
PAKEYRES	DE5254	EWR-I-ENRL-LOCALITY	MMIS Locality Code based on Postal Code
PAKEYRES	DE3550	EWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
PAKEYRES	DE3551	EWR-I-BNFT-PGM	Benefit Definition Plan Program Code
PAKEYRES	DE3552	EWR-I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code
PAKEYRES	DE3553	EWR-I-PLAN-CODE	Benefit Definition Plan Benefit Code
PAKEYRES	DE3009	EWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
PAKEYRES	DE3072	EWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
PAKEYRES	DE3655	EWR-C-ENRL-PREM-IND	Medicare Premium Indicator
PAKEYRES	DE2069	EWR-C-PRICE-SRC	Claim Pricing Source
PAKEYRES	DE2070	EWR-C-PRICE-TYPE	Claim Pricing Source Type
PAKEYRES	DE2071	EWR-C-PRICE-CODE	Claim Pricing Source Code
PAKEYRES	DE2031	EWR-I-PAT-ACCT-NO	Claim Patient Account Number

PAKEYRES	DE2499	EWR-N-DAYS-SINCE	Claims PA Number of Days Since
PAKEYRES	DE2498	EWR-I-PA-SEQ-NO	Claims PA Number Sequence
PAKEYRES	DE2508	EWR-C-PA-TYPE	Claims PA Type Code
PAKEYRES	DE2083	EWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
PAKEYRES	DE2022	EWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
PAKEYRES	DE2016	EWR-N-BILLED-CHARGE	Claim Billed Charge
PAKEYRES	DE2073	EWR-N-ALLOWED-AMT	Claim Allowed Amount
PAKEYRES	DE2023	EWR-N-PMT-AMT	Claim Payment Amount
PAKEYRES	DE2545	EWR-N-CALC-COINS	Claim Calculated Co-Insurance
PAKEYRES	DE2992	EWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
PAKEYRES	DE2080	EWR-N-DSA-AMT	Claim Disproportionate Share Amount
PAKEYRES	DE2547	EWR-N-DRG-PYMT-AMT	DRG Payment Amount
PAKEYRES	DE2881	EWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
PAKEYRES	DE2038	EWR-C-CATEG-SERV	Claim Category of Service
PAKEYRES	DE2010	EWR-D-SERV-FROM	Claim Service From Date
PAKEYRES	DE2011	EWR-D-SERV-THRU	Claim Service Thru Date
PAKEYRES	DE2033	EWR-C-ADJUST-RSN	Adjustment/Void Reason
PAKEYRES	DE5301	EWR-C-DIAG	Diagnosis Code
PAKEYRES	DE9865	EWR-I-BDGT-ACCT	Budget Account Identifier
PAKEYRES	DE9916	EWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
PAKEYRES	DE9843	EWR-C-BAC-OBJECT	Budget Object Code
PAKEYRES	DE9835	EWR-C-BAC-PROGRAM	Budget Program Code
PAKEYRES	DE9838	EWR-C-BAC-SUB-PRGM	Budget Sub-Program Code
PAKEYRES	DE2034	EWR-I-FORMER-ICN	Claim Related Document Number
PAKEYRES	DE2034	EWR-I-HMO-CLAIM-NUM	Claim Related Document Number
PAKEYRES	DE9580	EWR-I-RA-NUM	Remittance Advice Number
PAKEYRES	DE9578	EWR-D-RA-PYMT	Remittance Payment Date
PAKEYRES	DE2544	EWR-C-COB	Claim COB Indicator
PAKEYRES	DE2674	EWR-F-TPL	Claim TPL Flag
PAKEYRES	DE2018	EWR-N-TPL-AMT-PAID	Claim Third Party Payment
PAKEYRES	DE5353	EWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
PAKEYRES	DE2566	EWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
PAKEYRES	DE2673	EWR-F-SPLIT-CLAIM	Split Claim Flag
PAKEYRES	DE2027	EWR-F-ACCIDENT	Claim Accident Indicator
PAKEYRES	DE2802	EWR-F-EMERGENCY	Claim Emergency Identifier

PAKEYRES	DE2599	EWR-C-COPAY-IND	Claim Co-pay Indicator
PAKEYRES	DE2065	EWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
PAKEYRES	DE2066	EWR-N-CUTBACK-AMT	Claim Cutback Amount
PAKEYRES	DE2383	EWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
PAKEYRES	DE2039	EWR-C-STATUS	Claim Status
PAKEYRES	DE0012	EWR-I-USER-ID	User/Operator ID
PAKEYRES	DE2383	EWR-D-ADJUDICATION	Claim Status Begin Date
PAKEYRES	DE5506	EWR-C-ERROR-ESC	Claim Error ESC Code
PAKEYRES	DE5501	EWR-C-EDIT	Error Text Error Code
PAKEYRES	DE2078	EWR-F-OVERRIDE	Claim Edit Override
PAKEYRES	DE5603	EWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
PAKEYRES	DE5506	EWR-C-ERROR-ESC-H	Claim Error ESC Code
PAKEYRES	DE5501	EWR-C-EDIT-H	Error Text Error Code
PAKEYRES	DE2078	EWR-F-OVERRIDE-H	Claim Edit Override
PAKEYRES	DE5603	EWR-C-EDIT-DISPOSITION-H	Error Text Disposition Attachments
PAKEYRES	DE0002	EWR-N-TIMES-PEND-TOTAL	Calculated
PAKEYRES	DE0002	EWR-N-TIMES-PEND-PERIOD	Calculated
PAKEYRES	DE0002	EWR-N-TIMES-REJ-TOTAL	Calculated
PAKEYRES	DE0002	EWR-N-TIMES-REJ-PERIOD	Calculated
PAKEYRES	DE2251	EWR-N-MCARE-DEDUCT-AMT	Claim Title XVIII Deductible Amount
PAKEYRES	DE2252	EWR-N-MCARE-COINS-AMT	Claim Title XVIII Coinsurance Amount
PAKEYRES	DE2253	EWR-N-MCARE-ALLOW-CHG	Claim Title XVIII Charge Allowed
PAKEYRES	DE2254	EWR-N-MCARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
PAKEYRES	DE2257	EWR-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
PAKEYRES	DE2102	EWR-C-BILL-TYPE	Claim Facility Bill Type
PAKEYRES	DE2136	EWR-H-ADMISSION-HOUR	Claim Hour of Admission
PAKEYRES	DE2108	EWR-N-COVD-DAYS	Claim Covered Days
PAKEYRES	DE2109	EWR-N-NCOV-DAYS	Claim Non-Covered Days
PAKEYRES	DE2056	EWR-N-ELIGIBLE-DAYS	Claim number of days eligible
PAKEYRES	DE2105	EWR-D-ADMIT	Claim Admission Date
PAKEYRES	DE2106	EWR-C-ADMIT-SRC	Claim Admission Source

PAKEYRES	DE5301	EWR-C-ADMIT-DIAG	Diagnosis Code
PAKEYRES	DE2412	EWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
PAKEYRES	DE2107	EWR-C-ADMIT-TYPE	Claim Nature of Admission
PAKEYRES	DE2869	EWR-C-DISCHG-STAT	Claim Discharge Status
PAKEYRES	DE2315	EWR-N-PMT-DAYS	Claim Payment days
PAKEYRES	DE2358	EWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
PAKEYRES	DE2077	EWR-N-PRV-ROOM-DIFF	Claim Private Room Differential
PAKEYRES	DE0002	EWR-UB92-CLAIM-CNTR	Calculated
PAKEYRES	DE2122	EWR-C-REV	Claim Revenue Code
PAKEYRES	DE5002	EWR-C-HCPCS	Procedure Code
PAKEYRES	DE2123	EWR-N-UNITS-UB	Claim Revenue Units
PAKEYRES	DE2124	EWR-N-REV-BILLED-AMT	Claim Revenue Amount
PAKEYRES	DE2139	EWR-N-NON-COV-AMT	Claim Non-Covered Amount
PAKEYRES	DE2991	EWR-N-REV-ALLD-AMT	Claim Revenue Allowed Amt
PAKEYRES	DE2065	EWR-N-UB-CBACK-UNITS	Claim Cutback Days/Units
PAKEYRES	DE2066	EWR-N-UB-CBACK-AMT	Claim Cutback Amount
PAKEYRES	DE2115	EWR-C-CONDITION	Claim Condition Code
PAKEYRES	DE2110	EWR-C-OCCURRENCE	Claim Occurrence Code
PAKEYRES	DE2113	EWR-D-OCCUR-BEGIN	Claim Occurrence From Date
PAKEYRES	DE2114	EWR-D-OCCUR-END	Claim Occurrence Thru Date
PAKEYRES	DE2128	EWR-C-VALUE	Claim Value Code
PAKEYRES	DE2131	EWR-N-VALUE-AMT	Claim Value Amount
PAKEYRES	DE5002	EWR-C-PROCEDURE-UB	Procedure Code
PAKEYRES	DE2021	EWR-C-PROCEDURE	Claim Procedure Code Date
PAKEYRES	DE5001	EWR-C-PROCEDURE-TYPE	Procedure Code Type
PAKEYRES	DE2060	EWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
PAKEYRES	DE4001	EWR-I-ATTEND-BASE-PROV	Provider Base Identification Number
PAKEYRES	DE4002	EWR-I-OTHER-PROV1	Provider Identification Number
PAKEYRES	DE4001	EWR-I-OTHER-BASE-PROV1	Provider Base Identification Number
PAKEYRES	DE2453	EWR-I-OTHER-PROV2	Other Provider 2
PAKEYRES	DE4001	EWR-I-OTHER-BASE-PROV2	Provider Base Identification Number
PAKEYRES	DE2845	EWR-I-MED-REC-NO	Claim Medical Record Number

PAKEYRES	DE5301	EWR-C-EXT-INJ-DIAG	Diagnosis Code
PAKEYRES	DE2431	EWR-F-AUTO-ACCIDENT	Claim Auto Accident
PAKEYRES	DE2028	EWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
PAKEYRES	DE2074	EWR-F-EMPLOYMENT	Claim Employment Indicator
PAKEYRES	DE2075	EWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
PAKEYRES	DE2174	EWR-I-PROF-LAB	Claim Professional Lab Indicator
PAKEYRES	DE4001	EWR-I-REFER-BASE-ROV	Provider Base Identification Number
PAKEYRES	DE2060	EWR-I-REFER-PROV	Claim Attending Provider Identification Number
PAKEYRES	DE2173	EWR-C-PLACE-OF-SERV	Claim Professional Place of Service
PAKEYRES	DE2072	EWR-C-TYPE-SERVICE	Claim Type of Service
PAKEYRES	DE5002	EWR-C-PROCEDURE-MED	Procedure Code
PAKEYRES	DE5001	EWR-C-PROCEDURE-TYPE-MED	Procedure Code Type
PAKEYRES	DE2171	EWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
PAKEYRES	DE2171	EWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
PAKEYRES	DE2171	EWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
PAKEYRES	DE2009	EWR-N-UNITS	Claim Number of Units/Visits/Studies
PAKEYRES	DE2084	EWR-N-WAIT-TIME	Anesthesia Minutes
PAKEYRES	DE2085	EWR-N-PASSENGERS	Claim Number of Passengers
PAKEYRES	DE2200	EWR-C-TOOTH	Claim Dental Tooth Code
PAKEYRES	DE2892	EWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
PAKEYRES	DE2201	EWR-C-TOOTH-SRFC	Claim Dental Surface Codes
PAKEYRES	DE2201	EWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
PAKEYRES	DE2201	EWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
PAKEYRES	DE2201	EWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
PAKEYRES	DE2201	EWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
PAKEYRES	DE5088	EWR-C-DRUG-CAT	Drug Category Code
PAKEYRES	DE2228	EWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
PAKEYRES	DE2211	EWR-I-RX-NO	Claim Pharmacy Prescription Number
PAKEYRES	DE2826	EWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
PAKEYRES	DE4001	EWR-I-PRESCRIB-BASE-PROV	Provider Base Identification Number
PAKEYRES	DE2229	EWR-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
PAKEYRES	DE2216	EWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply

PAKEYRES	DE2220	EWR-F-COMPOUND	Claim Pharmacy Compound Indicator
PAKEYRES	DE2212	EWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
PAKEYRES	DE2227	EWR-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
PAKEYRES	DE5200	EWR-C-DRUG-NDC	Drug Code (NDC)
PAKEYRES	DE2248	EWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
PAKEYRES	DE5232	EWR-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
PAKEYRES	DE5061	EWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
PAKEYRES	DE5193	EWR-C-DRUG-UNIT-USE	Drug Unit of Use Code
PAKEYRES	DE2418	EWR-F-DAW	Claim Dispensed as Written Indicator
PAKEYRES	DE5206	EWR-C-DRUG-FORM	Drug Form Code
PAKEYRES	DE5070	EWR-T-DRUG-STR	Drug Strength Description
PAKEYRES	DE2214	EWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
PAKEYRES	DE2238	EWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
PAKEYRES	DE5059	EWR-C-DRUG-CLASS	Drug Class Code
PAKEYRES	DE2223	EWR-N-INGRED-COST	Pharmacy Ingredient Cost
PAKEYRES	DE2217	EWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
PAKEYRES	DE2236	EWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
PAKEYRES	DE5032	EWR-C-DRUG-DEA	Drug Enforcement Administration (DEA) Code
PAKEYRES	DE2231	EWR-C-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
PAKEYRES	DE2221	EWR-N-INGRDNT-CMPNT-CNT	Claim Pharmacy Compound Number of Ingredients

Files CP-F-013 Claims EDI Host Acknowledgement File

The Claims ICN Cross Reference File contains records which associate the new VaMMIS ICN with the former VMAP ICN. This file is created during the claims file conversion process. The VMAP ICNs are loaded to the XREF records from existing claim records. A VaMMIS ICN is created in the claims conversion programs for each VMAP ICN. The VaMMIS ICN and its corresponding VMAP ICN are stored on the same XREF record. The VaMMIS ICN [x(15)] serves as the key to the XREF record. Copy Member=???????? LRECL=025.

Subsystem:	Claims
Copybook:	CPEDICNT N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	ICN Assign, PA Xref, Reformat Provider IDs, AWR comp data (CPI020)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEDICNT	DE2581	CP-MCN-ID	Claims MCN Number
CPEDICNT	DE0000	CP-MCN-DATE-TIME	
CPEDICNT	DE0002	CP-MCN-WRITE	Calculated
CPEDICNT	DE0002	CP-MCN-ERROR	Calculated

Files CP-F-014 Claims Consent Data Store

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-015 Claims Request File

FILE CONTAINS REQUEST WORK-IN-PROCESS DATA

Subsystem:	Claims
Copybook:	CPREQT N/A
File Organization:	VSAM
Device Type:	Disk
Primary Key:	CP-RQST-ID (2001) CP-RQST-NAME (2780) CP-RQST-USER-ID (2035)
Alternate Key:	N/A
Program:	CPAS Sample Reporting (CAM300) Adjustment Selection Screen (CPA152) Pend Re-cycle Batch Processor (CPI140) Mass Adjustment Processor (CPI220) CHIRP Request Selection (CPR020) CHIRP Extract program (CPR300) CP-O-477 CHIRP Request Selection Report (CPR319) SUMMARIZE DATA FOR CLAIMS SUBSYSTEM STATISTICS (CPR505) Claims Request File Purge - CP-O-540 CLAIMS REQUEST FILE PURGE REPORT (CPR540) Claims Base ID Update Program (CPW500) Claims Base ID Denied Reporting (CPW520) Newborn Managed Care Enrollment (MCD010) License Termination/Renewal Update (PSD070) Provider File Cancel / Un-Cancel (PST020) Enrollee Trigger File Control Totals (RSD010) Monthly Enrollee Recertification and Auto-Closures (RSM010) Returned EOMB Tracking Information (SUT051VA)
Graphics:	N/A

Field Definitions

Copybook	Element	Field Name	Data Element Dictionary Name

	ID		
CPREQT	DE2001	CP-RQST-ID	Claim Request ICN
CPREQT	DE2780	CP-RQST-NAME	Claim CHIRP/Adjustment Request Name
CPREQT	DE2035	CP-RQST-USER-ID	Claim User-ID Code
CPREQT	DE2855	CP-RQST-ACTION	Claim CHIRP/Adjustment Request Type of Action
CPREQT	DE2828	CP-RQST-STATUS	Claim CHIRP Request Status
CPREQT	DE2493	CP-RQST-ENCOUNTER	Claims Chirp Encounter Request Flag
CPREQT	DE2490	CP-RQST-ADJUDICATE	Claims Chirp Adjudicated Claims Request Flag
CPREQT	DE3001	CP-RQST-ENROL-NO	Enrollee Identification Number
CPREQT	DE4002	CP-RQST-SRVC-PROV	Provider Identification Number
CPREQT	DE2004	CP-RQST-BILL-PROV	Claim Billing Provider Identification Number
CPREQT	DE4001	CP-RQST-BASE-PROV	Provider Base Identification Number
CPREQT	DE2001	CP-RQST-ICN	Claim Request ICN
CPREQT	DE2477	CP-RQST-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2002	CP-RQST-CLM-TYPE	Claim Type
CPREQT	DE2003	CP-RQST-REQ-CLM-TYPE-MOD	Claim Type Modifier
CPREQT	DE2034	CP-RQST-FORMER-ICN	Claim Related Document Number
CPREQT	DE2477	CP-RQST-FRMR-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-FRMR-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-FRMR-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-FRMR-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2845	CP-RQST-MED-REC-NO	Claim Medical Record Number
CPREQT	DE2039	CP-RQST-CLAIM-STATUS	Claim Status
CPREQT	DE2846	CP-RQST-ENROL-AGE	Claim CHIRP Request Recipient Age
CPREQT	DE9580	CP-RQST-REMIT-NO	Remittance Advice Number
CPREQT	DE2016	CP-RQST-TOTAL-BILLED	Claim Billed Charge
CPREQT	DE3009	CP-RQST-AID-CATEGORY	Enrollee Eligibility Aid Category
CPREQT	DE3551	CP-RQST-BEN-DEF-PLAN-PROG-CD	Benefit Definition Plan Program Code

CPREQT	DE3552	CP-RQST-BEN-DEF-PLAN-SUBPRG-CD	Benefit Definition Plan Subprogram Code
CPREQT	DE3553	CP-RQST-BEN-DEF-PLAN-BEN-CD	Benefit Definition Plan Benefit Code
CPREQT	DE3072	CP-RQST-ENROL-BEN-EXCPT-CD	Benefit Plan Exception Indicator
CPREQT	DE3008	CP-RQST-ENROL-FIPS-CD	Enrollee FIPS Code
CPREQT	DE9578	CP-RQST-PYMT-DATE	Remittance Payment Date
CPREQT	DE2010	CP-RQST-FIRST-SERV-DT	Claim Service From Date
CPREQT	DE2011	CP-RQST-LAST-SERV-DT	Claim Service Thru Date
CPREQT	DE2499	CP-RQST-DAYS-SINCE	Claims PA Number of Days Since
CPREQT	DE2498	CP-RQST-PA-SEQ-NO	Claims PA Number Sequence
CPREQT	DE2508	CP-RQST-PA-TYPE	Claims PA Type Code
CPREQT	DE2023	CP-RQST-TOTAL-AMT-PAID	Claim Payment Amount
CPREQT	DE5501	CP-RQST-CURRENT-ERROR	Error Text Error Code
CPREQT	DE5603	CP-RQST-EACH-ERR-LINE	Error Text Disposition Attachments
CPREQT	DE2038	CP-RQST-CAT-OF-SERV	Claim Category of Service
CPREQT	DE2033	CP-RQST-ADJ-REAS	Adjustment/Void Reason
CPREQT	DE2173	CP-RQST-POS	Claim Professional Place of Service
CPREQT	DE2072	CP-RQST-TYPE-OF-SERV	Claim Type of Service
CPREQT	DE2544	CP-RQST-COB	Claim COB Indicator
CPREQT	DE5353	CP-RQST-DRG	DRG (Diagnosis Related Group) Code
CPREQT	DE5301	CP-RQST-PRIM-DIAG-CD	Diagnosis Code
CPREQT	DE5002	CP-RQST-PROC	Procedure Code
CPREQT	DE2171	CP-RQST-MOD	Claims Procedure Code Modifier
CPREQT	DE5200	CP-RQST-NDC-CD	Drug Code (NDC)
CPREQT	DE2122	CP-RQST-REV-CD	Claim Revenue Code
CPREQT	DE2884	CP-RQST-NPI-ONLY	NPI Only Ind
CPREQT	DE4006	CP-RQST-NPI-PROV-TYPE	Provider Type
CPREQT	DE4002	CP-RQST-LEGACY-ID	Provider Identification Number
CPREQT	DE4143	CP-RQST-PROV-SITE-ID	NPI XREF Site Number
CPREQT	DE2588	CP-RQST-DRG-SOI	Claim DRG Severity of Illness
CPREQT	DE2785	CP-RQST-CHR-RQST-	Claim Chirp Request Report Format

		RPT	
CPREQT	DE2486	CP-RQST-CHR-OUTPUT-FORMAT	Claims Chirp Output Format
CPREQT	DE2551	CP-RQST-SORT-1	Claims Chirp Request Sort-1
CPREQT	DE2552	CP-RQST-SORT-2	Claims Chirp Request Sort-2
CPREQT	DE2553	CP-RQST-SORT-3	Claims Chirp Request Sort-3
CPREQT	DE2554	CP-RQST-SORT-4	Claims Chirp Request Sort-4
CPREQT	DE2555	CP-RQST-SORT-5	Claims Chirp Request Sort-5
CPREQT	DE2556	CP-RQST-SORT-6	Claims Chirp Request Sort-6
CPREQT	DE2557	CP-RQST-SORT-7	Claims Chirp Request Sort-7
CPREQT	DE2558	CP-RQST-SORT-8	Claims Chirp Request Sort-8
CPREQT	DE2149	CP-RQST-DIST-LOC	Claim CHIRP Distribution Location
CPREQT	DE0000	CP-RQST-ADDITIONAL-CODES	
CPREQT	DE2001	CP-RQST-ICN-FROM	Claim Request ICN
CPREQT	DE2477	CP-RQST-FROM-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-FROM-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-FROM-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-FROM-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2001	CP-RQST-ICN-THRU	Claim Request ICN
CPREQT	DE2477	CP-RQST-THRU-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-THRU-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-THRU-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-THRU-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2088	CP-RQST-FORM-TYPE	Claim Form Type
CPREQT	DE3001	CP-RQST-ENROLLEE	Enrollee Identification Number
CPREQT	DE5002	CP-RQST-PROC-CODE	Procedure Code
CPREQT	DE5301	CP-RQST-DIAG-CODE	Diagnosis Code
CPREQT	DE2009	CP-RQST-UNITS-OF-SVC	Claim Number of Units/Visits/Studies
CPREQT	DE2010	CP-RQST-SERVICE-FROM	Claim Service From Date
CPREQT	DE2011	CP-RQST-SERVICE-THRU	Claim Service Thru Date

CPREQT	DE2383	CP-RQST-STATUS-DATE	Claim Status Begin Date
CPREQT	DE3551	CP-RQST-BENEFIT-PROG	Benefit Definition Plan Program Code
CPREQT	DE3552	CP-RQST-BENEFIT-SUBPROG	Benefit Definition Plan Subprogram Code
CPREQT	DE3553	CP-RQST-BENEFIT-PLAN-CD	Benefit Definition Plan Benefit Code
CPREQT	DE5611	CP-RQST-EDIT-NUMBER	Claim Edit Code
CPREQT	DE2544	CP-RQST-COB-CODE	Claim COB Indicator
CPREQT	DE4002	CP-RQST-SERV-PROV	Provider Identification Number
CPREQT	DE2004	CP-RQST-BILLING-PROV	Claim Billing Provider Identification Number
CPREQT	DE4006	CP-RQST-PROV-TYPE	Provider Type
CPREQT	DE4007	CP-RQST-PROV-SPCLTY	Provider Specialty Code
CPREQT	DE2102	CP-RQST-BILL-TYPE	Claim Facility Bill Type
CPREQT	DE2016	CP-RQST-BILL-AMOUNT	Claim Billed Charge
CPREQT	DE9580	CP-RQST-RA-NUM	Remittance Advice Number
CPREQT	DE2035	CP-RQST-ORIG-USER-ID	Claim User-ID Code
CPREQT	DE0002	CP-RQST-ICN-COUNT	Calculated
CPREQT	DE2002	CP-RQST-CLAIM-TYPE	Claim Type
CPREQT	DE9578	CP-RQST-PYMT-DT	Remittance Payment Date
CPREQT	DE2033	CP-RQST-ADJUST-RSN	Adjustment/Void Reason

Files CP-F-016 Claim ICN Count File

FILE CONTAINS TRANSACTION WORK-IN-PROCESS DATA

Subsystem:	Claims
Copybook:	CPCLMCNT
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	ICN Assign, PA Xref, Reformat Provider IDs, AWR comp data (CPI020)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPCLMCNT	DE0002	CP-CLM-CNT	Calculated

Files CP-F-017 PA Request Processing Error Activity History File

This is the adjudicated work record.

Subsystem:	Claims
Copybook:	CPADJWK PAKEYRES CP-F-017
File Organization:	Backup of the PA Request Processing Error Activity File
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	KePRO PA Activity Response Extract (CPD110)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYRES	DE0000	Bogus field to retain copybook in Word Compile	
CPADJWK	DE2001	AWR-ICN-DMBS	Claim Request ICN
CPADJWK	DE2088	AWR-I-FORM-TYPE	Claim Form Type
CPADJWK	DE2002	AWR-C-CLAIM-TYPE	Claim Type
CPADJWK	DE2003	AWR-C-TYPE-MODIFIER	Claim Type Modifier
CPADJWK	DE2030	AWR-F-ATTACHMENTS	Claim Attachments Indicator
CPADJWK	DE2013	AWR-DATE-ENTERED	Claim EDI Attachment Control Number
CPADJWK	DE4002	AWR-I-PROV	Provider Identification Number
CPADJWK	DE4001	AWR-I-BASE-BROV	Provider Base Identification Number
CPADJWK	DE4230	AWR-D-FSCL-PARM-END	Provider Fiscal Year End Date
CPADJWK	DE4229	AWR-D-FSCL-PARM-BEGIN	Provider Fiscal Year End Begin Date
CPADJWK	DE4057	AWR-D-FSCL-YR-MNTH	Provider Fiscal Year End Month
CPADJWK	DE4247	AWR-C-RELATION-TYPE	Provider Group Type
CPADJWK	DE4106	AWR-I-PROV-GROUP	Provider Group Identifier
CPADJWK	DE4066	AWR-D-LCN-BEGIN	Provider License Begin Date
CPADJWK	DE4067	AWR-D-LCN-END	Provider License End Date

CPADJWK	DE4288	AWR-C-RSTRCT-ACTION	Provider Restriction Action Type
CPADJWK	DE4020	AWR-D-RSTRCT-BEGIN	Provider Restriction Begin Date
CPADJWK	DE4021	AWR-D-RSTRCT-END	Provider Restriction End Date
CPADJWK	DE4007	AWR-C-SPECIALTY	Provider Specialty Code
CPADJWK	DE4070	AWR-D-SPEC-BEGIN	Provider Specialty Certification Begin Date
CPADJWK	DE4071	AWR-D-SPEC-END	Provider Specialty Certification End Date
CPADJWK	DE4006	AWR-C-PROV-TYPE	Provider Type
CPADJWK	DE4010	AWR-D-PVTYP-BEGIN	Provider Type Begin Date
CPADJWK	DE4011	AWR-D-PVTYP-END	Provider Type End Date
CPADJWK	DE4255	AWR-N-RATE	Provider Rate
CPADJWK	DE4252	AWR-D-RATE-BEGIN	Provider Rate Begin Date
CPADJWK	DE4251	AWR-C-RATE	Provider Rate Code
CPADJWK	DE4253	AWR-D-RATE-END	Provider Rate End Date
CPADJWK	DE4081	AWR-C-ECOMM-METH-TYPE	Provider EMC Billing Indicator
CPADJWK	DE4082	AWR-I-SRVC-VNDR	Provider Service Center
CPADJWK	DE4318	AWR-I-CERT-NUM	CLIA Certification Number
CPADJWK	DE4319	AWR-C-CERT-TYPE	CLIA Certification Type
CPADJWK	DE4316	AWR-D-CERT-BEGIN	CLIA Certification Begin Date
CPADJWK	DE4317	AWR-D-CERT-END	CLIA Certification End Date
CPADJWK	DE4322	AWR-C-PROC	CLIA HCPC Procedure Code
CPADJWK	DE4320	AWR-D-CLIA-HCPCS-BEGIN	CLIA HCPC Begin Date
CPADJWK	DE4321	AWR-D-CLIA-HCPCS-END	CLIA HCPC End Date
CPADJWK	DE4310	AWR-I-CLIA	Clinical Laboratory Improvement Amendment (CLIA) Number
CPADJWK	DE4333	AWR-D-CLIA-SPEC-BEGIN	CLIA Specialty Begin Date
CPADJWK	DE4334	AWR-D-CLIA-SPEC-END	CLIA Specialty End Date
CPADJWK	DE4335	AWR-C-SPEC-TYPE	CLIA Specialty Type
CPADJWK	DE4020	AWR-D-RSTRCT-BEGIN	Provider Restriction Begin Date
CPADJWK	DE4025	AWR-C-RSTRCT-PROC-FROM	Provider Restriction From Procedure Code
CPADJWK	DE4026	AWR-C-RSTRCT-PROC-THRU	Provider Restriction Thru Procedure Code
CPADJWK	DE4289	AWR-F-INCLUDE-EXCLUDE	Provider Restriction Inclus-ive/Exclusive Indicator
CPADJWK	DE3001	AWR-I-ENROLLEE	Enrollee Identification Number

CPADJWK	DE1001	AWR-T-PRSN-NAME	Person Name
CPADJWK	DE1006	AWR-D-PRSN-BIRTH-DT	Person Birth Date
CPADJWK	DE1010	AWR-C-PRSN-GENDER	Person Gender Code
CPADJWK	DE2031	AWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPADJWK	DE2024	AWR-I-PA-CNTL-NO	Prior Authorization Control Number
CPADJWK	DE2010	AWR-D-SERV-FROM	Claim Service From Date
CPADJWK	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
CPADJWK	DE0002	AWR-DIAG-SEQ-NO	Calculated
CPADJWK	DE5452	AWR-DIAG-CODE-TYPE	Diagnosis Category
CPADJWK	DE2032	AWR-C-PRINC-DIAG	Erwin Element
CPADJWK	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
CPADJWK	DE9580	AWR-C-RA-NUM	Remittance Advice Number
CPADJWK	DE3550	AWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPADJWK	DE3072	AWR-C-BEN-EXCEPT-CD	Benefit Plan Exception Indicator
CPADJWK	DE2049	AWR-F-TPL-EXCEPTION	Origin of PA Entry
CPADJWK	DE3658	AWR-I-POLICY	TPL Policy Number
CPADJWK	DE0002	AWR-STATUS-LINE-NO	Calculated
CPADJWK	DE2014	AWR-D-STATUS	Claim EDI Attachment Report Type
CPADJWK	DE2039	AWR-C-STATUS	Claim Status
CPADJWK	DE0000	AWR-T-STATUS	
CPADJWK	DE5611	AWR-I-CLAIM-EDIT	Claim Edit Code
CPADJWK	DE4006	AWR-I-CLAIM-EDIT-TYPE	Provider Type
CPADJWK	DE2884	AWR-C-EDIT-DISP	NPI Only Ind
CPADJWK	DE2035	AWR-I-USER	Claim User-ID Code
CPADJWK	DE2102	AWR-I-BILL-FAC-TYPE	Claim Facility Bill Type
CPADJWK	DE2108	AWR-N-COV-DAYS	Claim Covered Days
CPADJWK	DE2109	AWR-N-NCOV-DAYS	Claim Non-Covered Days
CPADJWK	DE2143	AWR-C-LTC-LVLOC	Unit of Measure Qualifier
CPADJWK	DE2105	AWR-D-ADMIT-DATE	Claim Admission Date
CPADJWK	DE2136	AWR-I-ADMIT-HR	Claim Hour of Admission
CPADJWK	DE2107	AWR-C-NATURE-ADMIT	Claim Nature of Admission
CPADJWK	DE2106	AWR-C-ADMIT-SOURCE	Claim Admission Source
CPADJWK	DE2412	AWR-I-DISCH-HR	Claim Hour of Discharge
CPADJWK	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
CPADJWK	DE2802	AWR-I-EMERG	Claim Emergency Identifier
CPADJWK	DE2205	AWR-C-PROC-CD-TYPE	Claim Procedure Coding Type
CPADJWK	DE2024	AWR-I-PA-CNTL-NO	Prior Authorization Control Number
CPADJWK	DE2083	AWR-N-PAT-PAY-AMT	Claim Patient Pay Amount

CPADJWK	DE2038	AWR-C-CATEG-SERV	Claim Category of Service
CPADJWK	DE3017	AWR-C-ENR-TPL-IND	Verification SSN Data
CPADJWK	DE2543	AWR-N-TAD-RESUB	Claim TAD Resubmittal Number (not claim)
CPADJWK	DE2034	AWR-I-FORMER-REF-NO	Claim Related Document Number
CPADJWK	DE2073	AWR-N-ALLOWED-AMT	Claim Allowed Amount
CPADJWK	DE2023	AWR-N-PMT-AMT	Claim Payment Amount
CPADJWK	DE3466	AWR-N-ENR-COPAY-LIAB	Enrollee Co-payment Liability
CPADJWK	DE2315	AWR-N-PMT-DAYS	Claim Payment days
CPADJWK	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
CPADJWK	DE2015	AWR-D-PAYMENT	Claim EDI Attachment Trans Code
CPADJWK	DE5353	AWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPADJWK	DE0000	AWR-UB92-LINE-NO	
CPADJWK	DE2122	AWR-C-REVCD	Claim Revenue Code
CPADJWK	DE2009	AWR-N-UNITS	Claim Number of Units/Visits/Studies
CPADJWK	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
CPADJWK	DE2137	AWR-N-REV-NCVD-AMT	Claim Revenue Non-Covered Amount
CPADJWK	DE2065	AWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPADJWK	DE2066	AWR-N-CUTBACK-AMT	Claim Cutback Amount
CPADJWK	DE0002	AWR-COND-SEQ-NO	Calculated
CPADJWK	DE2115	AWR-C-CONDITION	Claim Condition Code
CPADJWK	DE0002	AWR-OCCUR-SEQ-NO	Calculated
CPADJWK	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
CPADJWK	DE2114	AWR-D-OCCUR-SPAN-THRU	Claim Occurrence Thru Date
CPADJWK	DE0002	AWR-VALUE-SEQ-NO	Calculated
CPADJWK	DE2128	AWR-C-VALUE	Claim Value Code
CPADJWK	DE2131	AWR-N-VALUE-AMT	Claim Value Amount
CPADJWK	DE0002	AWR-PROC-SEQ-NO	Calculated
CPADJWK	DE5002	AWR-C-PRINC-PROCEDURE	Procedure Code
CPADJWK	DE2021	AWR-D-PRINC-PROCEDURE	Claim Procedure Code Date
CPADJWK	DE0002	AWR-PHYS-SEQ-NO	Calculated
CPADJWK	DE0002	AWR-PAYER-SEQ-NO	Calculated
CPADJWK	DE2208	AWR-I-PAYER	Claim Payer Identification
CPADJWK	DE2004	AWR-I-PROV	Claim Billing Provider Identification Number
CPADJWK	DE2083	AWR-N-PAT-PAY-AMT	Claim Patient Pay Amount

CPADJWK	DE3001	AWR-INSURED-NUMBER	Enrollee Identification Number
CPADJWK	DE3673	AWR-TPL-CARR-NAME	TPL Carrier Name
CPADJWK	DE3658	AWR-TPL-POLICY-NO	TPL Policy Number
CPADJWK	DE3170	AWR-ENR-EMPLR-NAME	Employer Name
CPADJWK	DE3170	AWR-I-EMPLOYMENT	Employer Name
CPADJWK	DE2025	AWR-C-TPL-IND	Associated RX Number
CPADJWK	DE2027	AWR-F-TPL-ACCID	Claim Accident Indicator
CPADJWK	DE2100	AWR-I-REF-PHY-NO	Erwin Element
CPADJWK	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
CPADJWK	DE2543	AWR-N-TAD-RESUB	Claim TAD Resubmittal Number (not claim)
CPADJWK	DE2071	AWR-I-SVC-PROV-NO	Claim Pricing Source Code
CPADJWK	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
CPADJWK	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPADJWK	DE2033	AWR-C-ADJ-REASON	Adjustment/Void Reason
CPADJWK	DE2173	AWR-C-PROF-POS	Claim Professional Place of Service
CPADJWK	DE2072	AWR-C-TOS	Claim Type of Service
CPADJWK	DE2008	AWR-C-PRINC-PROCEDURE	Claim Principal Procedure Code
CPADJWK	DE2171	AWR-C-PROF-PROC-MOD	Claims Procedure Code Modifier
CPADJWK	DE2016	AWR-N-BILLED-CHARGE	Claim Billed Charge
CPADJWK	DE2009	AWR-N-UNITS	Claim Number of Units/Visits/Studies
CPADJWK	DE2075	AWR-F-FAM-PLAN	Claim Family Planning/EPSDT Indicator
CPADJWK	DE2802	AWR-I-EMERG	Claim Emergency Identifier
CPADJWK	DE2544	AWR-C-COB-IND	Claim COB Indicator
CPADJWK	DE2019	AWR-N-TPP-BY-DOC	Claim EDI Encounter Contract Code
CPADJWK	DE2083	AWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPADJWK	DE2038	AWR-C-CATEG-SERV	Claim Category of Service
CPADJWK	DE3466	AWR-N-ENR-COPAY-LIAB	Enrollee Co-payment Liability
CPADJWK	DE2073	AWR-N-ALLOWED-AMT	Claim Allowed Amount
CPADJWK	DE2023	AWR-D-PAYMENT	Claim Payment Amount
CPADJWK	DE2065	AWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPADJWK	DE2066	AWR-N-CUTBACK-AMT	Claim Cutback Amount
CPADJWK	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPADJWK	DE0002	AWR-DIAG-SEQ-NO	Calculated
CPADJWK	DE2032	AWR-PROF-DIAG	Erwin Element
CPADJWK	DE4064	AWR-I-PROV-LICENSE	Provider License Number

CPADJWK	DE0002	AWR-TOOTH-SEQ-NO	Calculated
CPADJWK	DE2200	AWR-C-DENT-TOOTH	Claim Dental Tooth Code
CPADJWK	DE2201	AWR-C-DENT-SURF	Claim Dental Surface Codes
CPADJWK	DE2105	AWR-D-ADMIT-DATE	Claim Admission Date
CPADJWK	DE2257	AWR-N-T18-MED-BILLED	Claim Title XVIII Amount Billed to Medicare
CPADJWK	DE2253	AWR-N-T18-CHG-ALLOWED	Claim Title XVIII Charge Allowed
CPADJWK	DE2254	AWR-N-T18- MED-PAID	Claim Title XVIII Medicare Paid Amount
CPADJWK	DE2251	AWR-N-T18-DED-AMT	Claim Title XVIII Deductible Amount
CPADJWK	DE2252	AWR-N-T18-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPADJWK	DE2018	AWR-N-TPP-BY-LINE	Claim Third Party Payment
CPADJWK	DE2229	AWR-C-PHARM-LOS	Claim Pharmacy Level of Service
CPADJWK	DE2216	AWR-C-PHARM-DAYS-SUPP	Claim Pharmacy Days Supply
CPADJWK	DE2212	AWR-C-PHARM-REFILL	Claim Pharmacy Refill Code
CPADJWK	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
CPADJWK	DE2228	AWR-C-PHARM-PAT-LOC	Claim Pharmacy Patient Location Code
CPADJWK	DE2224	AWR-I-PHARM-TXN-TYPE	Claim Pharmacy Transaction Type
CPADJWK	DE2211	AWR-I-PHARM-PRESC-NO	Claim Pharmacy Prescription Number
CPADJWK	DE5200	AWR-I-PHARM-DRUG-CD	Drug Code (NDC)
CPADJWK	DE5042	AWR-C-DRUG-UNIT-DOSE	Drug Unit Dose Code
CPADJWK	DE2826	AWR-I-PRES-PHY-NO	Claim Prescribing Physician Identification Number
CPADJWK	DE2223	AWR-N-PHARM-INGR-COST	Pharmacy Ingredient Cost
CPADJWK	DE2217	AWR-N-PHARM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPADJWK	DE5235	AWR-N-DIR-UNIT-PRICE	Drug Direct Unit Price
CPADJWK	DE5290	AWR-I-THER-CLASS-CD	Drug Therapeutic Class AHFS Code

Files CP-F-018 DRG Claims Extract File

This is the Extract Work Record.

Subsystem:	Claims
Copybook:	DRGEXTWK
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly Medicaid DRG Extract (CPR090) Monthly DRG Activity Selection/Re-formatting (CPR309)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
DRGEXTWK	DE3001	DWR-I-ENROLLEE-ID	Enrollee Identification Number
DRGEXTWK	DE2004	DWR-I-BILLING-PROV	Claim Billing Provider Identification Number
DRGEXTWK	DE4006	DWR-C-PROV-TYPE	Provider Type
DRGEXTWK	DE0000	DWR-C-SUBMT-PROVID	
DRGEXTWK	DE0000	DWR-I-PLUGGED-NPI	
DRGEXTWK	DE2010	DWR-D-SERV-FROM	Claim Service From Date
DRGEXTWK	DE2011	DWR-D-SERV-THRU	Claim Service Thru Date
DRGEXTWK	DE2080	DWR-N-DSA-AMT	Claim Disproportionate Share Amount
DRGEXTWK	DE2002	DWR-C-CLM-TYPE-CVAL	Claim Type
DRGEXTWK	DE2477	DWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
DRGEXTWK	DE2478	DWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
DRGEXTWK	DE2480	DWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
DRGEXTWK	DE2343	DWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number

DRGEXTWK	DE3006	DWR-C-RACE	Enrollee Race Code
DRGEXTWK	DE3007	DWR-C-ENROLLEE-SEX	Enrollee Sex Code
DRGEXTWK	DE3005	DWR-D-BIRTH	Enrollee Birth Date
DRGEXTWK	DE3072	DWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
DRGEXTWK	DE2039	DWR-C-CLM-STAT-CVAL	Claim Status
DRGEXTWK	DE2003	DWR-C-CLM-MOD-CVAL	Claim Type Modifier
DRGEXTWK	DE2383	DWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
DRGEXTWK	DE2384	DWR-D-MOD-STAT-END	Claim Status End Date
DRGEXTWK	DE2031	DWR-I-PAT-ACCT-NO	Claim Patient Account Number
DRGEXTWK	DE2544	DWR-C-COB	Claim COB Indicator
DRGEXTWK	DE2016	DWR-N-BILLED-CHARGE	Claim Billed Charge
DRGEXTWK	DE2018	DWR-N-TPL-AMT-PAID	Claim Third Party Payment
DRGEXTWK	DE2023	DWR-N-PYMT-AMT	Claim Payment Amount
DRGEXTWK	DE2034	DWR-I-RELATED-DOC-NUM	Claim Related Document Number
DRGEXTWK	DE2022	DWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
DRGEXTWK	DE4082	DWR-I-PROV-SRVC-VNDR	Provider Service Center
DRGEXTWK	DE4007	DWR-C-PROV-SPECIALTY	Provider Specialty Code
DRGEXTWK	DE9865	DWR-I-BUDGET-ACCT	Budget Account Identifier
DRGEXTWK	DE9916	DWR-I-BDGT-SEQ-NO	DMAS BAC Sequence Number
DRGEXTWK	DE2102	DWR-C-BILL-TYPE	Claim Facility Bill Type
DRGEXTWK	DE2105	DWR-D-ADMIT	Claim Admission Date
DRGEXTWK	DE2136	DWR-H-ADMISSION-HOUR	Claim Hour of Admission
DRGEXTWK	DE2107	DWR-C-ADMIT-TYPE	Claim Nature of Admission
DRGEXTWK	DE2106	DWR-C-ADMIT-SRC	Claim Admission Source
DRGEXTWK	DE2128	DWR-C-VALUE	Claim Value Code
DRGEXTWK	DE2131	DWR-N-VALUE-AMT	Claim Value Amount
DRGEXTWK	DE2412	DWR-H-DISCHARGE-HOUR	Claim Hour of Discharge

DRGEXTWK	DE2869	DWR-C-DISCHG-STAT	Claim Discharge Status
DRGEXTWK	DE2315	DWR-N-PMT-DAYS	Claim Payment days
DRGEXTWK	DE2108	DWR-N-COVRD-DAYS	Claim Covered Days
DRGEXTWK	DE2109	DWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
DRGEXTWK	DE5301	DWR-C-DIAG	Diagnosis Code
DRGEXTWK	DE0000	DWR-C-PRESENT-ON-ADMIT	
DRGEXTWK	DE2585	DWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
DRGEXTWK	DE5002	DWR-C-PROC	Procedure Code
DRGEXTWK	DE2021	DWR-C-PROCEDURE	Claim Procedure Code Date
DRGEXTWK	DE5001	DWR-C-PROCEDURE-TYPE	Procedure Code Type
DRGEXTWK	DE2083	DWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
DRGEXTWK	DE2358	DWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
DRGEXTWK	DE0000	DWR-C-RATE	
DRGEXTWK	DE0000	DWR-D-RATE-BEGIN	
DRGEXTWK	DE0000	DWR-C-FSCL-YR-MNTH	
DRGEXTWK	DE2110	DWR-C-OCCURRENCE	Claim Occurrence Code
DRGEXTWK	DE2113	DWR-D-OCCURRENCE	Claim Occurrence From Date
DRGEXTWK	DE2673	DWR-F-SPLIT-CLAIM	Split Claim Flag
DRGEXTWK	DE5353	DWR-C-DRG	DRG (Diagnosis Related Group) Code
DRGEXTWK	DE2590	DWR-C-DRG-MDC	Claim DRG MDC Code
DRGEXTWK	DE2589	DWR-C-DRG-GRPET1	Claim DRG Grouper Return Code
DRGEXTWK	DE2593	DWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
DRGEXTWK	DE2547	DWR-N-DRG-PYMT-AMT	DRG Payment Amount
DRGEXTWK	DE6827	DWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
DRGEXTWK	DE2592	DWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
DRGEXTWK	DE2594	DWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
DRGEXTWK	DE2470	DWR-N-DRG-CAP-AMT	Claims DRG CAP Amount

DRGEXTWK	DE5354	DWR-N-DRG-WEIGHT	DRG Relative Weight
DRGEXTWK	DE2591	DWR-C-DRG-TYPE	Claim DRG Type Code
DRGEXTWK	DE2348	DWR-C-DRG-PYMT-TYPE	DRG Payment Type
DRGEXTWK	DE2017	DWR-N-TOT-DOC-CHG	Claim Total Document Charge
DRGEXTWK	DE2030	DWR-C-ATTACHMENT-CVAL	Claim Attachments Indicator
DRGEXTWK	DE6442	DWR-I-CLM-SUBMIT	MARS Charges Submitted by Cost Settled Providers
DRGEXTWK	DE2177	DWR-DATE-ENTERED	Claim Entered Date
DRGEXTWK	DE2442	DWR-I-EVS-NO	Electronic Verification System (EVS) Number
DRGEXTWK	DE2027	DWR-F-ACCIDENT	Claim Accident Indicator
DRGEXTWK	DE2802	DWR-F-EMERGENCY	Claim Emergency Identifier
DRGEXTWK	DE2158	DWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
DRGEXTWK	DE2845	DWR-I-MED-REC-NO	Claim Medical Record Number
DRGEXTWK	DE2060	DWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
DRGEXTWK	DE4002	DWR-I-OTHER-PROV1	Provider Identification Number
DRGEXTWK	DE2453	DWR-I-OTHER-PROV2	Other Provider 2
DRGEXTWK	DE0000	DWR-I-ATTEND-PROV-SUBMT	
DRGEXTWK	DE0000	DWR-I-OTHER1-PROV-SUBMT	
DRGEXTWK	DE0000	DWR-I-OTHER2-PROV-SUBMT	
DRGEXTWK	DE2499	DWR-N-DAYS-SINCE	Claims PA Number of Days Since
DRGEXTWK	DE2498	DWR-I-PA-SEQ-NO	Claims PA Number Sequence
DRGEXTWK	DE2508	DWR-C-PA-TYPE	Claims PA Type Code
DRGEXTWK	DE2006	DWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
DRGEXTWK	DE3093	DWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
DRGEXTWK	DE3551	DWR-C-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
DRGEXTWK	DE2065	DWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
DRGEXTWK	DE2151	DWR-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version

DRGEXTWK	DE2588	DWR-C-DRG-SOI	Claim DRG Severity of Illness
DRGEXTWK	DE2589	DWR-C-DRG-GRPET	Claim DRG Grouper Return Code
DRGEXTWK	DE2122	DWR-C-REV	Claim Revenue Code
DRGEXTWK	DE2123	DWR-N-UNITS	Claim Revenue Units
DRGEXTWK	DE2124	DWR-N-REV-BILLED-AMT	Claim Revenue Amount
DRGEXTWK	DE2139	DWR-N-NON-COV-AMT	Claim Non-Covered Amount
DRGEXTWK	DE5002	DWR-C-REV-PROC	Procedure Code

Files CP-F-019 PA Request Processing Statistics Report (File)

File contains the electronic submitted data with the exception of electronic adjustments.

Subsystem:	Claims
Copybook:	CPEDICLM N/A
File Organization:	Produced by program CPI060 (Job VMPCD060).
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Batch PA Capture (CPI060)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEDICLM	DE2001	AWR-ICN-DMBS	Claim Request ICN
CPEDICLM	DE2088	AWR-I-FORM-TYPE	Claim Form Type
CPEDICLM	DE2002	AWR-C-CLAIM-TYPE	Claim Type
CPEDICLM	DE2003	AWR-C-TYPE-MODIFIER	Claim Type Modifier
CPEDICLM	DE2030	AWR-F-ATTACHMENTS	Claim Attachments Indicator
CPEDICLM	DE2013	AWR-DATE-ENTERED	Claim EDI Attachment Control Number
CPEDICLM	DE4002	AWR-I-PROV	Provider Identification Number
CPEDICLM	DE4001	AWR-I-BASE-BROV	Provider Base Identification Number
CPEDICLM	DE4230	AWR-D-FSCL-PARM-END	Provider Fiscal Year End Date
CPEDICLM	DE4229	AWR-D-FSCL-PARM-BEGIN	Provider Fiscal Year End Begin Date
CPEDICLM	DE4057	AWR-D-FSCL-YR-MNTH	Provider Fiscal Year End Month
CPEDICLM	DE4247	AWR-C-RELATION-TYPE	Provider Group Type
CPEDICLM	DE4106	AWR-I-PROV-GROUP	Provider Group Identifier

CPEDICLM	DE4066	AWR-D-LCN-BEGIN	Provider License Begin Date
CPEDICLM	DE4067	AWR-D-LCN-END	Provider License End Date
CPEDICLM	DE4288	AWR-C-RSTRCT-ACTION	Provider Restriction Action Type
CPEDICLM	DE4020	AWR-D-RSTRCT-BEGIN	Provider Restriction Begin Date
CPEDICLM	DE4021	AWR-D-RSTRCT-END	Provider Restriction End Date
CPEDICLM	DE4007	AWR-C-SPECIALTY	Provider Specialty Code
CPEDICLM	DE4070	AWR-D-SPEC-BEGIN	Provider Specialty Certification Begin Date
CPEDICLM	DE4071	AWR-D-SPEC-END	Provider Specialty Certification End Date
CPEDICLM	DE4006	AWR-C-PROV-TYPE	Provider Type
CPEDICLM	DE4010	AWR-D-PVTYP-BEGIN	Provider Type Begin Date
CPEDICLM	DE4011	AWR-D-PVTYP-END	Provider Type End Date
CPEDICLM	DE4255	AWR-N-RATE	Provider Rate
CPEDICLM	DE4252	AWR-D-RATE-BEGIN	Provider Rate Begin Date
CPEDICLM	DE4251	AWR-C-RATE	Provider Rate Code
CPEDICLM	DE4253	AWR-D-RATE-END	Provider Rate End Date
CPEDICLM	DE4081	AWR-C-ECOMM-METH-TYPE	Provider EMC Billing Indicator
CPEDICLM	DE4082	AWR-I-SRVC-VNDR	Provider Service Center
CPEDICLM	DE4318	AWR-I-CERT-NUM	CLIA Certification Number
CPEDICLM	DE4319	AWR-C-CERT-TYPE	CLIA Certification Type
CPEDICLM	DE4316	AWR-D-CERT-BEGIN	CLIA Certification Begin Date
CPEDICLM	DE4317	AWR-D-CERT-END	CLIA Certification End Date
CPEDICLM	DE4322	AWR-C-PROC	CLIA HCPC Procedure Code
CPEDICLM	DE4320	AWR-D-CLIA-HCPCS-BEGIN	CLIA HCPC Begin Date
CPEDICLM	DE4321	AWR-D-CLIA-HCPCS-END	CLIA HCPC End Date
CPEDICLM	DE4310	AWR-I-CLIA	Clinical Laboratory Improvement Amendment (CLIA) Number
CPEDICLM	DE4333	AWR-D-CLIA-SPEC-BEGIN	CLIA Specialty Begin Date
CPEDICLM	DE4334	AWR-D-CLIA-SPEC-END	CLIA Specialty End Date
CPEDICLM	DE4335	AWR-C-SPEC-TYPE	CLIA Specialty Type
CPEDICLM	DE4020	AWR-D-RSTRCT-BEGIN	Provider Restriction Begin Date
CPEDICLM	DE4025	AWR-C-RSTRCT-PROC-FROM	Provider Restriction From Procedure Code

CPEDICLM	DE4026	AWR-C-RSTRCT-PROC-THRU	Provider Restriction Thru Procedure Code
CPEDICLM	DE4289	AWR-F-INCLUDE-EXCLUDE	Provider Restriction Inclusive/Exclusive Indicator
CPEDICLM	DE3001	AWR-I-ENROLLEE	Enrollee Identification Number
CPEDICLM	DE1001	AWR-T-PRSN-NAME	Person Name
CPEDICLM	DE1006	AWR-D-PRSN-BIRTH-DT	Person Birth Date
CPEDICLM	DE1010	AWR-C-PRSN-GENDER	Person Gender Code
CPEDICLM	DE2031	AWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPEDICLM	DE2024	AWR-I-PA-CNTL-NO	Prior Authorization Control Number
CPEDICLM	DE2010	AWR-D-SERV-FROM	Claim Service From Date
CPEDICLM	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
CPEDICLM	DE0002	AWR-DIAG-SEQ-NO	Calculated
CPEDICLM	DE5452	AWR-DIAG-CODE-TYPE	Diagnosis Category
CPEDICLM	DE2032	AWR-C-PRINC-DIAG	Erwin Element
CPEDICLM	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
CPEDICLM	DE9580	AWR-C-RA-NUM	Remittance Advice Number
CPEDICLM	DE3550	AWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEDICLM	DE3072	AWR-C-BEN-EXCEPT-CD	Benefit Plan Exception Indicator
CPEDICLM	DE2049	AWR-F-TPL-EXCEPTION	Origin of PA Entry
CPEDICLM	DE3658	AWR-I-POLICY	TPL Policy Number
CPEDICLM	DE0002	AWR-STATUS-LINE-NO	Calculated
CPEDICLM	DE2014	AWR-D-STATUS	Claim EDI Attachment Report Type
CPEDICLM	DE2039	AWR-C-STATUS	Claim Status
CPEDICLM	DE0000	AWR-T-STATUS	
CPEDICLM	DE5611	AWR-I-CLAIM-EDIT	Claim Edit Code
CPEDICLM	DE4006	AWR-I-CLAIM-EDIT-TYPE	Provider Type
CPEDICLM	DE2884	AWR-C-EDIT-DISP	NPI Only Ind
CPEDICLM	DE2035	AWR-I-USER	Claim User-ID Code
CPEDICLM	DE2102	AWR-I-BILL-FAC-TYPE	Claim Facility Bill Type
CPEDICLM	DE2108	AWR-N-COV-DAYS	Claim Covered Days
CPEDICLM	DE2109	AWR-N-NCOV-DAYS	Claim Non-Covered Days
CPEDICLM	DE2143	AWR-C-LTC-LVLOC	Unit of Measure Qualifier

CPEDICLM	DE2105	AWR-D-ADMIT-DATE	Claim Admission Date
CPEDICLM	DE2136	AWR-I-ADMIT-HR	Claim Hour of Admission
CPEDICLM	DE2107	AWR-C-NATURE-ADMIT	Claim Nature of Admission
CPEDICLM	DE2106	AWR-C-ADMIT-SOURCE	Claim Admission Source
CPEDICLM	DE2412	AWR-I-DISCH-HR	Claim Hour of Discharge
CPEDICLM	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
CPEDICLM	DE2802	AWR-I-EMERG	Claim Emergency Identifier
CPEDICLM	DE2205	AWR-C-PROC-CD-TYPE	Claim Procedure Coding Type
CPEDICLM	DE2024	AWR-I-PA-CNTL-NO	Prior Authorization Control Number
CPEDICLM	DE2083	AWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEDICLM	DE2038	AWR-C-CATEG-SERV	Claim Category of Service
CPEDICLM	DE3017	AWR-C-ENR-TPL-IND	Verification SSN Data
CPEDICLM	DE2543	AWR-N-TAD-RESUB	Claim TAD Resubmittal Number (not claim)
CPEDICLM	DE2034	AWR-I-FORMER-REF-NO	Claim Related Document Number
CPEDICLM	DE2073	AWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEDICLM	DE2023	AWR-N-PMT-AMT	Claim Payment Amount
CPEDICLM	DE3466	AWR-N-ENR-COPAY-LIAB	Enrollee Co-payment Liability
CPEDICLM	DE2315	AWR-N-PMT-DAYS	Claim Payment days
CPEDICLM	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
CPEDICLM	DE2015	AWR-D-PAYMENT	Claim EDI Attachment Trans Code
CPEDICLM	DE5353	AWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPEDICLM	DE0000	AWR-UB92-LINE-NO	
CPEDICLM	DE2122	AWR-C-REVCD	Claim Revenue Code
CPEDICLM	DE2009	AWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEDICLM	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
CPEDICLM	DE2137	AWR-N-REV-NCVD-AMT	Claim Revenue Non-Covered Amount
CPEDICLM	DE2065	AWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEDICLM	DE2066	AWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEDICLM	DE0002	AWR-COND-SEQ-NO	Calculated

CPEDICLM	DE2115	AWR-C-CONDITION	Claim Condition Code
CPEDICLM	DE0002	AWR-OCCUR-SEQ-NO	Calculated
CPEDICLM	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
CPEDICLM	DE2114	AWR-D-OCCUR-SPAN-THRU	Claim Occurrence Thru Date
CPEDICLM	DE0002	AWR-VALUE-SEQ-NO	Calculated
CPEDICLM	DE2128	AWR-C-VALUE	Claim Value Code
CPEDICLM	DE2131	AWR-N-VALUE-AMT	Claim Value Amount
CPEDICLM	DE0002	AWR-PROC-SEQ-NO	Calculated
CPEDICLM	DE2008	AWR-C-PRINC-PROCEDURE	Claim Principal Procedure Code
CPEDICLM	DE2021	AWR-D-PRINC-PROCEDURE	Claim Procedure Code Date
CPEDICLM	DE0002	AWR-PHYS-SEQ-NO	Calculated
CPEDICLM	DE0002	AWR-PAYER-SEQ-NO	Calculated
CPEDICLM	DE2208	AWR-I-PAYER	Claim Payer Identification
CPEDICLM	DE2004	AWR-I-PROV	Claim Billing Provider Identification Number
CPEDICLM	DE2083	AWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEDICLM	DE3001	AWR-INSURED-NUMBER	Enrollee Identification Number
CPEDICLM	DE3673	AWR-TPL-CARR-NAME	TPL Carrier Name
CPEDICLM	DE3658	AWR-TPL-POLICY-NO	TPL Policy Number
CPEDICLM	DE3170	AWR-ENR-EMPLR-NAME	Employer Name
CPEDICLM	DE3170	AWR-I-EMPLOYMENT	Employer Name
CPEDICLM	DE2025	AWR-C-TPL-IND	Associated RX Number
CPEDICLM	DE2027	AWR-F-TPL-ACCID	Claim Accident Indicator
CPEDICLM	DE2100	AWR-I-REF-PHY-NO	Erwin Element
CPEDICLM	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
CPEDICLM	DE2543	AWR-N-TAD-RESUB	Claim TAD Resubmittal Number (not claim)
CPEDICLM	DE2071	AWR-I-SVC-PROV-NO	Claim Pricing Source Code
CPEDICLM	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
CPEDICLM	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPEDICLM	DE2033	AWR-C-ADJ-REASON	Adjustment/Void Reason
CPEDICLM	DE2173	AWR-C-PROF-POS	Claim Professional Place of Service
CPEDICLM	DE2072	AWR-C-TOS	Claim Type of Service
CPEDICLM	DE2008	AWR-C-PRINC-	Claim Principal Procedure Code

		PROCEDURE	
CPEDICLM	DE2171	AWR-C-PROF-PROC-MOD	Claims Procedure Code Modifier
CPEDICLM	DE2016	AWR-N-BILLED-CHARGE	Claim Billed Charge
CPEDICLM	DE2009	AWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEDICLM	DE2075	AWR-F-FAM-PLAN	Claim Family Planning/EPSDT Indicator
CPEDICLM	DE2802	AWR-I-EMERG	Claim Emergency Identifier
CPEDICLM	DE2544	AWR-C-COB-IND	Claim COB Indicator
CPEDICLM	DE2019	AWR-N-TPP-BY-DOC	Claim EDI Encounter Contract Code
CPEDICLM	DE2083	AWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEDICLM	DE2038	AWR-C-CATEG-SERV	Claim Category of Service
CPEDICLM	DE3466	AWR-N-ENR-COPAY-LIAB	Enrollee Co-payment Liability
CPEDICLM	DE2073	AWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEDICLM	DE2023	AWR-D-PAYMENT	Claim Payment Amount
CPEDICLM	DE2065	AWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEDICLM	DE2066	AWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEDICLM	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPEDICLM	DE0002	AWR-DIAG-SEQ-NO	Calculated
CPEDICLM	DE2032	AWR-PROF-DIAG	Erwin Element
CPEDICLM	DE4064	AWR-I-PROV-LICENSE	Provider License Number
CPEDICLM	DE0002	AWR-TOOTH-SEQ-NO	Calculated
CPEDICLM	DE2200	AWR-C-DENT-TOOTH	Claim Dental Tooth Code
CPEDICLM	DE2201	AWR-C-DENT-SURF	Claim Dental Surface Codes
CPEDICLM	DE2105	AWR-D-ADMIT-DATE	Claim Admission Date
CPEDICLM	DE2257	AWR-N-T18-MED-BILLED	Claim Title XVIII Amount Billed to Medicare
CPEDICLM	DE2253	AWR-N-T18-CHG-ALLOWED	Claim Title XVIII Charge Allowed
CPEDICLM	DE2254	AWR-N-T18- MED-PAID	Claim Title XVIII Medicare Paid Amount
CPEDICLM	DE2251	AWR-N-T18-DED-AMT	Claim Title XVIII Deductible Amount
CPEDICLM	DE2252	AWR-N-T18-COINS-AMT	Claim Title XVIII Coinsurance Amount

CPEDICLM	DE2018	AWR-N-TPP-BY-LINE	Claim Third Party Payment
CPEDICLM	DE2229	AWR-C-PHARM-LOS	Claim Pharmacy Level of Service
CPEDICLM	DE2216	AWR-C-PHARM-DAYS-SUPP	Claim Pharmacy Days Supply
CPEDICLM	DE2212	AWR-C-PHARM-REFILL	Claim Pharmacy Refill Code
CPEDICLM	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
CPEDICLM	DE2228	AWR-C-PHARM-PAT-LOC	Claim Pharmacy Patient Location Code
CPEDICLM	DE2224	AWR-I-PHARM-TXN-TYPE	Claim Pharmacy Transaction Type
CPEDICLM	DE2211	AWR-I-PHARM-PRESC-NO	Claim Pharmacy Prescription Number
CPEDICLM	DE5200	AWR-I-PHARM-DRUG-CD	Drug Code (NDC)
CPEDICLM	DE5042	AWR-C-DRUG-UNIT-DOSE	Drug Unit Dose Code
CPEDICLM	DE2826	AWR-I-PRES-PHY-NO	Claim Prescribing Physician Identification Number
CPEDICLM	DE2223	AWR-N-PHARM-INGR-COST	Pharmacy Ingredient Cost
CPEDICLM	DE2217	AWR-N-PHARM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPEDICLM	DE5235	AWR-N-DIR-UNIT-PRICE	Drug Direct Unit Price
CPEDICLM	DE5290	AWR-I-THER-CLASS-CD	Drug Therapeutic Class AHFS Code

Files CP-F-020 Claims HCFA-1500 NSF Version 3.01 File

File contains the electronic submitted Prior Authorizations request.

Subsystem:	Claims
Copybook:	HCFAV301 N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
HCFAV301	DE0000	SUBMITTER-DATA	
HCFAV301	DE0000	HCFA-TYPE	
HCFAV301	DE4082	NV-SUBM-ID	Provider Service Center
HCFAV301	DE0000	SUB-TYPE	
HCFAV301	DE0000	SUB-NUMBER	
HCFAV301	DE0000	SUB-NAME	
HCFAV301	DE0000	SUB-ADDRESS-1	
HCFAV301	DE0000	SUB-ADDRESS-2	
HCFAV301	DE0000	SUB-CITY	
HCFAV301	DE0000	SUB-STATE	
HCFAV301	DE0000	SUB-ZIP	
HCFAV301	DE0000	SUB-REGION	
HCFAV301	DE0000	SUB-CONTACT	
HCFAV301	DE0000	SUB-TELP-NUM	
HCFAV301	DE0000	SUB-CREATION-DTE	
HCFAV301	DE0000	SUB-SUBMISSION-TIME	
HCFAV301	DE0000	SUB-RECEIVER-ID	
HCFAV301	DE0000	SUB-RECEIVER-TYP-CDE	

HCFAV301	DE0000	SUB-VER-CDE-NAT	
HCFAV301	DE0000	SUB-VER-CDE-LOCAL	
HCFAV301	DE0000	SUB-TEST-PROD-IND	
HCFAV301	DE0000	SUB-PASSWORD	
HCFAV301	DE0000	SUB-RETRANSMISSION	
HCFAV301	DE0000	PROVIDER-1 DATA	
HCFAV301	DE0000	HCFA-TYPE-BA0	
HCFAV301	DE4002	PROVIDER-ID	Provider Identification Number
HCFAV301	DE0000	NV-BATCH-ID	
HCFAV301	DE0000	PROV-BATCH-NO	
HCFAV301	DE0000	PROV-BATCH-ID	
HCFAV301	DE0000	PROV-TAX-ID	
HCFAV301	DE0000	PROV-TAX-ID-TYPE	
HCFAV301	DE0000	PROV-MEDICARE-NO	
HCFAV301	DE0000	PROV-UPIN-ID	
HCFAV301	DE0000	NV-OV-SERVICING-PROV	
HCFAV301	DE0000	PROV-CHAMPUS-NO	
HCFAV301	DE0000	PROV-COMMERCIAL	
HCFAV301	DE0000	PROV-NO-1	
HCFAV301	DE0000	PROV-NO-2	
HCFAV301	DE0000	PROV-ORG-NAME	
HCFAV301	DE0000	PROV-LAST-NAME	
HCFAV301	DE0000	PROV-FIRST-NAME	
HCFAV301	DE0000	PROV-MIDDLE-INTL	
HCFAV301	DE0000	PROV-SPECIALITY	
HCFAV301	DE0000	PROV-SPECIALITY-LICS	
HCFAV301	DE0000	PROV-STATE-LICENSE-NO	
HCFAV301	DE0000	PROV-DENTIST-LICS-NO	
HCFAV301	DE0000	PROV-ANESTHESIA-LICS-NO	
HCFAV301	DE0000	PATIENT DATA	
HCFAV301	DE0000	HCFA-TYPE-CA0	
HCFAV301	DE2031	PAT-CONTROL-NO	Claim Patient Account Number
HCFAV301	DE0000	PAT-LAST-NAME	
HCFAV301	DE0000	PAT-FIRST-NAME	
HCFAV301	DE0000	PAT-MIDDLE-INTL	
HCFAV301	DE0000	PAT-GENERATION	

HCFAV301	DE0000	PAT-DATE-OF-BIRTH	
HCFAV301	DE0000	PAT-SEX	
HCFAV301	DE0000	PAT-TYPE-OF-RESIDE	
HCFAV301	DE0000	PAT-ADDR1	
HCFAV301	DE0000	PAT-ADDR2	
HCFAV301	DE0000	PAT-CITY	
HCFAV301	DE0000	PAT-STATE	
HCFAV301	DE0000	PAT-ZIP	
HCFAV301	DE0000	PAT-PHONE	
HCFAV301	DE0000	PAT-MARTIAL-STATUS	
HCFAV301	DE0000	PAT-STUDENT-STATUS	
HCFAV301	DE0000	PAT-EMPLOY-STATUS	
HCFAV301	DE0000	PAT-DEATH-IND	
HCFAV301	DE0000	PAT-DATE-OF-DEATH	
HCFAV301	DE0000	PAT-OTHER-INSUR-IND	
HCFAV301	DE0000	PAT-CLAIM-EDIT-IND	
HCFAV301	DE0000	PAT-TYPE-OF-CLAIM-IND	
HCFAV301	DE0000	PAT-LEGAL-REPR-IND	
HCFAV301	DE0000	PAT-ORIGIN-CODE	
HCFAV301	DE2034	PAT-FORMER-ICN-NO	Claim Related Document Number
HCFAV301	DE0000	PAT-PROV-ID	
HCFAV301	DE0000	PAT-CLAIM-ID-NO	
HCFAV301	DE0000	INSURANCE INFO-1 DATA	
HCFAV301	DE0000	HCFA-TYPE-DA0	
HCFAV301	DE0000	INS-SEQ-NO	
HCFAV301	DE0000	INS-PAT-CONTROL-NO	
HCFAV301	DE0000	INS-CLAIM-FILLING-IND	
HCFAV301	DE0000	INS-SOURCE-OF-PAY	
HCFAV301	DE0000	INS-TYPE-CODE	
HCFAV301	DE0000	INS-PAYOR-ORGAN-ID	
HCFAV301	DE0000	INS-PAYOR-CLAIM-OFF	
HCFAV301	DE2535	INS-PAYOR-NAME	Insurance Carrier Name
HCFAV301	DE2516	INS-GROUP-NO	Claim Group Number or FECA Number (Insurance)
HCFAV301	DE2515	INS-GROUP-NAME	Claim Group Name (Insurance)
HCFAV301	DE0000	INS-PPO-HMO-IND	
HCFAV301	DE0000	INS-PP-IND	
HCFAV301	DE2024	INS-PRIOR-AUTH-NO	Prior Authorization Control Num-

			ber
HCFAV301	DE0000	INS-ASSIGN-BENEFITS-IND	
HCFAV301	DE0000	INS-PAT-SIGNATURE-SOURCE	
HCFAV301	DE2352	INS-PAT-RELATIONSHIP	Relationship to Patient
HCFAV301	DE2512	INS-INSURED-ID-NO	Claim Insured's Identification
HCFAV301	DE2522	INS-INSURED-LAST-NAME	Claim Other Insured's Name
HCFAV301	DE2006	INS-INSURED-LAST-NAME	Claim Partial Recipient Name
HCFAV301	DE2522	INS-INSURED-FIRST-NAME	Claim Other Insured's Name
HCFAV301	DE2522	INS-INSURED-MIDDLE-INTL	Claim Other Insured's Name
HCFAV301	DE2006	INS-INSURED-FIRST-NAME	Claim Partial Recipient Name
HCFAV301	DE0000	INS-INSURED-GENERATION	
HCFAV301	DE2350	INS-INSURED-SEX Insured Sex	
HCFAV301	DE2524	INS-INSURED-DATE-OF-BIRTH	Claim Other Insured's Date of Birth
HCFAV301	DE0000	INS-INSURED-EMPLY-STATUS	
HCFAV301	DE0000	INS-SUPP-INS-IND	
HCFAV301	DE0000	INS-TITLE-18-ID	
HCFAV301	DE3001	NV-INS-INSURED-ID-NO	Enrollee Identification Number
HCFAV301	DE0000	INSURANCE INFO-2	
HCFAV301	DE0000	HCFA-TYPE-DA1	
HCFAV301	DE0000	INS2-SEQ-NO	
HCFAV301	DE0000	INS2-PAT-CONTROL-NO	
HCFAV301	DE2534	INS2-PAYOR-ADDR1	Claim Name and Address of Other Carrier(s)
HCFAV301	DE2534	INS2-PAYOR-ADDR2	Claim Name and Address of Other Carrier(s)
HCFAV301	DE2534	INS2-PAYOR-CITY	Claim Name and Address of Other Carrier(s)
HCFAV301	DE2534	INS2-PAYOR-STATE	Claim Name and Address of Other Carrier(s)
HCFAV301	DE2534	INS2-PAYOR-ZIP	Claim Name and Address of Other Carrier(s)

HCFAV301	DE0000	INS2-DISALLOW-COST	
HCFAV301	DE0000	INS2-DISALLOW-OTHER	
HCFAV301	DE0000	INS2-ALLOWED-AMOUNT	
HCFAV301	DE0000	INS2-DEDUCTIBLE-AMOUNT	
HCFAV301	DE0000	INS2-COINSUR-AMOUNT	
HCFAV301	DE0000	INS2-PAYOR-AMOUNT-PAID	
HCFAV301	DE0000	INS2-ZERO-PAY-IND	
HCFAV301	DE0000	INS2-ADJUDICATION-IND-1	
HCFAV301	DE0000	INS2-ADJUDICATION-IND-2	
HCFAV301	DE0000	INS2-ADJUDICATION-IND-3	
HCFAV301	DE0000	INS2-CHAMPUS-SPONSOR-BRAN	
HCFAV301	DE0000	INS2-CHAMPUS-SPONSOR-GRD	
HCFAV301	DE0000	INS2-CHAMPUS-SPONSOR-ST	
HCFAV301	DE0000	INS2-INS-CARD-EFF-DATE	
HCFAV301	DE0000	INS2-INS-CARD-TERM-DATE	
HCFAV301	DE0000	INS2-BALANCE-DUE	
HCFAV301	DE0000	INSURANCE INFO-3 DATA	
HCFAV301	DE0000	HCFA-TYPE-DA2	
HCFAV301	DE0000	INS3-SEQ-NO	
HCFAV301	DE0000	INS3-PAT-CONTROL-NO	
HCFAV301	DE0000	INS3-INSURED-ADDR1	
HCFAV301	DE0000	INS3-INSURED-ADDR2	
HCFAV301	DE0000	INS3-INSURED-CITY	
HCFAV301	DE0000	INS3-INSURED-STATE	
HCFAV301	DE0000	INS3-INSURED-ZIP	
HCFAV301	DE0000	INS3-INSURED-PHONE	
HCFAV301	DE0000	INS3-INSURED-RETIRE-DTE	
HCFAV301	DE0000	INS3-INSURED-SPOUSE-R-DTE	

HCFAV301	DE2517	INS3-INSURED-EMPLOY-NAME	Claim Employer Name
HCFAV301	DE2537	INS3-INSURED-EMPLOY-ADDR1	Claim Employer/School Address
HCFAV301	DE2537	INS3-INSURED-EMPLOY-ADDR2	Claim Employer/School Address
HCFAV301	DE2537	INS3-INSURED-EMPLOY-CITY	Claim Employer/School Address
HCFAV301	DE2537	INS3-INSURED-EMPLOY-STATE	Claim Employer/School Address
HCFAV301	DE2537	INS3-INSURED-EMPLOY-ZIP	Claim Employer/School Address
HCFAV301	DE0000	INS3-EMPLOYEE-ID-NO	
HCFAV301	DE0000	CLAIM RECORD-1 DATA	
HCFAV301	DE0000	HCFA-TYPE-EA0	
HCFAV301	DE0000	CLM1-PAT-CONTROL-NO	
HCFAV301	DE2074	CLM1-EMPLOYMENT-RELATED	Claim Employment Indicator
HCFAV301	DE2027	CLM1-ACCID-IND	Claim Accident Indicator
HCFAV301	DE0000	CLM1-SYMPTON-IND	
HCFAV301	DE0000	CLM1-ACCID-SYMPTON-DATE	
HCFAV301	DE0000	CLM1-EXT-CAUSE-ACCID	
HCFAV301	DE0000	CLM1-RESPONSIBL-IND	
HCFAV301	DE0000	CLM1-ACCID-STATE	
HCFAV301	DE0000	CLM1-ACCID-HOUR	
HCFAV301	DE0000	CLM1-ABUSE-IND	
HCFAV301	DE0000	CLM1-RELEASE-OF-INFO-IND	
HCFAV301	DE0000	CLM1-RELEASE-OF-INFO-DTE	
HCFAV301	DE0000	CLM1-SAME-SIM-SYMP-IND	
HCFAV301	DE0000	CLM1-SAME-SIM-SYMP-DTE	
HCFAV301	DE0000	CLM1-DISABIL-TYPE	
HCFAV301	DE0000	CLM1-DISABIL-FROM-DATE	
HCFAV301	DE0000	CLM1-DISABIL-THRU-DATE	
HCFAV301	DE4002	NV-OV-REFER-PROV-ID-	Provider Identification Number

		NO	
HCFAV301	DE0000	CLM1-REF-PROV-NAME	
HCFAV301	DE0000	CLM1-REFER-PROV-STATE	
HCFAV301	DE0000	CLM1-ADMISSION-DATE-1	
HCFAV301	DE0000	CLM1-DISCHARGE-DATE-2	
HCFAV301	DE0000	CLM1-LAB-IND	
HCFAV301	DE0000	CLM1-LAB-CHARGES	
HCFAV301	DE5301	CLM1-DIAGNOSIS-CODE-1	Diagnosis Code
HCFAV301	DE5301	CLM1-DIAGNOSIS-CODE-2	Diagnosis Code
HCFAV301	DE5301	CLM1-DIAGNOSIS-CODE-3	Diagnosis Code
HCFAV301	DE5301	CLM1-DIAGNOSIS-CODE-4	Diagnosis Code
HCFAV301	DE0000	CLM1-PROV-ASSIGN-IND	
HCFAV301	DE0000	CLM1-PROV-SIGN-ON-FILE	
HCFAV301	DE0000	CLM1-PROV-SIGN-DATE	
HCFAV301	DE0000	CLM1-FACILITY-LAB-NAME	
HCFAV301	DE0000	CLM1-DOCUMENTATION-IND	
HCFAV301	DE0000	CLM1-TYPE-DOCUMENTATION	
HCFAV301	DE0000	CLM1-FUNCTIONAL-STATUS	
HCFAV301	DE0000	CLM1-SPECIAL-PROGRAM-IND	
HCFAV301	DE0000	CLM1-CHAMPUS-NONAVAIL	
HCFAV301	DE0000	CLM1-SUPV-PROV-IND	
HCFAV301	DE2033	CLM1-RESUBMISSION-CODE	Adjustment/Void Reason
HCFAV301	DE0000	NV-RESUB-REF-NO	
HCFAV301	DE0000	CLAIM ROOT SEGMENT-1 DATA	
HCFAV301	DE0000	HCFA-TYPE-FA0	

HCFAV301	DE0000	CRS1-SEQ-NO	
HCFAV301	DE0000	CRS1-PAT-CONTROL-NO	
HCFAV301	DE0000	CRS1-LINE-ITEM-CTL-NO	
HCFAV301	DE2010	CRS1-SVC-FROM-DATE	Claim Service From Date
HCFAV301	DE2011	CRS1-SVC-THRU-DATE	Claim Service Thru Date
HCFAV301	DE2173	CRS1-PLACE-OF-SVC	Claim Professional Place of Service
HCFAV301	DE2072	CRS1-TYPE-OF-SVC	Claim Type of Service
HCFAV301	DE5002	CRS1-HCPCS-PROCEDURE-CDE	Procedure Code
HCFAV301	DE2171	CRS1-HCPCS-MODIFIER-1	Claims Procedure Code Modifier
HCFAV301	DE2171	CRS1-HCPCS-MODIFIER-2	Claims Procedure Code Modifier
HCFAV301	DE2171	CRS1-HCPCS-MODIFIER-3	Claims Procedure Code Modifier
HCFAV301	DE2016	CRS1-LINE-CHARGES	Claim Billed Charge
HCFAV301	DE0000	CRS1-DIAG-CODE-POINTER-1	
HCFAV301	DE0000	CRS1-DIAG-CODE-POINTER-2	
HCFAV301	DE0000	CRS1-DIAG-CODE-POINTER-3	
HCFAV301	DE0000	CRS1-DIAG-CODE-POINTER-4	
HCFAV301	DE2009	NV-CRS1-UVS	Claim Number of Units/Visits/Studies
HCFAV301	DE0000	CRS1-ANESTH-OXY-MINUTES	
HCFAV301	DE2802	CRS1-EMERG-IND	Claim Emergency Identifier
HCFAV301	DE2544	CRS1-COB-CODE	Claim COB Indicator
HCFAV301	DE0000	CRS1-HMSA	
HCFAV301	DE4002	NV-OV-RENDING-PROV-ID	Provider Identification Number
HCFAV301	DE0000	CRS1-REFERRING-PROV-ID	
HCFAV301	DE0000	CRS1-REFERRING-PROV-STATE	
HCFAV301	DE0000	CRS1-PUR-SVC-IND	
HCFAV301	DE0000	CRS1-DISALLOW-COST	
HCFAV301	DE0000	CRS1-DISALLOWED-	

		OTHER	
HCFAV301	DE0000	CRS1-REVIEW-BY-CDE-IND	
HCFAV301	DE0000	CRS1-MULTI-PROCEDURE-IND	
HCFAV301	DE0000	CRS1-MAMMOGRAPHY-CERT-NO	
HCFAV301	DE0000	CRS1-CLASS-FINDINGS	
HCFAV301	DE0000	CRS1-SYSTEMIC-CONDITIONS	
HCFAV301	DE2993	CRS1-CLIA-ID-NO	Claims CLIA Number
HCFAV301	DE2018	NV-CRS1-PRIM-CARR-AMT	Claim Third Party Payment
HCFAV301	DE0000	CRS1-PRI-CARR-AMT-PD	
HCFAV301	DE0000	CRS1-PATIENT-AMT-PD	
HCFAV301	DE0000	CRS1-PREAUTH-HOURS	
HCFAV301	DE0000	CRS1-NO-PASSNGRS	
HCFAV301	DE0000	CLAIM ROOT SEGMENT-2 DATA	
HCFAV301	DE0000	HCFA-TYPE-FB0	
HCFAV301	DE0000	CRS2-SEQ-NO	
HCFAV301	DE0000	CRS2-PAT-CONTROL-NO	
HCFAV301	DE0000	CRS2-LINE-ITEM-CTL-NO	
HCFAV301	DE0000	CRS2-PUR-SVC-CHARGE	
HCFAV301	DE0000	CRS2-ALLOWED-AMOUNT	
HCFAV301	DE0000	CRS2-DEDUCTIBLE-AMOUNT	
HCFAV301	DE0000	CRS2-COINSURANCE-AMOUNT	
HCFAV301	DE0000	CRS2-ORDERING-PROV-ID	
HCFAV301	DE0000	CRS2-ORDERING-PROV-STATE	
HCFAV301	DE0000	CRS2-PUR-SVC-PROV-ID	
HCFAV301	DE0000	CRS2-PUR-SVC-STATE	
HCFAV301	DE0000	CRS2-PEN-GRAMS-PROTEIN	
HCFAV301	DE0000	CRS2-PEN-CALORIES	
HCFAV301	DE0000	CRS2-NATIONAL-DRUG-CODE	

HCFAV301	DE0000	CRS2-NATIONAL-DRUG-UNITS	
HCFAV301	DE0000	CRS2-PRESCRIP-NO	
HCFAV301	DE0000	CRS2-PRESCRIP-DATE	
HCFAV301	DE0000	CRS2-PRESCRIP-NO-MONTH	
HCFAV301	DE0000	CRS2-SPEC-PRICING-IND	
HCFAV301	DE0000	CRS2-COPAY-STATUS-IND	
HCFAV301	DE4500	CRS2-EPSDT-IND	Provider EPSDT Indicator
HCFAV301	DE2075	CRS2-FAM-PLAN-IND	Claim Family Planning/EPSDT Indicator
HCFAV301	DE2085	NV-CRS2-FAM-PLAN-IND	Claim Number of Passengers
HCFAV301	DE0000	CRS2-DME-CHARGE-IND	
HCFAV301	DE0000	CRS2-HMSA-FACILITY-ID	
HCFAV301	DE0000	CRS2-HMSA-FACILITY-ZIP	
HCFAV301	DE0000	CRS2-PUR-SVC-NAME	
HCFAV301	DE0000	CRS2-PUR-SVC-ADDR1	
HCFAV301	DE0000	CRS2-PUR-SVC-ADDR2	
HCFAV301	DE0000	CRS2-PUR-SVC-CITY	
HCFAV301	DE0000	CRS2-PUR-SVC-ZIP	
HCFAV301	DE0000	CRS2-PUR-SVC-PHONE	
HCFAV301	DE0000	CLAIM DENTAL SEGMENT DATA	
HCFAV301	DE0000	HCFA-TYPE-FD0	
HCFAV301	DE0000	CDS-SEQ-NO	
HCFAV301	DE0000	CDS-PAT-CONTROL-NO	
HCFAV301	DE0000	CDS-LINE-ITEM-CONTROL-NO	
HCFAV301	DE2200	CDS-TOOTH-CD-1	Claim Dental Tooth Code
HCFAV301	DE2201	CDS-TOOTH-SURFACE-1	Claim Dental Surface Codes
HCFAV301	DE2200	CDS-TOOTH-CD-2	Claim Dental Tooth Code
HCFAV301	DE2201	CDS-TOOTH-SURFACE-2	Claim Dental Surface Codes
HCFAV301	DE2200	CDS-TOOTH-CD-3	Claim Dental Tooth Code
HCFAV301	DE2201	CDS-TOOTH-SURFACE-3	Claim Dental Surface Codes
HCFAV301	DE2200	CDS-TOOTH-CD-4	Claim Dental Tooth Code
HCFAV301	DE2201	CDS-TOOTH-SURFACE-4	Claim Dental Surface Codes

HCFAV301	DE0000	CDS-INITIAL-PLACE-IND	
HCFAV301	DE0000	CDS-PRIOR-PLACE-DT	
HCFAV301	DE0000	CDS-IMPRESS-PRES-DT	
HCFAV301	DE0000	CDS-REPLACEMENT-REASON	
HCFAV301	DE0000	CDS-ORTHO-TREAT-IND	
HCFAV301	DE0000	CDS-TREATMENT-LENGTH	
HCFAV301	DE0000	CDS-APPL-INSERTED-DT	
HCFAV301	DE0000	CDS-APPL-REMOVED-DT	
HCFAV301	DE0000	CDS-APPL-REPLACED-DT	
HCFAV301	DE0000	CDS-MOS-TREAT-REM	
HCFAV301	DE0000	CDS-1ST-VISIT-CUR-SER-DT	
HCFAV301	DE0000	CDS-PRE-DETERMINTATION-ID	
HCFAV301	DE0000	CDS-MISSING-PRIMARY-TEETH	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-1	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-2	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-3	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-4	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-5	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-6	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-7	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-8	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-9	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-10	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-11	

HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-12	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-13	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-14	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-15	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-16	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-17	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-18	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-19	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-20	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-21	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-22	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-23	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-24	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-25	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-26	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-27	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-28	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-29	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-30	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-31	
HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-32	

HCFAV301	DE0000	CDS-MISSING-PERM-TOOTH-33	
HCFAV301	DE2892	CDS-QUADRANT	Claim Dental Quadrant
HCFAV301	DE0000	CDS-TOOTH-POCKET-MEASURE	
HCFAV301	DE0000	EXTRA NARRATIVE RECORD DATA	
HCFAV301	DE0000	HCFA-TYPE-HA0	
HCFAV301	DE0000	ENR-SEQ-NO	
HCFAV301	DE0000	ENR-PAT-CONTROL-NO	
HCFAV301	DE0000	ENR-LINE-ITEM-CTL-NO	
HCFAV301	DE0000	ENR-EXTRA-NARR-1	
HCFAV301	DE0000	ENR-EXTRA-NARR-2	
HCFAV301	DE0000	CLAIM TRAILER RECORD DATA	
HCFAV301	DE0000	HCFA-TYPE-XA0	
HCFAV301	DE0000	CTR-PAT-CONTROL-NO	
HCFAV301	DE0000	CTR-RECORD-CXX-COUNT	
HCFAV301	DE0000	CTR-RECORD-DXX-COUNT	
HCFAV301	DE0000	CTR-RECORD-EXX-COUNT	
HCFAV301	DE0000	CTR-RECORD-FXX-COUNT	
HCFAV301	DE0000	CTR-RECORD-GXX-COUNT	
HCFAV301	DE0000	CTR-RECORD-HXX-COUNT	
HCFAV301	DE0000	CTR-CLAIM-RECORD-COUNT	
HCFAV301	DE0000	CTR-TOTAL-CLAIM-CHARGES	
HCFAV301	DE0000	CTR-TOTAL-DISAL-COST	
HCFAV301	DE0000	CTR-TOTAL-DISAL-OTH-CHG	
HCFAV301	DE0000	CTR-TOTAL-ALLOW-AMOUNT	
HCFAV301	DE0000	CTR-TOTAL-DEDUCT-AMOUNT	
HCFAV301	DE0000	CTR-TOTAL-COINSUR-	

		AMOUNT	
HCFAV301	DE0000	CTR-TOTAL-PAYOR-AMT-PAID	
HCFAV301	DE0000	CTR-PAT-AMOUNT-PAID	
HCFAV301	DE0000	CTR-TOTAL-PUR-SVC-CHG	
HCFAV301	DE0000	CTR-PROV-DISCOUNT-INFO	
HCFAV301	DE0000	CTR-REMARKS	
HCFAV301	DE0000	BATCH TRAILER RECORD DATA	
HCFAV301	DE0000	HCFA-TYPE-YA0	
HCFAV301	DE0000	BTR-EMC-PROV-ID	
HCFAV301	DE0000	BTR-BATCH-TYPE	
HCFAV301	DE0000	BTR-BATCH-NO	
HCFAV301	DE0000	BTR-BATCH-ID	
HCFAV301	DE0000	BTR-PROV-TAX-ID	
HCFAV301	DE0000	BTR-BATCH-SVC-LINE-CNT	
HCFAV301	DE0000	BTR-BATCH-RECORD-CNT	
HCFAV301	DE0000	BTR-BATCH-CLAIM-CNT	
HCFAV301	DE0000	BTR-BATCH-TOTAL-CHGS	
HCFAV301	DE0000	FILE TRAILER RECORD DATA	
HCFAV301	DE0000	HCFA-TYPE-ZA0	
HCFAV301	DE0000	FTR-SERVICE-CENTER	
HCFAV301	DE0000	FTR-RECEIVER-ID	
HCFAV301	DE0000	FTR-FILE-SVC-LINE-CNT	
HCFAV301	DE0000	FTR-FILE-RECORD-CNT	
HCFAV301	DE0000	FTR-FILE-CLAIM-CNT	
HCFAV301	DE0000	FTR-BATCH-COUNT	
HCFAV301	DE0000	FTR-FILE-TOT-CHGS	

Files CP-F-021 Claims UB-92 NSF Version 6.0 File

File contains the electronic submitted claim adjustments and voids.

Subsystem:	Claims
Copybook:	UB92V60 N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
UB92V60	DE0000	EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	EMC92-TYPE	
UB92V60	DE0000	COB92-01-SUBMITTER-EIN	
UB92V60	DE0000	COB92-01-RECVR-TYPE-CD	
UB92V60	DE0000	COB92-01-RECVR-ID	
UB92V60	DE0000	COB92-01-RECVR-SUB-ID	
UB92V60	DE0000	EMC92-PROCESS-DATE	
UB92V60	DE0000	EMC92-SUB-NAME	
UB92V60	DE0000	EMC92-SUB-ADDRESS	
UB92V60	DE0000	EMC92-SUB-CITY	
UB92V60	DE0000	EMC92-SUB-STATE	
UB92V60	DE0000	EMC92-SUB-ZIP	
UB92V60	DE0000	EMC92-SUB-FAX-NUM	
UB92V60	DE0000	EMC92-SUB-TELP-NUM	
UB92V60	DE0000	EMC92-SEQUENCE-2	
UB92V60	DE0000	EMC92-SUB-SERV-CNTR-CD	
UB92V60	DE0000	EMC92-TEST-PROD	
UB92V60	DE0000	EMC92-VERSION-CODE	

UB92V60	DE0000	EMC92-10-PROVIDER-DATA	
UB92V60	DE0000	EMC92-FIRST-7-REC10	
UB92V60	DE0000	EMC92-FED-TAX-NO	
UB92V60	DE0000	EMC92-FED-TAX-SUB	
UB92V60	DE0000	EMC92-MCARE-PROV-NUM	
UB92V60	DE0000	EMC92-MED-PROV-NUM	
UB92V60	DE0000	EMC92-OTH-PROV-NUM	
UB92V60	DE0000	EMC92-PROV-TELP-NUM	
UB92V60	DE0000	EMC92-PROV-NAME	
UB92V60	DE0000	EMC92-PROV-ADDR	
UB92V60	DE0000	EMC92-PROV-CITY	
UB92V60	DE0000	EMC92-PROV-STATE	
UB92V60	DE0000	EMC92-PROV-ZIP	
UB92V60	DE0000	EMC92-PROV-FAX-NUM	
UB92V60	DE0000	EMC92-PROV-COUNTRY	
UB92V60	DE0000	EMC92-20-PATIENT-DATA	
UB92V60	DE0000	EMC92-EMC-TYPE20	
UB92V60	DE2031	EMC92-PAT-CONTROL-NUM	Claim Patient Account Number
UB92V60	DE2006	EMC92-PAT-LAST-NAME	Claim Partial Recipient Name
UB92V60	DE2006	EMC92-PAT-FIRST-NAME	Claim Partial Recipient Name
UB92V60	DE0000	EMC92-PAT-MIDDLE-INITIAL	
UB92V60	DE3007	EMC92-PAT-SEX	Enrollee Sex Code
UB92V60	DE3005	EMC92-PAT-BIRTHDATE	Enrollee Birth Date
UB92V60	DE0000	EMC92-PAT-MS	
UB92V60	DE2107	EMC92-TYPE-ADMISSION	Claim Nature of Admission
UB92V60	DE2802	EMC92-TYPE-ADMISSION	Claim Emergency Identifier
UB92V60	DE2106	EMC92-SOURCE-ADMISSION	Claim Admission Source
UB92V60	DE0000	EMC92-PAT-ADDR1	
UB92V60	DE0000	EMC92-PAT-ADDR2	
UB92V60	DE0000	EMC92-PAT-CITY	
UB92V60	DE0000	EMC92-PAT-STATE	
UB92V60	DE0000	EMC92-PAT-ZIP	
UB92V60	DE0000	EMC92-ADMISSION-DATE	
UB92V60	DE2136	EMC92-ADMISSION-HOUR	Claim Hour of Admission
UB92V60	DE0000	EMC92-STATE-FROM-DATE	
UB92V60	DE0000	EMC92-STATE-THRU-DATE	
UB92V60	DE2869	EMC92-PAT-DISCH-STATUS	Claim Discharge Status
UB92V60	DE2412	EMC92-PAT-DISCH-HOUR	Claim Hour of Discharge

UB92V60	DE0000	EMC92-PAT-PREV-PYMT	
UB92V60	DE0000	EMC92-PAT-PYMT-DUE	
UB92V60	DE2845	EMC92-MED-REC-NO	Claim Medical Record Number
UB92V60	DE0000	EMC92-21-NONINSD-EMP-INFO DATA	
UB92V60	DE0000	EMC92-TYPE21	
UB92V60	DE0000	EMC92-21-SEQ-NO	
UB92V60	DE0000	EMC92-21-PCN	
UB92V60	DE2517	EMC92-EMPLOYER-NAME	Claim Employer Name
UB92V60	DE2537	EMC92-EMPLOYER-ADDR1	Claim Employer/School Address
UB92V60	DE2537	EMC92-EMPLOYER-CITY	Claim Employer/School Address
UB92V60	DE2537	EMC92-EMPLOYER-STATE	Claim Employer/School Address
UB92V60	DE2537	EMC92-EMPLOYER-ZIP	Claim Employer/School Address
UB92V60	DE0000	EMC92-EMPLMT-STATUS	
UB92V60	DE0000	EMC92-30-3RD-PARTY-PAYER DATA	
UB92V60	DE0000	EMC92-TYPE30	
UB92V60	DE0000	EMC92-30-SEQ-NO	
UB92V60	DE0000	EMC92-30-PCN	
UB92V60	DE0000	EMC92-30-SRC-PYMT-CODE	
UB92V60	DE0000	EMC92-30-PAYER-ID	
UB92V60	DE0000	EMC92-30-PAYER-SUB-ID	
UB92V60	DE2512	COB-30-MCAID-RECIP-ID	Claim Insured's Identification
UB92V60	DE2535	EMC92-PAYER-NAME	Insurance Carrier Name
UB92V60	DE0000	EMC92-30-PAYER-INDICATOR	
UB92V60	DE2516	EMC92-INSUR-GROUP-NO	Claim Group Number or FECA Number (Insurance)
UB92V60	DE2515	EMC92-INSUR-GROUP-NAME	Claim Group Name (Insurance)
UB92V60	DE2522	EMC92-INS-LST-NAME	Claim Other Insured's Name
UB92V60	DE2522	EMC92-INS-FRT-NAME	Claim Other Insured's Name
UB92V60	DE2522	EMC92-INS-MID-INIT	Claim Other Insured's Name
UB92V60	DE2350	EMC92-INS-SEX	Insured Sex
UB92V60	DE0000	EMC92-RELS-INFO-IND	
UB92V60	DE0000	EMC92-ASG-BENFT-IND	
UB92V60	DE2352	EMC92-PAT-REL-TO-INS	Relationship to Patient
UB92V60	DE0000	EMC92-INSD-EMPLOY-STAT	
UB92V60	2108	EMC92-COV-DAYS	Claim Covered Days
UB92V60	2109	EMC92-NON-COV-DAYS	Claim Non-Covered Days

UB92V60	DE0000	EMC92-COINS-DAYS	
UB92V60	DE0000	EMC92-L-R-DAYS	
UB92V60	DE0000	EMC92-PROV-NO	
UB92V60	DE0000	EMC92-PAYER-PREV-PYMT	
UB92V60	DE0000	EMC92-PAYER-EST-DUE	
UB92V60	DE0000	EMC92-EMC-TYPE31 DATA	
UB92V60	DE0000	EMC92-EMC-TYPE31	
UB92V60	DE0000	EMC92-31-SEQ-NO	
UB92V60	DE0000	EMC92-31-PCN	
UB92V60	DE0000	EMC92-31-ADDRESS-1	
UB92V60	DE0000	EMC92-31-ADDRESS-2	
UB92V60	DE0000	EMC92-31-ADDRESS-3	
UB92V60	DE0000	EMC92-31-ZIP	
UB92V60	DE2517	EMC92-31-INSD-EMPLOY-NAME	Claim Employer Name
UB92V60	DE2537	EMC92-31-INSD-EMPLOY-LOC	Claim Employer/School Address
UB92V60	DE0000	EMC92-FORMER-REF-NO	
UB92V60	DE0000	EMC92-40-CLAIM-DATA	
UB92V60	DE0000	EMC92-TYPE40	
UB92V60	DE0000	EMC92-40-SEQ	
UB92V60	DE0000	EMC92-40-PCN	
UB92V60	DE2102	EMC92-TYPE-BILL	Claim Facility Bill Type
UB92V60	DE2024	EMC92-TREATMENT-AUTH-CODE	Prior Authorization Control Number
UB92V60	DE0000	EMC92-OCCUR-CODE	
UB92V60	DE0000	EMC92-OCCUR-DATE	
UB92V60	DE0000	EMC92-OCCUR-SPAN-CODE	
UB92V60	DE0000	EMC92-OCCUR-SPAN-FROM	
UB92V60	DE0000	EMC92-OCCUR-SPAN-THRU	
UB92V60	DE0000	EMC92-41-CLAIM-DATA	
UB92V60	DE0000	EMC92-TYPE41	
UB92V60	DE0000	EMC92-41-SEQ	
UB92V60	DE0000	EMC92-41-PCN	
UB92V60	DE0000	EMC92-COND-CODE	
UB92V60	DE0000	EMC92-VALUE-CODE	
UB92V60	DE0000	EMC92-VALUE-AMT	
UB92V60	DE0000	EMC92-50-ACCOM-DATA	
UB92V60	DE0000	EMC92-TYPE50	

UB92V60	DE0000	EMC92-50-SEQ-NO	
UB92V60	DE0000	EMC92-50-PCN	
UB92V60	DE0000	EMC92-ACCOM-REV-CODE	
UB92V60	DE0000	EMC92-ACCOM-RATE	
UB92V60	DE0000	EMC92-ACCOM-DAYS	
UB92V60	DE0000	EMC92-ACCOM-TOT-CHRG	
UB92V60	DE0000	EMC92-ACCOM-NC-CHRG	
UB92V60	DE0000	EMC92-60-ANCILLARY-DATA	
UB92V60	DE0000	EMC92-TYPE60	
UB92V60	DE0000	EMC92-60-SEQ-NO	
UB92V60	DE0000	EMC92-60-PCN	
UB92V60	DE0000	EMC92-IP-REV-CD	
UB92V60	DE0000	EMC92-IP-HCPCS	
UB92V60	DE0000	EMC92-IP-PROCMD1	
UB92V60	DE0000	EMC92-IP-PROCMD2	
UB92V60	DE0000	EMC92-IP-ANC-UNTS	
UB92V60	DE0000	EMC92-IP-ANC-TOT-CHRG	
UB92V60	DE0000	EMC92-IP-ANC-NC-CHRG	
UB92V60	DE0000	EMC92-61-ANCILLARY-DATA	
UB92V60	DE0000	EMC92-TYPE61	
UB92V60	DE0000	EMC92-61-SEQ-NO	
UB92V60	DE0000	EMC92-61-PCN	
UB92V60	DE0000	EMC92-OP-ANC-REV-CD	
UB92V60	DE0000	EMC92-OP-ANC-HCPCS	
UB92V60	DE0000	EMC92-OP-PROCMD1	
UB92V60	DE0000	EMC92-OP-PROCMD2	
UB92V60	DE0000	EMC92-OP-ANC-UNITS	
UB92V60	DE0000	EMC92-OP-ANC-DATE	
UB92V60	DE0000	EMC92-OP-ANC-TOT-CHRG	
UB92V60	DE0000	EMC92-OP-ANC-NC-CHRG	
UB92V60	DE0000	EMC92-70-SEQ1-MEDICAL-DATA	
UB92V60	DE0000	EMC92-EMC-TYPE70	
UB92V60	DE0000	EMC92-70-SEQ-NO	
UB92V60	DE0000	EMC92-70-PCN	
UB92V60	DE5301	EMC92-PRINC-DIAG-CODE	Diagnosis Code
UB92V60	DE5301	EMC92-OTHER-DIAG-CODE	Diagnosis Code
UB92V60	DE5002	EMC92-PRINC-PROC-CODE	Procedure Code

UB92V60	DE0000	EMC92-PRINC-PROC-DATE	
UB92V60	DE0000	EMC92-OTHER-PROC-CODE	
UB92V60	DE0000	EMC92-OTHER-PROC-DATE	
UB92V60	DE0000	EMC92-ADMIT-DIAGNOSIS	
UB92V60	DE0000	EMC92-E-CODE	
UB92V60	DE0000	EMC92-PROC-CODE-METH	
UB92V60	DE0000	EMC92-70-SEQ2-MEDICAL-DATA	
UB92V60	DE0000	EMC92-EMC-TYPE70-SEQ2	
UB92V60	DE0000	EMC92-70-SEQ-NO-2	
UB92V60	DE0000	EMC92-70-SEQ2-PCN	
UB92V60	DE0000	EMC92-FORM-LOC-57	
UB92V60	DE0000	EMC92-80-PHYSICIAN-DATA	
UB92V60	DE0000	EMC92-TYPE80	
UB92V60	DE0000	EMC92-80-SEQ-NO	
UB92V60	DE0000	EMC92-80-PCN	
UB92V60	DE0000	EMC92-PHYS-NO-QUAL-CODES	
UB92V60	DE0000	ATTND-PHYS-80	
UB92V60	DE0000	OPER-PHYS-80	
UB92V60	DE0000	OTHER-PHYS-A-80	
UB92V60	DE0000	OTHER-PHYS-B-80	
UB92V60	DE0000	EMC92-ATTND-PHYS-NAME	
UB92V60	DE0000	EMC92-OPER-PHYS-NAME	
UB92V60	DE0000	EMC92-OTHER-PHYS-NAME-A	
UB92V60	DE0000	EMC92-OTHER-PHYS-NAME-B	
UB92V60	DE0000	EMC92-90-CLAIM-CONTROL DATA	
UB92V60	DE0000	EMC92-TYPE90	
UB92V60	DE0000	EMC92-90-PCN	
UB92V60	DE0000	EMC92-COUNT-NUMERIC-CHECK	
UB92V60	DE0000	EMC92-TYPE-91-QUALIFER	
UB92V60	DE0000	EMC92-TOT-CHRG-ACCOM	
UB92V60	DE0000	EMC92-TOT-NON-COV-CHRG-ACCOM	
UB92V60	DE0000	EMC92-TOT-CHRG-ANCILLARY	

UB92V60	DE0000	EMC92-TOT-NON-COV-CHRG-ANC	
UB92V60	DE0000	EMC92-REMARKS-AREA	
UB92V60	DE0000	EMC92-95-BATCH-CONTROL DATA	
UB92V60	DE0000	EMC92-TYPE95	
UB92V60	DE0000	EMC92-SUBMITTER-EIN	
UB92V60	DE0000	EMC92-95-RECVR-ID	
UB92V60	DE0000	EMC92-RECVR-SUB-ID	
UB92V60	DE0000	EMC92-BTCH-CONTRL-TYPE	
UB92V60	DE0000	EMC92-NUM-CLAIMS	
UB92V60	DE0000	EMC92-ACCOM-TOT-CHRG-BATCH	
UB92V60	DE0000	EMC92-ACCOM-NONCOV-CHRG-BATCH	
UB92V60	DE0000	EMC92-ANC-TOT-CHRG-BATCH	
UB92V60	DE0000	EMC92-ANC-NONCOV-CHRG-BATCH	
UB92V60	DE0000	EMC92-TOTAL-CHARGES-BATCH	
UB92V60	DE0000	EMC92-TOTAL-NONCOV-CHRG-BATCH	
UB92V60	DE0000	EMC92-TAPE-CONTROL DATA	
UB92V60	DE0000	EMC92-EMC-TYPE99	
UB92V60	DE0000	N-EMC92-SUBMITTER-EIN	
UB92V60	DE0000	EMC92-RECVR-ID	
UB92V60	DE0000	EMC92-RECVR-SUB-ID	
UB92V60	DE0000	EMC92-NO-OF-BATCHES	
UB92V60	DE0000	EMC92-ACCOM-TOT-CHRG-TAPE	
UB92V60	DE0000	EMC92-ACCOM-NON-COV-CHRG-TAPE	
UB92V60	DE0000	EMC92-ANCI-TOT-CHRG-TAPE	
UB92V60	DE0000	EMC92-ANCI-NON-COV-CHRG-TAPE	
UB92V60	DE0000	EMC92-TOTAL-CHARGES-FILE	
UB92V60	DE0000	EMC92-TOTAL-NONCOV-	

		CHRG-FILE	
UB92V60	DE0000	EMC92-NUMBER-OF-CLAIMS-FILE	
UB92V60	DE0000	EMC92-NUMBER-OF-RECORDSS-FILE	
UB92V60	DE0000	NV-EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	NV-EMC92-TYPE	
UB92V60	DE0000	NV-SVC1	
UB92V60	DE0000	NV-SVC2	
UB92V60	DE0000	NV-SVC3	
UB92V60	DE0000	NV-SUB-SVC-ID	
UB92V60	DE0000	NV-COB92-01-RECVR-TYPE-CD	
UB92V60	DE0000	NV-RECEIVER-ID	
UB92V60	DE0000	NV-RECEIVER-SUB-ID	
UB92V60	DE0000	NV-EMC92-10-PROVIDER-DATA	
UB92V60	DE0000	NV-EMC92-EMC-TYPE10	
UB92V60	DE0000	NV-EMC92-MED-PROV-NUM	
UB92V60	DE0000	NV-EMC92-31-3RD-PARTY-PAYER	
UB92V60	DE0000	NV-EMC92-EMC-TYPE31	
UB92V60	DE0000	NV-EMC92-FORMER-REF-NO	
UB92V60	DE0000	V5-EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	V5-EMC92-TYPE	
UB92V60	DE0000	V5-EMC92-TEST-PROD	
UB92V60	DE0000	V5-EMC92-RECEIVE-DATE	
UB92V60	DE0000	V5-EMC92-PROCESS-DATE	
UB92V60	DE0000	V5-EMC92-VERSION-CODE	
UB92V60	DE0000	V5-EMC92-20-PATIENT-DATA	
UB92V60	DE0000	V5-EMC92-EMC-TYPE20	
UB92V60	DE0000	V5-EMC92-PAT-BIRTHDATE	
UB92V60	DE0000	V5-EMC92-PAT-ADDR1	
UB92V60	DE0000	V5-EMC92-PAT-ADDR2	
UB92V60	DE0000	V5-EMC92-PAT-CITY	
UB92V60	DE0000	V5-EMC92-PAT-STATE	
UB92V60	DE0000	V5-EMC92-PAT-ZIP	
UB92V60	DE2105	V5-EMC92-ADMISSION-DATE	Claim Admission Date

UB92V60	DE0000	V5-EMC92-ADMISSION-HOUR	
UB92V60	DE2010	V5-EMC92-STATE-FROM-DATE	Claim Service From Date
UB92V60	DE2011	V5-EMC92-STATE-THRU-DATE	Claim Service Thru Date
UB92V60	DE0000	V5-EMC92-40-CLAIM-DATA	
UB92V60	DE0000	V5-EMC92-TYPE40	
UB92V60	DE2110	V5-EMC92-OCCUR-CODE	Claim Occurrence Code
UB92V60	DE0000	V5-EMC92-OCCUR-DATE	
UB92V60	DE2110	V5-EMC92-OCCUR-SPAN-CODE	Claim Occurrence Code
UB92V60	DE0000	V5-EMC92-OCCUR-SPAN-FROM	
UB92V60	DE0000	V5-EMC92-OCCUR-SPAN-THRU	
UB92V60	DE0000	V5-EMC92-60-ANCILLARY-DATA	
UB92V60	DE0000	V5-EMC92-TYPE60	
UB92V60	DE0000	V5-EMC92-IP-REV-CD	
UB92V60	DE0000	V5-EMC92-IP-HCPCS	
UB92V60	DE0000	V5-EMC92-IP-PROCMD1	
UB92V60	DE0000	V5-EMC92-IP-PROCMD2	
UB92V60	DE0000	V5-EMC92-IP-ANC-UNTS	
UB92V60	DE0000	V5-EMC92-IP-ANC-TOT-CHRG	
UB92V60	DE0000	V5-EMC92-IP-ANC-NC-CHRG	
UB92V60	DE0000	V5-EMC92-IP-ASSESS-DATE	
UB92V60	DE0000	V5-EMC92-61-ANCILLARY-DATA	
UB92V60	DE0000	V5-EMC92-TYPE61	
UB92V60	DE0000	V5-EMC92-OP-ANC-REV-CD	
UB92V60	DE0000	V5-EMC92-OP-ANC-HCPCS	
UB92V60	DE0000	V5-EMC92-OP-ANC-HCPCS	
UB92V60	DE0000	V5-EMC92-OP-PROCMD1	
UB92V60	DE0000	V5-EMC92-OP-PROCMD2	
UB92V60	DE0000	V5-EMC92-OP-ANC-UNITS	
UB92V60	DE0000	V5-EMC92-OP-ANC-TOT-CHRG	
UB92V60	DE0000	V5-EMC92-OP-ANC-NC-CHRG	

UB92V60	DE0000	V5-EMC92-OP-ANC-DATE	
UB92V60	DE0000	V5-EMC92-70-SEQ1-MEDICAL-DATA	
UB92V60	DE0000	V5-EMC92-EMC-TYPE70	
UB92V60	DE0000	V5-EMC92-PRINC-DIAG-CODE	
UB92V60	DE0000	V5-EMC92-OTHER-DIAG-CODE	
UB92V60	DE0000	V5-EMC92-PRINC-PROC-CODE	
UB92V60	DE0000	V5-EMC92-PRINC-PROC-DATE	
UB92V60	DE5002	V5-EMC92-OTHER-PROC-CODE	Procedure Code
UB92V60	DE0000	V5-EMC92-OTHER-PROC-DATE	
UB92V60	DE5301	V5-EMC92-ADMIT-DIAGNOSIS	Diagnosis Code
UB92V60	DE0000	V5-EMC92-E-CODE	
UB92V60	DE0000	V5-EMC92-PROC-CODE-METH	
UB92V60	DE0000	V6-EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	V6-CS-SUBMITTER-IDSCV	
UB92V60	DE0000	V6-EMC92-VERS-CODE	
UB92V60	DE0000	V6-EMC92-10-PROVIDER-DATA	
UB92V60	DE2004	NS-EMC92-MED-PROV-NUM	Claim Billing Provider Identification Number
UB92V60	DE4002	NS-EMC92-MED-PROV-NUM	Provider Identification Number
UB92V60	DE0000	V6-EMC92-30-3RD-PARTY-PAYER	
UB92V60	DE0000	V6-EMC92-30-PRV-NO	
UB92V60	DE0000	V6-EMC92-31-3RD-PARTY-PAYER	
UB92V60	DE0000	V6-EMC92-EMC-TYPE31	
UB92V60	DE0000	V6-NS-ICN-DCN	
UB92V60	DE0000	V6-EMC92-50-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE50	
UB92V60	DE0000	V6-EMC92-50-SEQ-NO	
UB92V60	DE0000	V6-EMC92-50-PCN	

UB92V60	DE2122	V6-EMC92-ACCOM-REV-CODE	Claim Revenue Code
UB92V60	DE0000	V6-EMC92-ACCOM-RATE	
UB92V60	DE0000	V6-EMC92-ACCOM-DAYS	
UB92V60	DE0000	V6-EMC92-ACCOM-TOT-CHRG	
UB92V60	DE0000	V6-EMC92-ACCOM-NC-CHRG	
UB92V60	DE0000	V6-RT50-FORM-LOCATOR49	
UB92V60	DE0000	V6-EMC92-60-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE60`	
UB92V60	DE0000	V6-EMC92-60-SEQ-NO	
UB92V60	DE0000	V6-EMC92-60-PCN	
UB92V60	DE2122	V6-EMC92-IP-REV-CD	Claim Revenue Code
UB92V60	DE5002	V6-EMC92-IP-HCPCS	Procedure Code
UB92V60	DE0000	V6-EMC92-IP-PROCMD1	
UB92V60	DE0000	V6-EMC92-IP-PROCMD2	
UB92V60	DE2009	V6-EMC92-IP-ANC-UNTS	Claim Number of Unit-s/Visits/Studies
UB92V60	DE0000	V6-EMC92-IP-ANC-TOT-CHRG	
UB92V60	DE0000	V6-EMC92-IP-ANC-NC-CHRG	
UB92V60	DE0000	V6-RT60-FORM-LOCATOR49	
UB92V60	DE0000	V6-EMC92-IP-ASSESS-DATE	
UB92V60	DE0000	V6-EMC92-61-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE61	
UB92V60	DE0000	V6-EMC92-61-SEQ-NO	
UB92V60	DE0000	V6-EMC92-61-PCN	
UB92V60	DE2122	V6-EMC92-OP-ANC-REV-CD	Claim Revenue Code
UB92V60	DE5002	V6-EMC92-OP-ANC-HCPCS	Procedure Code
UB92V60	DE0000	V6-EMC92-OP-PROCMD1	
UB92V60	DE0000	V6-EMC92-OP-PROCMD2	
UB92V60	DE2009	V6-EMC92-OP-ANC-UNITS	Claim Number of Unit-s/Visits/Studies
UB92V60	DE0000	V6-RT61-FORM-LOCATOR49	
UB92V60	DE0000	V6-EMC92-OP-ANC-TOT-CHRG	
UB92V60	DE0000	V6-EMC92-OP-ANC-NC-CHRG	
UB92V60	DE0000	V6-EMC92-OP-ANC-DATE	
UB92V60	DE0000	V6-EMC92-80-PHYSICIAN-	

		DATA	
UB92V60	DE2060	V6-EMC92-ATTND-PHYS	Claim Attending Provider Identification Number
UB92V60	DE0000	V6-EMC92-OPER-PHYS	
UB92V60	DE2452	V6-EMC92-OTHER-PHYS-A	Other Provider 1
UB92V60	DE2453	V6-EMC92-OTHER-PHYS-B	Other Provider 2
UB92V60	DE0000	V6-EMC92-90-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE90	
UB92V60	DE0000	V6-EMC92-90-PCN	
UB92V60	DE0000	V6-EMC92-COUNT-NUMERIC-CHECK	
UB92V60	DE0000	V6-EMC92-TYPE-91-QUALIFER	
UB92V60	DE0000	V6-EMC92-TOT-CHRG-ACCOM	
UB92V60	DE0000	V6-EMC92-TOT-NONCOV-CHRG-ACCOM	
UB92V60	DE0000	V6-EMC92-TOT-CHRG-ANCILLARY	
UB92V60	DE0000	V6-EMC92-TOT-NON-COV-CHRG-ANC	
UB92V60	DE0000	V6-EMC92-REMARKS-AREA	
UB92V60	DE0000	V6-EMC92-91-REMARKS-OVFL	
UB92V60	DE0000	V6-EMC92-TYPE91	
UB92V60	DE0000	V6-EMC92-91-PCN	
UB92V60	DE0000	V6-EMC92-ADDL-REMARKS-AREA	

Files CP-F-022 Claims Fiscal-Year Extract File

Fiscal year end Claims data.

Subsystem:	Claims
Copybook:	CPEXTHP N/A
File Organization:	Sequential
Device Type:	Cartridge
Primary Key:	EWR-I-ENROLLEE-ID (3001) EWR-RECORD-TYPE (2051)
Alternate Key:	N/A
Program:	Claims Extract (CPR100) Claims Extract Summary Sysout (CPR108)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEXTHP	DE2051	EWR-RECORD-TYPE	Claim Extract Record Type Code
CPEXTHP	DE2477	EWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPEXTHP	DE2478	EWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPEXTHP	DE2480	EWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPEXTHP	DE2343	EWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPEXTHP	DE2088	EWR-C-FORM-TYPE	Claim Form Type
CPEXTHP	DE2002	EWR-CLAIM-TYPE	Claim Type
CPEXTHP	DE2003	EWR-C-CLM-MOD	Claim Type Modifier
CPEXTHP	DE2030	EWR-C-ATTACHMENTS	Claim Attachments Indicator
CPEXTHP	DE2177	EWR-DATE-ENTERED	Claim Entered Date
CPEXTHP	DE2013	EWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
CPEXTHP	DE2015	EWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
CPEXTHP	DE2014	EWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
CPEXTHP	DE2265	EWR-C-4010-5010-CVAL	EDI Version Identifier
CPEXTHP	DE2267	EWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier

CPEXTHP	DE4001	EWR-I-SRVC-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-SRVC-PROV	Provider Identification Number
CPEXTHP	DE4001	EWR-I-BILLING-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2004	EWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPEXTHP	DE4085	EWR-T-SRVC-PROV-NAME	Provider Name
CPEXTHP	DE4007	EWR-C-PROV-SPECIALTY	Provider Specialty Code
CPEXTHP	DE4006	EWR-C-PROV-TYPE	Provider Type
CPEXTHP	DE4082	EWR-I-PROV-SRVC-VNDR	Provider Service Center
CPEXTHP	DE4089	EWR-I-PROV-LOCALITY	Provider Locality Code
CPEXTHP	DE4002	EWR-I-1099-TAX-GROUP	Provider Identification Number
CPEXTHP	DE3001	EWR-I-ENROLLEE-ID	Enrollee Identification Number
CPEXTHP	DE3093	EWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
CPEXTHP	DE3901	EWR-I-PERSON	Person ID
CPEXTHP	DE3110	EWR-T-NAME-LAST	Enrollee Last Name
CPEXTHP	DE3111	EWR-T-NAME-FIRST	Enrollee First Name
CPEXTHP	DE3112	EWR-T-MIDDLE-INIT	Enrollee Middle Initial
CPEXTHP	DE3113	EWR-T-NAME-SUFFIX	Enrollee Name Suffix
CPEXTHP	DE3114	EWR-T-ADDL-NAME	Enrollee Additional Address Name
CPEXTHP	DE3115	EWR-T-STREET	Enrollee Street Address
CPEXTHP	DE3116	EWR-T-CITY	Enrollee City Name
CPEXTHP	DE3117	EWR-C-STATE	Enrollee State Code
CPEXTHP	DE3118	EWR-C-ZIP-9	Enrollee ZIP Code
CPEXTHP	DE3034	EWR-I-ENRL-SSN	Enrollee Social Security Number (SSN)
CPEXTHP	DE3955	EWR-C-SSA-NO	Person Identifier Value
CPEXTHP	DE3005	EWR-D-BIRTH	Enrollee Birth Date
CPEXTHP	DE3006	EWR-C-RACE	Enrollee Race Code
CPEXTHP	DE3007	EWR-C-ENROLLEE-SEX	Enrollee Sex Code
CPEXTHP	DE3008	EWR-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEXTHP	DE3550	EWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEXTHP	DE3551	EWR-I-BNFT-PGM	Benefit Definition Plan Program Code
CPEXTHP	DE3552	EWR-I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code
CPEXTHP	DE3553	EWR-I-PLAN-CODE	Benefit Definition Plan Benefit Code
CPEXTHP	DE3009	EWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CPEXTHP	DE3072	EWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
CPEXTHP	DE3655	EWR-C-ENRL-PREM-IND	Medicare Premium Indicator
CPEXTHP	DE2069	EWR-C-PRICE-SRC	Claim Pricing Source

CPEXTHP	DE2070	EWR-C-PRICE-TYPE	Claim Pricing Source Type
CPEXTHP	DE2071	EWR-C-PRICE-CODE	Claim Pricing Source Code
CPEXTHP	DE2031	EWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPEXTHP	DE2499	EWR-N-DAYS-SINCE	Claims PA Number of Days Since
CPEXTHP	DE2498	EWR-I-PA-SEQ-NO	Claims PA Number Sequence
CPEXTHP	DE2508	EWR-C-PA-TYPE	Claims PA Type Code
CPEXTHP	DE2083	EWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEXTHP	DE2022	EWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CPEXTHP	DE2016	EWR-N-BILLED-CHARGE	Claim Billed Charge
CPEXTHP	DE2073	EWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEXTHP	DE2023	EWR-N-PMT-AMT	Claim Payment Amount
CPEXTHP	DE2545	EWR-N-CALC-COINS	Claim Calculated Co-Insurance
CPEXTHP	DE2992	EWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPEXTHP	DE2080	EWR-N-DSA-AMT	Claim Disproportionate Share Amount
CPEXTHP	DE2547	EWR-N-DRG-PYMT-AMT	DRG Payment Amount
CPEXTHP	DE2881	EWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
CPEXTHP	DE2038	EWR-C-CATEG-SERV	Claim Category of Service
CPEXTHP	DE2010	EWR-D-SERV-FROM	Claim Service From Date
CPEXTHP	DE2011	EWR-D-SERV-THRU	Claim Service Thru Date
CPEXTHP	DE2033	EWR-C-ADJUST-RSN	Adjustment/Void Reason
CPEXTHP	DE5301	EWR-C-DIAG	Diagnosis Code
CPEXTHP	DE2052	EWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
CPEXTHP	DE2585	EWR-C-DIAG-TYPE	Claims Diag Type Code
CPEXTHP	DE9865	EWR-I-BUDGET-ACCT	Budget Account Identifier
CPEXTHP	DE9916	EWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
CPEXTHP	DE9843	EWR-C-BAC-OBJECT	Budget Object Code
CPEXTHP	DE9835	EWR-C-BAC-PROGRAM	Budget Program Code
CPEXTHP	DE9838	EWR-C-BAC-SUB-PRGM	Budget Sub-Program Code
CPEXTHP	DE2034	EWR-I-FORMER-ICN	Claim Related Document Number
CPEXTHP	DE2034	EWR-I-HMO-CLAIM-NUM	Claim Related Document Number
CPEXTHP	DE9580	EWR-I-RA-NUM	Remittance Advice Number
CPEXTHP	DE9578	EWR-D-RA-PYMT	Remittance Payment Date
CPEXTHP	DE2544	EWR-C-COB	Claim COB Indicator
CPEXTHP	DE2674	EWR-F-TPL	Claim TPL Flag
CPEXTHP	DE2018	EWR-N-TPL-AMT-PAID	Claim Third Party Payment
CPEXTHP	DE5353	EWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPEXTHP	DE2566	EWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag

CPEXTHP	DE2673	EWR-F-SPLIT-CLAIM	Split Claim Flag
CPEXTHP	DE2027	EWR-F-ACCIDENT	Claim Accident Indicator
CPEXTHP	DE2802	EWR-F-EMERGENCY	Claim Emergency Identifier
CPEXTHP	DE2599	EWR-C-COPAY-IND	Claim Co-pay Indicator
CPEXTHP	DE2065	EWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2012	EWR-I-LINE-ITEM-CNTN-NUM	Claim EDI Line Item Control Number
CPEXTHP	DE2019	EWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
CPEXTHP	DE2007	EWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
CPEXTHP	DE2383	EWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
CPEXTHP	DE2039	EWR-C-STATUS	Claim Status
CPEXTHP	DE0012	EWR-I-USER-ID	User/Operator ID
CPEXTHP	DE2383	EWR-D-ADJUDICATION	Claim Status Begin Date
CPEXTHP	DE5506	EWR-C-ERROR-ESC	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
CPEXTHP	DE5506	EWR-C-ERROR-ESC-H	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT-H	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE-H	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION-H	Error Text Disposition Attachments
CPEXTHP	DE5565	EWR-I-FAC-REV-LINE-NO-H	Revenue Line Number in Error
CPEXTHP	DE5560	EWR-ADJ-RSN-RESP-XRF-H	Adjustment Reason/Response Cross Reference
CPEXTHP	DE0002	EWR-N-TIMES-PEND-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-PEND-PERIOD	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-PERIOD	Calculated
CPEXTHP	DE2251	EWR-N-MCARE-DEDUCT-AMT	Claim Title XVIII Deductible Amount
CPEXTHP	DE2252	EWR-N-MCARE-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPEXTHP	DE2253	EWR-N-MCARE-ALLOW-	Claim Title XVIII Charge Allowed

		CHG	
CPEXTHP	DE2254	EWR-N-MCARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPEXTHP	DE2257	EWR-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPEXTHP	DE4700	EWR-I-SRVC-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-BILL-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4099	EWR-C-SUBMT-ZIP	Provider Address ZIP Code
CPEXTHP	DE4002	EWR-I-PROV-FINANCE	Provider Identification Number
CPEXTHP	DE2053	EWR-C-SPECIAL-PROCESS	Special Process Indicator
CPEXTHP	DE4089	EWR-I-PROV-PRICE-LOC	Provider Locality Code
CPEXTHP	DE4701	EWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
CPEXTHP	DE4701	EWR-C-SUBMT-BILL-TXNMY	NPI-API Label
CPEXTHP	DE4143	EWR-I-SITE-NO	NPI XREF Site Number
CPEXTHP	DE4085	EWR-T-BILL-PROV-NAME	Provider Name
CPEXTHP	DE2994	EWR-N-MCO-PYMT-AMT	MCO Payment Amount
CPEXTHP	DE2995	EWR-D-MCO-PYMT	MCO Payment Date
CPEXTHP	DE2102	EWR-C-BILL-TYPE	Claim Facility Bill Type
CPEXTHP	DE2136	EWR-H-ADMISSION-HOUR	Claim Hour of Admission
CPEXTHP	DE2108	EWR-N-COVD-DAYS	Claim Covered Days
CPEXTHP	DE2109	EWR-N-NCOV-DAYS	Claim Non-Covered Days
CPEXTHP	DE2056	EWR-N-ELIGIBLE-DAYS	Claim number of days eligible
CPEXTHP	DE2105	EWR-D-ADMIT	Claim Admission Date
CPEXTHP	DE2106	EWR-C-ADMIT-SRC	Claim Admission Source
CPEXTHP	DE2412	EWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
CPEXTHP	DE2107	EWR-C-ADMIT-TYPE	Claim Nature of Admission
CPEXTHP	DE2869	EWR-C-DISCHG-STAT	Claim Discharge Status
CPEXTHP	DE2315	EWR-N-PMT-DAYS	Claim Payment days
CPEXTHP	DE2358	EWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CPEXTHP	DE2077	EWR-N-PRV-ROOM-DIFF	Claim Private Room Differential
CPEXTHP	DE2115	EWR-C-CONDITION	Claim Condition Code
CPEXTHP	DE2110	EWR-C-OCCURRENCE	Claim Occurrence Code
CPEXTHP	DE2113	EWR-D-OCCUR-BEGIN	Claim Occurrence From Date
CPEXTHP	DE2114	EWR-D-OCCUR-END	Claim Occurrence Thru Date
CPEXTHP	DE2005	EWR-C-OCCUR-TYPE-CVAL	Occurrence Type
CPEXTHP	DE2128	EWR-C-VALUE	Claim Value Code
CPEXTHP	DE2131	EWR-N-VALUE-AMT	Claim Value Amount
CPEXTHP	DE5002	EWR-C-PROCEDURE-UB	Procedure Code

CPEXTHP	DE2021	EWR-D-PROCEDURE	Claim Procedure Code Date
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE	Procedure Code Type
CPEXTHP	DE2060	EWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
CPEXTHP	DE4001	EWR-I-ATTEND-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-OTHER-PROV1	Provider Identification Number
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV1	Provider Base Identification Number
CPEXTHP	DE2453	EWR-I-OTHER-PROV2	Other Provider 2
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV2	Provider Base Identification Number
CPEXTHP	DE2845	EWR-I-MED-REC-NO	Claim Medical Record Number
CPEXTHP	DE6827	EWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
CPEXTHP	DE2470	EWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
CPEXTHP	DE4700	EWR-I-OTH1-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-ATND-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE4700	EWR-I-OTH2-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE2050	EWR-C-PROC-DIAG-VER	DX Version Qualifier
CPEXTHP	DE2057	EWR-C-ACCIDENT-STATE	Accident State
CPEXTHP	DE4700	EWR-I-OTH-OPER-NPI	Other Operating NPI
CPEXTHP	DE4700	EWR-I-REFER-NPI-FAC	Facility Referring NPI
CPEXTHP	DE2075	EWR-F-P51-EPSDT	Facility EPSDT Indicator
CPEXTHP	DE2141	EWR-F-FAC-CLM-NDC	UB04 NDC Existence Flag
CPEXTHP	DE2141	EWR-F-FAC-CLM-NDC	UB04 NDC Existence flag
CPEXTHP	DE0002	EWR-NUM-OF-FAC-LINES	Calculated
CPEXTHP	DE2122	EWR-C-REV	Claim Revenue Code
CPEXTHP	DE5002	EWR-C-HCPCS	Procedure Code
CPEXTHP	DE2123	EWR-N-UNITS-UB	Claim Revenue Units
CPEXTHP	DE2124	EWR-N-REV-BILLED-AMT	Claim Revenue Amount
CPEXTHP	DE2139	EWR-N-NON-COV-AMT	Claim Non-Covered Amount
CPEXTHP	DE2991	EWR-N-REV-ALLD-AMT	Claim Revenue Allowed Amt
CPEXTHP	DE2065	EWR-N-UB-CBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-UB-CBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2431	EWR-F-AUTO-ACCIDENT	Claim Auto Accident
CPEXTHP	DE2028	EWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
CPEXTHP	DE2074	EWR-F-EMPLOYMENT	Claim Employment Indicator
CPEXTHP	DE2075	EWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CPEXTHP	DE2174	EWR-I-PROF-LAB	Claim Professional Lab Indicator

CPEXTHP	DE4001	EWR-I-REFER-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-REFER-PROV	Provider Identification Number
CPEXTHP	DE2173	EWR-C-PLACE-OF-SERV	Claim Professional Place of Service
CPEXTHP	DE2072	EWR-C-TYPE-SERVICE	Claim Type of Service
CPEXTHP	DE5002	EWR-C-PROCEDURE-MED	Procedure Code
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE-MED	Procedure Code Type
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
CPEXTHP	DE2010	EWR-D-LI-SERV-FROM	EAPG DATE OF SERVICE
CPEXTHP	DE5064	EWR-C-LI-EAPG	EAPG CODE
CPEXTHP	DE2091	EWR-N-LI-EAPG-WEIGHT	EAPG WEIGHT
CPEXTHP	DE2009	EWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEXTHP	DE2084	EWR-N-WAIT-TIME	Anesthesia Minutes
CPEXTHP	DE2085	EWR-N-PASSENGERS	Claim Number of Passengers
CPEXTHP	DE2200	EWR-C-TOOTH	Claim Dental Tooth Code
CPEXTHP	DE2892	EWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPEXTHP	DE2994	EWR-N-ENC-PYMT-AMT	Encounter Payment Amount
CPEXTHP	DE2995	EWR-D-ENC-PYMT	Encounter Payment Date
CPEXTHP	DE4700	EWR-I-REF-PROV-SUBMT	National Provider Identifier
CPEXTHP	DE5200	EWR-C-NDC	National Drug Code
CPEXTHP	DE2143	EWR-C-UOM-QUALIFIER	Unit of Measure - Qualifier
CPEXTHP	DE2144	EWR-N-UOM-QTY	Unit of Measure - Quantity
CPEXTHP	DE5064	EWR-C-EAPG	EAPG Code
CPEXTHP	DE2091	EWR-N-EAPG-WEIGHT	Claim EAPG Weight
CPEXTHP	DE2092	EWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
CPEXTHP	DE2093	EWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
CPEXTHP	DE2094	EWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
CPEXTHP	DE2095	EWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
CPEXTHP	DE2096	EWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount

CPEXTHP	DE2097	EWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
CPEXTHP	DE2266	EWR-N-OBSTET-UNITS	Obstetrical Units
CPEXTHP	DE2228	EWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CPEXTHP	DE2211	EWR-I-RX-NO	Claim Pharmacy Prescription Number
CPEXTHP	DE2826	EWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CPEXTHP	DE4001	EWR-I-PRESCRIB-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2229	EWR-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
CPEXTHP	DE2216	EWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPEXTHP	DE2233	EWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CPEXTHP	DE2220	EWR-F-COMPOUND	Claim Pharmacy Compound Indicator
CPEXTHP	DE2212	EWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CPEXTHP	DE2227	EWR-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2217	EWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPEXTHP	DE2236	EWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CPEXTHP	DE2214	EWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
CPEXTHP	DE2238	EWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
CPEXTHP	DE2025	EWR-I-ASSOCIATED-RX-NO	Associated RX Number
CPEXTHP	DE2026	EWR-D-ASSOCIATED.SERVICE	Associated Date of Service
CPEXTHP	DE2235	EWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CPEXTHP	DE2234	EWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
CPEXTHP	DE2232	EWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
CPEXTHP	DE2213	EWR-N-UC-PRICE	Claim Pharmacy Usual Charge
CPEXTHP	DE2055	EWR-C-PHARM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
CPEXTHP	DE2468	EWR-PRESC-PROV-QUAL	Claim Prescribing Provider Code
CPEXTHP	DE2264	EXT-C-PATNT-RES	Claim Pharmacy Patient Residence Code
CPEXTHP	DE2260	EXT-C-COMPOUND-TYPE	Claim Pharmacy Compound Type
CPEXTHP	DE2261	EXT-C-PHRM-SERV-TYPE	Claim Pharmacy Service Type
CPEXTHP	DE2262	EXT-N-PROF-SERV-FEE	Claim Pharmacy Professional Service Fee
CPEXTHP	DE5736	EXT-C-DRUG-RTE-ADMIN	Route of Administration
CPEXTHP	DE4085	EXT-T-PRESC-NAME-FIRST	Prescriber First Name
CPEXTHP	DE4085	EXT-T-PRESC-NAME-LAST	Prescriber Last Name

CPEXTHP	DE4097	EXT-T-PRESC-ADDR-LINE	Prescriber Address
CPEXTHP	DE4130	EXT-T-PRESC-CITY	Prescriber City
CPEXTHP	DE4098	EXT-C-PRESC-STATE	Prescriber State
CPEXTHP	DE4099	EXT-C-PRESC-ZIP	Prescriber Zip Code
CPEXTHP	DE4090	EXT-T-PRESC-PHONE-NUM	Prescriber Phone Number
CPEXTHP	DE2221	EWR-N-INGRDNT-CMPNT-CNT	Claim Pharmacy Compound Number of Ingredients
CPEXTHP	DE5200	EWR-C-DRUG-NDC	Drug Code (NDC)
CPEXTHP	DE2248	EWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE5232	EWR-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CPEXTHP	DE5061	EWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE2418	EWR-I-DRUG-GCN-SEQ	Claim Dispensed as Written Indicator
CPEXTHP	DE5193	EWR-C-DRUG-UNIT-USE	Drug Unit of Use Code
CPEXTHP	DE2418	EWR-F-DAW	Claim Dispensed as Written Indicator
CPEXTHP	DE5206	EWR-C-DRUG-FORM	Drug Form Code
CPEXTHP	DE5070	EWR-T-DRUG-STR	Drug Strength Description
CPEXTHP	DE5235	EWR-N-UNIT-PRICE	Drug Direct Unit Price
CPEXTHP	DE5059	EWR-C-DRUG-CLASS	Drug Class Code
CPEXTHP	DE2223	EWR-N-INGRED-COST	Pharmacy Ingredient Cost
CPEXTHP	DE5088	EWR-C-DRUG-CAT	Drug Category Code
CPEXTHP	DE5032	EWR-C-DRUG-DEA	Drug Enforcement Administration (DEA) Code
CPEXTHP	DE2231	EWR-C-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPEXTHP	DE5735	EWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific

Files CP-F-023 Claims Part A COB NSF Version 6.0 File

File contains the claim adjustments submitted by paper.

Subsystem:	Claims
Copybook:	UB92V60 N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
UB92V60	DE0000	EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	EMC92-TYPE	
UB92V60	DE0000	COB92-01-SUBMITTER-EIN	
UB92V60	DE0000	COB92-01-RECVR-TYPE-CD	
UB92V60	DE0000	COB92-01-RECVR-ID	
UB92V60	DE0000	COB92-01-RECVR-SUB-ID	
UB92V60	DE0000	EMC92-PROCESS-DATE	
UB92V60	DE0000	EMC92-SUB-NAME	
UB92V60	DE0000	EMC92-SUB-ADDRESS	
UB92V60	DE0000	EMC92-SUB-CITY	
UB92V60	DE0000	EMC92-SUB-STATE	
UB92V60	DE0000	EMC92-SUB-ZIP	
UB92V60	DE0000	EMC92-SUB-FAX-NUM	
UB92V60	DE0000	EMC92-SUB-TELP-NUM	
UB92V60	DE0000	EMC92-SEQUENCE-2	
UB92V60	DE0000	EMC92-SUB-SERV-CNTR-CD	
UB92V60	DE0000	EMC92-TEST-PROD	
UB92V60	DE0000	EMC92-VERSION-CODE	

UB92V60	DE0000	COB-02-ADDITIONAL-INFO-DATA	
UB92V60	DE0000	COB-02-TYPE	
UB92V60	DE0000	COB-02-PROV-CHAIN-ID	
UB92V60	DE0000	COB-02-PROV-CHAIN-SUB-ID	
UB92V60	DE4085	COB-02-PROV-NAME	Provider Name
UB92V60	DE4097	COB-02-PROV-ADDRESS	Provider Address Line
UB92V60	DE4130	COB-02-PROV-CITY	Provider Address City Name
UB92V60	DE4098	COB-02-PROV-STATE	Provider Address State
UB92V60	DE4099	COB-02-PROV-ZIP	Provider Address ZIP Code
UB92V60	DE0000	COB-02-BILLING-CYCLE-CYMD	
UB92V60	DE0000	COB-02-APPLIC-VERS	
UB92V60	DE0000	COB-02-DATA-IND	
UB92V60	DE0000	COB-02-INTERMEDIARY-NO	
UB92V60	DE2544	COB-02-COB-ID	Claim COB Indicator
UB92V60	DE0000	COB-02-PROD-TEST-IND	
UB92V60	DE0000	COB-02-FILE-PROC-FROM-CYMD	
UB92V60	DE0000	COB-02-FILE-PROC-THRU-CYMD	
UB92V60	DE0000	EMC92-10-PROVIDER-DATA	
UB92V60	DE0000	EMC92-FIRST-7-REC10	
UB92V60	DE0000	EMC92-FED-TAX-NO	
UB92V60	DE0000	EMC92-FED-TAX-SUB	
UB92V60	DE4044	EMC92-MCARE-PROV-NUM	Provider Alternate ID Value
UB92V60	DE4002	EMC92-MED-PROV-NUM	Provider Identification Number
UB92V60	DE2452	EMC92-OTH-PROV-NUM	Other Provider 1
UB92V60	DE4090	EMC92-PROV-TELP-NUM	Provider Phone Number
UB92V60	DE4085	EMC92-PROV-NAME	Provider Name
UB92V60	DE4097	EMC92-PROV-ADDR	Provider Address Line
UB92V60	DE4130	EMC92-PROV-CITY	Provider Address City Name
UB92V60	DE4098	EMC92-PROV-STATE	Provider Address State
UB92V60	DE4099	EMC92-PROV-ZIP	Provider Address ZIP Code
UB92V60	DE0000	EMC92-PROV-FAX-NUM	
UB92V60	DE0000	EMC92-PROV-COUNTRY	
UB92V60	DE0000	EMC92-20-PATIENT-DATA	
UB92V60	DE0000	EMC92-EMC-TYPE20	
UB92V60	DE2031	EMC92-PAT-CONTROL-NUM	Claim Patient Account Num-

			ber
UB92V60	DE3110	EMC92-PAT-LAST-NAME	Enrollee Last Name
UB92V60	DE3111	EMC92-PAT-FIRST-NAME	Enrollee First Name
UB92V60	DE3112	EMC92-PAT-MIDDLE-INITIAL	Enrollee Middle Initial
UB92V60	DE3007	EMC92-PAT-SEX	Enrollee Sex Code
UB92V60	DE3005	EMC92-PAT-BIRTHDATE	Enrollee Birth Date
UB92V60	DE0000	EMC92-PAT-MS	
UB92V60	DE2107	EMC92-TYPE-ADMISSION	Claim Nature of Admission
UB92V60	DE2106	EMC92-SOURCE-ADMISSION	Claim Admission Source
UB92V60	DE3115	EMC92-PAT-ADDR1	Enrollee Street Address
UB92V60	DE3114	EMC92-PAT-ADDR2	Enrollee Additional Address Name
UB92V60	DE3116	EMC92-PAT-CITY	Enrollee City Name
UB92V60	DE3117	EMC92-PAT-STATE	Enrollee State Code
UB92V60	DE3118	EMC92-PAT-ZIP	Enrollee ZIP Code
UB92V60	DE2105	EMC92-ADMISSION-DATE	Claim Admission Date
UB92V60	DE2136	EMC92-ADMISSION-HOUR	Claim Hour of Admission
UB92V60	DE2010	EMC92-STATE-FROM-DATE	Claim Service From Date
UB92V60	DE2011	EMC92-STATE-THRU-DATE	Claim Service Thru Date
UB92V60	DE2869	EMC92-PAT-DISCH-STATUS	Claim Discharge Status
UB92V60	DE2412	EMC92-PAT-DISCH-HOUR	Claim Hour of Discharge
UB92V60	DE0000	EMC92-PAT-PREV-PYMT	
UB92V60	DE0000	EMC92-PAT-PYMT-DUE	
UB92V60	DE2845	EMC92-MED-REC-NO	Claim Medical Record Number
UB92V60	DE0000	EMC92-21-NONINSD-EMP-INFO DATA	
UB92V60	DE0000	EMC92-TYPE21	
UB92V60	DE0000	EMC92-21-SEQ-NO	
UB92V60	DE0000	EMC92-21-PCN	
UB92V60	DE3170	EMC92-EMPLOYER-NAME	Employer Name
UB92V60	DE3172	EMC92-EMPLOYER-ADDR1	Employer Address Line
UB92V60	DE3173	EMC92-EMPLOYER-CITY	Employer City Name
UB92V60	DE3174	EMC92-EMPLOYER-STATE	Employer State Code
UB92V60	DE3175	EMC92-EMPLOYER-ZIP	Employer ZIP Code
UB92V60	DE0000	EMC92-EMPLMT-STATUS	
UB92V60	DE0000	EMC92-22-UNASG-STATE-LOCS DATA	
UB92V60	DE0000	EMC92-TYPE22	

UB92V60	DE0000	EMC92-22-SEQ-NO	
UB92V60	DE0000	EMC92-22-PCN	
UB92V60	DE0000	EMC92-22-STATE-CODE	
UB92V60	DE0000	EMC92-LOCATOR-2A	
UB92V60	DE0000	EMC92-LOCATOR-2B	
UB92V60	DE0000	EMC92-LOCATOR-11A	
UB92V60	DE0000	EMC92-LOCATOR-11B	
UB92V60	DE0000	EMC92-LOCATOR-56-1ST	
UB92V60	DE0000	EMC92-LOCATOR-56A	
UB92V60	DE0000	EMC92-LOCATOR-56B	
UB92V60	DE0000	EMC92-LOCATOR-56C	
UB92V60	DE0000	EMC92-LOCATOR-56-PAT	
UB92V60	DE0000	EMC92-LOCATOR-78A`	
UB92V60	DE0000	EMC92-LOCATOR-78B	
UB92V60	DE0000	EMC92-30-3RD-PARTY-PAYER DATA	
UB92V60	DE0000	EMC92-TYPE30	
UB92V60	DE0000	EMC92-30-SEQ-NO	
UB92V60	DE0000	EMC92-30-PCN	
UB92V60	DE0000	EMC92-30-SRC-PYMT-CODE	
UB92V60	DE0000	EMC92-30-PAYER-ID	
UB92V60	DE0000	EMC92-30-PAYER-SUB-ID	
UB92V60	DE0000	COB-30-MCAID-RECIP-ID	
UB92V60	DE0000	EMC92-PAYER-NAME	
UB92V60	DE0000	EMC92-30-PAYER-INDICATOR	
UB92V60	DE3697	EMC92-INSUR-GROUP-NO TPL	Group Number
UB92V60	DE2515	EMC92-INSUR-GROUP-NAME	Claim Group Name (Insur-ance)
UB92V60	DE3110	EMC92-INS-LST-NAME	Enrollee Last Name
UB92V60	DE3111	EMC92-INS-FRT-NAME	Enrollee First Name
UB92V60	DE3112	EMC92-INS-MID-INIT	Enrollee Middle Initial
UB92V60	DE3007	EMC92-INS-SEX	Enrollee Sex Code
UB92V60	DE0000	EMC92-RELS-INFO-IND	
UB92V60	DE0000	EMC92-ASG-BENFT-IND	
UB92V60	DE0000	EMC92-PAT-REL-TO-INS	
UB92V60	DE0000	EMC92-INSD-EMPLOY-STAT	
UB92V60	DE2108	EMC92-COV-DAYS	Claim Covered Days
UB92V60	DE2109	EMC92-NON-COV-DAYS Claim Non-Covered Days	

UB92V60	DE0000	EMC92-COINS-DAYS	
UB92V60	DE0000	EMC92-L-R-DAYS	
UB92V60	DE4002	EMC92-PROV-NO	Provider Identification Number
UB92V60	DE0000	EMC92-PAYER-PREV-PYMT	
UB92V60	DE0000	EMC92-PAYER-EST-DUE	
UB92V60	DE0000	EMC92-EMC-TYPE31 DATA	
UB92V60	DE0000	EMC92-EMC-TYPE31	
UB92V60	DE0000	EMC92-31-SEQ-NO	
UB92V60	DE0000	EMC92-31-PCN	
UB92V60	DE0000	EMC92-31-ADDRESS-1	
UB92V60	DE0000	EMC92-31-ADDRESS-2	
UB92V60	DE0000	EMC92-31-ADDRESS-3	
UB92V60	DE0000	EMC92-31-ZIP	
UB92V60	DE0000	EMC92-31-INSD-EMPLOY-NAME	
UB92V60	DE0000	EMC92-31-INSD-EMPLOY-LOC	
UB92V60	DE2034	EMC92-FORMER-REF-NO	Claim Related Document Number
UB92V60	DE0000	EMC92-34-AUTHORIZATION DATA	
UB92V60	DE0000	EMC92-EMC-TYPE34	
UB92V60	DE0000	EMC92-34-SEQ-NO	
UB92V60	DE0000	EMC92-34-PCN	
UB92V60	DE0000	EMC92-34-AUTH-DATA	
UB92V60	DE0000	EMC92-40-CLAIM-DATA	
UB92V60	DE0000	EMC92-TYPE40	
UB92V60	DE0000	EMC92-40-SEQ	
UB92V60	DE0000	EMC92-40-PCN	
UB92V60	DE2102	EMC92-TYPE-BILL	Claim Facility Bill Type
UB92V60	DE0000	EMC92-TREATMENT-AUTH-CODE	
UB92V60	DE0000	EMC92-OCCUR-CODE	
UB92V60	DE0000	EMC92-OCCUR-DATE	
UB92V60	DE0000	EMC92-OCCUR-SPAN-CODE	
UB92V60	DE0000	EMC92-OCCUR-SPAN-FROM	
UB92V60	DE0000	EMC92-OCCUR-SPAN-THRU	
UB92V60	DE0000	EMC92-41-CLAIM-DATA	
UB92V60	DE0000	EMC92-TYPE41	

UB92V60	DE0000	EMC92-41-SEQ	
UB92V60	DE0000	EMC92-41-PCN	
UB92V60	DE0000	EMC92-COND-CODE	
UB92V60	DE0000	EMC92-VALUE-CODE	
UB92V60	DE0000	EMC92-VALUE-AMT	
UB92V60	DE0000	EMC92-50-ACCOM-DATA	
UB92V60	DE0000	EMC92-TYPE50	
UB92V60	DE0000	EMC92-50-SEQ-NO	
UB92V60	DE0000	EMC92-50-PCN	
UB92V60	DE2122	EMC92-ACCOM-REV-CODE	Claim Revenue Code
UB92V60	DE0000	EMC92-ACCOM-RATE	
UB92V60	DE0000	EMC92-ACCOM-DAYS	
UB92V60	DE0000	EMC92-ACCOM-TOT-CHRG	
UB92V60	DE0000	EMC92-ACCOM-NC-CHRG	
UB92V60	DE0000	COB-51-52-53-IP-ACCOM-DATA	
UB92V60	DE0000	COB-51-TYPE51-53	
UB92V60	DE0000	COB-51-SEQ-NO	
UB92V60	DE0000	COB-51-PCN	
UB92V60	DE0000	COB-51-ACCOM-AMT-PAID	
UB92V60	DE0000	COB-51-ACCOM-DENY-CD	
UB92V60	DE0000	COB-51-ACCOM-DENY-RSN	
UB92V60	DE0000	COB-51-ACCOM-DENY-CHRG	
UB92V60	DE0000	COB-51-ACCOM-VAL-QUAL	
UB92V60	DE0000	COB-51-ACCOM-VAL-AMT	
UB92V60	DE0000	EMC92-60-ANCILLARY-DATA	
UB92V60	DE0000	EMC92-TYPE60	
UB92V60	DE0000	EMC92-60-SEQ-NO	
UB92V60	DE0000	EMC92-60-PCN	
UB92V60	DE2122	EMC92-IP-REV-CD	Claim Revenue Code
UB92V60	DE5002	EMC92-IP-HCPCS	Procedure Code
UB92V60	DE2171	EMC92-IP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	EMC92-IP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	EMC92-IP-ANC-UNTS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	EMC92-IP-ANC-TOT-CHRG	
UB92V60	DE0000	EMC92-IP-ANC-NC-CHRG	
UB92V60	DE0000	COB-61-62-63-IP-ANCIL-DATA	

UB92V60	DE0000	COB-61-TYPE61	
UB92V60	DE0000	COB-61-SEQ-NO	
UB92V60	DE0000	COB-61-PCN	
UB92V60	DE2023	COB-61-IP-ANC-AMT-PAID	Claim Payment Amount
UB92V60	DE0000	COB-61-IP-ANC-DENY-CD	
UB92V60	DE0000	COB-61-IP-ANC-RSN-CD	
UB92V60	DE0000	COB-61-IP-ANC-DENY-CHRG	
UB92V60	DE0000	COB-61-IP-ANC-VAL-QUAL	
UB92V60	DE0000	COB-61-IP-ANC-VAL-AMT	
UB92V60	DE0000	EMC92-61-ANCILLARY-DATA	
UB92V60	DE0000	EMC92-TYPE61	
UB92V60	DE0000	EMC92-61-SEQ-NO	
UB92V60	DE0000	EMC92-61-PCN	
UB92V60	DE2122	EMC92-OP-ANC-REV-CD	Claim Revenue Code
UB92V60	DE5002	EMC92-OP-ANC-HCPCS	Procedure Code
UB92V60	DE2171	EMC92-OP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	EMC92-OP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	EMC92-OP-ANC-UNITS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	EMC92-OP-ANC-DATE	
UB92V60	DE0000	EMC92-OP-ANC-TOT-CHRG	
UB92V60	DE0000	EMC92-OP-ANC-NC-CHRG	
UB92V60	DE0000	EMC92-61X-ANCILLARY-DATA	
UB92V60	DE0000	EMC92-TYPE61X	
UB92V60	DE0000	EMC92-61X-SEQ-NO	
UB92V60	DE0000	EMC92-61X-PCN	
UB92V60	DE2122	EMC92-61X-OP-ANC-REV-CD	Claim Revenue Code
UB92V60	DE5002	EMC92-61X-OP-ANC-HCPCS	Procedure Code
UB92V60	DE2171	EMC92-61X-OP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	EMC92-61X-OP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	EMC92-61X-OP-ANC-UNITS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	EMC92-61X-OP-ANC-TOT-CHRG	
UB92V60	DE0000	EMC92-61X-OP-ANC-NC-CHRG	

UB92V60	DE0000	EMC92-61X-OP-ANC-DATE	
UB92V60	DE0000	COB-65-OP-ANCILLARY-DATA	
UB92V60	DE0000	COB-65-TYPE65	
UB92V60	DE0000	COB-65-SEQ-NO	
UB92V60	DE0000	COB-65-PCN	
UB92V60	DE2122	COB-65-OP-ANC-REV-CD	Claim Revenue Code
UB92V60	DE5002	COB-65-OP-ANC-HCPCS	Procedure Code
UB92V60	DE2171	COB-65-OP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	COB-65-OP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	COB-65-OP-ANC-UNITS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	COB-65-OP-ANC-DATE	
UB92V60	DE0000	COB-65-OP-ANC-TOT-CHRG	
UB92V60	DE0000	COB-65-OP-ANC-NC-CHRG	
UB92V60	DE0000	COB-66-67-68-OP-ANCIL-DATA	
UB92V60	DE0000	COB-66-TYPE66	
UB92V60	DE0000	COB-66-SEQ-NO	
UB92V60	DE0000	COB-66-PCN	
UB92V60	DE2023	COB-66-OP-ANC-AMT-PAID	Claim Payment Amount
UB92V60	DE0000	COB-66-OP-ANC-DENY-CD	
UB92V60	DE0000	COB-66-OP-ANC-RSN-CD	
UB92V60	DE0000	COB-66-OP-ANC-DENY-CHRG	
UB92V60	DE0000	EMC92-70-SEQ1-MEDICAL-DATA	
UB92V60	DE0000	EMC92-EMC-TYPE70	
UB92V60	DE0000	EMC92-70-SEQ-NO	
UB92V60	DE0000	EMC92-70-PCN	
UB92V60	DE5301	EMC92-PRINC-DIAG-CODE	Diagnosis Code
UB92V60	DE5301	EMC92-OTHER-DIAG-CODE	Diagnosis Code
UB92V60	DE5002	EMC92-PRINC-PROC-CODE	Procedure Code
UB92V60	DE5003	EMC92-PRINC-PROC-DATE	Procedure Coverage Begin Date
UB92V60	DE5002	EMC92-OTHER-PROC-CODE	Procedure Code
UB92V60	DE5003	EMC92-OTHER-PROC-DATE	Procedure Coverage Begin Date
UB92V60	DE5301	EMC92-ADMIT-DIAGNOSIS	Diagnosis Code
UB92V60	DE0000	EMC92-E-CODE	
UB92V60	DE0000	EMC92-PROC-CODE-METH	

UB92V60	DE0000	EMC92-70-SEQ2-MEDICAL-DATA	
UB92V60	DE0000	EMC92-EMC-TYPE70-SEQ2	
UB92V60	DE0000	EMC92-70-SEQ-NO-2	
UB92V60	DE0000	EMC92-70-SEQ2-PCN	
UB92V60	DE0000	EMC92-FORM-LOC-57	
UB92V60	DE0000	EMC92-71-TRTMT-PAT-INFO DATA	
UB92V60	DE0000	EMC92-EMC-TYPE71	
UB92V60	DE0000	EMC92-71-PCN	
UB92V60	DE0000	EMC92-71-PLN-TRTMT-DATA	
UB92V60	DE0000	EMC92-72-SVCS-AND-TRTMT DATA	
UB92V60	DE0000	EMC92-EMC-TYPE72	
UB92V60	DE0000	EMC92-72-SEQ-NO	
UB92V60	DE0000	EMC92-72-PCN	
UB92V60	DE0000	EMC92-72-SVCS-TRTMT-DATA	
UB92V60	DE0000	EMC92-73-TRTMT-MED-UPDT DATA	
UB92V60	DE0000	EMC92-EMC-TYPE73	
UB92V60	DE0000	EMC92-73-SEQ-NO	
UB92V60	DE0000	EMC92-73-PCN	
UB92V60	DE0000	EMC92-73-ID-CORRSP-DATA	
UB92V60	DE0000	EMC92-74-PATIENT-INFO DATA	
UB92V60	DE0000	EMC92-EMC-TYPE74	
UB92V60	DE0000	EMC92-74-PCN	
UB92V60	DE0000	EMC92-74-HICN	
UB92V60	DE2845	EMC92-74-MED-REC-NO	Claim Medical Record Number
UB92V60	DE0000	EMC92-74-PAT-DATA	
UB92V60	DE0000	COB-75-PATIENT-INFO DATA	
UB92V60	DE0000	COB-75-TYPE74	
UB92V60	DE0000	COB-75-SEQ-NO	
UB92V60	DE0000	COB-75-PCN	
UB92V60	DE0000	COB-75-AMBUL-TRANS-RSN	
UB92V60	DE0000	COB-75-NO-OF-TRIPS	
UB92V60	DE0000	COB-75-PICKUP-DEST-CD	
UB92V60	DE0000	COB-75-BASE-CHRG	
UB92V60	DE0000	COB-75-NO-MILES	

UB92V60	DE0000	COB-75-COST-PER-MI	
UB92V60	DE0000	COB-75-MED-SURG-SUPPLY	
UB92V60	DE0000	COB-75-IV-SOLUTIONS	
UB92V60	DE0000	COB-75-O-SUPPLIES	
UB92V60	DE0000	COB-75-INJ-DRUGS	
UB92V60	DE0000	COB-75-PICKUP-ADDRESS	
UB92V60	DE0000	COB-75-DEST-ADDRESS	
UB92V60	DE0000	EMC92-80-PHYSICIAN-DATA	
UB92V60	DE0000	EMC92-TYPE80	
UB92V60	DE0000	EMC92-80-SEQ-NO	
UB92V60	DE0000	EMC92-80-PCN	
UB92V60	DE0000	EMC92-PHYS-NO-QUAL-CODES	
UB92V60	DE2060	ATTND-PHYS-80	Claim Attending Provider Identification Number
UB92V60	DE2060	OPER-PHYS-80	Claim Attending Provider Identification Number
UB92V60	DE2452	OTHER-PHYS-A-80	Other Provider 1
UB92V60	DE2453	OTHER-PHYS-B-80	Other Provider 2
UB92V60	DE4085	EMC92-ATTND-PHYS-NAME	Provider Name
UB92V60	DE4085	EMC92-OPER-PHYS-NAME	Provider Name
UB92V60	DE4085	EMC92-OTHER-PHYS-NAME-A	Provider Name
UB92V60	DE4085	EMC92-OTHER-PHYS-NAME-B	Provider Name
UB92V60	DE0000	EMC92-81-PACEMAKER-REG DATA	
UB92V60	DE0000	EMC92-TYPE81	
UB92V60	DE0000	EMC92-81-SEQ-NO	
UB92V60	DE0000	EMC92-81-PCN	
UB92V60	DE0000	EMC92-81-PACEMKR-REG-DATA	
UB92V60	DE0000	EMC92-90-CLAIM-CONTROL DATA	
UB92V60	DE0000	EMC92-TYPE90	
UB92V60	DE0000	EMC92-90-PCN	
UB92V60	DE0000	EMC92-COUNT-NUMERIC-CHECK	
UB92V60	DE0000	EMC92-TYPE-91-QUALIFER	
UB92V60	DE0000	EMC92-TOT-CHRG-ACCOM	
UB92V60	DE0000	EMC92-TOT-NON-COV-CHRG-ACCOM	

UB92V60	DE0000	EMC92-TOT-CHRG-ANCILLARY	
UB92V60	DE0000	EMC92-TOT-NON-COV-CHRG-ANC	
UB92V60	DE0000	EMC92-REMARKS-AREA	
UB92V60	DE0000	EMC92-91-REMARKS-OVFL	
UB92V60	DE0000	EMC92-TYPE91	
UB92V60	DE0000	EMC92-91-PCN	
UB92V60	DE0000	EMC92-REC-TYPE-91-QUAL	
UB92V60	DE0000	EMC92-ADDL-REMARKS-AREA	
UB92V60	DE0000	COB-92-BATCH-CONTROL	
UB92V60	DE0000	COB-92-TYPE92	
UB92V60	DE0000	COB-92-SEQ-NO	
UB92V60	DE0000	COB-92-PCN	
UB92V60	DE0000	COB-92-DCN-ICN-POS1	
UB92V60	DE0000	COB-92-PAID-DATE	
UB92V60	DE0000	COB-92-SUBMT-CHRGS	
UB92V60	DE0000	COB-92-NON-COV-CHRGS	
UB92V60	DE0000	COB-92-ALLOWED-CHRGS	
UB92V60	DE0000	COB-92-MEDICARE-REIMB	
UB92V60	DE0000	COB-92-MEDICARE-PD-PROV	
UB92V60	DE0000	COB-92-MEDICARE-PD-RECIP	
UB92V60	DE0000	COB-92-MEDICARE-DAYS-UTIL	
UB92V60	DE0000	COB-92-DRG-ASGN-GROUPER	
UB92V60	DE0000	COB-92-DRG-AMT-APPL-PRICER	
UB92V60	DE0000	COB-92-DRG-OUTLIER-AMT	
UB92V60	DE0000	COB-92-TOTAL-DENIED-CHRGS	
UB92V60	DE0000	COB-92-COST-REPT-DAYS	
UB92V60	DE0000	COB-92-L-T-PSYCH-DAYS	
UB92V60	DE0000	COB-92-CLAIM-STATUS	
UB92V60	DE0000	COB-92-REIMB-RATE-PCT	
UB92V60	DE0000	EMC92-95-BATCH-CONTROL DATA	
UB92V60	DE0000	EMC92-TYPE95	
UB92V60	DE0000	EMC92-SUBMITTER-EIN	
UB92V60	DE0000	EMC92-95-RECVR-ID	
UB92V60	DE0000	EMC92-RECVR-SUB-ID	

UB92V60	DE0000	EMC92-BTCH-CONTRL-TYPE	
UB92V60	DE0000	EMC92-NUM-CLAIMS	
UB92V60	DE0000	EMC92-ACCOM-TOT-CHRG-BATCH	
UB92V60	DE0000	EMC92-ACCOM-NONCOV-CHRG-BATCH	
UB92V60	DE0000	EMC92-ANC-TOT-CHRG-BATCH	
UB92V60	DE0000	EMC92-ANC-NONCOV-CHRG-BATCH	
UB92V60	DE0000	EMC92-TOTAL-CHARGES-BATCH	
UB92V60	DE0000	EMC92-TOTAL-NONCOV-CHRG-BATCH	
UB92V60	DE0000	EMC92-TAPE-CONTROL DATA	
UB92V60	DE0000	EMC92-EMC-TYPE99	
UB92V60	DE0000	N-EMC92-SUBMITTER-EIN	
UB92V60	DE0000	EMC92-RECVR-ID	
UB92V60	DE0000	EMC92-RECVR-SUB-ID	
UB92V60	DE0000	EMC92-NO-OF-BATCHES	
UB92V60	DE0000	EMC92-ACCOM-TOT-CHRG-TAPE	
UB92V60	DE0000	EMC92-ACCOM-NON-COV-CHRG-TAPE	
UB92V60	DE0000	EMC92-ANCI-TOT-CHRG-TAPE	
UB92V60	DE0000	EMC92-ANCI-NON-COV-CHRG-TAPE	
UB92V60	DE0000	EMC92-TOTAL-CHARGES-FILE	
UB92V60	DE0000	EMC92-TOTAL-NONCOV-CHRG-FILE	
UB92V60	DE0000	EMC92-NUMBER-OF-CLAIMS-FILE	
UB92V60	DE0000	EMC92-NUMBER-OF-RECORDSS-FILE	
UB92V60	DE0000	NV-EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	NV-EMC92-TYPE	
UB92V60	DE0000	NV-SVC1	
UB92V60	DE0000	NV-SVC2	
UB92V60	DE0000	NV-SVC3	

UB92V60	DE0000	NV-SUB-SVC-ID	
UB92V60	DE0000	NV-COB92-01-RECVR-TYPE-CD	
UB92V60	DE0000	NV-RECEIVER-ID	
UB92V60	DE0000	NV-RECEIVER-SUB-ID	
UB92V60	DE0000	NV-EMC92-10-PROVIDER-DATA	
UB92V60	DE0000	NV-EMC92-EMC-TYPE10	
UB92V60	DE0000	NV-EMC92-MED-PROV-NUM	
UB92V60	DE0000	NV-EMC92-31-3RD-PARTY-PAYER	
UB92V60	DE0000	NV-EMC92-EMC-TYPE31	
UB92V60	DE2034	NV-EMC92-FORMER-REF-NO	Claim Related Document Number
UB92V60	DE0000	V5-EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	V5-EMC92-TYPE	
UB92V60	DE0000	V5-EMC92-TEST-PROD	
UB92V60	DE0000	V5-EMC92-RECEIVE-DATE	
UB92V60	DE0000	V5-EMC92-PROCESS-DATE	
UB92V60	DE0000	V5-EMC92-VERSION-CODE	
UB92V60	DE0000	V5-EMC92-20-PATIENT-DATA	
UB92V60	DE0000	V5-EMC92-EMC-TYPE20	
UB92V60	DE3005	V5-EMC92-PAT-BIRTHDATE	Enrollee Birth Date
UB92V60	DE3115	V5-EMC92-PAT-ADDR1	Enrollee Street Address
UB92V60	DE3114	V5-EMC92-PAT-ADDR2	Enrollee Additional Address Name
UB92V60	DE3116	V5-EMC92-PAT-CITY	Enrollee City Name
UB92V60	DE3117	V5-EMC92-PAT-STATE	Enrollee State Code
UB92V60	DE3118	V5-EMC92-PAT-ZIP	Enrollee ZIP Code
UB92V60	DE2105	V5-EMC92-ADMISSION-DATE	Claim Admission Date
UB92V60	DE2136	V5-EMC92-ADMISSION-HOUR	Claim Hour of Admission
UB92V60	DE2010	V5-EMC92-STATE-FROM-DATE	Claim Service From Date
UB92V60	DE2011	V5-EMC92-STATE-THRU-DATE	Claim Service Thru Date
UB92V60	DE0000	V5-EMC92-40-CLAIM-DATA	
UB92V60	DE0000	V5-EMC92-TYPE40	
UB92V60	DE2110	V5-EMC92-OCCUR-CODE	Claim Occurrence Code
UB92V60	DE0000	V5-EMC92-OCCUR-DATE	
UB92V60	DE2110	V5-EMC92-OCCUR-SPAN-CODE	Claim Occurrence Code

UB92V60	DE0000	V5-EMC92-OCCUR-SPAN-FROM	
UB92V60	DE0000	V5-EMC92-OCCUR-SPAN-THRU	
UB92V60	DE0000	V5-EMC92-60-ANCILLARY-DATA	
UB92V60	DE0000	V5-EMC92-TYPE60	
UB92V60	DE2122	V5-EMC92-IP-REV-CD	Claim Revenue Code
UB92V60	DE5002	V5-EMC92-IP-HCPCS	Procedure Code
UB92V60	DE2171	V5-EMC92-IP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	V5-EMC92-IP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	V5-EMC92-IP-ANC-UNTS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	V5-EMC92-IP-ANC-TOT-CHRG	
UB92V60	DE0000	V5-EMC92-IP-ANC-NC-CHRG	
UB92V60	DE0000	V5-EMC92-IP-ASSESS-DATE	
UB92V60	DE0000	V5-EMC92-61-ANCILLARY-DATA	
UB92V60	DE0000	V5-EMC92-TYPE61	
UB92V60	DE2122	V5-EMC92-OP-ANC-REV-CD	Claim Revenue Code
UB92V60	DE5002	V5-EMC92-OP-ANC-HCPCS	Procedure Code
UB92V60	DE2171	V5-EMC92-OP-ANC-HCPCSV5-EMC92-OP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	V5-EMC92-OP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	V5-EMC92-OP-ANC-UNITS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	V5-EMC92-OP-ANC-TOT-CHRG	
UB92V60	DE0000	V5-EMC92-OP-ANC-NC-CHRG	
UB92V60	DE0000	V5-EMC92-OP-ANC-DATE	
UB92V60	DE0000	V5-EMC92-70-SEQ1-MEDICAL-DATA	
UB92V60	DE0000	V5-EMC92-EMC-TYPE70	
UB92V60	DE5301	V5-EMC92-PRINC-DIAG-CODE	Diagnosis Code
UB92V60	DE5301	V5-EMC92-OTHER-DIAG-CODE	Diagnosis Code
UB92V60	DE5002	V5-EMC92-PRINC-PROC-CODE	Procedure Code
UB92V60	DE0000	V5-EMC92-PRINC-PROC-DATE	
UB92V60	DE5002	V5-EMC92-OTHER-PROC-	Procedure Code

		CODE	
UB92V60	DE0000	V5-EMC92-OTHER-PROC-DATE	
UB92V60	DE5301	V5-EMC92-ADMIT-DIAGNOSIS	Diagnosis Code
UB92V60	DE0000	V5-EMC92-E-CODE	
UB92V60	DE0000	V5-EMC92-PROC-CODE-METH	
UB92V60	DE0000	V6-EMC92-01-PROCESSOR-DATA	
UB92V60	DE0000	V6-EMC92-VERS-CODE	
UB92V60	DE0000	V6-EMC92-50-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE50	
UB92V60	DE0000	V6-EMC92-50-SEQ-NO	
UB92V60	DE0000	V6-EMC92-50-PCN	
UB92V60	DE2122	V6-EMC92-ACCOM-REV-CODE	Claim Revenue Code
UB92V60	DE0000	V6-EMC92-ACCOM-RATE	
UB92V60	DE0000	V6-EMC92-ACCOM-DAYS	
UB92V60	DE0000	V6-EMC92-ACCOM-TOT-CHRG	
UB92V60	DE0000	V6-EMC92-ACCOM-NC-CHRG	
UB92V60	DE0000	V6-RT50-FORM-LOCATOR49	
UB92V60	DE0000	V6-EMC92-60-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE60`	
UB92V60	DE0000	V6-EMC92-60-SEQ-NO	
UB92V60	DE0000	V6-EMC92-60-PCN	
UB92V60	DE2122	V6-EMC92-IP-REV-CD	Claim Revenue Code
UB92V60	DE5002	V6-EMC92-IP-HCPCS	Procedure Code
UB92V60	DE2171	V6-EMC92-IP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	V6-EMC92-IP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	V6-EMC92-IP-ANC-UNTS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	V6-EMC92-IP-ANC-TOT-CHRG	
UB92V60	DE0000	V6-EMC92-IP-ANC-NC-CHRG	
UB92V60	DE0000	V6-RT60-FORM-LOCATOR49	
UB92V60	DE0000	V6-EMC92-IP-ASSESS-DATE	
UB92V60	DE0000	V6-EMC92-61-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE61	
UB92V60	DE0000	V6-EMC92-61-SEQ-NO	
UB92V60	DE0000	V6-EMC92-61-PCN	

UB92V60	DE2122	V6-EMC92-OP-ANC-REV-CD	Claim Revenue Code
UB92V60	DE5002	V6-EMC92-OP-ANC-HCPCS	Procedure Code
UB92V60	DE2171	V6-EMC92-OP-PROCMD1	Claims Procedure Code Modifier
UB92V60	DE2171	V6-EMC92-OP-PROCMD2	Claims Procedure Code Modifier
UB92V60	DE2009	V6-EMC92-OP-ANC-UNITS	Claim Number of Units/Visits/Studies
UB92V60	DE0000	V6-RT61-FORM-LOCATOR49	
UB92V60	DE0000	V6-EMC92-OP-ANC-TOT-CHRG	
UB92V60	DE0000	V6-EMC92-OP-ANC-NC-CHRG	
UB92V60	DE0000	V6-EMC92-OP-ANC-DATE	
UB92V60	DE0000	V6-EMC92-90-ACCOM-DATA	
UB92V60	DE0000	V6-EMC92-TYPE90	
UB92V60	DE0000	V6-EMC92-90-PCN	
UB92V60	DE0000	V6-EMC92-COUNT-NUMERIC-CHECK	
UB92V60	DE0000	V6-EMC92-TYPE-91-QUALIFER	
UB92V60	DE0000	V6-EMC92-TOT-CHRG-ACCOM	
UB92V60	DE0000	V6-EMC92-TOT-NONCOV-CHRG-ACCOM	
UB92V60	DE0000	V6-EMC92-TOT-CHRG-ANCILLARY	
UB92V60	DE0000	V6-EMC92-TOT-NON-COV-CHRG-ANC	
UB92V60	DE0000	V6-EMC92-REMARKS-AREA	
UB92V60	DE0000	V6-EMC92-91-REMARKS-OVFL	
UB92V60	DE0000	V6-EMC92-TYPE91	
UB92V60	DE0000	V6-EMC92-91-PCN	
UB92V60	DE0000	V6-EMC92-ADDL-REMARKS-AREA	

Files CP-F-026 PA Response Activity Statistics Report File

This file is created by program CPD110 within Job VMPCD120. This GDG File stores a history of the PA Response Activity Statistics Report (CP-O-026). This file is FTPd to the FHSC Phoenix Data Center where it is "pushed" to KePRO (the DMAS PA Contractor).

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	SEQUENTIAL
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-030 Claims Part B COB NSF Version 2.0 File

File contains the electronic files with the additional wrapping fields plus the ICN that was assigned. Record types 837, NSF, and the 278 are included.

Subsystem:	Claims
Copybook:	HCFAV20 N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
HCFAV20	DE0000	COB-RECORD-ID	
HCFAV20	DE0000	COB-SENDER-ID	
HCFAV20	DE0000	COB-RECEIVER-ID	
HCFAV20	DE0000	COB-CREAT-DATE	
HCFAV20	DE0000	COB-PROD-TEST-IND	
HCFAV20	DE0000	COB-VERSION	
HCFAV20	DE2010	COB-PROCESS-FROM-DATE	Claim Service From Date
HCFAV20	DE2011	COB-PROCESS-THRU-DATE	Claim Service Thru Date
HCFAV20	DE0000	CCOB-RECORD-ID	
HCFAV20	DE0000	COB-HICN	
HCFAV20	DE0000	COB-CCN	
HCFAV20	DE0000	COB-SUP-ID-NUM	
HCFAV20	DE0000	COB-SUP-ID-GROUP	
HCFAV20	DE3110	COB-BENE-SURNAME	Enrollee Last Name
HCFAV20	DE3111	COB-BENE-FIRST	Enrollee First Name
HCFAV20	DE3112	COB-BENE-INIT	Enrollee Middle Initial
HCFAV20	DE3115	COB-BENE-ADDR-1	Enrollee Street Address
HCFAV20	DE3114	COB-BENE-ADDR-2	Enrollee Additional Address Name

HCFAV20	DE3114	COB-BENE-ADDR-3	Enrollee Additional Address Name
HCFAV20	DE3116	COB-BENE-CITY	Enrollee City Name
HCFAV20	DE3117	COB-BENE-STATE	Enrollee State Code
HCFAV20	DE3118	COB-BENE-ZIP	Enrollee ZIP Code
HCFAV20	DE0000	COB-SUP-ID-NUM-CLM	
HCFAV20	DE0000	COB-SUP-ID-GRP-CLM	
HCFAV20	DE0000	COB-BENE-INFO-AUTH	
HCFAV20	DE3005	COB-BENE-BIRTH-DATE	Enrollee Birth Date
HCFAV20	DE3036	COB-BENE-DEATH-DATE	Enrollee Date of Death
HCFAV20	DE0000	COB-BENE-MARITAL-ST	
HCFAV20	DE3007	COB-BENE-SEX	Enrollee Sex Code
HCFAV20	DE0000	COB-REP-PAYEE-IND-NAME	
HCFAV20	DE0000	COB-REP-PAYEE-ADDR-1	
HCFAV20	DE0000	COB-REP-PAYEE-ADDR-2	
HCFAV20	DE0000	COB-REP-PAYEE-ADDR-3	
HCFAV20	DE0000	COB-REP-PAYEE-CITY	
HCFAV20	DE0000	COB-REP-PAYEE-STATE	
HCFAV20	DE0000	COB-REP-PAYEE-ZIP	
HCFAV20	DE0000	COB-BILL-TAX-ID-TYPE	
HCFAV20	DE0000	COB-BILL-TAX-ID-NUM	
HCFAV20	DE4002	COB-BILL-PROVIDER-NUM	Provider Identification Number
HCFAV20	DE0000	COB-BILL-PAR-IND	
HCFAV20	DE0000	COB-FACILITY	
HCFAV20	DE0000	COB-BILL-NAME-TYPE	
HCFAV20	DE4085	COB-BILL-SURNAME	Provider Name
HCFAV20	DE4085	COB-BILL-FIRST	Provider Name
HCFAV20	DE4085	COB-BILL-INIT	Provider Name
HCFAV20	DE0000	COB-BILL-UPIN	
HCFAV20	DE0000	COB-BILL-DEGREE	
HCFAV20	DE0000	COB-BILL-GROUP	
HCFAV20	DE0000	COB-BILL-SPEC	
HCFAV20	DE4097	COB-BILL-ADDR-1	Provider Address Line
HCFAV20	DE4096	COB-BILL-ADDR-2	Provider Attention Name
HCFAV20	DE4096	COB-BILL-ADDR-3	Provider Attention Name
HCFAV20	DE4130	COB-BILL-CITY	Provider Address City Name
HCFAV20	DE4098	COB-BILL-STATE	Provider Address State
HCFAV20	DE4099	COB-BILL-ZIP	Provider Address ZIP Code
HCFAV20	DE4090	COB-BILL-PHONE	Provider Phone Number

HCFAV20	DE0000	COB-ASSIGN-IND	
HCFAV20	DE0000	COB-SUP-ASSIGN-IND	
HCFAV20	DE0000	COB-4081-IND	
HCFAV20	DE2544	COB-COB-IND	Claim COB Indicator
HCFAV20	DE2027	COB-ACCIDENT-IND	Claim Accident Indicator
HCFAV20	DE0000	COB-EOMB-DATE-01	
HCFAV20	DE0000	COB-EOMB-DATE-02	
HCFAV20	DE0000	COB-EOMB-DATE-03	
HCFAV20	DE0000	COB-EOMB-DATE-04	
HCFAV20	DE2016	COB-TOT-BILLED-AMT	Claim Billed Charge
HCFAV20	DE0000	COB-RECEIPT-DATE	
HCFAV20	DE2073	COB-TOT-ALLOWED-AMT	Claim Allowed Amount
HCFAV20	DE0000	COB-TOT-PAY-TO-BENE-AMT	
HCFAV20	DE9580	COB-BENE-CHECK-NUM	Remittance Advice Number
HCFAV20	DE9578	COB-BENE-CHECK-DATE	Remittance Payment Date
HCFAV20	DE0000	COB-TOT-PAY-TO-PROV-AMT	
HCFAV20	DE0000	COB-PROV-CHECK-NUM	
HCFAV20	DE0000	COB-PROV-CHECK-DATE	
HCFAV20	DE0000	COB-TOT-DEDUCT-AMT	
HCFAV20	DE0000	COB-TOT-INTEREST-AMT	
HCFAV20	DE0000	COB-PAT-ACCT-NUM	
HCFAV20	DE0000	COB-REDUCT-RSN	
HCFAV20	DE0000	COB-REDUCT-AMT	
HCFAV20	DE2579	COB-REMARKS-1	Claims Remarks Text
HCFAV20	DE2579	COB-REMARKS-2	Claims Remarks Text
HCFAV20	DE2579	COB-REMARKS-3	Claims Remarks Text
HCFAV20	DE2579	COB-REMARKS-4	Claims Remarks Text
HCFAV20	DE5301	COB-DIAG-1	Diagnosis Code
HCFAV20	DE5301	COB-DIAG-2	Diagnosis Code
HCFAV20	DE5301	COB-DIAG-3	Diagnosis Code
HCFAV20	DE5301	COB-DIAG-4	Diagnosis Code
HCFAV20	DE0000	COB-BLOOD-UNIT-PAID	
HCFAV20	DE0000	COB-BLOOD-UNIT-REMAIN	
HCFAV20	DE0000	COB-LINE-COUNT	
HCFAV20	DE0000	COB-BENE-PAID-AMT	
HCFAV20	DE0000	COB-REF-SURNAME-IND	
HCFAV20	DE0000	COB-REF-FIRST	
HCFAV20	DE0000	COB-REF-INIT	

HCFAV20	DE0000	COB-REF-TAX-ID-TYPE	
HCFAV20	DE0000	COB-REF-TAX-ID-NUM	
HCFAV20	DE0000	COB-REF-UPIN	
HCFAV20	DE0000	COB-ADJUST-IND	
HCFAV20	DE0000	COB-ORIG-CCN	
HCFAV20	DE2023	COB-ORIG-PAID-AMT	Claim Payment Amount
HCFAV20	DE2992	COB-ORIG-ALLOWED-AMT	Claim Original Allowed Amount
HCFAV20	DE0000	COB-PROV-ADJUST-AMT	
HCFAV20	DE0000	COB-BENE-ADJUST-AMT	
HCFAV20	DE0000	COB-ADJ-RSN	
HCFAV20	DE0000	COBL-RECORD-ID	
HCFAV20	DE0000	COBL-HICN	
HCFAV20	DE0000	COBL-CCN	
HCFAV20	DE0000	COB-LINE-NUM	
HCFAV20	DE0000	COB-ITEM-CTL-NUM	
HCFAV20	DE2010	COB-SERV-FROM-DATE	Claim Service From Date
HCFAV20	DE2011	COB-SERV-THRU-DATE	Claim Service Thru Date
HCFAV20	DE5002	COB-PROCEDURE	Procedure Code
HCFAV20	DE2171	COB-MODIFIER-1	Claims Procedure Code Modifier
HCFAV20	DE2171	COB-MODIFIER-2	Claims Procedure Code Modifier
HCFAV20	DE0000	COB-MODIFIER-3	
HCFAV20	DE0000	COB-PLACE	
HCFAV20	DE0000	COB-TYPE	
HCFAV20	DE0000	COB-UNIT-IND	
HCFAV20	DE2009	COB-UNIT	Claim Number of Unit-s/Visits/Studies
HCFAV20	DE2016	COB-BILLED-AMT	Claim Billed Charge
HCFAV20	DE2073	COB-ALLOWED-AMT	Claim Allowed Amount
HCFAV20	DE2023	COB-PAID-AMT	Claim Payment Amount
HCFAV20	DE0000	COB-PAT-RESPONSIBILITY	
HCFAV20	DE2585	COB-DIAGNOSIS-IND-1	Claims Diag Type Code
HCFAV20	DE2585	COB-DIAGNOSIS-IND-2	Claims Diag Type Code
HCFAV20	DE2585	COB-DIAGNOSIS-IND-3	Claims Diag Type Code
HCFAV20	DE2585	COB-DIAGNOSIS-IND-4	Claims Diag Type Code
HCFAV20	DE3696	COB-DEDUCTIBLE-AMT	TPL Coverage Deductible Amount
HCFAV20	DE2018	COB-COINSURANCE-AMT	Claim Third Party Payment
HCFAV20	DE2139	COB-NONCOVERED-AMT	Claim Non-Covered Amount
HCFAV20	DE0000	COB-REDUCTION-RSN	

HCFAV20	DE0000	COB-REDUCTION-AMT	
HCFAV20	DE0000	COB-APPROVED-PSYCH-AMT	
HCFAV20	DE0000	COB-PAY-TYPE	
HCFAV20	DE4085	COB-PERF-SURNAME	Provider Name
HCFAV20	DE4085	COB-PERF-FIRST	Provider Name
HCFAV20	DE4085	COB-PERF-INIT	Provider Name
HCFAV20	DE0000	COB-PERF-NUM	
HCFAV20	DE0000	COB-PERF-SPEC	
HCFAV20	DE0000	COB-PERF-UPIN	
HCFAV20	DE4097	COB-PERF-ADDR-1	Provider Address Line
HCFAV20	DE4096	COB-PERF-ADDR-2	Provider Attention Name
HCFAV20	DE4096	COB-PERF-ADDR-3	Provider Attention Name
HCFAV20	DE4130	COB-PERF-CITY	Provider Address City Name
HCFAV20	DE4098	COB-PERF-STATE	Provider Address State
HCFAV20	DE4099	COB-PERF-ZIP	Provider Address ZIP Code
HCFAV20	DE4090	COB-PERF-PHONE	Provider Phone Number
HCFAV20	DE0000	COB-PERF-DEGREE	
HCFAV20	DE0000	COB-PERF-TAX-ID-TYPE	
HCFAV20	DE0000	COB-PERF-TAX-ID-NUM	
HCFAV20	DE0000	COB-ASSIGN-IND	
HCFAV20	DE0000	COB-ACTION-CODE	
HCFAV20	DE0000	COB-LIMIT-CHARGE	
HCFAV20	DE0000	COB-LIMIT-CHG-PERCENT	
HCFAV20	DE0000	COBT-RECORD-ID	
HCFAV20	DE0000	COBT-CLAIM-NUM	
HCFAV20	DE0000	COBT-RECORD-NUM	
HCFAV20	DE2016	COB-TOT-BILLED-AMT	Claim Billed Charge
HCFAV20	DE2023	COB-TOT-PAID-AMT	Claim Payment Amount
HCFAV20	DE2073	COB-TOT-ALLOWED-AMT	Claim Allowed Amount

Files CP-F-031 CMM Program Enrollee Listing File

File contains the electronic submitted data from the 837 mapper.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Seq FB / 133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	This file contains Provider Labels for report CP-O-457-02. (CPR218L)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A	DE4085	PROVIDER NAME	Provider Name
N/A	DE4002	PROVIDER ID	Provider Identification Number
N/A	DE4097	PROVIDER ADDR 1	Provider Address Line
N/A	DE4097	PROVIDER ADDR 2	Provider Address Line
N/A	DE4130	PROVIDER CITY	Provider Address City Name
N/A	DE4098	PROVIDER STATE	Provider Address State
N/A	DE4099	PROVIDER ZIP	Provider Address ZIP Code
N/A	DE3111	ENROLLEE NAME (FIRST)	Enrollee First Name
N/A	DE3112	ENROLLEE NAME (MI)	Enrollee Middle Initial
N/A	DE3110	ENROLLEE NAME (LAST)	Enrollee Last Name
N/A	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
N/A	DE3115	ENROLLEE ADDR	Enrollee Street Address
N/A	DE3114	ENROLLEE ADDR 2	Enrollee Additional Address Name
N/A	DE3116	ENROLLEE CITY	Enrollee City Name
N/A	DE3117	ENROLLEE STATE	Enrollee State Code
N/A	DE3118	ENROLLEE ZIP	Enrollee ZIP Code
N/A	DE0002	TOTAL PROV ENROLLEES	Calculated

N/A	DE0002	TOTAL PROV FEES	Calculated
N/A	DE0002	GRAND TOTAL NBR OF ENROLLEES	Calculated
N/A	DE0002	GRAND TOTAL NBR OF PROVIDERS	Calculated
N/A	DE0002	GRAND TOTAL DOLLARS PAID	Calculated

Files CP-F-032 FAMIS/CMM Program Enrollee Listing File

File contains electronic submitted claims in the NSF format.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Seq FB / 133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	This file contains Provider Labels for report CP-O-457-02. (CPR218L)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A	DE4085	PROVIDER NAME	Provider Name
N/A	DE4002	PROVIDER ID	Provider Identification Number
N/A	DE4097	PROVIDER ADDR 1	Provider Address Line
N/A	DE4096	PROVIDER ADDR 2	Provider Attention Name
N/A	DE4130	PROVIDER CITY	Provider Address City Name
N/A	DE4098	PROVIDER STATE	Provider Address State
N/A	DE4099	PROVIDER ZIP	Provider Address ZIP Code
N/A	DE3111	ENROLLEE NAME(FIRST)	Enrollee First Name
N/A	DE3112	ENROLLEE NAME(MI)	Enrollee Middle Initial
N/A	DE3110	ENROLLEE NAME(LAST)	Enrollee Last Name
N/A	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
N/A	DE3115	ENROLLEE ADDR	Enrollee Street Address
N/A	DE3114	ENROLLEE ADDR 2	Enrollee Additional Address Name
N/A	DE3116	ENROLLEE CITY	Enrollee City Name
N/A	DE3117	ENROLLEE STATE	Enrollee State Code
N/A	DE3118	ENROLLEE ZIP	Enrollee ZIP Code
N/A	DE0002	TOTAL PROV ENROLLEES	Calculated
N/A	DE0002	TOTAL PROV FEES	Calculated

N/A	DE0002	GRAND TOTAL NBR OF ENROLLEES	Calculated
N/A	DE0002	GRAND TOTAL NBR OF PROVIDERS	Calculated
N/A	DE0002	GRAND TOTAL DOLLARS PAID	Calculated

Files CP-F-033 Expanded FAMIS/CMM Program Enrollee Listing File

Files contain electronic submitted Prior Authorizations in the 278 format.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Seq FB / 133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	This file contains Provider Labels for report CP-O-457-02. (CPR218L)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A	DE4085	PROVIDER NAME	Provider Name
N/A	DE4002	PROVIDER ID	Provider Identification Number
N/A	DE4097	PROVIDER ADDR 1	Provider Address Line
N/A	DE4097	PROVIDER ADDR 2	Provider Address Line
N/A	DE4130	PROVIDER CITY	Provider Address City Name
N/A	DE4098	PROVIDER STATE	Provider Address State
N/A	DE4099	PROVIDER ZIP	Provider Address ZIP Code
N/A	DE3111	ENROLLEE NAME(FIRST)	Enrollee First Name
N/A	DE3112	ENROLLEE NAME(MI)	Enrollee Middle Initial
N/A	DE3110	ENROLLEE NAME(LAST)	Enrollee Last Name
N/A	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
N/A	DE3115	ENROLLEE ADDR	Enrollee Street Address
N/A	DE3114	ENROLLEE ADDR 2	Enrollee Additional Address Name
N/A	DE3114	ENROLLEE CITY	Enrollee Additional Address Name
N/A	DE3117	ENROLLEE STATE	Enrollee State Code
N/A	DE3118	ENROLLEE ZIP	Enrollee ZIP Code
N/A	DE0002	TOTAL PROV ENROLLES	Calculated
N/A	DE0002	TOTAL PROV FEES	Calculated

N/A	DE0002	GRAND TOTAL NBR OF ENROLLEES	Calculated
N/A	DE0002	GRAND TOTAL NBR OF PROVIDERS	Calculated
N/A	DE0002	GRAND TOTAL DOLLARS PAID	Calculated

Files CP-F-034 Claims & PA Control Totals File

This file contains the control totals accumulated during the input processing of claims and PA requests.

Subsystem:	Claims
Copybook:	CPIPCNTL
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Paper CMS-1500 Capture (CPI012) Paper UB04 Capture (CPI014) Paper ADA Capture (CPI016) Paper ADA PA Capture (CPI017) Paper Crossover Capture (CPI018) ICN Assign, PA Xref, Reformat Provider IDs, AWR comp data (CPI020) Paper Pharmacy Capture (CPI026) Related Document Verification Program (CPI029) ICN Verification Program (CPI032) Assessments Claim generation (CPI100) Enrollment Interface-Capitation (CPI110) CCC Enrollment Interface Capitation (CPI111) PA Closures (CPP080) CP-O-515 Daily PA Control Report, CP-O-516 Daily Control Report (CPR370)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPIPCNTL	DE2559	CLM-PA-INPUT-CNTL-TYPE	Claims/PA Control File Type

CPIPCNTL	DE2560	CLM-PA-MEDIA-TYPE	Claims Control File Media Type
CPIPCNTL	DE2002	CP-CNTL-CLM-TYPE	Claim Type
CPIPCNTL	DE2088	CP-CNTL-FORM	Claim Form Type
CPIPCNTL	DE0002	CP-CNTL-REC-READ	Calculated
CPIPCNTL	DE0002	CP-CNTL-REC-WRITTEN	Calculated
CPIPCNTL	DE0002	CP-CNTL-REC-MODIFIED	Calculated
CPIPCNTL	DE0002	CP-CNTL-REC-IN-ERROR	Calculated
CPIPCNTL	DE4082	CP-CNTL-SERV-CTR	Provider Service Center
CPIPCNTL	DE0002	PA-CNTL-REC-READ	Calculated
CPIPCNTL	DE0002	PA-CNTL-REC-ORIG	Calculated
CPIPCNTL	DE0002	PA-CNTL-REC-CHANGE	Calculated
CPIPCNTL	DE0002	PA-CNTL-REC-CANCEL	Calculated
CPIPCNTL	DE0002	PA-CNTL-REC-RECON	Calculated
CPIPCNTL	DE0002	PA-CNTL-REC-REJECTED	Calculated

Files CP-F-035 Claims & PA Input Error File

This file contains errors produced during the processing of claims and PA input requests.

Subsystem:	Claims
Copybook:	CPIPERR
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	CLM-PA-INPUT-ERR-TYPE (2559)
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Related Document Verification Program (CPI029) ICN Verification Program (CPI032) CP-O-517 Daily PA Error Report, CP-O-518 Daily Error Report (CPR380)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPIPERR	DE2559	CLM-PA-INPUT-ERR-TYPE	Claims/PA Control File Type
CPIPERR	DE2560	CLM-PA-MEDIA-TYPE	Claims Control File Media Type
CPIPERR	DE2476	CP-ERR-TRANS-CD	Transmission Code
CPIPERR	DE4082	CP-CNTL-SERV-CTR	Provider Service Center
CPIPERR	DE2001	CP-ERR-ICN	Claim Request ICN
CPIPERR	DE2004	CP-ERR-PROV-ID	Claim Billing Provider Identification Number
CPIPERR	DE3001	CP-ERR-ENRL-ID	Enrollee Identification Number
CPIPERR	DE5002	CP-ERR-PROC-CD	Procedure Code
CPIPERR	DE0025	CP-ERR-MESSAGE	Error Message Code
CPIPERR	DE2034	CP-ERR-RELATED-DOC	Claim Related Document Number
CPIPERR	DE2351	CP-ERR-ADJ-TYPE	Interrelationship Type
CPIPERR	DE2024	PA-ERR-CONTROL-NO	Prior Authorization Control Number
CPIPERR	DE2024	PA-ERR-PA-NO	Prior Authorization Control Number

CPIPERR	DE2607	PA-ERR-PA-LINE-NO	PA Line Number
CPIPERR	DE2621	PA-ERR-REQUEST-CODE	PA Authorization Type Code
CPIPERR	DE2001	PA-ERR-ICN	Claim Request ICN
CPIPERR	DE4002	PA-ERR-SERV-PROV-ID	Provider Identification Number
CPIPERR	DE4002	PA-ERR-REFR-PROV-ID	Provider Identification Number
CPIPERR	DE3001	PA-ERR-ENRL-ID	Enrollee Identification Number
CPIPERR	DE2635	PA-ERR-SERV-TYPE	PA Service Type Code
CPIPERR	DE5002	PA-ERR-PROC-CD	Procedure Code
CPIPERR	DE2476	PA-ERR-TRANS-CD	Transmission Code
CPIPERR	DE0025	PA-ERR-MESSAGE	Error Message Code

Files CP-F-036 CMM Program Enrollee Listing Provider Labels File

This file contains Provider Labels for report CP-O-457-01.

Subsystem:	Claims
Copybook:	CPPRVLBL
	N/A
File Organization:	Seq FB / 133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	This file contains Provider Labels for report CP-O-457-02. (CPR218L)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPRVLBL	DE4002	PROVIDER ID	Provider Identification Number
CPPRVLBL	DE4085	PROVIDER NAME	Provider Name
CPPRVLBL	DE4096	PROVIDER ADDR 1	Provider Attention Name
CPPRVLBL	DE4097	PROVIDER ADDR 2	Provider Address Line
CPPRVLBL	DE4130	PROVIDER CITY	Provider Address City Name
CPPRVLBL	DE4098	PROVIDER STATE	Provider Address State
CPPRVLBL	DE4099	PROVIDER ZIP	Provider Address ZIP Code

Files CP-F-037 FAMIS/CMM Program Enrollee Listing Provider Labels File

This file contains Provider Labels for report CP-O-457-02.

Subsystem:	Claims
Copybook:	CPPRVLBL
	N/A
File Organization:	Seq FB / 133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	This file contains Provider Labels for report CP-O-457-02. (CPR218L)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPRVLBL	DE4002	PROVIDER ID	Provider Identification Number
CPPRVLBL	DE4085	PROVIDER NAME	Provider Name
CPPRVLBL	DE4096	PROVIDER ADDR 1	Provider Attention Name
CPPRVLBL	DE4097	PROVIDER ADDR 2	Provider Address Line
CPPRVLBL	DE4130	PROVIDER CITY	Provider Address City Name
CPPRVLBL	DE4098	PROVIDER STATE	Provider Address State
CPPRVLBL	DE4099	PROVIDER ZIP	Provider Address ZIP Code

Files CP-F-039 Expanded FAMIS/CMM Program Enrollee Listing Provider Labels File

This file contains Provider Labels for report CP-O-457-03.

Subsystem:	Claims
Copybook:	CPPRVLBL N/A
File Organization:	Seq FB / 133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	This file contains Provider Labels for report CP-O-457-02. (CPR218L)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPRVLBL	DE4002	PROVIDER ID	Provider Identification Number
CPPRVLBL	DE4085	PROVIDER NAME	Provider Name
CPPRVLBL	DE4096	PROVIDER ADDR 1	Provider Attention Name
CPPRVLBL	DE4097	PROVIDER ADDR 2	Provider Address Line
CPPRVLBL	DE4130	PROVIDER CITY	Provider Address City Name
CPPRVLBL	DE4098	PROVIDER STATE	Provider Address State
CPPRVLBL	DE4099	PROVIDER ZIP	Provider Address ZIP Code

Files CP-F-040-01 Office of the Attorney General listing of CHIRP requests made for CD transfer

OAG CHIRP Request Files

Subsystem:	Claims
Copybook:	CPRQT N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPRQT	DE4002	Practitioner Provider ID	Provider Identification Number
CPRQT	DE2010	Practitioner Recipient Service From Date	Claim Service From Date
CPRQT	DE2011	Practitioner Recipient Service Through Date	Claim Service Thru Date
CPRQT	DE3093	Practitioner Recipient ID	Enrollee Permanent Identification Number
CPRQT	DE3110	Practitioner Recipient Last Name	Enrollee Last Name
CPRQT	DE3111	Practitioner Recipient First Name	Enrollee First Name
CPRQT	DE3112	Practitioner Recipient Middle Initial	Enrollee Middle Initial
CPRQT	DE3113	Practitioner Recipient Name Suffix	Enrollee Name Suffix
CPRQT	DE3005	Practitioner Recipient Date of Birth	Enrollee Birth Date
CPRQT	DE3007	Practitioner Recipient Sex	Enrollee Sex Code

CPRQT	DE3006	Practitioner Recipient Race	Enrollee Race Code
CPRQT	DE2544	Practitioner Recipient COB	Claim COB Indicator
CPRQT	DE2023	Practitioner Claim Paid Amount	Claim Payment Amount
CPRQT	DE2016	Practitioner Claim Charge Amount	Claim Billed Charge
CPRQT	DE2477	Practitioner Claim ICN Payment Date	Claims Payment Request Date Identifier
CPRQT	DE2478	Practitioner Claim ICN Media Code	Claims Payment Request Media Code
CPRQT	DE2480	Practitioner Claim ICN Sequence Number	Claims Payment Request Sequence
CPRQT	DE2343	Practitioner Claim ICN Line Number	Claim Payment Request Line Number
CPRQT	DE9578	Practitioner Claim Remittance Date	Remittance Payment Date
CPRQT	DE5002	Practitioner Claim Procedure Code	Procedure Code
CPRQT	DE5012	Practitioner Claim Procedure Description	Procedure Long Name
CPRQT	DE2009	Practitioner claim number of units	Claim Number of Units/Visits/Studies
CPRQT	DE5301	Practitioner Claim Diagnosis Code	Diagnosis Code
CPRQT	DE3072	Practitioner Claim Benefit Plan Exception Indicator	Benefit Plan Exception Indicator
CPRQT	DE5302	Practitioner claim diagnosis description	Diagnosis Name
CPRQT	DE4002	Pharmacy Provider ID	Provider Identification Number
CPRQT	DE2010	Pharmacy Claim Service From Date	Claim Service From Date
CPRQT	DE2011	Pharmacy Claim Service Through Date	Claim Service Thru Date
CPRQT	DE3093	Pharmacy Claim Recipient ID	Enrollee Permanent Identification Number
CPRQT	DE3111	Pharmacy Claim Recipient First Name	Enrollee First Name
CPRQT	DE3110	Pharmacy Recipient Last Name	Enrollee Last Name
CPRQT	DE3112	Pharmacy Recipient Middle Initial	Enrollee Middle Initial
CPRQT	DE3113	Pharmacy Recipient Name	Enrollee Name Suffix

		Suffix	
CPRQT	DE3005	Pharmacy Recipient Date of Birth	Enrollee Birth Date
CPRQT	DE3007	Pharmacy Recipient Sex Code	Enrollee Sex Code
CPRQT	DE3006	Pharmacy Recipient Race Code	Enrollee Race Code
CPRQT	DE2545	Pharmacy Claim Calculated Coinsurance	Claim Calculated Co-Insurance
CPRQT	DE2018	Pharmacy Claim TPL Amount	Claim Third Party Payment
CPRQT	DE2544	Pharmacy Claim COB	Claim COB Indicator
CPRQT	DE2477	Pharmacy Claim Receipt Date	Claims Payment Request Date Identifier
CPRQT	DE2619	Pharmacy Claim Comments	PA Comments Text
CPRQT	DE2023	Pharmacy Claim Paid Amount	Claim Payment Amount
CPRQT	DE2016	Pharmacy Claim Charge Amount	Claim Billed Charge
CPRQT	DE2477	Pharmacy Claim ICN Request Date	Claims Payment Request Date Identifier
CPRQT	DE2478	Pharmacy Claim ICN Media Code	Claims Payment Request Media Code
CPRQT	DE2480	Pharmacy Claim ICN Sequence Number	Claims Payment Request Sequence
CPRQT	DE2343	Pharmacy Claim ICN Line Number	Claim Payment Request Line Number
CPRQT	DE9578	Pharmacy Claim Remittance Date	Remittance Payment Date
CPRQT	DE2467	Pharmacy Prescription Number Qualifier	Claim Prescription Number Qualifier
CPRQT	DE2233	Pharmacy Claim Quantity Dispensed	Claim Pharmacy Quantity Dispensed
CPRQT	DE2508	Pharmacy Claim PA Type Code	Claims PA Type Code
CPRQT	DE2212	Pharmacy Claim Prescription Refill Code	Claim Pharmacy Refill Code
CPRQT	DE2211	Pharmacy Claim Prescription Number	Claim Pharmacy Prescription Number
CPRQT	DE5208	Pharmacy Claim Drug Brand Name	Drug Brand Name
CPRQT	DE5200	Pharmacy Claim Drug Code	Drug Code (NDC)

Files CP-F-040-02 DMHMRSAS request for data files listing from CHIRP

DMHMRSAS CHIRP Selections

Subsystem:	Claims
Copybook:	CPCER N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPCER	DE2010	Transportation Claim Service From Date	Claim Service From Date
CPCER	DE4002	CER-D-PROV-ID	Provider Identification Number
CPCER	DE2010	CER-D-FROM-DATE	Claim Service From Date
CPCER	DE2011	Transportation Claim Service Through Date	Claim Service Thru Date
CPCER	DE2011	CER-D-THRU-DATE	Claim Service Thru Date
CPCER	DE3093	Transportation Claim Enrollee ID	Enrollee Permanent Identification Number
CPCER	DE3110	Transportation Claim Enrollee Last Name	Enrollee Last Name
CPCER	DE3093	CER-D-RECIP-ID	Enrollee Permanent Identification Number
CPCER	DE3110	CER-D-RECIP-NAME-LAST	Enrollee Last Name
CPCER	DE3110	Transportation Claim Enrollee First Name	Enrollee Last Name
CPCER	DE3110	CER-D-RECIP-NAME-	Enrollee Last Name

		FIRST	
CPCER	DE3112	Transportation Claim Enrollee Middle Initial	Enrollee Middle Initial
CPCER	DE3113	Transportation Claim Enrollee Name Suffix	Enrollee Name Suffix
CPCER	DE3112	CER-D-RECIP-NAME-INIT	Enrollee Middle Initial
CPCER	DE3113	CER-D-RECIP-NAME-SUFFIX	Enrollee Name Suffix
CPCER	DE3005	Transportation Claim Recipient Date of Birth	Enrollee Birth Date
CPCER	DE3005	CER-D-DATE-BIRTH	Enrollee Birth Date
CPCER	DE3007	Transportation Claim Recipient Sex	Enrollee Sex Code
CPCER	DE3007	CER-D-SEX	Enrollee Sex Code
CPCER	DE3006	Transportation Claim Recipient Race Code	Enrollee Race Code
CPCER	DE3006	CER-D-RACE	Enrollee Race Code
CPCER	DE2545	Transportation Claim Calculated Coinsurance	Claim Calculated Co-Insurance
CPCER	DE2544	CER-D-COORD-BENE	Claim COB Indicator
CPCER	DE2018	Transportation Claim TPL Insurance	Claim Third Party Payment
CPCER	DE2023	CER-D-PAID-AMT	Claim Payment Amount
CPCER	DE2544	Transportation Claim COB	Claim COB Indicator
CPCER	DE2023	Transportation Claim Paid Amount	Claim Payment Amount
CPCER	DE2016	CER-D-CHARGE-AMT	Claim Billed Charge
CPCER	DE2016	Transportation Claim Charge Amount	Claim Billed Charge
CPCER	DE2477	CER-D-CLAIM-DATE	Claims Payment Request Date Identifier
CPCER	DE2477	Transportation Claim ICN Request Date	Claims Payment Request Date Identifier
CPCER	DE2478	CER-D-CLAIM-MEDIA	Claims Payment Request Media Code
CPCER	DE2480	CER-D-CLAIM-SEQ-NO	Claims Payment Request Sequence
CPCER	DE2478	Transportation Claim ICN Media Code	Claims Payment Request Media Code
CPCER	DE2480	Transportation Claim ICN Sequence Number	Claims Payment Request Sequence
CPCER	DE2343	CER-D-CLAIM-LINE-NO	Claim Payment Request Line Number
CPCER	DE2343	Transportation Claim ICN Line Number	Claim Payment Request Line Number

CPCER	DE9578	CER-D-REMIT-DATE	Remittance Payment Date
CPCER	DE5002	Transportation Claim Procedure Code	Procedure Code
CPCER	DE5002	CER-D-PROC-CODE	Procedure Code
CPCER	DE5012	CER-D-PROC-DESC	Procedure Long Name
CPCER	DE5012	Transportation Claim Procedure Description	Procedure Long Name
CPCER	DE9578	Transportation Claim Remittance Date	Remittance Payment Date
CPCER	DE2009	CER-D-UNITS	Claim Number of Units/Visits/Studies
CPCER	DE2084	Transportation Claim Wait Time	Anesthesia Minutes
CPCER	DE5301	CER-D-DIAG-CODE	Diagnosis Code
CPCER	DE5302	CER-D-DIAG-DESC	Diagnosis Name
CPCER	DE2085	Transportation Claim Passenger Number	Claim Number of Passengers
CPCER	DE2009	Transportation Claim Mileage Count	Claim Number of Units/Visits/Studies
CPCER	DE3072	CER-D-LOC	Benefit Plan Exception Indicator
CPCER	DE2010	CER-T-FROM-DATE	Claim Service From Date
CPCER	DE4002	Transportation Claim Provider ID	Provider Identification Number
CPCER	DE4002	HomeHealth Claim Provider ID	Provider Identification Number
CPCER	DE2011	CER-T-THRU-DATE	Claim Service Thru Date
CPCER	DE2010	HomeHealth Claim Service From Date	Claim Service From Date
CPCER	DE3093	CER-T-RECIP-ID	Enrollee Permanent Identification Number
CPCER	DE2011	HomeHealth Claim Service Through Date	Claim Service Thru Date
CPCER	DE3110	CER-T-RECIP-NAME-LAST	Enrollee Last Name
CPCER	DE3111	CER-T-RECIP-NAME-FIRST	Enrollee First Name
CPCER	DE3093	HomeHealth Claim Enrollee ID	Enrollee Permanent Identification Number
CPCER	DE3110	HomeHealth Claim Enrollee Last Name	Enrollee Last Name
CPCER	DE3112	CER-T-RECIP-NAME-INIT	Enrollee Middle Initial
CPCER	DE3113	CER-T-RECIP-NAME-	Enrollee Name Suffix

		SUFFIX	
CPCER	DE2478	HomeHealth Claim Enrollee First Name	Claims Payment Request Media Code
CPCER	DE3005	CER-T-DATE-BIRTH	Enrollee Birth Date
CPCER	DE3112	HomeHealth Claim Enrollee Middle Initial	Enrollee Middle Initial
CPCER	DE3113	HomeHealth Claim Enrollee Name Suffix	Enrollee Name Suffix
CPCER	DE3007	CER-T-SEX	Enrollee Sex Code
CPCER	DE3006	CER-T-RACE	Enrollee Race Code
CPCER	DE3005	HomeHealth Claim Enrollee Date of Birth	Enrollee Birth Date
CPCER	DE2545	CER-T-CC	Claim Calculated Co-Insurance
CPCER	DE3007	HomeHealth Claim Enrollee Sex	Enrollee Sex Code
CPCER	DE3006	HomeHealth Claim Enrollee Race	Enrollee Race Code
CPCER	DE2018	CER-T-TPL	Claim Third Party Payment
CPCER	DE2545	HomeHealth Claim Calculated Coinsurance	Claim Calculated Co-Insurance
CPCER	DE2544	CER-T-COORD-BENE	Claim COB Indicator
CPCER	DE2018	HomeHealth Claim TPL Insurance	Claim Third Party Payment
CPCER	DE2023	CER-T-PAID-AMT	Claim Payment Amount
CPCER	DE2016	CER-T-CHARGE-AMT	Claim Billed Charge
CPCER	DE2544	HomeHealth Claim COB	Claim COB Indicator
CPCER	DE0000	CER-T-OTHER	
CPCER	DE2023	HomeHealth Claim Paid Amount	Claim Payment Amount
CPCER	DE2016	HomeHealth Claim Charge Amount	Claim Billed Charge
CPCER	DE2477	CER-T-CLAIM-DATE	Claims Payment Request Date Identifier
CPCER	DE2478	CER-T-CLAIM-MEDIA	Claims Payment Request Media Code
CPCER	DE2477	HomeHealth Claim ICN Date	Claims Payment Request Date Identifier
CPCER	DE2478	HomeHealth Claim ICN Media Code	Claims Payment Request Media Code
CPCER	DE2480	CER-T-CLAIM-SEQ-NO	Claims Payment Request Sequence
CPCER	DE2480	HomeHealth Claim ICN Sequence Number	Claims Payment Request Sequence
CPCER	DE2343	CER-T-CLAIM-LINE-NO	Claim Payment Request Line Number

CPCER	DE2343	HomeHealth Claim ICN Line Number	Claim Payment Request Line Number
CPCER	DE5002	CER-T-SERV-CODE	Procedure Code
CPCER	DE5012	CER-T-SERV-DESC	Procedure Long Name
CPCER	DE9578	HomeHealth Claim Remittance Date	Remittance Payment Date
CPCER	DE9578	CER-T-REMIT-DATE	Remittance Payment Date
CPCER	DE4002	Nursing Claim Provider ID	Provider Identification Number
CPCER	DE2084	CER-T-WAIT-TIME	Anesthesia Minutes
CPCER	DE2010	Nursing Claim Service From Date	Claim Service From Date
CPCER	DE2011	Nursing Claim Service Thru Date	Claim Service Thru Date
CPCER	DE2085	CER-T-PASS	Claim Number of Passengers
CPCER	DE2009	CER-T-MILE	Claim Number of Units/Visits/Studies
CPCER	DE3093	Nursing Claim Recipient ID	Enrollee Permanent Identification Number
CPCER	DE3110	Nursing Claim Recipient Last Name	Enrollee Last Name
CPCER	DE4002	CER-T-PROV-ID	Provider Identification Number
CPCER	DE4002	CER-H-PROV-ID	Provider Identification Number
CPCER	DE3111	Nursing Claim Recipient First Name	Enrollee First Name
CPCER	DE3112	Nursing Claim Recipient Middle Initial	Enrollee Middle Initial
CPCER	DE2010	CER-H-FROM-DATE	Claim Service From Date
CPCER	DE2011	CER-H-THRU-DATE	Claim Service Thru Date
CPCER	DE3113	Nursing Claim Recipient Name Suffix	Enrollee Name Suffix
CPCER	DE3093	CER-H-RECIP-ID	Enrollee Permanent Identification Number
CPCER	DE3005	Nursing Claim Recipient Date of Birth	Enrollee Birth Date
CPCER	DE3007	Nursing Claim Recipient Sex	Enrollee Sex Code
CPCER	DE3110	CER-H-RECIP-NAME-LAST	Enrollee Last Name
CPCER	DE3111	CER-H-RECIP-NAME-FIRST	Enrollee First Name
CPCER	DE3006	Nursing Claim Recipient Race Code	Enrollee Race Code
CPCER	DE2545	Nursing Claim Calculated	Claim Calculated Co-Insurance

		Coinsurance	
CPCER	DE3112	CER-H-RECIP-NAME-INIT	Enrollee Middle Initial
CPCER	DE3113	CER-H-RECIP-NAME-SUFFIX	Enrollee Name Suffix
CPCER	DE4544	Nursing Claim Provide IRS Number	Provider Alternate ID Type
CPCER	DE2544	Nursing Claim COB	Claim COB Indicator
CPCER	DE3005	CER-H-DATE-BIRTH	Enrollee Birth Date
CPCER	DE3007	CER-H-SEX	Enrollee Sex Code
CPCER	DE2023	Nursing Claim Paid Amount	Claim Payment Amount
CPCER	DE2016	Nursing Claim Charge Amount	Claim Billed Charge
CPCER	DE3006	CER-H-RACE	Enrollee Race Code
CPCER	DE2545	CER-H-CC	Claim Calculated Co-Insurance
CPCER	DE2477	Nursing Claim ICN Date	Claims Payment Request Date Identifier
CPCER	DE2478	Nursing Claim ICN Media Code	Claims Payment Request Media Code
CPCER	DE2018	CER-H-TPL	Claim Third Party Payment
CPCER	DE2480	Nursing Claim ICN Sequence Number	Claims Payment Request Sequence
CPCER	DE2544	CER-H-COORD-BENE	Claim COB Indicator
CPCER	DE2023	CER-H-PAID-AMT	Claim Payment Amount
CPCER	DE2343	Nursing Claim ICN Line Number	Claim Payment Request Line Number
CPCER	DE2016	CER-H-CHARGE-AMT	Claim Billed Charge
CPCER	DE9578	Nursing Claim Remittance Date	Remittance Payment Date
CPCER	DE0000	CER-H-OTHER	
CPCER	DE2105	Nursing Claim Admission Date	Claim Admission Date
CPCER	DE2039	Nursing Claim Status	Claim Status
CPCER	DE2477	CER-H-CLAIM-DATE	Claims Payment Request Date Identifier
CPCER	DE2478	CER-H-CLAIM-MEDIA	Claims Payment Request Media Code
CPCER	DE5301	Nursing Claim Diagnosis Code	Diagnosis Code
CPCER	DE5302	Nursing Claim Diagnosis Description	Diagnosis Name
CPCER	DE2480	CER-H-CLAIM-SEQ-NO	Claims Payment Request Sequence
CPCER	DE2343	CER-H-CLAIM-LINE-NO	Claim Payment Request Line Number
CPCER	DE2009	Nursing Claim Total Visits	Claim Number of Units/Visits/Studies
CPCER	DE9578	CER-H-REMIT-DATE	Remittance Payment Date

CPCER	DE4002	CER-N-PROV-ID	Provider Identification Number
CPCER	DE2011	CER-N-FROM-DATE	Claim Service Thru Date
CPCER	DE2010	CER-N-THRU-DATE	Claim Service From Date
CPCER	DE3093	CER-N-RECIP-ID	Enrollee Permanent Identification Number
CPCER	DE3110	CER-N-RECIP-NAME-LAST	Enrollee Last Name
CPCER	DE3111	CER-N-RECIP-NAME-FIRST	Enrollee First Name
CPCER	DE3112	CER-N-RECIP-NAME-INIT	Enrollee Middle Initial
CPCER	DE3113	CER-N-RECIP-NAME-SUFFIX	Enrollee Name Suffix
CPCER	DE3005	CER-N-DATE-BIRTH	Enrollee Birth Date
CPCER	DE3007	CER-N-SEX	Enrollee Sex Code
CPCER	DE3006	CER-N-RACE	Enrollee Race Code
CPCER	DE2545	CER-N-CC	Claim Calculated Co-Insurance
CPCER	DE4544	CER-N-IRS	Provider Alternate ID Type
CPCER	DE2544	CER-N-COORD-BENE	Claim COB Indicator
CPCER	DE2023	CER-N-PAID-AMT	Claim Payment Amount
CPCER	DE2016	CER-N-CHARGE-AMT	Claim Billed Charge
CPCER	DE0000	CER-N-OTHER	
CPCER	DE2477	CER-N-CLAIM-DATE	Claims Payment Request Date Identifier
CPCER	DE2478	CER-N-CLAIM-MEDIA	Claims Payment Request Media Code
CPCER	DE2480	CER-N-CLAIM-SEQ-NO	Claims Payment Request Sequence
CPCER	DE2343	CER-N-CLAIM-LINE-NO	Claim Payment Request Line Number
CPCER	DE9578	CER-N-REMIT-DATE	Remittance Payment Date
CPCER	DE2105	CER-N-ADMIT-DATE	Claim Admission Date
CPCER	DE2039	CER-N-STATUS	Claim Status
CPCER	DE5301	CER-N-DIAG-CODE	Diagnosis Code
CPCER	DE5302	CER-N-DIAG-DESC	Diagnosis Name
CPCER	DE2009	CER-N-TOT-VISITS	Claim Number of Units/Visits/Studies
CPCER	DE4002	CER-P-PROV-ID	Provider Identification Number
CPCER	DE2010	CER-P-FROM-DATE	Claim Service From Date
CPCER	DE2011	CER-P-THRU-DATE	Claim Service Thru Date
CPCER	DE3093	CER-P-RECIP-ID	Enrollee Permanent Identification Number
CPCER	DE3110	CER-P-RECIP-NAME-LAST	Enrollee Last Name
CPCER	DE3111	CER-P-RECIP-FIRST-NAME	Enrollee First Name

CPCER	DE3112	CER-P-RECIP-NAME-INIT	Enrollee Middle Initial
CPCER	DE3113	CER-P-RECIP-NAME-SUFFIX	Enrollee Name Suffix
CPCER	DE3005	CER-P-DATE-BIRTH	Enrollee Birth Date
CPCER	DE3007	CER-P-SEX	Enrollee Sex Code
CPCER	DE3006	CER-P-RACE	Enrollee Race Code
CPCER	DE2545	CER-P-CC	Claim Calculated Co-Insurance
CPCER	DE2018	CER-P-TPL	Claim Third Party Payment
CPCER	DE2544	CER-P-COORD-BENE	Claim COB Indicator
CPCER	DE2477	CER-P-RECEIPT	Claims Payment Request Date Identifier
CPCER	DE0000	CER-P-SIGNATURE	
CPCER	DE2619	CER-P-COMMENTS	PA Comments Text
CPCER	DE2023	CER-P-PAID-AMT	Claim Payment Amount
CPCER	DE2016	CER-P-CHARGE-AMT	Claim Billed Charge
CPCER	DE0000	CER-P-OTHER	
CPCER	DE2477	CER-P-CLAIM-DATE	Claims Payment Request Date Identifier
CPCER	DE2478	CER-P-CLAIM-MEDIA	Claims Payment Request Media Code
CPCER	DE2480	CER-P-SEQ-NO	Claims Payment Request Sequence
CPCER	DE2343	CER-P-CLAIM-LINE-NO	Claim Payment Request Line Number
CPCER	DE9578	CER-P-REMIT-DATE	Remittance Payment Date
CPCER	DE2467	CER-P-QUALIFIER	Claim Prescription Number Qualifier
CPCER	DE2233	CER-P-CD	Claim Pharmacy Quantity Dispensed
CPCER	DE2508	CER-P-TYPE	Claims PA Type Code
CPCER	DE2212	CER-P-NR	Claim Pharmacy Refill Code
CPCER	DE2211	CER-P-RX-NO	Claim Pharmacy Prescription Number
CPCER	DE5208	CER-P-DRUG-NAME	Drug Brand Name
CPCER	DE5200	CER-P-BN-NO	Drug Code (NDC)

Files CP-F-040 PA Action Reason Code Extract File (for the DMAS PA Contractor, KePRO)

This PA Reason Code Extract File is created when Job VMPCR040 is executed to print the Prior Authorization Action Reason Detail Report (CP-O-404). This file is produced by a SyncSort step.

Subsystem:	Claims
Copybook:	CPREASON N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-008-01 Enrollee Medical Services Cover Page, CP-O-008-02 Enrollee Medical Service Report (CPR110) CP-O-009 Provider Medical Services Report (CPR120) CP-O-424 Enrollee Drug Utilization Analysis (CPR130) CP-O-455 Enrollee Medical Services Report (CPR140) CHIRP Extract program (CPR300)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPREASON	DE2637	C-PA-ACTION-RSN	PA Detail Action Reason Code
CPREASON	DE2781	CER-I-RQST-ID	Claim CHIRP Request Identification
CPREASON	DE2780	CER-T-REQ-NAME	Claim CHIRP/Adjustment Request Name
CPREASON	DE2638	T-PA-ACTION-DESC	PA Detail Action Reason Description
CPREASON	DE2597	D-PA-ACTION-BEGIN	PA Reason Code Begin Date
CPREASON	DE2035	CER-RQST-USER-ID	Claim User-ID Code
CPREASON	DE2149	CER-RQST-DIST-LOC	Claim CHIRP Distribution Location
CPREASON	DE2598	D-PA-ACTION-END	PA Reason Code End Date
CPREASON	DE2785	CER-C-CHR-RQST-RPT	Claim Chirp Request Report Format
CPREASON	DE2595	C-PA-ACTION-CVAL	PA Action Reason Range Code

CPREASON	DE2493	CER-RQST-ENCOUNTER	Claims Chirp Encounter Request Flag
CPREASON	DE2490	CER-RQST-ADJUDICATE	Claims Chirp Adjudicated Claims Request Flag
CPREASON	DE2661	C-HIPAA-REJ-RSN	PA Health Care Services Reject Reason Code
CPREASON	DE2653	C-HIPAA-FOLLOWUP	PA Requester Follow-up Action Code
CPREASON	DE3001	CER-RQST-ENROL-NO	Enrollee Identification Number
CPREASON	DE2654	C-HIPAA-AAA-ERROR	HIPAA AAA Error Designation
CPREASON	DE4002	CER-RQST-SRVC-PROV	Provider Identification Number
CPREASON	DE0011	H-REC-UPDT	Row Update Date
CPREASON	DE2004	CER-RQST-BILL-PROV	Claim Billing Provider Identification Number
CPREASON	DE4001	CER-RQST-BASE-PROV	Provider Base Identification Number
CPREASON	DE2001	CER-RQST-ICN	Claim Request ICN
CPREASON	DE2477	CER-RQST-ICN-DATE	Claims Payment Request Date Identifier
CPREASON	DE2478	CER-RQST-ICN-MEDIA	Claims Payment Request Media Code
CPREASON	DE2480	CER-RQST-ICN-SEQ-NO	Claims Payment Request Sequence
CPREASON	DE2343	CER-RQST-ICN-LINE-NO	Claim Payment Request Line Number
CPREASON	DE2551	CER-RQST-SORT-1	Claims Chirp Request Sort-1
CPREASON	DE2552	CER-RQST-SORT-2	Claims Chirp Request Sort-2
CPREASON	DE2553	CER-RQST-SORT-3	Claims Chirp Request Sort-3
CPREASON	DE2554	CER-RQST-SORT-4	Claims Chirp Request Sort-4
CPREASON	DE2555	CER-RQST-SORT-5	Claims Chirp Request Sort-5
CPREASON	DE2556	CER-RQST-SORT-6	Claims Chirp Request Sort-6
CPREASON	DE2557	CER-RQST-SORT-7	Claims Chirp Request Sort-7
CPREASON	DE2558	CER-RQST-SORT-8	Claims Chirp Request Sort-8
CPREASON	DE2002	CER-RQST-CLM-TYPE	Claim Type
CPREASON	DE2003	CER-RQST-REQ-CLM-TYPE-MOD	Claim Type Modifier
CPREASON	DE2034	CER-RQST-FORMER-ICN	Claim Related Document Number
CPREASON	DE2477	CER-RQST-FRMR-ICN-DATE	Claims Payment Request Date Identifier
CPREASON	DE2478	CER-RQST-FRMR-ICN-MEDIA	Claims Payment Request Media Code
CPREASON	DE2480	CER-RQST-FRMR-ICN-SEQ-NO	Claims Payment Request Sequence
CPREASON	DE2343	CER-RQST-FRMR-ICN-LINE-NO	Claim Payment Request Line Number
CPREASON	DE2845	CER-RQST-MED-REC-NO	Claim Medical Record Number
CPREASON	DE2543	CER-RQST-TAD-RESUB-	Claim TAD Resubmittal Number (not

		NO	claim)
CPREASON	DE2477	CER-RQST-TAD-ICN-DATE	Claims Payment Request Date Identifier
CPREASON	DE2478	CER-RQST-TAD-ICN-MEDIA	Claims Payment Request Media Code
CPREASON	DE2480	CER-RQST-TAD-ICN-SEQ-NO	Claims Payment Request Sequence
CPREASON	DE2343	CER-RQST-TAD-ICN-LINE-NO	Claim Payment Request Line Number
CPREASON	DE2039	CER-RQST-CLAIM-STATUS	Claim Status
CPREASON	DE2846	CER-RQST-ENROL-AGE	Claim CHIRP Request Recipient Age
CPREASON	DE9580	CER-RQST-REMIT-NO	Remittance Advice Number
CPREASON	DE2016	CER-RQST-TOTAL-BILLED	Claim Billed Charge
CPREASON	DE3009	CER-RQST-AID-CATEGORY	Enrollee Eligibility Aid Category
CPREASON	DE3551	CER-RQST-BEN-DEF-PLAN-PROG-CD	Benefit Definition Plan Program Code
CPREASON	DE3552	CER-RQST-BEN-DEF-PLAN-SUB-CD	Benefit Definition Plan Subprogram Code
CPREASON	DE3553	CER-RQST-BEN-DEF-PLAN-BEN-CD	Benefit Definition Plan Benefit Code
CPREASON	DE3072	CER-RQST-ENROL-BEN-EXCPT-CD	Benefit Plan Exception Indicator
CPREASON	DE3008	CER-RQST-ENROL-FIPS-CD	Enrollee FIPS Code
CPREASON	DE9578	CER-RQST-PYMT-DATE	Remittance Payment Date
CPREASON	DE2010	CER-RQST-FIRST-SERV-DT	Claim Service From Date
CPREASON	DE2011	CER-RQST-LAST-SERV-DT	Claim Service Thru Date
CPREASON	DE2499	CER-RQST-DAYS-SINCE	Claims PA Number of Days Since
CPREASON	DE2498	CER-RQST-PA-SEQ-NO	Claims PA Number Sequence
CPREASON	DE2508	CER-RQST-PA-TYPE	Claims PA Type Code
CPREASON	DE2023	CER-RQST-TOTAL-AMT-PAID	Claim Payment Amount
CPREASON	DE5506	CER-RQST-CURRENT-ERROR	Claim Error ESC Code
CPREASON	DE5603	CER-RQST-EACH-ERR-LINE	Error Text Disposition Attachments
CPREASON	DE2038	CER-RQST-CAT-OF-	Claim Category of Service

		SERV	
CPREASON	DE2033	CER-RQST-ADJ-REAS	Adjustment/Void Reason
CPREASON	DE2173	CER-RQST-POS	Claim Professional Place of Service
CPREASON	DE2072	CER-RQST-TYPE-OF-SERV	Claim Type of Service
CPREASON	DE2544	CER-RQST-COB	Claim COB Indicator
CPREASON	DE5353	CER-RQST-DRG	DRG (Diagnosis Related Group) Code
CPREASON	DE5301	CER-RQST-PRIM-DIAG-CD	Diagnosis Code
CPREASON	DE5002	CER-RQST-PROC	Procedure Code
CPREASON	DE2171	CER-RQST-MOD	Claims Procedure Code Modifier
CPREASON	DE5200	CER-RQST-NDC-CD	Drug Code (NDC)
CPREASON	DE2122	CER-RQST-REV-CD	Claim Revenue Code
CPREASON	DE2477	CER-I-PYMT-REQT-DATE	Claims Payment Request Date Identifier
CPREASON	DE2478	CER-C-PYMT-REQT-MEDIA	Claims Payment Request Media Code
CPREASON	DE2480	CER-I-PYMT-REQT-SEQ-NO	Claims Payment Request Sequence
CPREASON	DE2343	CER-I-PYMT-REQT-LINE-NO	Claim Payment Request Line Number
CPREASON	DE2088	CER-C-FORM-TYPE	Claim Form Type
CPREASON	DE2002	CER-C-CLAIM-TYPE	Claim Type
CPREASON	DE2003	CER-C-CLAIM-TYPE-MOD	Claim Type Modifier
CPREASON	DE2030	CER-C-ATTACHMENTS	Claim Attachments Indicator
CPREASON	DE4001	CER-I-BASE-PROV	Provider Base Identification Number
CPREASON	DE4085	CER-T-PROV-NAME	Provider Name
CPREASON	DE4002	CER-I-SRVC-PROV	Provider Identification Number
CPREASON	DE4085	CER-I-SVC-PROV-NAME	Provider Name
CPREASON	DE2004	CER-I-BILLING-PROV	Claim Billing Provider Identification Number
CPREASON	DE4085	CER-T-BILL-PROV-NAME	Provider Name
CPREASON	DE4007	CER-C-PROV-SPECIALITY	Provider Specialty Code
CPREASON	DE4298	CER-T-DESC	Provider Specialty Code Description
CPREASON	DE4006	CER-C-PROV-TYPE	Provider Type
CPREASON	DE3145	CER-D-PCP-BEGIN	Enrollee Benefit Plan HMO/PCP Provider Begin Date
CPREASON	DE3147	CER-D-PCP-END	Enrollee Benefit Plan HMO/PCP Provider End Date
CPREASON	DE4089	CER-I-PROV-LOCALITY	Provider Locality Code

CPREASON	DE4082	CER-I-SRVC-CENTR	Provider Service Center
CPREASON	DE3001	CER-I-ENROLLEE-ID	Enrollee Identification Number
CPREASON	DE3093	CER-I-PERM-NO	Enrollee Permanent Identification Number
CPREASON	DE3901	CER-I-PERSON	Person ID
CPREASON	DE3110	CER-T-NAME-LAST	Enrollee Last Name
CPREASON	DE3111	CER-T-NAME-FIRST	Enrollee First Name
CPREASON	DE3112	CER-T-MIDDLE-INIT	Enrollee Middle Initial
CPREASON	DE3113	CER-T-NAME-SUFFIX	Enrollee Name Suffix
CPREASON	DE3115	CER-T-STREET	Enrollee Street Address
CPREASON	DE3114	CER-T-ADDL-NAME	Enrollee Additional Address Name
CPREASON	DE3116	CER-T-CITY	Enrollee City Name
CPREASON	DE3117	CER-C-STATE	Enrollee State Code
CPREASON	DE3118	CER-C-ZIP-9	Enrollee ZIP Code
CPREASON	DE3005	CER-D-BIRTH	Enrollee Birth Date
CPREASON	DE3064	CER-D-ENROLLEE-BEGIN	Enrollee Benefit Enrollment Begin Date
CPREASON	DE3065	CER-D-ENROLLEE-END	Enrollee Benefit Enrollment End Date
CPREASON	DE3007	CER-C-GENDER	Enrollee Sex Code
CPREASON	DE3034	CER-I-ENR-SSN	Enrollee Social Security Number (SSN)
CPREASON	DE3006	CER-C-RACE	Enrollee Race Code
CPREASON	DE3008	CER-C-FIPS	Enrollee FIPS Code
CPREASON	DE3009	CER-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CPREASON	DE3450	CER-I-CASE-SSN	Case Social Security Number
CPREASON	DE3470	CER-I-WARRANT-NUM	TDO Warrant Number
CPREASON	DE3479	CER-T-COURT-NAME	TDO Court Name
CPREASON	DE2031	CER-I-PAT-ACCT-NO	Claim Patient Account Number
CPREASON	DE2608	CER-D-PA-REQ-FROM-DTE	PA Request From Date
CPREASON	DE2609	CER-D-PA-REQ-THRU-DTE	PA Request Through Date
CPREASON	DE2610	CER-D-PA-AUTH-FROM-DTE	PA Authorized From Date
CPREASON	DE2611	CER-D-PA-AUTH-THRU-DTE	PA Authorized Through Date
CPREASON	DE2641	CER-C-PA-STAT	PA Detail Action Status Code
CPREASON	DE2612	CER-N-PA-REQ-UNIT	PA Requested Units
CPREASON	DE2613	CER-N-PA-AUTH-UNIT	PA Authorized Units
CPREASON	DE2009	CER-N-PA-USED-UNITS	Claim Number of Units/Visits/Studies
CPREASON	DE2615	CER-N-PA-REQ-AMT	PA Requested Amount

CPREASON	DE2616	CER-N-PA-AUTH-AMT	PA Authorized Amount
CPREASON	DE2345	CER-N-PA-USED-AMT	PA Amount Used
CPREASON	DE2010	CER-D-SERV-FROM	Claim Service From Date
CPREASON	DE2011	CER-D-SERV-THRU	Claim Service Thru Date
CPREASON	DE2585	CER-DIAG-CODE-TYPE	Claims Diag Type Code
CPREASON	DE5301	CER-C-DIAG	Diagnosis Code
CPREASON	DE5302	CER-T-DIAG-NAME	Diagnosis Name
CPREASON	DE9580	CER-I-RA-NUM	Remittance Advice Number
CPREASON	DE9578	CER-D-RA-PYMT	Remittance Payment Date
CPREASON	DE9874	CER-I-FNCL-CONTROL	Financial Control Number
CPREASON	DE3555	CER-T-BNFT-SHRT-NAME	Benefit Definition Plan Short Name
CPREASON	DE3550	CER-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPREASON	DE3072	CER-C-BEN-EXCEPT-CD	Benefit Plan Exception Indicator
CPREASON	DE2022	CER-N-MEDICAID-COPAY	Claim Medicaid Co-Payment
CPREASON	DE0002	CER-N-TIMES-PEND	Calculated
CPREASON	DE2802	CER-F-EMERG	Claim Emergency Identifier
CPREASON	DE2038	CER-C-CATEG-SERV	Claim Category of Service
CPREASON	DE5002	CER-C-PROCEDURE	Procedure Code
CPREASON	DE5015	CER-T-PROC-SHORT-NAME	Procedure Short Name
CPREASON	DE2158	CER-N-MAN-PRICE-AMT	Claim Manual Price Amount
CPREASON	DE2084	CER-N-WAIT-TIME	Anesthesia Minutes
CPREASON	DE2085	CER-N-PASSENGERS	Claim Number of Passengers
CPREASON	DE2499	CER-N-DAYS-SINCE	Claims PA Number of Days Since
CPREASON	DE2498	CER-I-PA-SEQ-NO	Claims PA Number Sequence
CPREASON	DE2508	CER-C-PA-TYPE	Claims PA Type Code
CPREASON	DE2083	CER-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPREASON	DE2022	CER-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CPREASON	DE2017	CER-N-TOT-DOC-CHG	Claim Total Document Charge
CPREASON	DE2016	CER-N-BILLED-CHARGE	Claim Billed Charge
CPREASON	DE2073	CER-N-ALLOWED-AMT	Claim Allowed Amount
CPREASON	DE2023	CER-N-PMT-AMT	Claim Payment Amount
CPREASON	DE2545	CER-N-CALC-COINS	Claim Calculated Co-Insurance
CPREASON	DE2992	CER-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPREASON	DE2080	CER-N-DSA-AMT	Claim Disproportionate Share Amount
CPREASON	DE2881	CER-N-NATCEP-PYMT-	NATCEP-Payment-Amount

		AMT	
CPREASON	DE2841	CER-C-PEND-LOC	Claim Pend To Location
CPREASON	DE2033	CER-C-ADJUST-RSN	Adjustment/Void Reason
CPREASON	DE9865	CER-I-BUDGET-ACCT	Budget Account Identifier
CPREASON	DE9916	CER-I-BUDGET-ACCT	DMAS BAC Sequence Number
CPREASON	DE2034	CER-I-FORMER-ICN	Claim Related Document Number
CPREASON	DE2034	CER-I-HMO-CLAIM-NUM	Claim Related Document Number
CPREASON	DE2543	CER-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not claim)
CPREASON	DE2544	CER-C-COB	Claim COB Indicator
CPREASON	DE2018	CER-N-TPL-AMT-PAID	Claim Third Party Payment
CPREASON	DE2433	CER-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
CPREASON	DE2566	CER-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
CPREASON	DE2075	CER-F-EPSDT	Claim Family Planning/EPSDT Indicator
CPREASON	DE5506	CER-C-ERROR-ESC	Claim Error ESC Code
CPREASON	DE5501	CER-C-EDIT	Error Text Error Code
CPREASON	DE2078	CER-F-OVERRIDE	Claim Edit Override
CPREASON	DE5603	CER-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CPREASON	DE2349	CER-T-INVALID-DATA	Claim Edit Invalid Data
CPREASON	DE2440	CER-I-DUP-ICN-DATE	Claim Conflict ICN
CPREASON	DE2678	CER-I-DUP-ICN-MEDIA	Conflicting Claim ICN Media
CPREASON	DE2679	CER-I-DUP-ICN-SEQ	Conflicting Claim ICN Sequence Number
CPREASON	DE2681	CER-I-DUP-ICN-LINE	Conflicting Claim ICN Line Number
CPREASON	DE5506	CER-C-ERROR-ESC-H	Claim Error ESC Code
CPREASON	DE5501	CER-C-EDIT-H	Error Text Error Code
CPREASON	DE2078	CER-F-OVERRIDE-H	Claim Edit Override
CPREASON	DE5603	CER-C-EDIT-DISPOSITION-H	Error Text Disposition Attachments
CPREASON	DE2349	CER-T-INVALID-DATA-H	Claim Edit Invalid Data
CPREASON	DE2440	CER-I-DUP-ICN-DATE-H	Claim Conflict ICN
CPREASON	DE2678	CER-I-DUP-ICN-MEDIA-H	Conflicting Claim ICN Media
CPREASON	DE2679	CER-I-DUP-ICN-SEQ-H	Conflicting Claim ICN Sequence Number
CPREASON	DE2681	CER-I-DUP-ICN-LINE-H	Conflicting Claim ICN Line Number
CPREASON	DE2383	CER-D-MOD-STATUS-BEGIN	Claim Status Begin Date
CPREASON	DE2039	CER-C-STATUS	Claim Status

CPREASON	DE0012	CER-I-USER-ID	User/Operator ID
CPREASON	DE2841	CER-C-PEND-LOCATION	Claim Pend To Location
CPREASON	DE2102	CER-C-BILL-TYPE	Claim Facility Bill Type
CPREASON	DE2136	CER-H-ADMIT-HR	Claim Hour of Admission
CPREASON	DE2108	CER-N-COV-DAYS	Claim Covered Days
CPREASON	DE2056	CER-N-ELIGIBLE-DAYS	Claim number of days eligible
CPREASON	DE2315	CER-N-PYMT-DAYS	Claim Payment days
CPREASON	DE2065	CER-N-CUTBACK-UNIT	Claim Cutback Days/Units
CPREASON	DE2105	CER-D-ADMIT-DATE	Claim Admission Date
CPREASON	DE2106	CER-C-ADMIT-SOURCE	Claim Admission Source
CPREASON	DE5301	CER-C-ADMIT-DIAG	Diagnosis Code
CPREASON	DE2412	CER-H-DISCH-HR	Claim Hour of Discharge
CPREASON	DE2107	CER-C-ADMIT-TYPE	Claim Nature of Admission
CPREASON	DE2869	CER-C-DISCHG-STAT	Claim Discharge Status
CPREASON	DE2845	CER-I-MED-REC-NO	Claim Medical Record Number
CPREASON	DE2060	CER-I-ATTEND-PROV	Claim Attending Provider Identification Number
CPREASON	DE4002	CER-I-OTHER-PROV1	Provider Identification Number
CPREASON	DE2453	CER-I-OTHER-PROV2	Other Provider 2
CPREASON	DE2034	CER-I-FORMER-REF-NO	Claim Related Document Number
CPREASON	DE2315	CER-N-PMT-DAYS	Claim Payment days
CPREASON	DE2077	CER-N-PVT-ROOM-DIFF	Claim Private Room Differential
CPREASON	DE2547	CER-N-DRG-PMT	DRG Payment Amount
CPREASON	DE5353	CER-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPREASON	DE2122	CER-C-REV	Claim Revenue Code
CPREASON	DE2123	CER-N-UNITS-UB	Claim Revenue Units
CPREASON	DE2124	CER-N-REV-BILLED-AMT	Claim Revenue Amount
CPREASON	DE2991	CER-N-REV-ALLD-AMT	Claim Revenue Allowed Amt
CPREASON	DE2139	CER-N-NON-COV-AMT	Claim Non-Covered Amount
CPREASON	DE2065	CER-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPREASON	DE2066	CER-N-CUTBACK-AMT	Claim Cutback Amount
CPREASON	DE5002	CER-C-PROCEDURE-UB	Procedure Code
CPREASON	DE2021	CER-D-PROCEDURE	Claim Procedure Code Date
CPREASON	DE5001	CER-C-PROCEDURE-TYPE	Procedure Code Type
CPREASON	DE2452	CER-I-ADMIT-PHYS	Other Provider 1
CPREASON	DE4085	CER-T-ADMIT-NAME	Provider Name
CPREASON	DE2522	CER-T-INSURED-NAME	Claim Other Insured's Name

CPREASON	DE2352	CER-C-PAT-REL-INS	Relationship to Patient
CPREASON	DE2674	CER-C-TPL-IND	Claim TPL Flag
CPREASON	DE2027	CER-F-ACCIDENT	Claim Accident Indicator
CPREASON	DE4002	CER-I-REFER-PROV	Provider Identification Number
CPREASON	DE4085	CER-T-REFER-NAME	Provider Name
CPREASON	DE2174	CER-F-PROF-LAB	Claim Professional Lab Indicator
CPREASON	DE2173	CER-C-PROF-POS	Claim Professional Place of Service
CPREASON	DE2072	CER-C-TOS	Claim Type of Service
CPREASON	DE2402	CER-F-MEDICARE-COV	Claim Medicare Coverage Indicator
CPREASON	DE5002	CER-C-PROCEDURE-MED	Procedure Code
CPREASON	DE2171	CER-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPREASON	DE2171	CER-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CPREASON	DE2171	CER-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CPREASON	DE2009	CER-N-UNITS	Claim Number of Units/Visits/Studies
CPREASON	DE2075	CER-F-FAM-PLAN	Claim Family Planning/EPSDT Indicator
CPREASON	DE2065	CER-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPREASON	DE2066	CER-N-CUTBACK-AMT	Claim Cutback Amount
CPREASON	DE2200	CER-C-TOOTH	Claim Dental Tooth Code
CPREASON	DE2892	CER-C-MOUTH-QUADRANT	Claim Dental Quadrant
CPREASON	DE2201	CER-C-TOOTH-SRFC	Claim Dental Surface Codes
CPREASON	DE2201	CER-C-TOOTH-SRFC2	Claim Dental Surface Codes
CPREASON	DE2201	CER-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPREASON	DE2201	CER-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPREASON	DE2201	CER-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPREASON	DE2448	CER-I-T18-ENROLLEE	Claim Title18 Mcare Enrollee
CPREASON	DE4044	CER-I-T18-PROVIDER	Provider Alternate ID Value
CPREASON	DE2257	CER-N-T18-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPREASON	DE2253	CER-N-T18-ALLOW-CHG	Claim Title XVIII Charge Allowed
CPREASON	DE2254	CER-N-T18-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPREASON	DE2251	CER-N-T18-DED-AMT	Claim Title XVIII Deductible Amount
CPREASON	DE2252	CER-N-T18-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPREASON	DE2228	CER-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CPREASON	DE2211	CER-I-RX-NO	Claim Pharmacy Prescription Number

CPREASON	DE2826	CER-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CPREASON	DE2229	CER-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
CPREASON	DE2233	CER-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CPREASON	DE2216	CER-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPREASON	DE2238	CER-C-PRIOR-AUTH-TYPE	Claim Pharmacy PA/MC Code
CPREASON	DE2220	CER-F-COMPOUND	Claim Pharmacy Compound Indicator
CPREASON	DE2212	CER-C-PHARM-REFILL-NO	Claim Pharmacy Refill Code
CPREASON	DE2227	CER-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
CPREASON	DE2217	CER-N-PHARM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPREASON	DE5200	CER-C-DRUG-NDC	Drug Code (NDC)
CPREASON	DE2248	CER-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CPREASON	DE5232	CER-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CPREASON	DE5293	CER-T-DRUG-TC-DESC	Drug Therapeutic Class Standard Description
CPREASON	DE5061	CER-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPREASON	DE5193	CER-C-DRUG-UNIT-USE	Drug Unit of Use Code
CPREASON	DE2418	CER-F-DAW	Claim Dispensed as Written Indicator
CPREASON	DE5206	CER-C-DRUG-FORM	Drug Form Code
CPREASON	DE5070	CER-T-DRUG-STR	Drug Strength Description
CPREASON	DE5221	CER-C-DRUG-PRICE-SRC	Drug Price Source Code
CPREASON	DE5208	CER-T-DRUG-BRAND-NAME	Drug Brand Name
CPREASON	DE5220	CER-N-DRUG-PRICE-AMT	Drug Price Amount

Files CP-F-041 Practitioner Tape file for MHMRSAS

This tape file is created for sending over to Department of Mental Health. It is created from the Claims Monthly Extract for all the Practitioner Mental Health Claims.

Subsystem:	Claims
Copybook:	CPMHEXT N/A
File Organization:	FB
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	MHMRSAS Practitioner & Pers Care Extract (CPR095)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPMHEXT	DE3093	O-RECIP-NO	Enrollee Permanent Identification Number
CPMHEXT	DE4700	O-PROV-NO	National Provider Identifier
CPMHEXT	DE5002	O-PROC-SERV-CODE	Procedure Code
CPMHEXT	DE2010	O-F-DATE	Claim Service From Date
CPMHEXT	DE2011	O-T-DATE	Claim Service Thru Date
CPMHEXT	DE2477	O-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPMHEXT	DE2478	O-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPMHEXT	DE2480	O-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPMHEXT	DE2343	O-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPMHEXT	DE4085	O-PROV-NAME	Provider Name
CPMHEXT	DE0000	O-RECIP-NAME	
CPMHEXT	DE3006	O-RACE	Enrollee Race Code
CPMHEXT	DE3007	O-SEX	Enrollee Sex Code

CPMHEXT	DE3005	O-B-DATE	Enrollee Birth Date
CPMHEXT	DE3955	O-SSA-NO	Person Identifier Value
CPMHEXT	DE3009	O-PROG-DESIGN	Enrollee Eligibility Aid Category
CPMHEXT	DE2039	O-STATUS	Claim Status
CPMHEXT	DE5506	O-REASON	Claim Error ESC Code
CPMHEXT	DE9578	O-R-DATE	Remittance Payment Date
CPMHEXT	DE2016	O-COVRD-CHRGS	Claim Billed Charge
CPMHEXT	DE2023	O-TENTVE-PAYMT	Claim Payment Amount
CPMHEXT	DE0000	O-NON-COV-CHG	
CPMHEXT	DE4082	O-SERV-CNTR-CDE	Provider Service Center
CPMHEXT	DE2022	O-CO-PAY	Claim Medicaid Co-Payment
CPMHEXT	DE4007	O-PROV-SPEC	Provider Specialty Code
CPMHEXT	DE2009	O-PR-VISIT-UNIT-STUDY	Claim Number of Units/Visits/Studies
CPMHEXT	DE4700	O-PR-REF-PROV-NO	National Provider Identifier
CPMHEXT	DE3072	O-PR-LOC-IND	Benefit Plan Exception Indicator

Files CP-F-042 Personal Care Tape file for MHMRSAS

This tape file is created for sending over to Department of Mental Health. It is created from the Claims Monthly Extract for all the Personal Care Mental Health Claims.

Subsystem:	Claims
Copybook:	CPMHEXT N/A
File Organization:	FB
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	MHMRSAS Practitioner & Pers Care Extract (CPR095)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPMHEXT	DE3093	O-RECIP-NO	Enrollee Permanent Identification Number
CPMHEXT	DE4700	O-PROV-NO	National Provider Identifier
CPMHEXT	DE5002	O-PROC-SERV-CODE	Procedure Code
CPMHEXT	DE2010	O-F-DATE	Claim Service From Date
CPMHEXT	DE2011	O-T-DATE	Claim Service Thru Date
CPMHEXT	DE2477	O-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPMHEXT	DE2478	O-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPMHEXT	DE2480	O-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPMHEXT	DE2343	O-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPMHEXT	DE4085	O-PROV-NAME	Provider Name
CPMHEXT	DE0000	O-RECIP-NAME	
CPMHEXT	DE3006	O-RACE	Enrollee Race Code
CPMHEXT	DE3007	O-SEX	Enrollee Sex Code
CPMHEXT	DE3005	O-B-DATE	Enrollee Birth Date
CPMHEXT	DE3955	O-SSA-NO	Person Identifier Value
CPMHEXT	DE3009	O-PROG-DESIGN	Enrollee Eligibility Aid Category
CPMHEXT	DE2039	O-STATUS	Claim Status

CPMHEXT	DE5506	O-REASON	Claim Error ESC Code
CPMHEXT	DE9578	O-R-DATE	Remittance Payment Date
CPMHEXT	DE2016	O-COVRD-CHRGS	Claim Billed Charge
CPMHEXT	DE2023	O-TENTVE-PAYMT	Claim Payment Amount
CPMHEXT	DE0000	O-NON-COV-CHG	
CPMHEXT	DE4082	O-SERV-CNTR-CDE	Provider Service Center
CPMHEXT	DE2022	O-CO-PAY	Claim Medicaid Co-Payment
CPMHEXT	DE4007	O-PROV-SPEC	Provider Specialty Code
CPMHEXT	DE2009	O-PR-VISIT-UNIT-STUDY	Claim Number of Units/Visits/Studies
CPMHEXT	DE4700	O-PR-REF-PROV-NO	National Provider Identifier
CPMHEXT	DE3072	O-PR-LOC-IND	Benefit Plan Exception Indicator

Files CP-F-043 Daily PA Activity Response File

For specific PA Service Types, this file is used to return added/changed Prior Authorizations to the DMAS PA Contractor, KePRO. It returns those Prior Authorizations changed by KePRO Transactions, as well as those Prior Authorizations changed by DMAS using the GUI/CICS Screens. This file is Fêted to the ACS FTP Server for KePRO retrieval.

Subsystem:	Claims
Copybook:	PAKEYRES
File Organization:	Flat sequential
Device Type:	DISK
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYRES	DE2045	CPPA-PROD-OR-TEXT-IND	PA Production or Test File Indicator
PAKEYRES	DE2635	CPPA-SERVICE-TYPE	PA Service Type Code
PAKEYRES	DE2024	CPPA-PA-NUMBER	Prior Authorization Control Number
PAKEYRES	DE2065	CPPA-PA-CASE-CNTRL-NUMBER	Claim Cutback Days/Units
PAKEYRES	DE2650	CPPA-I-ENROLLEE	PA Enrollee Identification Number
PAKEYRES	DE4002	CPPA-I-SRVC-PROV	Provider Identification Number
PAKEYRES	DE2652	CPPA-I-REFR-PROV	PA Referring Provider Identification Number
PAKEYRES	DE5301	CPPA-C-DIAG	Diagnosis Code
PAKEYRES	DE2600	CPPA-D-RECVD	PA Received Date
PAKEYRES	DE2601	CPPA-D-PA-ENTERED	PA Entry Date
PAKEYRES	DE2481	CPPA-ORIG-PA-NUMBER	Claims Original PA Number
PAKEYRES	DE2606	CPPA-D-CANCEL	PA Cancel Date

PAKEYRES	DE2586	CPPA-C-PA-CANREL-IND	Prior Authorization Header Reject/Cancel code
PAKEYRES	DE2587	CPPA-C-PA-CANREL-REASON	Prior Authorization Cancel/Reject Reason
PAKEYRES	DE2639	CPPA-C-MEDIA-TYPE-CVAL	PA Media Type Code
PAKEYRES	DE2621	CPPA-C-AUTH-TYPE-CVAL	PA Authorization Type Code
PAKEYRES	DE2243	CPPA-T-CONTACT-NAME	Contact Person
PAKEYRES	DE2895	CPPA-T-CONTACT-PHONE	PA Servicing Provider Phone Number
PAKEYRES	DE5254	CPPA-I-LOCALITY	MMIS Locality Code based on Postal Code
PAKEYRES	DE0011	CPPA-H-REC-UPDT-TBL48	Row Update Date
PAKEYRES	DE2607	CPPA-LINE-NUMBER	PA Line Number
PAKEYRES	DE2608	CPPA-D-REQ-FROM	PA Request From Date
PAKEYRES	DE2609	CPPA-D-REQ-THRU	PA Request Through Date
PAKEYRES	DE2610	CPPA-D-AUTH-FROM	PA Authorized From Date
PAKEYRES	DE2611	CPPA-D-AUTH-THRU	PA Authorized Through Date
PAKEYRES	DE2612	CPPA-N-REQ-UNITS	PA Requested Units
PAKEYRES	DE2613	CPPA-N-AUTH-UNITS	PA Authorized Units
PAKEYRES	DE2614	CPPA-C-PER-FREQ-CVAL	PA Submitter Transaction Identifier
PAKEYRES	DE2615	CPPA-N-REQ-AMT	PA Requested Amount
PAKEYRES	DE2616	CPPA-N-AUTH-AMT	PA Authorized Amount
PAKEYRES	DE2485	CPPA-I-PA-AUTHORIZED-BY	Claims PA Authorized By
PAKEYRES	DE3072	CPPA-C-ENRL-EXCP	Benefit Plan Exception Indicator
PAKEYRES	DE0011	CPPA-H-REC-UPDT-TBL49	Row Update Date
PAKEYRES	DE5001	CPPA-C-PROCEDURE-TYPE	Procedure Code Type
PAKEYRES	DE5002	CPPA-C-PROCEDURE	Procedure Code
PAKEYRES	DE2171	CPPA-C-PROCEDURE-MOD	Claims Procedure Code Modifier

PAKEYRES	DE2171	CPPA-C-PROCEDURE-MOD-2	Claims Procedure Code Modifier
PAKEYRES	DE2171	CPPA-C-PROCEDURE-MOD-3	Claims Procedure Code Modifier
PAKEYRES	DE2171	CPPA-PA-PROCEDURE-MOD-4	Claims Procedure Code Modifier
PAKEYRES	DE2646	CPPA-N-PER-UNIT-COST	PA Actual Cost Per Unit
PAKEYRES	DE2648	CPPA-F-EPSDT	PA EPSDT Indicator
PAKEYRES	DE0011	CPPA-H-REC-UPDT-TBL37	Row Update Date
PAKEYRES	DE2641	CPPA-C-PA-STAT-CVAL	PA Detail Action Status Code
PAKEYRES	DE2624	CPPA-D-PA-LINE-STAT	PA Detail Action Status Date
PAKEYRES	DE2637	CPPA-C-PA-ACTION-RSN	PA Detail Action Reason Code
PAKEYRES	DE2661	CPPA-HIPAA-REJ-RSN	PA Health Care Services Reject Reason Code
PAKEYRES	DE2653	CPPA-HIPAA-FOLLOWUP	PA Requester Follow-up Action Code
PAKEYRES	DE2654	CPPA-HIPAA-AAA-ERROR	HIPAA AAA Error Designation
PAKEYRES	DE2619	CPPA-T-COMMENT	PA Comments Text
PAKEYRES	DE2047	CPPA-DUPL-PA-NUMBER	Duplicate PA Number
PAKEYRES	DE2048	CPPA-DUPL-PA-LINE-NO	Duplicate PA Line Number
PAKEYRES	DE2049	CPPA-ORIGIN-OF-PA	Origin of PA Entry

Files CP-F-050 Claim Check - Activity Data File

Claims that are generated during adjudication are written to this file. This includes Claimcheck generated claims and Transportation processing generated claims. - File layout is same as the AWR file.

Subsystem:	Claims
Copybook:	VMCPACTV N/A
File Organization:	VSAM
Device Type:	Disk
Primary Key:	AWR-C-PYMT-REQ-MEDIA (2478) AWR-I-PYMT-REQ-DATE (2477) AWR-I-PYMT-REQ-LINE-NO (2343) AWR-I-PYMT-REQ-SEQ-NO (2480)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
ACTVEXT	DE0000	To Be Determined	
VMCPACTV	DE2477	AWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMCPACTV	DE2478	AWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMCPACTV	DE2480	AWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMCPACTV	DE2343	AWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMCPACTV	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
VMCPACTV	DE2030	AWR-C-ATTACHMNT-CVAL	Claim Attachments Indicator
VMCPACTV	DE4082	AWR-I-PROV-SRVC-VNDR	Provider Service Center
VMCPACTV	DE2088	AWR-C-CLM-FORM-CVAL	Claim Form Type
VMCPACTV	DE2006	AWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
VMCPACTV	DE3005	AWR-D-ENROLLEE-BIRTH	Enrollee Birth Date
VMCPACTV	DE0000	AWR-D-ENROLLEE-BIRTH-NI	
VMCPACTV	DE3007	AWR-C-ENROLLEE-SEX	Enrollee Sex Code

VMCPACTV	DE2020	AWR-F-CONVERSION	Claim Conversion Indicator
VMCPACTV	DE2569	AWR-I-CLM-SUBMIT	Claims Submission Identifier
VMCPACTV	DE2177	AWR-D-ENTERED	Claim Entered Date
VMCPACTV	DE2581	AWR-I-CLAIM-MCN	Claims MCN Number
VMCPACTV	DE2684	AWR-F-ADA-MED-COVERAGE	Claim Dental Medical Coverage Flag
VMCPACTV	DE2225	AWR-I-VERSION	Claim Pharmacy NCPDP Version
VMCPACTV	DE2226	AWR-I-TRANS-RCVD-LINE	Claim Pharmacy Transmission Received Line
VMCPACTV	DE2265	AWR-C-4010-5010-CVAL	Claim EDI Version Indicator
VMCPACTV	DE2267	AWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
VMCPACTV	DE3901	AWR-I-PERSON-CLM	Person ID
VMCPACTV	DE4001	AWR-I-SRVC-BASE-PROV	Provider Base Identification Number
VMCPACTV	DE0000	AWR-I-SRVC-BASE-PROV-NI	
VMCPACTV	DE4002	AWR-I-SRVC-PROV-P50	Provider Identification Number
VMCPACTV	DE0000	AWR-I-SRVC-PROV-P50-NI	
VMCPACTV	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
VMCPACTV	DE0000	AWR-I-BILLING-PROV-NI	
VMCPACTV	DE2002	AWR-C-CLM-TYPE-CVAL	Claim Type
VMCPACTV	DE2010	AWR-D-SERV-FROM	Claim Service From Date
VMCPACTV	DE0000	AWR-D-SERV-FROM-NI	
VMCPACTV	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
VMCPACTV	DE0000	AWR-D-SERV-THRU-NI	
VMCPACTV	DE2016	AWR-N-BILLED-CHG	Claim Billed Charge
VMCPACTV	DE3098	AWR-I-EVS-NO	Eligibility Verification Number
VMCPACTV	DE3001	AWR-I-ENROLLEE-ID	Enrollee Identification Number
VMCPACTV	DE3093	AWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCPACTV	DE3009	AWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
VMCPACTV	DE3551	AWR-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
VMCPACTV	DE3552	AWR-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
VMCPACTV	DE3553	AWR-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
VMCPACTV	DE3072	AWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
VMCPACTV	DE3655	AWR-C-ENRL-PREM-IND	Medicare Premium Indicator
VMCPACTV	DE2544	AWR-C-COB	Claim COB Indicator
VMCPACTV	DE2246	AWR-F-CONSENT	Claim Consent Indicator
VMCPACTV	DE2224	AWR-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
VMCPACTV	DE2031	AWR-I-PATNT-ACCT-NUM	Claim Patient Account Number
VMCPACTV	DE2018	AWR-N-TPL-AMT-PAID	Claim Third Party Payment
VMCPACTV	DE2027	AWR-F-ACCIDENT	Claim Accident Indicator
VMCPACTV	DE2802	AWR-F-EMERGENCY	Claim Emergency Identifier
VMCPACTV	DE2781	AWR-I-REQUEST-NO	Claim CHIRP Request Identification

VMCPACTV	DE2068	AWR-F-SPECIAL-BATCH	Claim Special Batch Indicator
VMCPACTV	DE2268	AWR-D-CVRG-EXPIR	Coverage Expiration Date
VMCPACTV	DE0000	AWR-CLM-PROC-NUM-OCCRS	
VMCPACTV	DE2444	AWR-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-09	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-09	Procedure Code
VMCPACTV	DE2021	AWR-D-PROCEDURE-09	Claim Procedure Code Date
VMCPACTV	DE0000	AWR-D-PROCEDURE-09-NI	
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
VMCPACTV	DE0002	AWR-P13-NUM-OF-DIAG	Calculated
VMCPACTV	DE2449	AWR-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
VMCPACTV	DE5301	AWR-C-DIAG	Diagnosis Code
VMCPACTV	DE5020	AWR-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
VMCPACTV	DE2585	AWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
VMCPACTV	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
VMCPACTV	DE2023	AWR-N-PYMT-AMT	Claim Payment Amount
VMCPACTV	DE2073	AWR-N-ALLOW-AMT	Claim Allowed Amount
VMCPACTV	DE2158	AWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
VMCPACTV	DE2545	AWR-N-CALC-COINS	Claim Calculated Co-Insurance
VMCPACTV	DE2083	AWR-N-PATNT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
VMCPACTV	DE2217	AWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
VMCPACTV	DE2315	AWR-N-PYMT-DAYS	Claim Payment days
VMCPACTV	DE2056	AWR-N-ELIGIBLE-DAYS	Claim number of days eligible
VMCPACTV	DE2358	AWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
VMCPACTV	DE2080	AWR-N-DSA-AMT	Claim Disproportionate Share Amount
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-29	Claim Cutback Amount
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
VMCPACTV	DE2022	AWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
VMCPACTV	DE5353	AWR-C-DRG	DRG (Diagnosis Related Group) Code
VMCPACTV	DE2547	AWR-N-DRG-PYMT-AMT	DRG Payment Amount
VMCPACTV	DE6827	AWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
VMCPACTV	DE2470	AWR-N-DRG-CAP-AMT	Claims DRG CAP Amount

VMCPACTV	DE2348	AWR-C-DRG-PYMT-TYPE	DRG Payment Type
VMCPACTV	DE5354	AWR-N-DRG-WEIGHT	DRG Relative Weight
VMCPACTV	DE2881	AWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
VMCPACTV	DE4006	AWR-C-PROV-TYPE	Provider Type
VMCPACTV	DE4007	AWR-C-PROV-SPECIALTY	Provider Specialty Code
VMCPACTV	DE2599	AWR-C-COPAY-IND	Claim Co-pay Indicator
VMCPACTV	DE2674	AWR-F-TPL	Claim TPL Flag
VMCPACTV	DE2673	AWR-F-SPLIT-CLAIM	Split Claim Flag
VMCPACTV	DE2433	AWR-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
VMCPACTV	DE2566	AWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
VMCPACTV	DE3008	AWR-I-ENRL-LOCALITY	Enrollee FIPS Code
VMCPACTV	DE4089	AWR-I-PROV-LOCALITY	Provider Locality Code
VMCPACTV	DE2589	AWR-C-DRG-GRPET	Claim DRG Grouper Return Code
VMCPACTV	DE2590	AWR-C-DRG-MDC	Claim DRG MDC Code
VMCPACTV	DE2591	AWR-C-DRG-TYPE	Claim DRG Type Code
VMCPACTV	DE2592	AWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
VMCPACTV	DE2593	AWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
VMCPACTV	DE2594	AWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
VMCPACTV	DE2069	AWR-C-PRICE-SRC	Claim Pricing Source
VMCPACTV	DE2070	AWR-C-PRICE-TYPE	Claim Pricing Source Type
VMCPACTV	DE2071	AWR-C-PRICE-CODE	Claim Pricing Source Code
VMCPACTV	DE2435	AWR-I-MOD-STAT-SEQ-NO-32	Claim Status Sequence Number
VMCPACTV	DE9580	AWR-I-RA-NUM	Remittance Advice Number
VMCPACTV	DE0000	AWR-I-RA-NUM-NI	
VMCPACTV	DE2003	AWR-C-CLM-MOD-CVAL	Claim Type Modifier
VMCPACTV	DE2383	AWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
VMCPACTV	DE2384	AWR-D-MOD-STAT-END	Claim Status End Date
VMCPACTV	DE0000	AWR-D-MOD-STAT-END-NI	
VMCPACTV	DE2039	AWR-C-CLM-STAT-CVAL	Claim Status
VMCPACTV	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
VMCPACTV	DE9916	AWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
VMCPACTV	DE2038	AWR-C-CATG-SRVC-CVAL	Claim Category of Service
VMCPACTV	DE0012	AWR-I-USER-ID-32	User/Operator ID
VMCPACTV	DE0002	AWR-NO-CURRENT-ERRORS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-C-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-C-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments

VMCPACTV	DE2183	AWR-C-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-C-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-I-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE2078	AWR-F-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-T-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE2496	AWR-F-PEND-LOCATION-UPD	Claims Pend Resolution Update Flag
VMCPACTV	DE2584	AWR-I-PEND-SEQ-NO	Claims Pend Location Sequence Number
VMCPACTV	DE2841	AWR-C-PND-LOC-TO-CVAL	Claim Pend To Location
VMCPACTV	DE2840	AWR-C-PND-LOC-FRM-CVAL	Claim Pend From Location
VMCPACTV	DE0000	AWR-C-PND-LOC-FRM-CVAL-NI	
VMCPACTV	DE2404	AWR-D-TRANSFER	Pend Transfer Date
VMCPACTV	DE0000	AWR-D-TRANSFER-NI	
VMCPACTV	DE2496	AWR-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag
VMCPACTV	DE0012	AWR-I-USER-ID-62	User/Operator ID
VMCPACTV	DE0002	AWR-NO-HISTORY-ERRORS	Calculated
VMCPACTV	DE2435	AWR-H-MOD-STAT-SEQ-NO-24	Claim Status Sequence Number
VMCPACTV	DE2156	AWR-H-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-H-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-H-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-H-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-H-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-H-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-H-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE2078	AWR-H-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-H-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE0002	AWR-NO-CONFLICT-ICNS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-36	Claim Edit Sequence Number
VMCPACTV	DE2441	AWR-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
VMCPACTV	DE2440	AWR-I-CNFLCT-ICN-DATE	Claim Conflict ICN
VMCPACTV	DE2678	AWR-I-CNFLCT-ICN-MEDIA	Conflicting Claim ICN Media
VMCPACTV	DE2679	AWR-I-CNFLCT-ICN-SEQ	Conflicting Claim ICN Sequence Number
VMCPACTV	DE2681	AWR-I-CNFLCT-ICN-LINE	Conflicting Claim ICN Line Number
VMCPACTV	DE2034	AWR-I-RELATED-DOC-NUM	Claim Related Document Number
VMCPACTV	DE2351	AWR-C-INTRREL-TYP-CVAL	Interrelationship Type
VMCPACTV	DE2033	AWR-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
VMCPACTV	DE2356	AWR-I-TAD-SEQ-NO	Claim TAD Sequence Number
VMCPACTV	DE2310	AWR-D-TAD-SENT	Claim TAD Sent Date

VMCPACTV	DE2543	AWR-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not claim)
VMCPACTV	DE0002	AWR-NUM-SCHOOL-EMPLYR-RECS	Calculated
VMCPACTV	DE0016	AWR-I-SCH-EMP-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-20	Policy Owner
VMCPACTV	DE2517	AWR-T-SCHOOL-EMP-NAME	Claim Employer Name
VMCPACTV	DE2537	AWR-T-EMP-ADDRESS	Claim Employer/School Address
VMCPACTV	DE0002	AWR-NUM-OTHER-INSRD-RECS	Calculated
VMCPACTV	DE0016	AWR-I-OTH-INSRD-SEQ-NO	Seq Num
VMCPACTV	DE2522	AWR-T-INSRD-NAME	Claim Other Insured's Name
VMCPACTV	DE2524	AWR-D-INSRD-BIRTH	Claim Other Insured's Date of Birth
VMCPACTV	DE2350	AWR-C-INSRD-SEX	Insured Sex
VMCPACTV	DE2352	AWR-C-PATNT-REL	Relationship to Patient
VMCPACTV	DE2353	AWR-C-PERSON	Person
VMCPACTV	DE2532	AWR-F-OTHER-CVRG	Claim Other Dental Plan Coverage Indicator
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL	Policy Owner
VMCPACTV	DE0002	AWR-NUM-INS-CARRIER-RECS	Calculated
VMCPACTV	DE0016	AWR-I-CARRIER-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-11	Policy Owner
VMCPACTV	DE2512	AWR-I-INSRD-ID	Claim Insured's Identification
VMCPACTV	DE2446	AWR-I-INSRD-PLAN-NO	Insured Plan Number
VMCPACTV	DE2522	AWR-T-CARRIER-NAME	Claim Other Insured's Name
VMCPACTV	DE2534	AWR-T-CARRIER-ADDRESS	Claim Name and Address of Other Carrier (s)
VMCPACTV	DE2515	AWR-T-GROUP-NAME	Claim Group Name (Insurance)
VMCPACTV	DE2516	AWR-I-GROUP-NO	Claim Group Number or FECA Number (Insurance)
VMCPACTV	DE2579	AWR-UB92-REC90-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-REC91-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2102	AWR-C-BILL-TYPE	Claim Facility Bill Type
VMCPACTV	DE2136	AWR-H-ADMISSION-HOUR	Claim Hour of Admission

VMCPACTV	DE2108	AWR-N-COVRD-DAYS	Claim Covered Days
VMCPACTV	DE2109	AWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
VMCPACTV	DE2105	AWR-D-ADMIT	Claim Admission Date
VMCPACTV	DE0000	AWR-D-ADMIT-NI	
VMCPACTV	DE2106	AWR-C-ADMIT-SRC-CVAL	Claim Admission Source
VMCPACTV	DE2412	AWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
VMCPACTV	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
VMCPACTV	DE2107	AWR-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
VMCPACTV	DE2869	AWR-C-DISCHG-STAT-CVAL	Claim Discharge Status
VMCPACTV	DE2060	AWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
VMCPACTV	DE4002	AWR-I-OTHER-PROV1	Provider Identification Number
VMCPACTV	DE2453	AWR-I-OTHER-PROV2	Other Provider 2
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-FAC	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-FAC	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-51	Claims PA Type Code
VMCPACTV	DE4700	AWR-I-OTH-OPER-NPI	National Provider Identifier
VMCPACTV	DE4700	AWR-I-REFER-NPI-FAC	National Provider Identifier
VMCPACTV	DE2075	AWR-F-P51-EPSDT	EPSDT Indicator
VMCPACTV	DE0002	AWR-NUM-OF-COND-CODES	Calculated
VMCPACTV	DE2439	AWR-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
VMCPACTV	DE2115	AWR-C-CONDITION	Claim Condition Code
VMCPACTV	DE0002	AWR-NUM-OF-OCCUR-CODES	Calculated
VMCPACTV	DE2451	AWR-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
VMCPACTV	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
VMCPACTV	DE2113	AWR-D-OCCUR-BEGIN	Claim Occurrence From Date
VMCPACTV	DE2114	AWR-D-OCCUR-END	Claim Occurrence Thru Date
VMCPACTV	DE0002	AWR-NUM-OF-VALUE-CODES	Calculated
VMCPACTV	DE2357	AWR-I-VALUE-SEQ-NO	Value Code Sequence Number
VMCPACTV	DE2128	AWR-C-VALUE	Claim Value Code
VMCPACTV	DE2131	AWR-N-VALUE-CD-AMT	Claim Value Amount
VMCPACTV	DE0002	AWR-NUM-OF-FAC-LINES	Calculated
VMCPACTV	DE2445	AWR-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
VMCPACTV	DE2122	AWR-C-REV	Claim Revenue Code
VMCPACTV	DE2123	AWR-N-UNITS-07	Claim Revenue Units
VMCPACTV	DE2124	AWR-N-REV-BILLED-AMT	Claim Revenue Amount
VMCPACTV	DE2139	AWR-N-NON-COV-AMT	Claim Non-Covered Amount
VMCPACTV	DE2991	AWR-N-REV-ALLOWED-	Claim Revenue Allowed Amt

		AMT	
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-07	Claim Cutback Days/Units
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-07	Claim Cutback Amount
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-07	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-07	Procedure Code
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD1	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD2	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD3	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD4	Modifier
VMCPACTV	DE5064	AWR-C-P07-EAPG	EAPG CODE
VMCPACTV	DE2091	AWR-N-P07-EAPG-WEIGHT	EAPG WEIGHT
VMCPACTV	DE2448	AWR-A-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-A-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-A-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-A-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-A-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-A-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-A-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-A-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-A-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-A-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-A-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2173	AWR-C-PLACE-OF-SERV	Claim Professional Place of Service
VMCPACTV	DE2072	AWR-C-TYPE-SERVICE	Claim Type of Service
VMCPACTV	DE2993	AWR-I-CLIA-52	Claims CLIA Number
VMCPACTV	DE2009	AWR-N-UNITS-52	Claim Number of Units/Visits/Studies
VMCPACTV	DE2083	AWR-N-INPT-PAT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2410	AWR-D-HOSP-FROM	Claim Hospital Start Date
VMCPACTV	DE2411	AWR-D-HOSP-THRU	Claim Hospital End Date
VMCPACTV	DE4002	AWR-I-REFER-PROV	Provider Identification Number
VMCPACTV	DE2075	AWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2074	AWR-F-EMPLOYMENT	Claim Employment Indicator
VMCPACTV	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
VMCPACTV	DE2431	AWR-F-AUTO-ACCIDEN	Claim Auto Accident
VMCPACTV	DE2075	AWR-F-EPSDT-52	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2084	AWR-N-WAIT-TIME	Anesthesia Minutes
VMCPACTV	DE2085	AWR-N-PASSENGERS	Claim Number of Passengers
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-MED	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-MED	Claims PA Number Sequence

VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-52	Claims PA Type Code
VMCPACTV	DE2209	AWR-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
VMCPACTV	DE0000	AWR-D-ILLNESS-NI	
VMCPACTV	DE2028	AWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
VMCPACTV	DE2200	AWR-C-TOOTH	Claim Dental Tooth Code
VMCPACTV	DE2892	AWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
VMCPACTV	DE2448	AWR-B-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-B-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-B-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-B-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-B-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-B-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-B-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-B-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-B-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-B-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-B-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2266	AWR-N-OBSTET-UNITS	Obstetrical Units
VMCPACTV	DE0000	AWR-FILLER-FIVE	
VMCPACTV	DE2228	AWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
VMCPACTV	DE2467	AWR-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
VMCPACTV	DE2211	AWR-I-RX-NO	Claim Pharmacy Prescription Number
VMCPACTV	DE2826	AWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
VMCPACTV	DE2468	AWR-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
VMCPACTV	DE2229	AWR-C-LVL-SRVC	Claim Pharmacy Level of Service
VMCPACTV	DE2216	AWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
VMCPACTV	DE2232	AWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
VMCPACTV	DE2238	AWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
VMCPACTV	DE2214	AWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
VMCPACTV	DE0000	AWR-D-WRITTEN-NI	
VMCPACTV	DE2220	AWR-F-COMPOUND	Claim Pharmacy Compound Indicator
VMCPACTV	DE2212	AWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code

VMCPACTV	DE2230	AWR-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
VMCPACTV	DE2233	AWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
VMCPACTV	DE2234	AWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
VMCPACTV	DE2235	AWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
VMCPACTV	DE2236	AWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
VMCPACTV	DE2227	AWR-C-TPL	Claim Pharmacy Other Coverage Indicator
VMCPACTV	DE2432	AWR-F-PREGNANCY	Pregnancy
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-PHRM	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-PHRM	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-53	Claims PA Type Code
VMCPACTV	DE2213	AWR-N-UC-PRICE	Claim Pharmacy Usual Charge
VMCPACTV	DE2264	AWR-C-PATNT-RES	Patient Residence
VMCPACTV	DE2260	AWR-C-COMPOUND-TYPE	Compound Type
VMCPACTV	DE2261	AWR-C-PHRM-SERV-TYPE	Pharmacy Service Type
VMCPACTV	DE2262	AWR-N-PROF-SERV-FEE	Professional Service Fee
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE4085	AWR-T-PRESC-NAME-FIRST	Provider Name
VMCPACTV	DE4085	AWR-T-PRESC-NAME-LAST	Provider Name
VMCPACTV	DE4097	AWR-T-PRESC-ADDR-LINE	Provider Address Line
VMCPACTV	DE4130	AWR-T-PRESC-CITY	Provider Address City Name
VMCPACTV	DE4098	AWR-C-PRESC-STATE	Provider Address State
VMCPACTV	DE4099	AWR-C-PRESC-ZIP	Provider Address ZIP Code
VMCPACTV	DE4090	AWR-T-PRESC-PHONE-NUM	Provider Phone Number
VMCPACTV	DE0002	AWR-NUM-OF-NDC-DRUG	Calculated
VMCPACTV	DE2450	AWR-I-NDC-DRUG-SEQ-NO	NDC Drug Sequence Number
VMCPACTV	DE5735	AWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
VMCPACTV	DE2469	AWR-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
VMCPACTV	DE5200	AWR-C-DRUG-NDC	Drug Code (NDC)
VMCPACTV	DE5061	AWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
VMCPACTV	DE5731	AWR-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
VMCPACTV	DE5088	AWR-C-DRUG-CATG	Drug Category Code
VMCPACTV	DE5059	AWR-C-DRUG-CLASS	Drug Class Code
VMCPACTV	DE2237	AWR-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
VMCPACTV	DE2248	AWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
VMCPACTV	DE5230	AWR-N-UNIT-PRICE	Drug Unit Dose Price
VMCPACTV	DE2223	AWR-N-INGRED-COST	Pharmacy Ingredient Cost

VMCPACTV	DE2231	AWR-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
VMCPACTV	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
VMCPACTV	DE2218	AWR-N-UD-FEE	Claim Pharmacy Add-on Fee
VMCPACTV	DE5043	AWR-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
VMCPACTV	DE5031	AWR-C-DRUG-DISP-UNIT	Drug Dispensing Unit
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE2221	AWR-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
VMCPACTV	DE5740	AWR-C-CONFLICT	ProDUR Reason Code (Reason for Service)
VMCPACTV	DE5741	AWR-C-INTERVENT	ProDUR Service Code (Professional Service Code)
VMCPACTV	DE5742	AWR-C-OUTCOME	ProDUR Result Code
VMCPACTV	DE2160	AWR-RECYCLE-FLAG	Claims Recycle Flag
VMCPACTV	DE2481	AWR-OLD-FORMAT-PA-NUMBER	Claims Original PA Number

Files CP-F-051 Hipaa PA 278 Request File

This file shall be used be used for the receipt of HIPAA 278 PA Request transactions into the Vammis System.

Subsystem:	Claims
Copybook:	N/A N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-052 Hipaa PA 278 Response File

This file shall be used for the formatting of electronic responses to be returned to the requesting servicing provider.

Subsystem:	Claims
Copybook:	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-053 Weekly Aged Pend List

CP-F-053 is representative of two GDG files that backup reports CP-O-053-01 (Weekly Aged Pend List - ICN Sequence) and CP-O-053-02 (Weekly Aged Pend List - Provider/ICN Sequence).

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-053-01,CP-O-053-02, CP-O-056-01, CP-O-056-02, CP-O-406, CP-O-409-01, CP-O-409-02 Report Writer, RF-F-301 (CPR305)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-055 Denied ICN Tickler File

This file contains the ICNs of claims that were denied due to Provider Base ID mass adjustment requests.

Subsystem:	Claims
Copybook:	CPF055 N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF055	DE2477	CPF055-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPF055	DE2478	CPF055-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPF055	DE2480	CPF055-PYMT-REQ-SEQ	Claims Payment Request Sequence
CPF055	DE2343	CPF055-PYMT-REQ-LINE	Claim Payment Request Line Number

Files CP-F-060 Claims Check - History Extract File

This file will be generated by the Claim check editing program. It will contain claims history records that meet the edit criteria.

Subsystem:	Claims
Copybook:	CPEXTHP CPWKEXT N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	EWR-I-ENROLLEE-ID (3001) EWR-RECORD-TYPE (2051)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPWKEXT	DE0000	New Field Definition	
CPEXTHP	DE2051	EWR-RECORD-TYPE	Claim Extract Record Type Code
CPEXTHP	DE2477	EWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPEXTHP	DE2478	EWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPEXTHP	DE2480	EWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPEXTHP	DE2343	EWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPEXTHP	DE2088	EWR-C-FORM-TYPE	Claim Form Type
CPEXTHP	DE2002	EWR-CLAIM-TYPE	Claim Type
CPEXTHP	DE2003	EWR-C-CLM-MOD	Claim Type Modifier
CPEXTHP	DE2030	EWR-C-ATTACHMENTS	Claim Attachments Indicator
CPEXTHP	DE2177	EWR-DATE-ENTERED	Claim Entered Date
CPEXTHP	DE4001	EWR-I-SRVC-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-SRVC-PROV	Provider Identification Number
CPEXTHP	DE4001	EWR-I-BILLING-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2004	EWR-I-BILLING-PROV	Claim Billing Provider Identification Number
CPEXTHP	DE4085	EWR-T-SRVC-PROV-NAME	Provider Name

CPEXTHP	DE4007	EWR-C-PROV-SPECIALTY	Provider Specialty Code
CPEXTHP	DE4006	EWR-C-PROV-TYPE	Provider Type
CPEXTHP	DE4082	EWR-I-PROV-SRVC-VNDR	Provider Service Center
CPEXTHP	DE4089	EWR-I-PROV-LOCALITY	Provider Locality Code
CPEXTHP	DE4002	EWR-I-1099-TAX-GROUP	Provider Identification Number
CPEXTHP	DE3001	EWR-I-ENROLLEE-ID	Enrollee Identification Number
CPEXTHP	DE3093	EWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
CPEXTHP	DE3901	EWR-I-PERSON	Person ID
CPEXTHP	DE3110	EWR-T-NAME-LAST	Enrollee Last Name
CPEXTHP	DE3111	EWR-T--NAME-FIRST	Enrollee First Name
CPEXTHP	DE3112	EWR-T-MIDDLE-INIT	Enrollee Middle Initial
CPEXTHP	DE3113	EWR-T-NAME-SUFFIX	Enrollee Name Suffix
CPEXTHP	DE3114	EWR-T-ADDL-NAME	Enrollee Additional Address Name
CPEXTHP	DE3115	EWR-T-STREET	Enrollee Street Address
CPEXTHP	DE3116	EWR-T-CITY	Enrollee City Name
CPEXTHP	DE3117	EWR-C-STATE	Enrollee State Code
CPEXTHP	DE3118	EWR-C-ZIP-9	Enrollee ZIP Code
CPEXTHP	DE3034	EWR-I-ENRL-SSN	Enrollee Social Security Number (SSN)
CPEXTHP	DE3955	EWR-C-SSA-NO	Person Identifier Value
CPEXTHP	DE3005	EWR-D-BIRTH	Enrollee Birth Date
CPEXTHP	DE3006	EWR-C-RACE	Enrollee Race Code
CPEXTHP	DE3007	EWR-C-ENROLLEE-SEX	Enrollee Sex Code
CPEXTHP	DE3008	EWR-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEXTHP	DE3550	EWR-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEXTHP	DE3551	EWR-I-BNFT-PGM	Benefit Definition Plan Program Code
CPEXTHP	DE3552	EWR-I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code
CPEXTHP	DE3553	EWR-I-PLAN-CODE	Benefit Definition Plan Benefit Code
CPEXTHP	DE3009	EWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CPEXTHP	DE3072	EWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
CPEXTHP	DE3655	EWR-C-ENRL-PREM-IND	Medicare Premium Indicator
CPEXTHP	DE2069	EWR-C-PRICE-SRC	Claim Pricing Source
CPEXTHP	DE2070	EWR-C-PRICE-TYPE	Claim Pricing Source Type
CPEXTHP	DE2071	EWR-C-PRICE-CODE	Claim Pricing Source Code
CPEXTHP	DE2031	EWR-I-PAT-ACCT-NO	Claim Patient Account Number
CPEXTHP	DE2499	EWR-N-DAYS-SINCE	Claims PA Number of Days Since
CPEXTHP	DE2498	EWR-I-PA-SEQ-NO	Claims PA Number Sequence
CPEXTHP	DE2508	EWR-C-PA-TYPE	Claims PA Type Code
CPEXTHP	DE2083	EWR-N-PAT-PAY-AMT	Claim Patient Pay Amount
CPEXTHP	DE2022	EWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CPEXTHP	DE2016	EWR-N-BILLED-CHARGE	Claim Billed Charge
CPEXTHP	DE2073	EWR-N-ALLOWED-AMT	Claim Allowed Amount
CPEXTHP	DE2023	EWR-N-PMT-AMT	Claim Payment Amount

CPEXTHP	DE2545	EWR-N-CALC-COINS	Claim Calculated Co-Insurance
CPEXTHP	DE2992	EWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CPEXTHP	DE2080	EWR-N-DSA-AMT	Claim Disproportionate Share Amount
CPEXTHP	DE2547	EWR-N-DRG-PYMT-AMT	DRG Payment Amount
CPEXTHP	DE2881	EWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
CPEXTHP	DE2038	EWR-C-CATEG-SERV	Claim Category of Service
CPEXTHP	DE2010	EWR-D-SERV-FROM	Claim Service From Date
CPEXTHP	DE2011	EWR-D-SERV-THRU	Claim Service Thru Date
CPEXTHP	DE2033	EWR-C-ADJUST-RSN	Adjustment/Void Reason
CPEXTHP	DE5301	EWR-C-DIAG	Diagnosis Code
CPEXTHP	DE9865	EWR-I-BUDGET-ACCT	Budget Account Identifier
CPEXTHP	DE9916	EWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
CPEXTHP	DE9843	EWR-C-BAC-OBJECT	Budget Object Code
CPEXTHP	DE9835	EWR-C-BAC-PROGRAM	Budget Program Code
CPEXTHP	DE9838	EWR-C-BAC-SUB-PRGM	Budget Sub-Program Code
CPEXTHP	DE2034	EWR-I-FORMER-ICN	Claim Related Document Number
CPEXTHP	DE2034	EWR-I-HMO-CLAIM-NUM	Claim Related Document Number
CPEXTHP	DE9580	EWR-I-RA-NUM	Remittance Advice Number
CPEXTHP	DE9578	EWR-D-RA-PYMT	Remittance Payment Date
CPEXTHP	DE2544	EWR-C-COB	Claim COB Indicator
CPEXTHP	DE2674	EWR-F-TPL	Claim TPL Flag
CPEXTHP	DE2018	EWR-N-TPL-AMT-PAID	Claim Third Party Payment
CPEXTHP	DE5353	EWR-I-DRG-CD	DRG (Diagnosis Related Group) Code
CPEXTHP	DE2566	EWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
CPEXTHP	DE2673	EWR-F-SPLIT-CLAIM	Split Claim Flag
CPEXTHP	DE2027	EWR-F-ACCIDENT	Claim Accident Indicator
CPEXTHP	DE2802	EWR-F-EMERGENCY	Claim Emergency Identifier
CPEXTHP	DE2599	EWR-C-COPAY-IND	Claim Co-pay Indicator
CPEXTHP	DE2065	EWR-N-CUTBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-CUTBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2383	EWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
CPEXTHP	DE2039	EWR-C-STATUS	Claim Status
CPEXTHP	DE0012	EWR-I-USER-ID	User/Operator ID
CPEXTHP	DE2383	EWR-D-ADJUDICATION	Claim Status Begin Date
CPEXTHP	DE5506	EWR-C-ERROR-ESC	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CPEXTHP	DE5506	EWR-C-ERROR-ESC-H	Claim Error ESC Code
CPEXTHP	DE5501	EWR-C-EDIT-H	Error Text Error Code
CPEXTHP	DE2078	EWR-F-OVERRIDE-H	Claim Edit Override
CPEXTHP	DE5603	EWR-C-EDIT-DISPOSITION-	Error Text Disposition Attachments

		H	
CPEXTHP	DE0002	EWR-N-TIMES-PEND-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-PEND-PERIOD	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-TOTAL	Calculated
CPEXTHP	DE0002	EWR-N-TIMES-REJ-PERIOD	Calculated
CPEXTHP	DE2251	EWR-N-MCARE-DEDUCT-AMT	Claim Title XVIII Deductible Amount
CPEXTHP	DE2252	EWR-N-MCARE-COINS-AMT	Claim Title XVIII Coinsurance Amount
CPEXTHP	DE2253	EWR-N-MCARE-ALLOW-CHG	Claim Title XVIII Charge Allowed
CPEXTHP	DE2254	EWR-N-MCARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPEXTHP	DE2257	EWR-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPEXTHP	DE2102	EWR-C-BILL-TYPE	Claim Facility Bill Type
CPEXTHP	DE2136	EWR-H-ADMISSION-HOUR	Claim Hour of Admission
CPEXTHP	DE2108	EWR-N-COVD-DAYS	Claim Covered Days
CPEXTHP	DE2109	EWR-N-NCOV-DAYS	Claim Non-Covered Days
CPEXTHP	DE2056	EWR-N-ELIGIBLE-DAYS	Claim number of days eligible
CPEXTHP	DE2105	EWR-D-ADMIT	Claim Admission Date
CPEXTHP	DE2106	EWR-C-ADMIT-SRC	Claim Admission Source
CPEXTHP	DE5301	EWR-C-ADMIT-DIAG	Diagnosis Code
CPEXTHP	DE2412	EWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
CPEXTHP	DE2107	EWR-C-ADMIT-TYPE	Claim Nature of Admission
CPEXTHP	DE2869	EWR-C-DISCHG-STAT	Claim Discharge Status
CPEXTHP	DE2315	EWR-N-PMT-DAYS	Claim Payment days
CPEXTHP	DE2358	EWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CPEXTHP	DE2077	EWR-N-PRV-ROOM-DIFF	Claim Private Room Differential
CPEXTHP	DE0002	EWR-UB92-CLAIM-CNTR	Calculated
CPEXTHP	DE2122	EWR-C-REV	Claim Revenue Code
CPEXTHP	DE5002	EWR-C-HCPCS	Procedure Code
CPEXTHP	DE2123	EWR-N-UNITS-UB	Claim Revenue Units
CPEXTHP	DE2124	EWR-N-REV-BILLED-AMT	Claim Revenue Amount
CPEXTHP	DE2139	EWR-N-NON-COV-AMT	Claim Non-Covered Amount
CPEXTHP	DE2991	EWR-N-REV-ALLD-AMT	Claim Revenue Allowed Amt
CPEXTHP	DE2065	EWR-N-UB-CBACK-UNITS	Claim Cutback Days/Units
CPEXTHP	DE2066	EWR-N-UB-CBACK-AMT	Claim Cutback Amount
CPEXTHP	DE2171	EWR-C-PROC-MOD1	Procedure Modifier 1
CPEXTHP	DE2171	EWR-C-PROC-MOD2	Procedure Modifier 2
CPEXTHP	DE2171	EWR-C-PROC-MOD3	Procedure Modifier 3
CPEXTHP	DE2171	EWR-C-PROC-MOD4	Procedure Modifier 4
CPEXTHP	DE2010	EWR-D-LI-SERV-FROM	Line Date of Service

CPEXTHP	DE5064	EWR-C-LI-EAPG	EAPG
CPEXTHP	DE2091	EWR-N-LI-EAPG-WEIGHT	EAPG Weight
CPEXTHP	DE2115	EWR-C-CONDITION	Claim Condition Code
CPEXTHP	DE2110	EWR-C-OCCURRENCE	Claim Occurrence Code
CPEXTHP	DE2113	EWR-D-OCCUR-BEGIN	Claim Occurrence From Date
CPEXTHP	DE2114	EWR-D-OCCUR-END	Claim Occurrence Thru Date
CPEXTHP	DE2128	EWR-C-VALUE	Claim Value Code
CPEXTHP	DE2131	EWR-N-VALUE-AMT	Claim Value Amount
CPEXTHP	DE5002	EWR-C-PROCEDURE-UB	Procedure Code
CPEXTHP	DE2021	EWR-D-PROCEDURE	Claim Procedure Code Date
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE	Procedure Code Type
CPEXTHP	DE2060	EWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
CPEXTHP	DE4001	EWR-I-ATTEND-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-OTHER-PROV1	Provider Identification Number
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV1	Provider Base Identification Number
CPEXTHP	DE2453	EWR-I-OTHER-PROV2	Other Provider 2
CPEXTHP	DE4001	EWR-I-OTHER-BASE-PROV2	Provider Base Identification Number
CPEXTHP	DE2845	EWR-I-MED-REC-NO	Claim Medical Record Number
CPEXTHP	DE5301	EWR-C-EXT-INJ-DIAG	Diagnosis Code
CPEXTHP	DE2431	EWR-F-AUTO-ACCIDENT	Claim Auto Accident
CPEXTHP	DE2028	EWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
CPEXTHP	DE2074	EWR-F-EMPLOYMENT	Claim Employment Indicator
CPEXTHP	DE2075	EWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CPEXTHP	DE2174	EWR-I-PROF-LAB	Claim Professional Lab Indicator
CPEXTHP	DE4001	EWR-I-REFER-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE4002	EWR-I-REFER-PROV	Provider Identification Number
CPEXTHP	DE2173	EWR-C-PLACE-OF-SERV	Claim Professional Place of Service
CPEXTHP	DE2072	EWR-C-TYPE-SERVICE	Claim Type of Service
CPEXTHP	DE5002	EWR-C-PROCEDURE-MED	Procedure Code
CPEXTHP	DE5001	EWR-C-PROCEDURE-TYPE-MED	Procedure Code Type
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CPEXTHP	DE2171	EWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CPEXTHP	DE2009	EWR-N-UNITS	Claim Number of Units/Visits/Studies
CPEXTHP	DE2084	EWR-N-WAIT-TIME	Anesthesia Minutes
CPEXTHP	DE2085	EWR-N-PASSENGERS	Claim Number of Passengers
CPEXTHP	DE2200	EWR-C-TOOTH	Claim Dental Tooth Code
CPEXTHP	DE2892	EWR-C-MOUTH-QUADRANT	Claim Dental Quadrant

CPEXTHP	DE2201	EWR-C-TOOTH-SRFC	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPEXTHP	DE2201	EWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPEXTHP	DE2228	EWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CPEXTHP	DE2211	EWR-I-RX-NO	Claim Pharmacy Prescription Number
CPEXTHP	DE2826	EWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CPEXTHP	DE4001	EWR-I-PRESCRIB-BASE-PROV	Provider Base Identification Number
CPEXTHP	DE2229	EWR-C-PHRM-LVL-SRVC	Claim Pharmacy Level of Service
CPEXTHP	DE2216	EWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPEXTHP	DE2220	EWR-F-COMPOUND	Claim Pharmacy Compound Indicator
CPEXTHP	DE2212	EWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CPEXTHP	DE2227	EWR-C-PHRM-TPL	Claim Pharmacy Other Coverage Indicator
CPEXTHP	DE2217	EWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CPEXTHP	DE2236	EWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CPEXTHP	DE2214	EWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
CPEXTHP	DE2238	EWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
CPEXTHP	DE0002	EWR-PHARM-DRUG-NDC	Calculated
CPEXTHP	DE5200	EWR-C-DRUG-NDC	Drug Code (NDC)
CPEXTHP	DE2248	EWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CPEXTHP	DE5232	EWR-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CPEXTHP	DE5061	EWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPEXTHP	DE5193	EWR-C-DRUG-UNIT-USE	Drug Unit of Use Code
CPEXTHP	DE2418	EWR-F-DAW	Claim Dispensed as Written Indicator
CPEXTHP	DE5206	EWR-C-DRUG-FORM	Drug Form Code
CPEXTHP	DE5070	EWR-T-DRUG-STR	Drug Strength Description
CPEXTHP	DE5235	EWR-N-UNIT-PRICE	Drug Direct Unit Price
CPEXTHP	DE5059	EWR-C-DRUG-CLASS	Drug Class Code
CPEXTHP	DE2223	EWR-N-INGRED-COST	Pharmacy Ingredient Cost
CPEXTHP	DE5088	EWR-C-DRUG-CAT	Drug Category Code
CPEXTHP	DE5032	EWR-C-DRUG-DEA	Drug Enforcement Administration (DEA) Code
CPEXTHP	DE2231	EWR-C-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPEXTHP	DE2221	EWR-N-INGRDNT-CMPNT-CNT	Claim Pharmacy Compound Number of Ingredients

Files CP-F-065 ClaimCheck Daily/Monthly/YTD savings count

This VSAM file contains Total ClaimCheck qualified counts, Total calls to ClaimCheck, Reason counts and Total voided/denied/generated dollars for each reason code.

Subsystem:	Claims
Copybook:	CPF065
	N/A
File Organization:	VSAM ESDS
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Print CLAIMCHECK Claim Details (CPR854) Print Monthly ClaimCheck Savings Report (CPR860) Print Year-To-Date ClaimCheck Savings Report (CPR861)
Graphics:	CP-F-065

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF065	DE2803	CP-CPF065-FREQ (CCDLY,CCMON and CCYEAR)	ClaimCheck savings report frequency
CPF065	DE2383	CP-CPF065-FROM-DATE	Claim Status Begin Date
CPF065	DE0000	CP-CPF065-FILLER	
CPF065	DE2383	CP-CPF065-THRU-DATE	Claim Status Begin Date
CPF065	DE0000	CP-CPF065-STATUS	
CPF065	DE0002	CP-CPF065-TOT-QUAL-CLAIMS	Calculated
CPF065	DE0002	CP-CPF065-TOT-CALL-TO-CC	Calculated

CPF065	DE5611	CP-CPF065-RSN-CODE	Claim Edit Code
CPF065	DE2002	CP-CPF065-CLAIM-TYPE	Claim Type
CPF065	DE0002	CP-CPF065-RSN-COUNT	Calculated
CPF065	DE0002	CP-CPF065-DOLLAR-AMT	Calculated

Files CP-F-070 Claims Data Entry PA File

This file contains PA Data Entry File.

Subsystem:	Claims
Copybook:	PAKEYRCD
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper ADA PA Capture (CPI017)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYRCD	DE2886	DE-PA-ORIGINAL-REQUEST-FLAG	PA Incoming Request Code
PAKEYRCD	DE2886	DE-PA-CANCEL-REQUEST-FLAG	PA Incoming Request Code
PAKEYRCD	DE2886	DE-PA-CHANGE-REQUEST-FLAG	PA Incoming Request Code
PAKEYRCD	DE2886	DE-PA-RETURN-PEND-DOC-FLAG	PA Incoming Request Code
PAKEYRCD	DE2886	DE-PA-RECONSIDER-REQUEST-FLAG	PA Incoming Request Code
PAKEYRCD	DE2024	DE-PA-CONTROL-NUMBER	Prior Authorization Control Number
PAKEYRCD	DE2605	DE-PA-NUMBER	PA Reference Number (Mailroom Control Number)
PAKEYRCD	DE4002	DE-PA-SERV-PROV-NUM	Provider Identification Number
PAKEYRCD	DE3001	DE-PA-ENROLLEE-NUMBER	Enrollee Identification Number
PAKEYRCD	DE3110	DE-PA-ENROLLEE-LNAME	Enrollee Last Name
PAKEYRCD	DE3111	DE-PA-ENROLLEE-FNAME	Enrollee First Name

PAKEYRCD	DE3112	DE-PA-ENROLLEE-MI	Enrollee Middle Initial
PAKEYRCD	DE2060	DE-PA-REF-PROV-NUM	Claim Attending Provider Identification Number
PAKEYRCD	DE2635	DE-PA-SERVICE-TYPE	PA Service Type Code
PAKEYRCD	DE2700	DE-PA-DENTAL-MODELS-ENCLOSED	PA Dental Models Enclosed Indicator
PAKEYRCD	DE2644	DE-PA-X-RAYS-ENCLOSED	PA X-rays Enclosed Indicator
PAKEYRCD	DE2643	DE-PA-NON-PAPER-ENCLOSED	PA Non-paper Enclosure Indicator
PAKEYRCD	DE2645	DE-PA-PHOTOS-ENCLOSED	PA Photographs Enclosed Indicator
PAKEYRCD	DE5301	DE-PA-DIAGNOSIS-CODE	Diagnosis Code
PAKEYRCD	DE2243	DE-PA-PROV-CONTACT-NAME	Contact Person
PAKEYRCD	DE2895	DE-PA-PROV-CONTACT-PHONE	PA Servicing Provider Phone Number
PAKEYRCD	DE2619	DE-PA-COMMENTS-TEXT	PA Comments Text
PAKEYRCD	DE2607	DE-PA-LINE-NUMBER	PA Line Number
PAKEYRCD	DE2469	DE-PA-PROCEDURE-FLAG	Claim Product Service Qualifier
PAKEYRCD	DE2469	DE-PA-REVENUE-CODE-FLAG	Claim Product Service Qualifier
PAKEYRCD	DE5002	DE-PA-PROCEDURE-CODE	Procedure Code
PAKEYRCD	DE2171	DE-PA-PROCEDURE-MODIFIER	Claims Procedure Code Modifier
PAKEYRCD	DE2200	DE-PA-TOOTH-CODE	Claim Dental Tooth Code
PAKEYRCD	DE2201	DE-PA-SURFACE-CODE1	Claim Dental Surface Codes
PAKEYRCD	DE2201	DE-PA-SURFACE-CODE2	Claim Dental Surface Codes
PAKEYRCD	DE2201	DE-PA-SURFACE-CODE3	Claim Dental Surface Codes
PAKEYRCD	DE2201	DE-PA-SURFACE-CODE4	Claim Dental Surface Codes
PAKEYRCD	DE2201	DE-PA-SURFACE-CODE5	Claim Dental Surface Codes
PAKEYRCD	DE2612	DE-PA-REQUESTED-UNITS	PA Requested Units
PAKEYRCD	DE2615	DE-PA-REQUESTED-AMOUNT	PA Requested Amount
PAKEYRCD	DE2646	DE-PA-COST-PER-UNIT	PA Actual Cost Per Unit
PAKEYRCD	DE2608	DE-PA-REQUEST-FROM-DATE	PA Request From Date
PAKEYRCD	DE2609	DE-PA-REQUEST-THRU-	PA Request Through Date

		DATE	
PAKEYRCD	DE2581	DE-PA-MCN	Claims MCN Number
PAKEYRCD	DE0000	DE-PA-SOURCE-PROGRAM	

Files CP-F-071 Claims Data Entry HCFA File

This file contains Data Entry HCFA claims.

Subsystem:	Claims
Copybook:	CPKEYRCD N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Paper CMS-1500 Capture (CPI012)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPKEYRCD	DE2476	DE-CLAIM-TRAN-CODE	Transmission Code
CPKEYRCD	DE0000	DE-TRANS-TYPE	
CPKEYRCD	DE0000	DE-TRANS-TYPE-MODIFIER	
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2004	DE-CLAIM-BILLING-PROVIDER-NO	Claim Billing Provider Identification Number
CPKEYRCD	DE2004	DE-CLAIM-BILLING-PROV-NPI	Claim Billing Provider Identification Number
CPKEYRCD	DE4701	DE-CLAIM-BILLING-PROV-TAXNMY	NPI-API Label
CPKEYRCD	DE4099	DE-CLAIM-BILLING-PROV-ZIP-CODE	Provider Address ZIP Code
CPKEYRCD	DE4002	DE-CLAIM-SER-PROVIDER-NUMBER	Provider Identification Number
CPKEYRCD	DE4002	DE-CLAIM-SER-PROV-NPI	Provider Identification Number
CPKEYRCD	DE4701	DE-CLAIM-SER-PROV-TAXNMY	NPI-API Label
CPKEYRCD	DE4099	DE-CLAIM-SER-PROV-ZIP-	Provider Address ZIP Code

		CODE	
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE2006	DE-CLAIM-PATIENT-NAME	Claim Partial Recipient Name
CPKEYRCD	DE3005	DE-CLAIM-ENROLLEE-DOB	Enrollee Birth Date
CPKEYRCD	DE3007	DE-CLAIM-ENROLLEE-SEX	Enrollee Sex Code
CPKEYRCD	DE2522	DE-CLAIM-INSURED-NAME	Claim Other Insured's Name
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SELF-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SPOUSE-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-CHILD-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-OTHER-TO-INSR	Relationship to Patient
CPKEYRCD	DE0000	DE-CLAIM-PATIENT-MS	
CPKEYRCD	DE0000	DE-CLAIM-PATIENT-EMPL-STAT	
CPKEYRCD	DE2522	DE-CLAIM-OTHER-INSURED-NAME	Claim Other Insured's Name
CPKEYRCD	DE2516	DE-CLAIM-OTHER-INSURED-POLICY	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE2524	DE-CLAIM-OTHER-INSURED-DOB	Claim Other Insured's Date of Birth
CPKEYRCD	DE2350	DE-CLAIM-OTHER-INSURED-SEX	Insured Sex
CPKEYRCD	DE2517	DE-CLAIM-OTHER-INSR-EMPL-NAME	Claim Employer Name
CPKEYRCD	DE2522	DE-CLAIM-OTHER-INSR-PLAN-NAME	Claim Other Insured's Name
CPKEYRCD	DE2074	DE-CLAIM-PAT-COND-EMPL	Claim Employment Indicator
CPKEYRCD	DE2431	DE-CLAIM-PAT-COND-AUTO	Claim Auto Accident
CPKEYRCD	DE2028	DE-CLAIM-PAT-COND-OTHER	Claim Other Accident Indicator
CPKEYRCD	DE2516	DE-CLAIM-INSURED-POLICY	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE2524	DE-CLAIM-INSURED-DOB	Claim Other Insured's Date of Birth
CPKEYRCD	DE2350	DE-CLAIM-INSURED-SEX	Insured Sex
CPKEYRCD	DE2517	DE-CLAIM-INSURED-EMPL-NAME	Claim Employer Name
CPKEYRCD	DE2522	DE-CLAIM-INSURED-PLAN-	Claim Other Insured's Name

		NAME	
CPKEYRCD	DE2544	DE-CLAIM-INSURED-COB-IND	Claim COB Indicator
CPKEYRCD	DE0000	DE-CLAIM-SIGNATURE	
CPKEYRCD	DE0000	DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE0000	DE-CLAIM-PATIENT-SIGNATURE	
CPKEYRCD	DE2209	DE-CLAIM-DATE-OF-ILLNESS	Claim Date of Ill-ness/Injury/Pregnancy
CPKEYRCD	DE0000	DE-CLAIM-DATE-SIMILAR-ILLNESS	
CPKEYRCD	DE0000	DE-CLAIM-PAT-UNABLE-WORK-FROM	
CPKEYRCD	DE0000	DE-CLAIM-PAT-UNABLE-WORK-THRU	
CPKEYRCD	DE0000	DE-CLAIM-REF-PHYS-NAME	
CPKEYRCD	DE2410	DE-CLAIM-HOSP-REL-FROM-DATE	Claim Hospital Start Date
CPKEYRCD	DE2411	DE-CLAIM-HOSP-REL-THRU-DATE	Claim Hospital End Date
CPKEYRCD	DE4002	DE-CLAIM-REFERRING-PHYS-ID	Provider Identification Number
CPKEYRCD	DE4002	DE-CLAIM-REFERRING-PHYS-NPI	Provider Identification Number
CPKEYRCD	DE2993	DE-CLAIM-CLIA-NUMBER	Claims CLIA Number
CPKEYRCD	DE2174	DE-CLAIM-OUTSIDE-LAB-IND	Claim Professional Lab Indicator
CPKEYRCD	DE5301	DE-CLAIM-PRINCIPAL-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-SECOND-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-THIRD-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-FOURTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-FIFTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-SIXTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-SEVENTH-DIAG-CODE	Diagnosis Code

CPKEYRCD	DE5301	DE-CLAIM-EIGHTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-NINTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-TENTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-ELEVENTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-TWELFTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2010	DE-CLAIM-SRVC-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2011	DE-CLAIM-SRVC-THRU-DATE	Claim Service Thru Date
CPKEYRCD	DE2173	DE-CLAIM-PROF-PLACE-OF-SRVC	Claim Professional Place of Service
CPKEYRCD	DE2072	DE-CLAIM-TYPE-OF-SERVICE	Claim Type of Service
CPKEYRCD	DE5002	DE-CLAIM-PRINC-PROC-CODE	Procedure Code
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MODIFIER	Claims Procedure Code Modifier
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MOD2	Claims Procedure Code Modifier
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MOD3	Claims Procedure Code Modifier
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MOD4	Claims Procedure Code Modifier
CPKEYRCD	DE2084	DE-CLAIM-DIAG-INDICATOR	Anesthesia Minutes
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE2009	DE-CLAIM-UNITS	Claim Number of Unit-s/Visits/Studies
CPKEYRCD	DE2075	DE-CLAIM-FAMILY-PLAN-IND-EPSDT	Claim Family Planning/EPSDT Indic-ator
CPKEYRCD	DE2802	DE-CLAIM-EMERGENCY-IDENTIFIER	Claim Emergency Identifier
CPKEYRCD	DE2544	DE-CLAIM-COB-INDICATOR	Claim COB Indicator
CPKEYRCD	DE2018	DE-CLAIM-THIRD-PARTY-PAYMENT	Claim Third Party Payment

CPKEYRCD	DE0000	DE-CLAIM-FED-TAX-ID	
CPKEYRCD	DE0000	DE-CLAIM-SSN-EIN-IND	
CPKEYRCD	DE2031	DE-CLAIM-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPKEYRCD	DE0000	DE-CLAIM-ASG-BEN	
CPKEYRCD	DE2017	DE-CLAIM-TOTAL-CHARGES	Claim Total Document Charge
CPKEYRCD	DE2083	DE-CLAIM-PAYMENT-AMOUNT	Claim Patient Pay Amount
CPKEYRCD	DE0000	DE-CLAIM-BALANCE-DUE	
CPKEYRCD	DE2053	DE-CLAIM-SPEC-PROCESS-IND	Special Process Indicator
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE2024	DE-CLAIM-PA-NUMBER	Prior Authorization Control Number
CPKEYRCD	DE0000	DE-CLAIM-SIGNATURE	
CPKEYRCD	DE0000	DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE0000	DE-CLAIM-SUPPLEMENTAL-DATA	

Files CP-F-072 Claims Data Entry UB04 File

This file contains Data Entry UB92 claims.

Subsystem:	Claims
Copybook:	CPKEYRCD
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Paper UB04 Capture (CPI014)
Graphics:	CP-F-072

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE	Transmission Code
CPKEYRCD	DE0000	DE-TRANS-TYPE	
CPKEYRCD	DE0000	DE-TRANS-TYPE-MODIFIER	
CPKEYRCD	DE2102	DE-CLAIM-BILL-TYPE	Claim Facility Bill Type
CPKEYRCD	DE0000	DE-CLAIM-FED-TAX-ID	
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE4002	DE-CLAIM-SER-PROVIDER-NUMBER	Provider Identification Number
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE4700	DE-CLAIM-SER-PROVIDER-NPI	National Provider Identifier
CPKEYRCD	DE4701	DE-CLAIM-SER-PROVIDER-TAXONOMY	NPI-API Label
CPKEYRCD	DE2031	DE-CLAIM-PATIENT-ACCT-NUMBER	Claim Patient Account Number

CPKEYRCD	DE2010	DE-CLAIM-SERVICE-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2011	DE-CLAIM-SERVICE-THRU-DATE	Claim Service Thru Date
CPKEYRCD	DE2108	DE-CLAIM-COVERED-DAYS	Claim Covered Days
CPKEYRCD	DE2109	DE-CLAIM-NON-COVERED-DAYS	Claim Non-Covered Days
CPKEYRCD	DE0000	DE-CLAIM-C-ID	
CPKEYRCD	DE0000	DE-CLAIM-L-RD	
CPKEYRCD	DE2006	DE-CLAIM-PATIENT-NAME	Claim Partial Recipient Name
CPKEYRCD	DE3005	DE-CLAIM-ENROLLEE-DOB	Enrollee Birth Date
CPKEYRCD	DE3007	DE-CLAIM-ENROLLEE-SEX	Enrollee Sex Code
CPKEYRCD	DE0000	DE-CLAIM-ENROLLEE-MS	
CPKEYRCD	DE2105	DE-CLAIM-ADMISSION-DATE	Claim Admission Date
CPKEYRCD	DE2136	DE-CLAIM-HOUR-OF-ADMISSION	Claim Hour of Admission
CPKEYRCD	DE2107	DE-CLAIM-NATURE-OF-ADMISSION	Claim Nature of Admission
CPKEYRCD	DE2106	DE-CLAIM-ADMISSION-SOURCE	Claim Admission Source
CPKEYRCD	DE2412	DE-CLAIM-HOUR-OF-DISCHARGE	Claim Hour of Discharge
CPKEYRCD	DE2869	DE-CLAIM-DISCHARGE-STATUS	Claim Discharge Status
CPKEYRCD	DE2845	DE-CLAIM-MEDICAL-RECORD-NUMBER	Claim Medical Record Number
CPKEYRCD	DE2115	DE-CLAIM-CONDITION-CODE	Claim Condition Code
CPKEYRCD	DE2110	DE-CLAIM-OCCURRENCE-CODE	Claim Occurrence Code
CPKEYRCD	DE2113	DE-CLAIM-OCCURRENCE-FROM-DATE	Claim Occurrence From Date
CPKEYRCD	DE2110	DE-CLAIM-OCCURRENCE-SPAN-CODE	Claim Occurrence Code

CPKEYRCD	DE2113	DE-CLAIM-OCCUR-SPAN-FROM-DATE	Claim Occurrence From Date
CPKEYRCD	DE2114	DE-CLAIM-OCCUR-SPAN-THRU-DATE	Claim Occurrence Thru Date
CPKEYRCD	DE2357	DE-CLAIM-VALUE-SEQ-NO	Value Code Sequence Number
CPKEYRCD	DE2128	DE-CLAIM-VALUE-CODE	Claim Value Code
CPKEYRCD	DE2131	DE-CLAIM-VALUE-CD-AMOUNT	Claim Value Amount
CPKEYRCD	DE2122	DE-CLAIM-REVENUE-CODE	Claim Revenue Code
CPKEYRCD	DE5002	DE-CLAIM-REVENUE-HCPCS-RATE	Procedure Code
CPKEYRCD	DE0000	DE-CLAIM-REVENUE-SERVICE-DATE	
CPKEYRCD	DE2123	DE-CLAIM-REVENUE-UNITS	Claim Revenue Units
CPKEYRCD	DE2124	DE-CLAIM-REV-TOTAL-CHARGES	Claim Revenue Amount
CPKEYRCD	DE2139	DE-CLAIM-REV-NON-CVRD-CHARGES	Claim Non-Covered Amount
CPKEYRCD	DE0000	DE-CLAIM-PAYER-ID	
CPKEYRCD	DE0000	DE-CLAIM-REL-INFO	
CPKEYRCD	DE0000	DE-CLAIM-ASG-BEN	
CPKEYRCD	DE0000	DE-CLAIM-PRIOR-PAYMENTS	
CPKEYRCD	DE0000	DE-CLAIM-EST-AMOUNT-DUE	
CPKEYRCD	DE2083	DE-CLAIM-PATIENT-PAY-AMOUNT	Claim Patient Pay Amount
CPKEYRCD	DE2522	DE-CLAIM-INSUREDS-NAME	Claim Other Insured's Name
CPKEYRCD	DE2352	DE-CLAIM-P-RELATIONSHIP	Relationship to Patient
CPKEYRCD	DE2515	DE-CLAIM-TPL-CARRIER-NAME	Claim Group Name (Insurance)
CPKEYRCD	DE2516	DE-CLAIM-TPL-POLICY-NO	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE5301	DE-CLAIM-PRINC-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-PRINC-DIAG-	Present On Admission (POA) Indicator

		CODE-POA	
CPKEYRCD	DE5301	DE-CLAIM-SECND-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-SECND-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-THIRD-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-THIRD-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-FOURTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-FOURTH-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-FIFTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-FIFTH-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-SIXTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-SIXTH-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-SEVENTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-SEVENTH-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-EIGHTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-EIGHTH-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-NINTH-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-NINTH-DIAG-CODE-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE10	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE10-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE11	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE11-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE12	Diagnosis Code

CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE12-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE13	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE13-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE14	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE14-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE15	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE15-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE16	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE16-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE17	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE17-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-DIAG-CODE18	Diagnosis Code
CPKEYRCD	DE2052	DE-CLAIM-DIAG-CODE18-POA	Present On Admission (POA) Indicator
CPKEYRCD	DE5301	DE-CLAIM-ADM-DIAG-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-EXT-CAUSE-OF-INJ-CODE	Diagnosis Code
CPKEYRCD	DE5301	DE-CLAIM-PATNT-REASN-CODE	Diagnosis Code
CPKEYRCD	DE5001	DE-CLAIM-PROC-CODE-TYPE	Procedure Code Type
CPKEYRCD	DE5002	DE-CLAIM-PRINC-PROC-CODE	Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-PRINC-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE5002	DE-CLAIM-OTHER1-PROC-CODE	Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER1-PROC-DATE	Claim Procedure Code Date

CPKEYRCD	DE5002	DE-CLAIM-OTHER2-PROC-CODE	Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER2-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE5002	DE-CLAIM-OTHER3-PROC-CODE	Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER3-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE5002	DE-CLAIM-OTHER4-PROC-CODE	Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER4-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE5002	DE-CLAIM-OTHER5-PROC-CODE	Procedure Code
CPKEYRCD	DE2021	DE-CLAIM-OTHER5-PROC-DATE	Claim Procedure Code Date
CPKEYRCD	DE2060	DE-CLAIM-ATTNDG-PHYS-ID	Claim Attending Provider Identification Number
CPKEYRCD	DE4700	DE-CLAIM-ATTNDG-PHYS-ID-NPI	National Provider Identifier
CPKEYRCD	DE2452	DE-CLAIM-OTHER1-PHYS-ID	Other Provider 1
CPKEYRCD	DE4700	DE-CLAIM-OTHER1-PHYS-ID-NPI	National Provider Identifier
CPKEYRCD	DE2453	DE-CLAIM-OTHER2-PHYS-ID	Other Provider 2
CPKEYRCD	DE4700	DE-CLAIM-OTHER2-PHYS-ID-NPI	National Provider Identifier
CPKEYRCD	DE2057	DE-CLAIM-ACCIDENT-STATE	Accident State
CPKEYRCD	DE2053	DE-CLAIM-SPEC-PROCESS-IND	Special Process Indicator
CPKEYRCD	DE4099	DE-CLAIM-SERV-PROV-ZIP-CODE	Provider Address ZIP Code
CPKEYRCD	DE0012	DE-CLAIM-TECH-CODE	User/Operator ID
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE2024	DE-CLAIM-PA-NUMBER	Prior Authorization Control Number
CPKEYRCD	DE0000	DE-CLAIM-SIGNATURE	
CPKEYRCD	DE0000	DE-CLAIM-DATE-	

		BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE2517	DE-INSURED-EMPLOYER-NAME	Claim Employer Name
CPKEYRCD	DE2537	DE-INSURED-EMPLOYER-ADDR	Claim Employer/School Address
CPKEYRCD	DE2142	DE-UB04-NDC(NDC-QUAL)	NDC Qualifier
CPKEYRCD	DE5200	DE-UB04-NDC(NDC-CODE)	Drug Code (NDC)
CPKEYRCD	DE2143	DE-UB04-NDC(NDC-UNIT-QUAL)	Unit of Measure Qualifier
CPKEYRCD	DE2144	DE-UB04-NDC(NDC-QTY)	Unit of Measure - Quantity

Files CP-F-073 Claims Data Entry Dental File

This file contains Data Entry Dental claims.

Subsystem:	Claims
Copybook:	CPKEYRCD N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Paper ADA Capture (CPI016) Paper ADA PA Capture (CPI017)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE	Transmission Code
CPKEYRCD	DE0000	DE-TRANS-TYPE	
CPKEYRCD	DE0000	DE-TRANS-TYPE-MODIFIER	
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE4002	DE-CLAIM-SERV-PROVIDER-NUMBER	Provider Identification Number
CPKEYRCD	DE4700	DE-CLAIM-SERV-ROVIDER-NPI	National Provider Identifier
CPKEYRCD	DE4701	DE-CLAIM-SERV-PROV-TAXNMY	NPI-API Label
CPKEYRCD	DE4099	DE-CLAIM-SERV-PROV-ZIPCODE	Provider Address ZIP Code
CPKEYRCD	DE2499	DE-CLAIM-PA-DAYS-SINCE-MED	Claims PA Number of Days Since
CPKEYRCD	DE2498	DE-CLAIM-PA-SEQ-NO-	Claims PA Number Sequence

		MED	
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE2006	DE-CLAIM-ENROLLEE-SNAME	Claim Partial Recipient Name
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SELF-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-SPOUSE-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-CHILD-TO-INSR	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-PAT-IS-OTHER-TO-INSR	Relationship to Patient
CPKEYRCD	DE3007	DE-CLAIM-PATIENT-SEX-CODE	Enrollee Sex Code
CPKEYRCD	DE2522	DE-CLAIM-INSURED-NAME	Claim Other Insured's Name
CPKEYRCD	DE2534	DE-CLAIM-INSURED-ADDR	Claim Name and Address of Other Carrier(s)
CPKEYRCD	DE2031	DE-CLAIM-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPKEYRCD	DE2524	DE-CLAIM-INSURED-DOB	Claim Other Insured's Date of Birth
CPKEYRCD	DE2517	DE-CLAIM-INSURED-EMPL-NAME	Claim Employer Name
CPKEYRCD	DE2537	DE-CLAIM-INSURED-EMPL-ADDR	Claim Employer/School Address
CPKEYRCD	DE2516	DE-CLAIM-INSURED-GROUP-NUMBER	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE2532	DE-CLAIM-OTHER-DNTL-COVRG-IND	Claim Other Dental Plan Coverage Indicator
CPKEYRCD	DE2684	DE-CLAIM-MED-COVRG-IND	Claim Dental Medical Coverage Flag
CPKEYRCD	DE2522	DE-CLAIM-INS-CARRIER-NAME	Claim Other Insured's Name
CPKEYRCD	DE2534	DE-CLAIM-INS-CARRIER-ADDR	Claim Name and Address of Other Carrier(s)
CPKEYRCD	DE2516	DE-CLAIM-INSURED-GROUP-NUMBER2	Claim Group Number or FECA Number (Insurance)
CPKEYRCD	DE2517	DE-CLAIM-INS-OTH-EMP-NAME	Claim Employer Name
CPKEYRCD	DE2537	DE-CLAIM-INS-OTH-EMP-ADDR	Claim Employer/School Address

CPKEYRCD	DE2522	DE-CLAIM-OTH-INSRD-NAME	Claim Other Insured's Name
CPKEYRCD	DE2446	DE-CLAIM-OTH-INSRD-PLAN-ID-NO	Insured Plan Number
CPKEYRCD	DE2524	DE-CLAIM-OTH-INSRD-DOB	Claim Other Insured's Date of Birth
CPKEYRCD	DE2352	DE-CLAIM-OTH-INS-SELF-TO-PAT	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-OTH-INS-SPOUSE-TO-PAT	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-OTH-INS-PARENT-TO-PAT	Relationship to Patient
CPKEYRCD	DE2352	DE-CLAIM-OTH-INS-OTHER-TO-PAT	Relationship to Patient
CPKEYRCD	DE2074	DE-CLAIM-EMPL-ACCIDENT	Claim Employment Indicator
CPKEYRCD	DE2431	DE-CLAIM-AUTO-ACCIDENT	Claim Auto Accident
CPKEYRCD	DE2028	DE-CLAIM-OTHER-ACCIDENT	Claim Other Accident Indicator
CPKEYRCD	DE0000	DE-CLAIM-PROTHESIS-IND	
CPKEYRCD	DE0000	DE-CLAIM-PRIOR-DATE	
CPKEYRCD	DE0000	DE-CLAIM-ORTHODONTICS-IND	
CPKEYRCD	DE2200	DE-CLAIM-DENTAL-TOOTH-CODE	Claim Dental Tooth Code
CPKEYRCD	DE2201	DE-CLAIM-DENTAL-SURFACE-CODE	Claim Dental Surface Codes
CPKEYRCD	DE2010	DE-CLAIM-SERVICE-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2009	DE-CLAIM-UNITS	Claim Number of Units/Visits/Studies
CPKEYRCD	DE5002	DE-CLAIM-PRINC-PROC-CODE	Procedure Code
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE4064	DE-CLAIM-PROVIDER-LICENSE	Provider License Number
CPKEYRCD	DE2016	DE-CLAIM-TOTAL-BILLED-CHARGES	Claim Billed Charge
CPKEYRCD	DE2018	DE-CLAIM-ADA-TPL	Claim Third Party Payment
CPKEYRCD	DE2033	DE-CLAIM-	Adjustment/Void Reason

		ADJUSTMENT-REASON	
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE2415	DE-CLAIM-SIGNED-DATE	Claim Signed Date

Files CP-F-074 Claims Data Entry Title-18 File

This file contains Data Entry Title-18 claims.

Subsystem:	Claims
Copybook:	CPKEYRCD N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Paper Crossover Capture (CPI018)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE	Transmission Code
CPKEYRCD	DE0000	DE-TRANS-TYPE	
CPKEYRCD	DE0000	DE-TRANS-TYPE-MODIFIER	
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE4002	DE-CLAIM-SERV-PROVIDER-NUMBER	Provider Identification Number
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE2031	DE-CLAIM-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPKEYRCD	DE2544	DE-CLAIM-COB-CODE	Claim COB Indicator
CPKEYRCD	DE2402	DE-CLAIM-MEDICARE-COVRG-IND	Claim Medicare Coverage Indicator
CPKEYRCD	DE5301	DE-CLAIM-MEDICARE-DIAGNOSIS-CD	Diagnosis Code
CPKEYRCD	DE2173	DE-CLAIM-PLACE-OF-	Claim Professional Place of Service

		TREATMENT	
CPKEYRCD	DE2802	DE-CLAIM-EMERGENCY-IDENTIFIER	Claim Emergency Identifier
CPKEYRCD	DE2027	DE-CLAIM-ACCIDENT	Claim Accident Indicator
CPKEYRCD	DE2028	DE-CLAIM-OTHER-ACCIDENT	Claim Other Accident Indicator
CPKEYRCD	DE2072	DE-CLAIM-TYPE-OF-SERVICE	Claim Type of Service
CPKEYRCD	DE2009	DE-CLAIM-UVS	Claim Number of Units/Visits/Studies
CPKEYRCD	DE5002	DE-CLAIM-PRINC-PROC-CODE	Procedure Code
CPKEYRCD	DE2171	DE-CLAIM-PROF-PROC-MODIFIER	Claims Procedure Code Modifier
CPKEYRCD	DE2105	DE-CLAIM-ADMISSION-DATE	Claim Admission Date
CPKEYRCD	DE2010	DE-CLAIM-SERVC-FROM-DATE	Claim Service From Date
CPKEYRCD	DE2011	DE-CLAIM-SERVC-THRU-DATE	Claim Service Thru Date
CPKEYRCD	DE2257	DE-CLAIM-T18-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CPKEYRCD	DE2253	DE-CLAIM-T18-ALLOWED-CHARGE	Claim Title XVIII Charge Allowed
CPKEYRCD	DE2254	DE-CLAIM-T18-MEDICARE-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPKEYRCD	DE2251	DE-CLAIM-T18-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
CPKEYRCD	DE2252	DE-CLAIM-T18-COINSURANCE-AMT	Claim Title XVIII Coinsurance Amount
CPKEYRCD	DE2018	DE-CLAIM-T18-TPL-AMOUNT	Claim Third Party Payment
CPKEYRCD	DE2083	DE-CLAIM-PATIENT-PAY-AMOUNT	Claim Patient Pay Amount
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE2569	DE-CLAIM-TECH-CODE	Claims Submission Identifier
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator

CPKEYRCD	DE2068	DE-CLAIM-SPECIAL-BATCH	Claim Special Batch Indicator
CPKEYRCD	DE2448	DE-CLAIM-MEDICARE-CRN	Claim Title18 Mcare En

Files CP-F-075 Claims Data Entry Compound Drug File

This is the file produced by data entry for compound drug claims.

Subsystem:	Claims
Copybook:	CPKEYRCD N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Paper Pharmacy Capture (CPI026)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE	Transmission Code
CPKEYRCD	DE0000	DE-TRANS-TYPE	
CPKEYRCD	DE0000	DE-TRANS-TYPE-MODIFIER	
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2004	DE-CLAIM-BILLING-PROVIDER-NO	Claim Billing Provider Identification Number
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE2006	DE-CLAIM-PATIENT-NAME	Claim Partial Recipient Name
CPKEYRCD	DE3005	DE-CLAIM-ENROLLEE-DOB	Enrollee Birth Date
CPKEYRCD	DE3007	DE-CLAIM-ENROLLEE-SEX	Enrollee Sex Code
CPKEYRCD	DE2229	DE-CLAIM-LEVEL-OF-SERVICE	Claim Pharmacy Level of Service

CPKEYRCD	DE2216	DE-CLAIM-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPKEYRCD	DE2212	DE-CLAIM-REFILL-CODE	Claim Pharmacy Refill Code
CPKEYRCD	DE2228	DE-CLAIM-PATIENT-LOCATION	Claim Pharmacy Patient Location Code
CPKEYRCD	DE2418	DE-CLAIM-DAW	Claim Dispensed as Written Indicator
CPKEYRCD	DE2211	DE-CLAIM-PRESCRIPTION-NUMBER	Claim Pharmacy Prescription Number
CPKEYRCD	DE2010	DE-CLAIM-DATE-DISPENSED	Claim Service From Date
CPKEYRCD	DE5200	DE-CLAIM-NDC	Drug Code (NDC)
CPKEYRCD	DE0000	DE-CLAIM-INGRED-DESCRIP	
CPKEYRCD	DE2248	DE-CLAIM-METRIC-DECIMAL-QTY	Claims Pharmacy Metric/Dec/Qty
CPKEYRCD	DE2238	DE-CLAIM-COPAY-EXEMPT	Claim Pharmacy PA/MC Code
CPKEYRCD	DE2024	DE-CLAIM-PA-NUMBER	Prior Authorization Control Number
CPKEYRCD	DE2826	DE-CLAIM-PRESCRIBING-PHYSICIAN	Claim Prescribing Physician Identification Number
CPKEYRCD	DE5301	DE-CLAIM-DIAGNOSIS-CODE	Diagnosis Code
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE2544	DE-CLAIM-COB-INDICATOR	Claim COB Indicator
CPKEYRCD	DE2018	DE-CLAIM-THIRD-PARTY-PAYMENT	Claim Third Party Payment
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE0000	DE-CLAIM-SIGNATURE	
CPKEYRCD	DE0000	DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-SPECIAL-BATCH	Claim Special Batch Indicator

CPKEYRCD	DE2220	DE-COMPOUND-INDICATOR	Claim Pharmacy Compound Indicator

Files CP-F-076 Claims Data Entry Drug File

This is the file data entry produces for non-compound drug claims.

Subsystem:	Claims
Copybook:	CPKEYRCD N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Paper Capture Driver (CPI010) Paper Pharmacy Capture (CPI026)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPKEYRCD	DE2476	DE-CLAIM-TRANS-CODE	Transmission Code
CPKEYRCD	DE0000	DE-TRANS-TYPE	
CPKEYRCD	DE0000	DE-TRANS-TYPE-MODIFIER	
CPKEYRCD	DE2001	DE-CLAIM-ICN-NUMBER	Claim Request ICN
CPKEYRCD	DE2004	DE-CLAIM-BILLING-PROVIDER-NO	Claim Billing Provider Identification Number
CPKEYRCD	DE3001	DE-CLAIM-ENROLLEE-ID	Enrollee Identification Number
CPKEYRCD	DE2006	DE-CLAIM-PATIENT-NAME	Claim Partial Recipient Name
CPKEYRCD	DE3005	DE-CLAIM-ENROLLEE-DOB	Enrollee Birth Date
CPKEYRCD	DE3007	DE-CLAIM-ENROLLEE-SEX	Enrollee Sex Code
CPKEYRCD	DE2229	DE-CLAIM-LEVEL-OF-SERVICE	Claim Pharmacy Level of Service

CPKEYRCD	DE2216	DE-CLAIM-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPKEYRCD	DE2212	DE-CLAIM-REFILL-CODE	Claim Pharmacy Refill Code
CPKEYRCD	DE2228	DE-CLAIM-PATIENT-LOCATION	Claim Pharmacy Patient Location Code
CPKEYRCD	DE2418	DE-CLAIM-DAW	Claim Dispensed as Written Indicator
CPKEYRCD	DE2211	DE-CLAIM-PRESCRIPTION-NUMBER	Claim Pharmacy Prescription Number
CPKEYRCD	DE2010	DE-CLAIM-DATE-DISPENSED	Claim Service From Date
CPKEYRCD	DE5200	DE-CLAIM-NDC	Drug Code (NDC)
CPKEYRCD	DE2248	DE-CLAIM-METRIC-DECIMAL-QTY	Claims Pharmacy Metric/Dec/Qty
CPKEYRCD	DE2236	DE-CLAIM-UNIT-DOSE-IND	Claim Pharmacy Unit Dose Indicator
CPKEYRCD	DE2238	DE-CLAIM-COPAY-EXEMPT	Claim Pharmacy PA/MC Code
CPKEYRCD	DE2024	DE-CLAIM-PA-NUMBER	Prior Authorization Control Number
CPKEYRCD	DE2826	DE-CLAIM-PRESCRIBING-PHYSICIAN	Claim Prescribing Physician Identification Number
CPKEYRCD	DE5301	DE-CLAIM-DIAGNOSIS-CODE	Diagnosis Code
CPKEYRCD	DE2016	DE-CLAIM-BILLED-CHARGE	Claim Billed Charge
CPKEYRCD	DE2544	DE-CLAIM-COB-INDICATOR	Claim COB Indicator
CPKEYRCD	DE2018	DE-CLAIM-THIRD-PARTY-PAYMENT	Claim Third Party Payment
CPKEYRCD	DE2033	DE-CLAIM-ADJUSTMENT-REASON	Adjustment/Void Reason
CPKEYRCD	DE2034	DE-CLAIM-FORMER-ICN-NO	Claim Related Document Number
CPKEYRCD	DE0000	DE-CLAIM-SIGNATURE	
CPKEYRCD	DE0000	DE-CLAIM-DATE-BILLED	
CPKEYRCD	DE2030	DE-CLAIM-ATTACHMENT-INDICATOR	Claim Attachments Indicator
CPKEYRCD	DE2068	DE-SPECIAL-BATCH	Claim Special Batch Indicator

Files CP-F-100 VaMMIS Converted Claims Flat File

Converted VMAP File. Copy Member=????????. LRECL=????.

Subsystem:	Claims
Copybook:	CWRCLACT N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Monthly and FYTD Emergency Services Utilization Review Savings Reports (CPR215)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CWRCLACT	DE2200	CP04-C-TOOTH	Claim Dental Tooth Code
CWRCLACT	DE2892	CP04-C-MOUTH-QUADRANT	Claim Dental Quadrant
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC2	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC3	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC4	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC5	Claim Dental Surface Codes
CWRCLACT	DE2115	CP05-C-CONDITION	Claim Condition Code
CWRCLACT	DE2445	CP07-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
CWRCLACT	DE5001	CP07-C-PROCEDURE-TYPE	Procedure Code Type
CWRCLACT	DE5002	CP07-C-PROCEDURE	Procedure Code
CWRCLACT	DE2122	CP07-C-REV	Claim Revenue Code
CWRCLACT	DE2009	CP07-N-UNITS	Claim Number of Units/Visits/Studies
CWRCLACT	DE2124	CP07-N-REV-BILLED-AMT	Claim Revenue Amount
CWRCLACT	DE2139	CP07-N-NON-COV-AMT	Claim Non-Covered Amount

CWRCLACT	DE2991	CP07-N-REV-ALLOWED-AMT	Claim Revenue Allowed Amt
CWRCLACT	DE2065	CP07-N-CUTBACK-UNITS	Claim Cutback Days/Units
CWRCLACT	DE2066	CP07-N-CUTBACK-AMT	Claim Cutback Amount
CWRCLACT	DE2110	CP08-C-OCCURRENCE	Claim Occurrence Code
CWRCLACT	DE2113	CP08-D-OCCUR-BEGIN	Claim Occurrence From Date
CWRCLACT	DE2114	CP08-D-OCCUR-END	Claim Occurrence Thru Date
CWRCLACT	DE5001	CP09-C-PROCEDURE-TYPE	Procedure Code Type
CWRCLACT	DE5002	CP09-D-PROCEDURE	Procedure Code
CWRCLACT	DE5002	CP09-C-PROCEDURE	Procedure Code
CWRCLACT	DE2171	CP09-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CWRCLACT	DE2171	CP09-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
CWRCLACT	DE2171	CP09-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CWRCLACT	DE2128	CP10-C-VALUE	Claim Value Code
CWRCLACT	DE2131	CP10-N-VALUE-CD-AMT	Claim Value Amount
CWRCLACT	DE5301	CP13-C-DIAG	Diagnosis Code
CWRCLACT	DE5020	CP13-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
CWRCLACT	DE2585	CP13-C-DIAG-TYPE-CVAL	Claims Diag Type Code
CWRCLACT	DE5735	CP18-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
CWRCLACT	DE2469	CP18-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
CWRCLACT	DE5200	CP18-C-NDC-DRUG	Drug Code (NDC)
CWRCLACT	DE5061	CP18-I-DRUG-GCN	Drug Generic Code Number (GCN)
CWRCLACT	DE5232	CP18-C-DRUG-TC-STD	Drug Therapeutic Class Standard Code
CWRCLACT	DE5731	CP18-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
CWRCLACT	DE5218	CP18-I-DRUG-HICL-SEQ	Drug Hierarchical Ingredient Code List (HICL) Sequence Number
CWRCLACT	DE5088	CP18-C-DRUG-CATG	Drug Category Code
CWRCLACT	DE5059	CP18-C-DRUG-CLASS	Drug Class Code
CWRCLACT	DE2237	CP18-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure

CWRCLACT	DE2248	CP18-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CWRCLACT	DE5230	CP18-N-UNIT-PRICE	Drug Unit Dose Price
CWRCLACT	DE2223	CP18-N-INGRED-COST	Pharmacy Ingredient Cost
CWRCLACT	DE2231	CP18-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
CWRCLACT	DE2418	CP18-F-DAW	Claim Dispensed as Written Indicator
CWRCLACT	DE2448	CP21-I-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
CWRCLACT	DE4044	CP21-I-MCARE-PROV	Provider Alternate ID Value
CWRCLACT	DE2251	CP21-N-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
CWRCLACT	DE2252	CP21-N-COINS-AMT	Claim Title XVIII Coinsurance Amount
CWRCLACT	DE2253	CP21-N-ALLOWED-CHG	Claim Title XVIII Charge Allowed
CWRCLACT	DE2254	CP21-N-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
CWRCLACT	DE2257	CP21-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CWRCLACT	DE2116	CP21-N-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
CWRCLACT	DE2117	CP21-N-BLOOD-REPLACED	Claim Blood Replaced
CWRCLACT	DE2118	CP21-N-BLOOD-NOT-REPL	Claim Blood Not Replaced
CWRCLACT	DE2255	CP21-N-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
CWRCLACT	DE2435	CP24-I-MOD-STAT-SEQ-NO	Claim Status Sequence Number
CWRCLACT	DE5501	CP24-C-EDIT	Error Text Error Code
CWRCLACT	DE2184	CP24-C-EDIT-DISPOSITION	Claim Edit Disposition
CWRCLACT	DE2183	CP24-C-EDIT-PRIORITY	Claim Edit Priority
CWRCLACT	DE3977	CP24-C-MSG-TYP-CVAL	Message Type
CWRCLACT	DE2121	CP24-I-CLAIM-LINE-NO	Claim Line Number
CWRCLACT	DE2078	CP24-F-OVERRIDE	Claim Edit Override
CWRCLACT	DE2349	CP24-T-INVALID-DATA	Claim Edit Invalid Data
CWRCLACT	DE2351	CP25-C-INTRREL-TYP-CVAL	Interrelationship Type
CWRCLACT	DE2034	CP25-I-RELATED-DOC-NUM	Claim Related Document Number
CWRCLACT	DE2033	CP25-C-ADJUST-RSN-CVAL	Adjustment/Void Reason

CWRCLACT	DE9865	CP29-I-BUDGET-ACCT	Budget Account Identifier
CWRCLACT	DE9916	CP29-I-BDGT-SEQ-NO	DMAS BAC Sequence Number
CWRCLACT	DE2038	CP29-C-CATG-SRVC-CVAL	Claim Category of Service
CWRCLACT	DE2992	CP29-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CWRCLACT	DE2023	CP29-N-PYMT-AMT	Claim Payment Amount
CWRCLACT	DE2073	CP29-N-ALLOW-AMT	Claim Allowed Amount
CWRCLACT	DE2158	CP29-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
CWRCLACT	DE2545	CP29-N-CALC-COINS	Claim Calculated Co-Insurance
CWRCLACT	DE2083	CP29-N-PATNT-PAY-AMT	Claim Patient Pay Amount
CWRCLACT	DE2077	CP29-N-PVT-ROOM-DIFF	Claim Private Room Differential
CWRCLACT	DE2217	CP29-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CWRCLACT	DE2315	CP29-N-PYMT-DAYS	Claim Payment days
CWRCLACT	DE2109	CP29-N-ELIGIBLE-DAYS	Claim Non-Covered Days
CWRCLACT	DE2358	CP29-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CWRCLACT	DE2080	CP29-N-DSA-AMT	Claim Disproportionate Share Amount
CWRCLACT	DE2066	CP29-N-CUTBACK-AMT	Claim Cutback Amount
CWRCLACT	DE2065	CP29-N-CUTBACK-UNITS	Claim Cutback Days/Units
CWRCLACT	DE2022	CP29-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CWRCLACT	DE5353	CP29-C-DRG	DRG (Diagnosis Related Group) Code
CWRCLACT	DE2547	CP29-N-DRG-PYMT-AMT	DRG Payment Amount
CWRCLACT	DE6827	CP29-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
CWRCLACT	DE2470	CP29-N-DRG-CAP-AMT	Claims DRG CAP Amount
CWRCLACT	DE2348	CP29-C-DRG-PYMT-TYPE	DRG Payment Type
CWRCLACT	DE5354	CP29-N-DRG-WEIGHT	DRG Relative Weight
CWRCLACT	DE2881	CP29-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
CWRCLACT	DE4006	CP29-C-PROV-TYPE	Provider Type
CWRCLACT	DE4007	CP29-C-PROV-SPECIALTY	Provider Specialty Code
CWRCLACT	DE2599	CP29-C-COPAY-IND	Claim Co-pay Indicator
CWRCLACT	DE2674	CP29-F-TPL	Claim TPL Flag
CWRCLACT	DE2673	CP29-F-SPLIT-CLAIM	Split Claim Flag
CWRCLACT	DE2433	CP29-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
CWRCLACT	DE2566	CP29-F-DETERMINED-	Claims Determined EPSDT Flag

		EPSDT	
CWRCLACT	DE5254	CP29-I-ENRL-LOCALITY	MMIS Locality Code based on Postal Code
CWRCLACT	DE4089	CP29-I-PROV-LOCALITY	Provider Locality Code
CWRCLACT	DE2589	CP29-C-DRG-GRPET	Claim DRG Grouper Return Code
CWRCLACT	DE2590	CP29-C-DRG-MDC	Claim DRG MDC Code
CWRCLACT	DE2591	CP29-C-DRG-TYPE	Claim DRG Type Code
CWRCLACT	DE2592	CP29-N-DRG-PD-RATE	Claim DRG Per Diem Rate
CWRCLACT	DE2593	CP29-N-DRG-TOT-PYMT	Claim DRG Total Payment
CWRCLACT	DE2594	CP29-N-DRG-PERDIEM	Claim DRG Per Diem Amount
CWRCLACT	DE2477	CP32-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP32-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP32-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP32-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2435	CP32-I-MOD-STAT-SEQ-NO	Claim Status Sequence Number
CWRCLACT	DE9580	CP32-I-RA-NUM	Remittance Advice Number
CWRCLACT	DE2003	CP32-C-CLM-MOD-CVAL	Claim Type Modifier
CWRCLACT	DE2383	CP32-D-MOD-STAT-BEGIN	Claim Status Begin Date
CWRCLACT	DE2384	CP32-D-MOD-STAT-END	Claim Status End Date
CWRCLACT	DE2039	CP32-C-CLM-STAT-CVAL	Claim Status
CWRCLACT	DE0012	CP32-I-USER-ID	User/Operator ID
CWRCLACT	DE0011	CP32-H-REC-UPDT	Row Update Date
CWRCLACT	DE2156	CP36-I-EDIT-SEQ-NO	Claim Edit Sequence Number
CWRCLACT	DE2441	CP36-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
CWRCLACT	DE2440	CP36-I-CONFLICT-ICN	Claim Conflict ICN
CWRCLACT	DE2450	CP36-I-NDC-DRUG-SEQ-NO	NDC Drug Sequence Number
CWRCLACT	DE3901	CP50-I-PERSON	Person ID
CWRCLACT	DE3001	CP50-I-ENROLLEE-ID	Enrollee Identification Number
CWRCLACT	DE3093	CP50-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
CWRCLACT	DE4001	CP50-I-SRVC-BASE-PROV	Provider Base Identification Number
CWRCLACT	DE4002	CP50-I-SRVC-PROV	Provider Identification Number

CWRCLACT	DE2004	CP50-I-BILLING-PROV	Claim Billing Provider Identification Number
CWRCLACT	DE2002	CP50-C-CLM-TYPE-CVAL	Claim Type
CWRCLACT	DE2010	CP50-D-SERV-FROM	Claim Service From Date
CWRCLACT	DE2011	CP50-D-SERV-THRU	Claim Service Thru Date
CWRCLACT	DE2016	CP50-N-BILLED-CHG	Claim Billed Charge
CWRCLACT	DE3098	CP50-I-EVS-NO	Eligibility Verification Number
CWRCLACT	DE3009	CP50-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CWRCLACT	DE3551	CP50-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
CWRCLACT	DE3552	CP50-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
CWRCLACT	DE3553	CP50-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
CWRCLACT	DE3072	CP50-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
CWRCLACT	DE3655	CP50-C-ENRL-PREM-IND	Medicare Premium Indicator
CWRCLACT	DE2544	CP50-C-COB	Claim COB Indicator
CWRCLACT	DE2246	CP50-F-CONSENT	Claim Consent Indicator
CWRCLACT	DE2224	CP50-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
CWRCLACT	DE2031	CP50-I-PATNT-ACCT-NUM	Claim Patient Account Number
CWRCLACT	DE2018	CP50-N-TPL-AMT-PAID	Claim Third Party Payment
CWRCLACT	DE2027	CP50-F-ACCIDENT	Claim Accident Indicator
CWRCLACT	DE2802	CP50-F-EMERGENCY	Claim Emergency Identifier
CWRCLACT	DE2102	CP51-C-BILL-TYPE	Claim Facility Bill Type
CWRCLACT	DE2136	CP51-H-ADMISSION-HOUR	Claim Hour of Admission
CWRCLACT	DE2108	CP51-N-COVRD-DAYS	Claim Covered Days
CWRCLACT	DE2109	CP51-N-NON-CVRD-DAYS	Claim Non-Covered Days
CWRCLACT	DE2105	CP51-D-ADMIT	Claim Admission Date
CWRCLACT	DE2106	CP51-C-ADMIT-SRC-CVAL	Claim Admission Source
CWRCLACT	DE2412	CP51-H-DISCHARGE-HOUR	Claim Hour of Discharge
CWRCLACT	DE2845	CP51-I-MED-REC-NO	Claim Medical Record Number
CWRCLACT	DE2107	CP51-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
CWRCLACT	DE2869	CP51-C-DISCHG-STAT-CVAL	Claim Discharge Status

CWRCLACT	DE2060	CP51-I-ATTEND-PROV	Claim Attending Provider Identification Number
CWRCLACT	DE2452	CP51-I-OTHER-PROV1	Other Provider 1
CWRCLACT	DE2453	CP51-I-OTHER-PROV2	Other Provider 2
CWRCLACT	DE2499	CP51-N-DAYS-SINCE	Claims PA Number of Days Since
CWRCLACT	DE2498	CP51-I-PA-SEQ-NO	Claims PA Number Sequence
CWRCLACT	DE2508	CP51-C-PA-TYPE-CVAL	Claims PA Type Code
CWRCLACT	DE2173	CP52-C-PLACE-OF-SERV	Claim Professional Place of Service
CWRCLACT	DE2072	CP52-C-TYPE-SERVICE	Claim Type of Service
CWRCLACT	DE2993	CP52-I-CLIA	Claims CLIA Number
CWRCLACT	DE2009	CP52-N-UNITS	Claim Number of Units/Visits/Studies
CWRCLACT	DE2083	CP52-N-PATNT-PAY-AMT	Claim Patient Pay Amount
CWRCLACT	DE2410	CP52-D-HOSP-FROM	Claim Hospital Start Date
CWRCLACT	DE2411	CP52-D-HOSP-THRU	Claim Hospital End Date
CWRCLACT	DE2100	CP52-I-REFER-PROV	Erwin Element
CWRCLACT	DE2075	CP52-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CWRCLACT	DE2074	CP52-F-EMPLOYMENT	Claim Employment Indicator
CWRCLACT	DE2174	CP52-F-PROF-LAB	Claim Professional Lab Indicator
CWRCLACT	DE2431	CP52-F-AUTO-ACCIDENT	Claim Auto Accident
CWRCLACT	DE4500	CP52-F-EPSDT	Provider EPSDT Indicator
CWRCLACT	DE2084	CP52-N-WAIT-TIME	Anesthesia Minutes
CWRCLACT	DE2085	CP52-N-PASSENGERS	Claim Number of Passengers
CWRCLACT	DE2499	CP52-N-DAYS-SINCE	Claims PA Number of Days Since
CWRCLACT	DE2498	CP52-I-PA-SEQ-NO	Claims PA Number Sequence
CWRCLACT	DE2508	CP52-C-PA-TYPE-CVAL	Claims PA Type Code
CWRCLACT	DE2209	CP52-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
CWRCLACT	DE2228	CP53-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CWRCLACT	DE2467	CP53-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
CWRCLACT	DE2211	CP53-I-RX-N0	Claim Pharmacy Prescription Number
CWRCLACT	DE2826	CP53-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CWRCLACT	DE2468	CP53-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
CWRCLACT	DE2229	CP53-C-LVL-SRVC	Claim Pharmacy Level of Service
CWRCLACT	DE2216	CP53-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CWRCLACT	DE2232	CP53-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed

CWRCLACT	DE2214	CP53-D-WRITTEN	Claim Pharmacy Date Prescription Written
CWRCLACT	DE2220	CP53-F-COMPOUND	Claim Pharmacy Compound Indicator
CWRCLACT	DE2212	CP53-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CWRCLACT	DE2230	CP53-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
CWRCLACT	DE2233	CP53-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CWRCLACT	DE2234	CP53-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
CWRCLACT	DE2235	CP53-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CWRCLACT	DE2236	CP53-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CWRCLACT	DE2227	CP53-C-TPL	Claim Pharmacy Other Coverage Indicator
CWRCLACT	DE2432	CP53-F-PREGNANCY	Pregnancy
CWRCLACT	DE2499	CP53-N-DAYS-SINCE	Claims PA Number of Days Since
CWRCLACT	DE2498	CP53-I-PA-SEQ-NO	Claims PA Number Sequence
CWRCLACT	DE2508	CP53-C-PA-TYPE-CVAL	Claims PA Type Code
CWRCLACT	DE2213	CP53-N-UC-PRICE	Claim Pharmacy Usual Charge
CWRCLACT	DE2017	CP54-N-TOT-DOC-CHG	Claim Total Document Charge
CWRCLACT	DE2030	CP54-C-ATTACHMNT-CVAL	Claim Attachments Indicator
CWRCLACT	DE4082	CP54-I-PROV-SRVC-VNDR	Provider Service Center
CWRCLACT	DE2088	CP54-C-CLM-FORM-CVAL	Claim Form Type
CWRCLACT	DE2006	CP54-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
CWRCLACT	DE3005	CP54-D-ENROLLEE-BIRTH	Enrollee Birth Date
CWRCLACT	DE3007	CP54-C-ENROLLEE-SEX	Enrollee Sex Code
CWRCLACT	DE2020	CP54-F-CONVERSION	Claim Conversion Indicator
CWRCLACT	DE2569	CP54-I-CLM-SUBMIT	Claims Submission Identifier
CWRCLACT	DE2177	CP54-D-ENTERED	Claim Entered Date
CWRCLACT	DE2581	CP54-I-CLM-MCN	Claims MCN Number
CWRCLACT	DE2435	CP62-I-MOD-STAT-SEQ-NO	Claim Status Sequence Number
CWRCLACT	DE2584	CP62-I-PEND-LOC-SEQ-NO	Claims Pend Location Sequence Number
CWRCLACT	DE2841	CP62-C-PEND-LOCATION	Claim Pend To Location
CWRCLACT	DE2496	CP62-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag

CWRCLACT	DE0012	To Be Determined	User/Operator ID
CWRCLACT	DE0011	CP62-H-REC-UPDT	Row Update Date

Files CP-F-105 MCO Paid Data Extract File

MCP Paid Data Extract File

Subsystem:	Claims
Copybook:	CPF105
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Capture Weekly MCO Encounter Data (CPR105) SAS Library Loader for Claims (SSM010) SAS Library Loader for Claims (SSW010)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF105	DE2477	CPF105-ICN-DATE	Claims Payment Request Date Identifier
CPF105	DE2478	CPF105-ICN-MEDIA	Claims Payment Request Media Code
CPF105	DE2480	CPF105-ICN-SEQ	Claims Payment Request Sequence
CPF105	DE2343	CPF105-ICN-LINE	Claim Payment Request Line Number
CPF105	DE2002	CPF105-CLM-TYP	Claim Type
CPF105	DE2039	CPF105-CLM-STATUS	Claim Status
CPF105	DE2003	CPF105-CLM-MOD	Claim Type Modifier
CPF105	DE3093	CPF105-ENROLLEE	Enrollee Permanent Identification Number
CPF105	DE2023	CPF105-AMT	Claim Payment Amount
CPF105	DE2384	CPF105-DTE	Claim Status End Date
CPF105	DE4082	CPF105-SRVC-VNDR	Provider Service Center

Files CP-F-111 Interim PA Activity Response File

Interim PA Activity Response File

Subsystem:	Claims
Copybook:	CPPRVLBL N/A
File Organization:	Produced by program CPD120
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	KePRO PA Activity Response Extract (CPD110)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPRVLBL	DE4002	PROVIDER ID	Provider Identification Number
CPPRVLBL	DE4085	PROVIDER NAME	Provider Name
CPPRVLBL	DE4096	PROVIDER ADDR1	Provider Attention Name
CPPRVLBL	DE4097	PROVIDER ADDR2	Provider Address Line
CPPRVLBL	DE4130	PROVIDER CITY	Provider Address City Name
CPPRVLBL	DE4098	PROVIDER STATE	Provider Address State
CPPRVLBL	DE4099	PROVIDER ZIP	Provider Address ZIP Code

Files CP-F-112 KePro PA Log Analyzer Selected Prior Authorizations

KePro PA Log Analyzer Selected Prior Authorizations

Subsystem:	Claims
Copybook:	N/A N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	KePRO PA Activity Response Extract (CPD110) PA CD Payroll Activity Extract (CPD130)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-114 PA CD Payroll Prior Authorizations Extract File

PA CD Payroll Prior Authorizations Extract File

Subsystem:	Claims
Copybook:	N/A N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-115 Nursing Home FEE Eligible Claims

Nursing Home FEE Eligible Claims

Subsystem:	Claims
Copybook:	N/A N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Create Fee for Service claims from Pharmacy claims (CPI114) Read Pharmacy Fee for Service Claims and format to AWR (CPI115)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-120 KePRO Daily PA Activity Response File

This file is uploaded to the CORP server and sent to providers.

Subsystem:	Claims
Copybook:	PAKEYRES
File Organization:	N/A
Device Type:	Disk
Primary Key:	CPPA-PA-NUMBER
Alternate Key:	CPPA-PA-CASE-CNTRL-NUMBER
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYRES	DE2635	CPPA-SERVICE-TYPE	PA Service Type Code
PAKEYRES	DE2024	CPPA-PA-NUMBER	Prior Authorization Control Number
PAKEYRES	DE2605	CPPA-PA-CASE-CNTRL-NUMBER	PA Reference Number Mailroom Control Number
PAKEYRES	DE2650	CPPA-I-ENROLLEE	PA Enrollee Identification Number
PAKEYRES	DE4002	CPPA-I-SRVC-PROV	Provider Identification Number
PAKEYRES	DE2652	CPPA-I-REFR-PROV	PA Referring Provider Identification Number
PAKEYRES	DE5301	CPPA-C-DIAG	Diagnosis Code
PAKEYRES	DE2600	CPPA-D-RECVD	PA Received Date
PAKEYRES	DE2601	CPPA-D-PA-ENTERED	PA Entry Date
PAKEYRES	DE2481	CPPA-ORIG-PA-NUMBER	Claims Original PA Number
PAKEYRES	DE2606	CPPA-D-CANCEL	PA Cancel Date
PAKEYRES	DE2586	CPPA-C-PA-CANREL-IND	Prior Authorization Header Reject Cancel code
PAKEYRES	DE2587	CPPA-C-PA-CANREL-REASON	Prior Authorization Cancel Reject Reason
PAKEYRES	DE2639	CPPA-C-MEDIA-TYPE-CVAL	PA Media Type Code
PAKEYRES	DE2621	CPPA-C-AUTH-TYPE-CVAL	PA Authorization Type Code
PAKEYRES	DE2243	CPPA-T-CONTACT-NAME	Contact Person
PAKEYRES	DE2895	CPPA-T-CONTACT-PHONE	PA Servicing Provider Phone Number
PAKEYRES	DE5254	CPPA-I-LOCALITY	MMIS Locality Code based on Postal Code

PAKEYRES	DE0011	CPPA-H-REC-UPDT-TBL48	Row Update Date
PAKEYRES	DE2607	CPPA-LINE-NUMBER	PA Line Number
PAKEYRES	DE2608	CPPA-D-REQ-FROM	PA Request From Date
PAKEYRES	DE2609	CPPA-D-REQ-THRU	PA Request Through Date
PAKEYRES	DE2610	CPPA-D-AUTH-FROM	PA Authorized From Date
PAKEYRES	DE2611	CPPA-D-AUTH-THRU	PA Authorized Through Date
PAKEYRES	DE2612	CPPA-N-REQ-UNITS	PA Requested Units
PAKEYRES	DE2613	CPPA-N-AUTH-UNITS	
PAKEYRES	DE2634	CPPA-C-PER-FREQ-CVAL	PA Per Frequency Code
PAKEYRES	DE2615	CPPA-N-REQ-AMT	PA Requested Amount
PAKEYRES	DE2616	CPPA-N-AUTH-AMT	PA Authorized Amount
PAKEYRES	DE2485	CPPA-I-PA-AUTHORIZED-BY	Claims PA Authorized By
PAKEYRES	DE3072	CPPA-C-ENRL-EXCP	Benefit Plan Exception Indicator
PAKEYRES	DE0011	CPPA-H-REC-UPDT-TBL49	Row Update Date
PAKEYRES	DE5001	CPPA-C-PROCEDURE-TYPE	Procedure Code Type
PAKEYRES	DE5002	CPPA-C-PROCEDURE	Procedure Code
PAKEYRES	DE2171	CPPA-C-PROCEDURE-MOD	Claims Procedure Code Modifier
PAKEYRES	DE2171	CPPA-C-PROCEDURE-MOD-2	Claims Procedure Code Modifier
PAKEYRES	DE2171	CPPA-C-PROCEDURE-MOD-3	Claims Procedure Code Modifier
PAKEYRES	DE2171	CPPA-C-PROCEDURE-MOD-4	Claims Procedure Code Modifier
PAKEYRES	DE2646	CPPA-N-PER-UNIT-COST	PA Actual Cost Per Unit
PAKEYRES	DE2648	CPPA-F-EPSDT	PA EPSDT Indicator
PAKEYRES	DE0011	CPPA-H-REC-UPDT-TBL37	Row Update Date
PAKEYRES	DE2641	CPPA-C-PA-STAT-CVAL	PA Detail Action Status Code
PAKEYRES	DE2624	CPPA-D-PA-LINE-STAT	PA Detail Action Status Date
PAKEYRES	DE2637	CPPA-C-PA-ACTION-RSN	PA Detail Action Reason Code
PAKEYRES	DE2661	CPPA-HIPAA-REJ-RSN	PA Health Care Services Reject Reason Code
PAKEYRES	DE2653	CPPA-HIPAA-FOLLOWUP	PA Requester Follow up Action Code
PAKEYRES	DE2654	CPPA-HIPAA-AAA-ERROR	HIPAA AAA Error Designation

Files CP-F-121 KePRO PA Activity Response History File

This file contains provider information for provider labels.

Subsystem:	Claims
Copybook:	CPPRVLBL
	N/A
File Organization:	Seq FB / 133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPRVLBL	DE4002	PROVIDER ID	Provider Identification Number
CPPRVLBL	DE4085	PROVIDER NAME	Provider Name
CPPRVLBL	DE4096	PROVIDER ADDR1	Provider Attention Name
CPPRVLBL	DE4097	PROVIDER ADDR2	Provider Address Line
CPPRVLBL	DE4130	PROVIDER CITY	Provider Address City Name
CPPRVLBL	DE4098	PROVIDER STATE	Provider Address State
CPPRVLBL	DE4099	PROVIDER ZIP	Provider Address ZIP Code

Files CP-F-122 Prompt Pay Summary File

This VSAM file CP-F-122 holds the data for each day for each compliance group for the daily run and the accumulated data for each compliance group at the end of the month for the monthly run.

Subsystem:	Claims
Copybook:	CPF122
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	CPF122-PROCESS-MODE (0000)
Alternate Key:	N/A
Program:	Prompt Pay Report Program (CPR122)
Graphics:	CP-F-122

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF122	DE0001	CPF122-PROCESS-DATE	DATE
CPF122	DE0000	CPF122-PROCESS-MODE	
CPF122	DE0002	CPF122-COMPLNCE-GROUP	Calculated
CPF122	DE0002	CPF122-TOT-CLMS-RECD-30D	Calculated
CPF122	DE0002	CPF122-CLN-CLMS-30D	Calculated
CPF122	DE0002	CPF122-CLN-CLMS-PAID-30D	Calculated
CPF122	DE0002	CPF122-PCLN-CLMS-PAID-30D	Calculated
CPF122	DE0002	CPF122-CLN-CLMS-NOTPD-30D	Calculated
CPF122	DE0002	CPF122-CLM-CLMS-PDAMT-30D	Calculated
CPF122	DE0002	CPF122-TOT-CLMS-RECD-90D	Calculated
CPF122	DE0002	CPF122-CLN-CLMS-90D	Calculated
CPF122	DE0002	CPF122-CLN-CLMS-PAID-90D	Calculated
CPF122	DE0002	CPF122-PCLN-CLMS-PAID-90D	Calculated
CPF122	DE0002	CPF122-CLN-CLMS-NOTPD-90D	Calculated
CPF122	DE0002	CPF122-CLM-CLMS-PDAMT-90D	Calculated
CPF122	DE0002	CPF122-PROMPT-PAY-SATISFD	Calculated

Files CP-F-125 COBA Provider Tax ID Discrepancy File

This 150 character record contains fields used to generate the COBA Provider Tax ID Discrepancy Report.

Subsystem:	Claims
Copybook:	CPDESC01
	N/A
File Organization:	Sequential
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	COBA Tax ID Discrepancy Reporting Process (CPR153) COBA - Create the Provider Tax ID Discrepancy File - Pre-process (CPREPT2) COBA - Create the Provider Tax ID Discrepancy File - Auto Recycle (CPREPT3)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPDESC01	DE2001	DISC-ICN	Claim Request ICN
CPDESC01	DE4044	DISC-TAX-ID-DB	Provider Alternate ID Value
CPDESC01	DE4002	DISC-MCAID-ID	Provider Identification Number
CPDESC01	DE4085	DISC-NAME-AWR	Provider Name
CPDESC01	DE4085	DISC-NAME-DB	Provider Name
CPDESC01	DE0002	DISC-COBA-IND	Calculated
CPDESC01	DE4044	DISC-COBA-ID	Provider Alternate ID Value
CPDESC01	DE4090	DISC-PHONE	Provider Phone Number
CPDESC01	DE4044	DISC-TAX-ID-AWR	Provider Alternate ID Value
CPDESC01	DE0002	DISC-FILLER	Calculated

Files CP-F-126C COBA Denied Claims File (Cumulative) - AWR

This file contains all of the Crossover Claims submitted to VaMMIS, by the COBC that reflect either a zero-billed or fully paid status. The claim records on this file are in AWR format and are identical to CP-F-006. Zero-billed and fully paid claims reflect one of the following attributes: AWR-MCARE-PD-AMT is set to zero or both AWR-COINS-AMT and AWR-DEDUCTIBLE-AMT equal zero. This is the Cumulative Denied File that is created daily and will not contain any claims that are older than 36 months old .

Subsystem:	Claims
Copybook:	VMCPACTV
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	AWR-C-PYMT-REQ-MEDIA (2478) AWR-I-PYMT-REQ-DATE (2477) AWR-I-PYMT-REQ-LINE-NO (2343) AWR-I-PYMT-REQ-SEQ-NO (2480)
Alternate Key:	N/A
Program:	COBA - Copy All Crossover Claims to the Cumulative File (CPREPT1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCPACTV	DE2477	AWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMCPACTV	DE2478	AWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMCPACTV	DE2480	AWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMCPACTV	DE2343	AWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMCPACTV	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
VMCPACTV	DE2030	AWR-C-ATTACHMNT-CVAL	Claim Attachments Indicator
VMCPACTV	DE4082	AWR-I-PROV-SRVC-VNDR	Provider Service Center
VMCPACTV	DE2088	AWR-C-CLM-FORM-CVAL	Claim Form Type
VMCPACTV	DE2006	AWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
VMCPACTV	DE3005	AWR-D-ENROLLEE-BIRTH	Enrollee Birth Date
VMCPACTV	DE3007	AWR-C-ENROLLEE-SEX	Enrollee Sex Code
VMCPACTV	DE2020	AWR-F-CONVERSION	Claim Conversion Indicator

VMCPACTV	DE2569	AWR-I-CLM-SUBMIT	Claims Submission Identifier
VMCPACTV	DE2177	AWR-D-ENTERED	Claim Entered Date
VMCPACTV	DE2581	AWR-I-CLAIM-MCN	Claims MCN Number
VMCPACTV	DE2684	AWR-F-ADA-MED-COVERAGE	Claim Dental Medical Coverage Flag
VMCPACTV	DE2225	AWR-I-VERSION	Claim Pharmacy NCPDP Version
VMCPACTV	DE2226	AWR-I-TRANS-RCVD-LINE	Claim Pharmacy Transmission Received Line
VMCPACTV	DE2013	AWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
VMCPACTV	DE2265	AWR-C-4010-5010-CVAL	Claim EDI Version Indicator
VMCPACTV	DE2267	AWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
VMCPACTV	DE3901	AWR-I-PERSON-CLM	Person ID
VMCPACTV	DE4001	AWR-I-SRVC-BASE-PROV	Provider Base Identification Number
VMCPACTV	DE4002	AWR-I-SRVC-PROV-P50	Provider Identification Number
VMCPACTV	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
VMCPACTV	DE2002	AWR-C-CLM-TYPE-CVAL	Claim Type
VMCPACTV	DE2010	AWR-D-SERV-FROM	Claim Service From Date
VMCPACTV	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
VMCPACTV	DE2016	AWR-N-BILLED-CHG	Claim Billed Charge
VMCPACTV	DE3098	AWR-I-EVS-NO	Eligibility Verification Number
VMCPACTV	DE3001	AWR-I-ENROLLEE-ID	Enrollee Identification Number
VMCPACTV	DE3093	AWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCPACTV	DE3009	AWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
VMCPACTV	DE3551	AWR-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
VMCPACTV	DE3552	AWR-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
VMCPACTV	DE3553	AWR-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
VMCPACTV	DE3072	AWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
VMCPACTV	DE3655	AWR-C-ENRL-PREM-IND	Medicare Premium Indicator
VMCPACTV	DE2544	AWR-C-COB	Claim COB Indicator
VMCPACTV	DE2246	AWR-F-CONSENT	Claim Consent Indicator
VMCPACTV	DE2224	AWR-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
VMCPACTV	DE2018	AWR-N-TPL-AMT-PAID	Claim Third Party Payment
VMCPACTV	DE2027	AWR-F-ACCIDENT	Claim Accident Indicator
VMCPACTV	DE2802	AWR-F-EMERGENCY	Claim Emergency Identifier
VMCPACTV	DE2781	AWR-I-REQUEST-NO	Claim CHIRP Request Identification
VMCPACTV	DE2068	AWR-F-SPECIAL-BATCH	Claim Special Batch Indicator
VMCPACTV	DE2012	AWR-I-LINE-ITEM-CNTL-NUM	Claim EDI Line Item Control Number
VMCPACTV	DE2019	AWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
VMCPACTV	DE2007	AWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code

VMCPACTV	DE2268	AWR-D-CVRG-EXPIR	Coverage Expiration Date
VMCPACTV	DE0002	AWR-CLM-PROC-NUM-OCCRS	Calculated
VMCPACTV	DE2444	AWR-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-09	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-09	Procedure Code
VMCPACTV	DE2021	AWR-D-PROCEDURE-09	Claim Procedure Code Date
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
VMCPACTV	DE0002	AWR-P13-NUM-OF-DIAG	Calculated
VMCPACTV	DE2449	AWR-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
VMCPACTV	DE5301	AWR-C-DIAG	Diagnosis Code
VMCPACTV	DE5020	AWR-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
VMCPACTV	DE2585	AWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
VMCPACTV	DE2052	AWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
VMCPACTV	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
VMCPACTV	DE2023	AWR-N-PYMT-AMT	Claim Payment Amount
VMCPACTV	DE2073	AWR-N-ALLOW-AMT	Claim Allowed Amount
VMCPACTV	DE2158	AWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
VMCPACTV	DE2545	AWR-N-CALC-COINS	Claim Calculated Co-Insurance
VMCPACTV	DE2083	AWR-N-PATNT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
VMCPACTV	DE2217	AWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
VMCPACTV	DE2315	AWR-N-PYMT-DAYS	Claim Payment days
VMCPACTV	DE2056	AWR-N-ELIGIBLE-DAYS	Claim number of days eligible
VMCPACTV	DE2358	AWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
VMCPACTV	DE2080	AWR-N-DSA-AMT	Claim Disproportionate Share Amount
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-29	Claim Cutback Amount
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
VMCPACTV	DE2022	AWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
VMCPACTV	DE5353	AWR-C-DRG	DRG (Diagnosis Related Group) Code
VMCPACTV	DE2547	AWR-N-DRG-PYMT-AMT	DRG Payment Amount
VMCPACTV	DE6827	AWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
VMCPACTV	DE2470	AWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
VMCPACTV	DE2348	AWR-C-DRG-PYMT-TYPE	DRG Payment Type
VMCPACTV	DE5354	AWR-N-DRG-WEIGHT	DRG Relative Weight
VMCPACTV	DE2881	AWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
VMCPACTV	DE4006	AWR-C-PROV-TYPE	Provider Type

VMCPACTV	DE4007	AWR-C-PROV-SPECIALTY	Provider Specialty Code
VMCPACTV	DE2599	AWR-C-COPAY-IND	Claim Co-pay Indicator
VMCPACTV	DE2674	AWR-F-TPL	Claim TPL Flag
VMCPACTV	DE2673	AWR-F-SPLIT-CLAIM	Split Claim Flag
VMCPACTV	DE2433	AWR-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
VMCPACTV	DE2566	AWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
VMCPACTV	DE3008	AWR-I-ENRL-LOCALITY	Enrollee FIPS Code
VMCPACTV	DE4089	AWR-I-PROV-LOCALITY	Provider Locality Code
VMCPACTV	DE2589	AWR-C-DRG-GRPET	Claim DRG Grouper Return Code
VMCPACTV	DE2590	AWR-C-DRG-MDC	Claim DRG MDC Code
VMCPACTV	DE2591	AWR-C-DRG-TYPE	Claim DRG Type Code
VMCPACTV	DE2592	AWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
VMCPACTV	DE2593	AWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
VMCPACTV	DE2594	AWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
VMCPACTV	DE2069	AWR-C-PRICE-SRC	Claim Pricing Source
VMCPACTV	DE2070	AWR-C-PRICE-TYPE	Claim Pricing Source Type
VMCPACTV	DE2071	AWR-C-PRICE-CODE	Claim Pricing Source Code
VMCPACTV	DE2994	AWR-N-ENC-PYMT-AMT	Encounter Payment Amount
VMCPACTV	DE2995	AWR-D-ENC-PYMT	Encounter Payment Date
VMCPACTV	DE2435	AWR-I-MOD-STAT-SEQ-NO-32	Claim Status Sequence Number
VMCPACTV	DE9580	AWR-I-RA-NUM	Remittance Advice Number
VMCPACTV	DE2003	AWR-C-CLM-MOD-CVAL	Claim Type Modifier
VMCPACTV	DE2383	AWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
VMCPACTV	DE2384	AWR-D-MOD-STAT-END	Claim Status End Date
VMCPACTV	DE2039	AWR-C-CLM-STAT-CVAL	Claim Status
VMCPACTV	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
VMCPACTV	DE9916	AWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
VMCPACTV	DE2038	AWR-C-CATG-SRVC-CVAL	Claim Category of Service
VMCPACTV	DE0012	AWR-I-USER-ID-32	User/Operator ID
VMCPACTV	DE0002	AWR-NO-CURRENT-ERRORS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-C-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-C-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-C-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-C-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-I-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-I-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-F-OVERRIDE	Claim Edit Override

VMCPACTV	DE2349	AWR-T-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-I-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE2496	AWR-F-PEND-LOCATION-UPD	Claims Pend Resolution Update Flag
VMCPACTV	DE2584	AWR-I-PEND-SEQ-NO	Claims Pend Location Sequence Number
VMCPACTV	DE2841	AWR-C-PND-LOC-TO-CVAL	Claim Pend To Location
VMCPACTV	DE2840	AWR-C-PND-LOC-FRM-CVAL	Claim Pend From Location
VMCPACTV	DE2404	AWR-D-TRANSFER	Pend Transfer Date
VMCPACTV	DE2496	AWR-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag
VMCPACTV	DE0012	AWR-I-USER-ID-62	User/Operator ID
VMCPACTV	DE0002	AWR-NO-HISTORY-ERRORS	Calculated
VMCPACTV	DE2435	AWR-H-MOD-STAT-SEQ-NO-24	Claim Status Sequence Number
VMCPACTV	DE2156	AWR-H-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-H-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-H-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-H-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-H-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-H-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-H-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-H-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-H-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-H-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-H-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE0002	AWR-NO-CONFLICT-ICNS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-36	Claim Edit Sequence Number
VMCPACTV	DE2441	AWR-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
VMCPACTV	DE2440	AWR-I-CNFLCT-ICN-DATE	Claim Conflict ICN
VMCPACTV	DE2678	AWR-I-CNFLCT-ICN-MEDIA	Conflicting Claim ICN Media
VMCPACTV	DE2679	AWR-I-CNFLCT-ICN-SEQ	Conflicting Claim ICN Sequence Number
VMCPACTV	DE2681	AWR-I-CNFLCT-ICN-LINE	Conflicting Claim ICN Line Number
VMCPACTV	DE2034	AWR-I-RELATED-DOC-NUM	Claim Related Document Number
VMCPACTV	DE2351	AWR-C-INTRREL-TYP-CVAL	Interrelationship Type
VMCPACTV	DE2033	AWR-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
VMCPACTV	DE2356	AWR-I-TAD-SEQ-NO	Claim TAD Sequence Number
VMCPACTV	DE2310	AWR-D-TAD-SENT	Claim TAD Sent Date
VMCPACTV	DE2543	AWR-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not
VMCPACTV	DE0002	AWR-NUM-SCHOOL-EMPLYR-RECS	Calculated

VMCPACTV	DE0016	AWR-I-SCH-EMP-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-20	Policy Owner
VMCPACTV	DE2517	AWR-T-SCHOOL-EMP-NAME	Claim Employer Name
VMCPACTV	DE2537	AWR-T-EMP-ADDRESS	Claim Employer/School Address
VMCPACTV	DE0002	AWR-NUM-OTHER-INSRD-RECS	Calculated
VMCPACTV	DE0016	AWR-I-OTH-INSRD-SEQ-NO	Seq Num
VMCPACTV	DE2522	AWR-T-INSRD-NAME	Claim Other Insured's Name
VMCPACTV	DE2524	AWR-D-INSRD-BIRTH	Claim Other Insured's Date of Birth
VMCPACTV	DE2350	AWR-C-INSRD-SEX	Insured Sex
VMCPACTV	DE2352	AWR-C-PATNT-REL	Relationship to Patient
VMCPACTV	DE2353	AWR-C-PERSON	Person
VMCPACTV	DE2532	AWR-F-OTHER-CVRG	Claim Other Dental Plan Coverage Indicator
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL	Policy Owner
VMCPACTV	DE0002	AWR-NUM-INS-CARRIER-RECS	Calculated
VMCPACTV	DE0016	AWR-I-CARRIER-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-11	Policy Owner
VMCPACTV	DE2512	AWR-I-INSRD-ID	Claim Insured's Identification
VMCPACTV	DE2446	AWR-I-INSRD-PLAN-NO	Insured Plan Number
VMCPACTV	DE2522	AWR-T-CARRIER-NAME	Claim Other Insured's Name
VMCPACTV	DE2534	AWR-T-CARRIER-ADDRESS	Claim Name and Address of Other Carrier (s)
VMCPACTV	DE2515	AWR-T-GROUP-NAME	Claim Group Name (Insurance)
VMCPACTV	DE2516	AWR-I-GROUP-NO	Claim Group Number or FECA Number (Insurance)
VMCPACTV	DE2579	AWR-UB92-REC90-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-REC91-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-EDI-REMARKS	Claims Remarks Text
VMCPACTV	DE0002	AWR-NUM-PYMT-REQ-ATTACH-RECS	Calculated
VMCPACTV	DE0015	AWR-I-ATTACH-SEQ-NO	Code ID
VMCPACTV	DE2015	AWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
VMCPACTV	DE2014	AWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type

VMCPACTV	DE4002	AWR-I-SRVC-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-SRVC-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-SRVC-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-BILL-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-BILL-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-BILL-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4099	AWR-C-SUBMT-ZIP	Provider Address ZIP Code
VMCPACTV	DE4002	AWR-I-PROV-FINANCE	Provider Identification Number
VMCPACTV	DE2053	AWR-C-SPECIAL-PROCESS	Special Process Indicator
VMCPACTV	DE4089	AWR-I-PROV-PRICE-LOC	Provider Locality Code
VMCPACTV	DE4701	AWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
VMCPACTV	DE4701	AWR-C-SUBMT-BILL-TXNMY	NPI-API Label
VMCPACTV	DE4143	AWR-I-SITE-NO	NPI XREF Site Number
VMCPACTV	DE2031	AWR-I-PATNT-ACCT-NUM	Claim Patient Account Number
VMCPACTV	DE2102	AWR-C-BILL-TYPE	Claim Facility Bill Type
VMCPACTV	DE2136	AWR-H-ADMISSION-HOUR	Claim Hour of Admission
VMCPACTV	DE2108	AWR-N-COVRD-DAYS	Claim Covered Days
VMCPACTV	DE2109	AWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
VMCPACTV	DE2105	AWR-D-ADMIT	Claim Admission Date
VMCPACTV	DE2106	AWR-C-ADMIT-SRC-CVAL	Claim Admission Source
VMCPACTV	DE2412	AWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
VMCPACTV	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
VMCPACTV	DE2107	AWR-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
VMCPACTV	DE2869	AWR-C-DISCHG-STAT-CVAL	Claim Discharge Status
VMCPACTV	DE2060	AWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
VMCPACTV	DE4002	AWR-I-OTHER-PROV1	Provider Identification Number
VMCPACTV	DE2453	AWR-I-OTHER-PROV2	Other Provider 2
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-FAC	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-FAC	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-51	Claims PA Type Code
VMCPACTV	DE4002	AWR-I-ATND-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-ATND-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-ATND-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH1-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH1-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-OTH1-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH2-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH2-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-OTH2-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE2050	AWR-C-PROC-DIAG-VER DX	Version Qualifier

VMCPACTV	DE2057	AWR-C-ACCIDENT-STATE	Accident State
VMCPACTV	DE4700	AWR-I-OTH-OPER-NPI	National Provider Identifier
VMCPACTV	DE4700	AWR-I-REFER-NPI-FAC	National Provider Identifier
VMCPACTV	DE2075	AWR-F-P51-EPSDT	EPSDT Indicator
VMCPACTV	DE0002	AWR-NUM-OF-COND-CODES	Calculated
VMCPACTV	DE2439	AWR-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
VMCPACTV	DE2115	AWR-C-CONDITION	Claim Condition Code
VMCPACTV	DE0002	AWR-NUM-OF-OCCUR-CODES	Calculated
VMCPACTV	DE2451	AWR-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
VMCPACTV	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
VMCPACTV	DE2113	AWR-D-OCCUR-BEGIN	Claim Occurrence From Date
VMCPACTV	DE2114	AWR-D-OCCUR-END	Claim Occurrence Thru Date
VMCPACTV	DE2005	AWR-C-OCCUR-TYPE-CVAL	Occurrence Type
VMCPACTV	DE0002	AWR-NUM-OF-VALUE-CODES	Calculated
VMCPACTV	DE2357	AWR-I-VALUE-SEQ-NO	Value Code Sequence Number
VMCPACTV	DE2128	AWR-C-VALUE	Claim Value Code
VMCPACTV	DE2131	AWR-N-VALUE-CD-AMT	Claim Value Amount
VMCPACTV	DE2448	AWR-A-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-A-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-A-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-A-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-A-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-A-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-A-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-A-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-A-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-A-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-A-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2173	AWR-C-PLACE-OF-SERV	Claim Professional Place of Service
VMCPACTV	DE2072	AWR-C-TYPE-SERVICE	Claim Type of Service
VMCPACTV	DE2993	AWR-I-CLIA-52	Claims CLIA Number
VMCPACTV	DE2009	AWR-N-UNITS-52	Claim Number of Units/Visits/Studies
VMCPACTV	DE2083	AWR-N-INPT-PAT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2410	AWR-D-HOSP-FROM	Claim Hospital Start Date
VMCPACTV	DE2411	AWR-D-HOSP-THRU	Claim Hospital End Date
VMCPACTV	DE4002	AWR-I-REFER-PROV	Provider Identification Number
VMCPACTV	DE2075	AWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2074	AWR-F-EMPLOYMENT	Claim Employment Indicator
VMCPACTV	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator

VMCPACTV	DE2431	AWR-F-AUTO-ACCIDENT	Claim Auto Accident
VMCPACTV	DE2075	AWR-F-EPSDT-52	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2084	AWR-N-WAIT-TIME	Anesthesia Minutes
VMCPACTV	DE2085	AWR-N-PASSENGERS	Claim Number of Passengers
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-MED	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-MED	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-52	Claims PA Type Code
VMCPACTV	DE2209	AWR-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
VMCPACTV	DE2028	AWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
VMCPACTV	DE4002	AWR-I-REF-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-REF-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-REF-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE5200	AWR-C-NDC	Drug Code (NDC)
VMCPACTV	DE2200	AWR-C-TOOTH	Claim Dental Tooth Code
VMCPACTV	DE2892	AWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
VMCPACTV	DE2448	AWR-B-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-B-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-B-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-B-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-B-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-B-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-B-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-B-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-B-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-B-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-B-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2141	AWR-F-FAC-CLM-NDC	UB04 NDC Existence flag
VMCPACTV	DE5064	AWR-C-EAPG	EAPG Code
VMCPACTV	DE2091	AWR-N-EAPG-WEIGHT	Claim EAPG Weight
VMCPACTV	DE2092	AWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
VMCPACTV	DE2093	AWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
VMCPACTV	DE2094	AWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
VMCPACTV	DE2095	AWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
VMCPACTV	DE2096	AWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
VMCPACTV	DE2097	AWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
VMCPACTV	DE2266	AWR-N-OBSTET-UNITS	Obstetrical Units

VMCPACTV	DE2228	AWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
VMCPACTV	DE2467	AWR-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
VMCPACTV	DE2211	AWR-I-RX-NO	Claim Pharmacy Prescription Number
VMCPACTV	DE2826	AWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
VMCPACTV	DE2468	AWR-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
VMCPACTV	DE2229	AWR-C-LVL-SRVC	Claim Pharmacy Level of Service
VMCPACTV	DE2216	AWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
VMCPACTV	DE2232	AWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
VMCPACTV	DE2238	AWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
VMCPACTV	DE2214	AWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
VMCPACTV	DE2220	AWR-F-COMPOUND	Claim Pharmacy Compound Indicator
VMCPACTV	DE2212	AWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
VMCPACTV	DE2230	AWR-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
VMCPACTV	DE2233	AWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
VMCPACTV	DE2234	AWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
VMCPACTV	DE2235	AWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
VMCPACTV	DE2236	AWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
VMCPACTV	DE2227	AWR-C-TPL	Claim Pharmacy Other Coverage Indicator
VMCPACTV	DE2432	AWR-F-PREGNANCY	Pregnancy
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-PHRM	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-PHRM	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-53	Claims PA Type Code
VMCPACTV	DE2213	AWR-N-UC-PRICE	Claim Pharmacy Usual Charge
VMCPACTV	DE2025	AWR-I-ASSOCIATED-RX-NO	Associated RX Number
VMCPACTV	DE2026	AWR-D-ASSOCIATED-SERV	Associated Date of Service
VMCPACTV	DE2055	AWR-C-PHRM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
VMCPACTV	DE2264	AWR-C-PATNT-RES	Patient Residence
VMCPACTV	DE2260	AWR-C-COMPOUND-TYPE	Compound Type
VMCPACTV	DE2261	AWR-C-PHRM-SERV-TYPE	Pharmacy Service Type
VMCPACTV	DE2262	AWR-N-PROF-SERV-FEE	Professional Service Fee
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE4085	AWR-T-PRESC-NAME-FIRST	Provider Name
VMCPACTV	DE4085	AWR-T-PRESC-NAME-LAST	Provider Name
VMCPACTV	DE4097	AWR-T-PRESC-ADDR-LINE	Provider Address Line
VMCPACTV	DE4130	AWR-T-PRESC-CITY	Provider Address City Name
VMCPACTV	DE4098	AWR-C-PRESC-STATE	Provider Address State
VMCPACTV	DE4099	AWR-C-PRESC-ZIP	Provider Address ZIP Code
VMCPACTV	DE4090	AWR-T-PRESC-PHONE-NUM	Provider Phone Number

VMCPACTV	DE0002	AWR-NUM-OF-NDC-DRUG	Calculated
VMCPACTV	DE2450	AWR-I-NDC-DRUG-SEQ-NO	NDC Drug Sequence Number
VMCPACTV	DE5735	AWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
VMCPACTV	DE2469	AWR-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
VMCPACTV	DE5200	AWR-C-DRUG-NDC	Drug Code (NDC)
VMCPACTV	DE5061	AWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
VMCPACTV	DE5731	AWR-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
VMCPACTV	DE5088	AWR-C-DRUG-CATG	Drug Category Code
VMCPACTV	DE5059	AWR-C-DRUG-CLASS	Drug Class Code
VMCPACTV	DE2237	AWR-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
VMCPACTV	DE2248	AWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
VMCPACTV	DE5230	AWR-N-UNIT-PRICE	Drug Unit Dose Price
VMCPACTV	DE2223	AWR-N-INGRED-COST	Pharmacy Ingredient Cost
VMCPACTV	DE2231	AWR-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
VMCPACTV	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
VMCPACTV	DE2218	AWR-N-UD-FEE	Claim Pharmacy Add-on Fee
VMCPACTV	DE5043	AWR-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
VMCPACTV	DE5031	AWR-C-DRUG-DISP-UNIT	Drug Dispensing Unit
VMCPACTV	DE2221	AWR-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
VMCPACTV	DE5740	AWR-C-CONFLICT	ProDUR Reason Code (Reason for Service)
VMCPACTV	DE5741	AWR-C-INTERVENT	ProDUR Service Code (Professional Service Code)
VMCPACTV	DE5742	AWR-C-OUTCOME	ProDUR Result Code
VMCPACTV	DE2160	AWR-RECYCLE-FLAG	Claims Recycle Flag
VMCPACTV	DE2481	AWR-OLD-FORMAT-PA-NUMBER	Claims Original PA Number
VMCPACTV	DE0002	AWR-NUM-OF-FAC-LINES	Calculated
VMCPACTV	DE2445	AWR-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
VMCPACTV	DE2122	AWR-C-REV	Claim Revenue Code
VMCPACTV	DE2123	AWR-N-UNITS-07	Claim Revenue Units
VMCPACTV	DE2124	AWR-N-REV-BILLED-AMT	Claim Revenue Amount
VMCPACTV	DE2139	AWR-N-NON-COV-AMT	Claim Non-Covered Amount
VMCPACTV	DE2991	AWR-N-REV-ALLOWED-AMT	Claim Revenue Allowed Amt
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-07	Claim Cutback Days/Units
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-07	Claim Cutback Amount
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-07	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-07	Procedure Code
VMCPACTV	DE5064	AWR-C-P07-EAPG	EAPG Code
VMCPACTV	DE2091	AWR-N-P07-EAPG-WEIGHT	EAPG Weight

Files CP-F-126T COBA Denied Claims File (Temporary) - AWR

This file contains all Crossover Claims submitted to VaMMIS, by the COBC that reflect either a zero-billed or fully paid status. The claim records on this file are in AWR format and are identical to CP-F-006. Zero-billed and fully paid claims reflect the following attributes: either the AWR-MCARE-PD-AMT is equal to zero or both AWR-COINS-AMT and AWR-DEDUCTIBLE-AMT are equal to zero. This file is temporary and will only contain the current day's batch of zero billed or fully paid claims. These claims will be added to the Cumulative Denied Claims File by program, CPREPT1.

Subsystem:	Claims
Copybook:	VMCPACTV
	N/A
File Organ-ization:	Sequential
Device Type:	Disk
Primary Key:	AWR-C-PYMT-REQ-MEDIA (DE2478) AWR-I-PYMT-REQ-DATE (DE2477) AWR-I-PYMT-REQ-LINE-NO (2343) AWR-I-PYMT-REQ-SEQ-NO (2480)
Alternate Key:	N/A
Program:	COBA - Extract Zero Billed or Fully Paid Claims Prior to Adjudication (CPREPT0) COBA - Copy All Crossover Claims to the Cumulative File (CPREPT1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCPACTV	DE2477	AWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMCPACTV	DE2478	AWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMCPACTV	DE2480	AWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMCPACTV	DE2343	AWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMCPACTV	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
VMCPACTV	DE2030	AWR-C-ATTACHMNT-CVAL	Claim Attachments Indicator
VMCPACTV	DE4082	AWR-I-PROV-SRVC-VNDR	Provider Service Center
VMCPACTV	DE2088	AWR-C-CLM-FORM-CVAL	Claim Form Type

VMCPACTV	DE2006	AWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
VMCPACTV	DE3005	AWR-D-ENROLLEE-BIRTH	Enrollee Birth Date
VMCPACTV	DE3007	AWR-C-ENROLLEE-SEX	Enrollee Sex Code
VMCPACTV	DE2020	AWR-F-CONVERSION	Claim Conversion Indicator
VMCPACTV	DE2569	AWR-I-CLM-SUBMIT	Claims Submission Identifier
VMCPACTV	DE2177	AWR-D-ENTERED	Claim Entered Date
VMCPACTV	DE2581	AWR-I-CLAIM-MCN	Claims MCN Number
VMCPACTV	DE2684	AWR-F-ADA-MED-COVERAGE	Claim Dental Medical Coverage Flag
VMCPACTV	DE2225	AWR-I-VERSION	Claim Pharmacy NCPDP Version
VMCPACTV	DE2226	AWR-I-TRANS-RCVD-LINE	Claim Pharmacy Transmission Received Line
VMCPACTV	DE2013	AWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
VMCPACTV	DE2265	AWR-C-4010-5010-CVAL	Claim EDI Version Indicator
VMCPACTV	DE2267	AWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
VMCPACTV	DE3901	AWR-I-PERSON-CLM	Person ID
VMCPACTV	DE4001	AWR-I-SRVC-BASE-PROV	Provider Base Identification Number
VMCPACTV	DE4002	AWR-I-SRVC-PROV-P50	Provider Identification Number
VMCPACTV	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
VMCPACTV	DE2002	AWR-C-CLM-TYPE-CVAL	Claim Type
VMCPACTV	DE2010	AWR-D-SERV-FROM	Claim Service From Date
VMCPACTV	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
VMCPACTV	DE2016	AWR-N-BILLED-CHG	Claim Billed Charge
VMCPACTV	DE3098	AWR-I-EVS-NO	Eligibility Verification Number
VMCPACTV	DE3001	AWR-I-ENROLLEE-ID	Enrollee Identification Number
VMCPACTV	DE3093	AWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCPACTV	DE3009	AWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
VMCPACTV	DE3551	AWR-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
VMCPACTV	DE3552	AWR-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
VMCPACTV	DE3553	AWR-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
VMCPACTV	DE3072	AWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
VMCPACTV	DE3655	AWR-C-ENRL-PREM-IND	Medicare Premium Indicator
VMCPACTV	DE2544	AWR-C-COB	Claim COB Indicator
VMCPACTV	DE2246	AWR-F-CONSENT	Claim Consent Indicator
VMCPACTV	DE2224	AWR-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
VMCPACTV	DE2018	AWR-N-TPL-AMT-PAID	Claim Third Party Payment
VMCPACTV	DE2027	AWR-F-ACCIDENT	Claim Accident Indicator
VMCPACTV	DE2802	AWR-F-EMERGENCY	Claim Emergency Identifier
VMCPACTV	DE2781	AWR-I-REQUEST-NO	Claim CHIRP Request Identification
VMCPACTV	DE2068	AWR-F-SPECIAL-BATCH	Claim Special Batch Indicator
VMCPACTV	DE2012	AWR-I-LINE-ITEM-CNTL-NUM	Claim EDI Line Item Control Number

VMCPACTV	DE2019	AWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
VMCPACTV	DE2007	AWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
VMCPACTV	DE2268	AWR-D-CVRG-EXPIR	Coverage Expiration Date
VMCPACTV	DE0002	AWR-CLM-PROC-NUM-OCCRS	Calculated
VMCPACTV	DE2444	AWR-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-09	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-09	Procedure Code
VMCPACTV	DE2021	AWR-D-PROCEDURE-09	Claim Procedure Code Date
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
VMCPACTV	DE0002	AWR-P13-NUM-OF-DIAG	Calculated
VMCPACTV	DE2449	AWR-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
VMCPACTV	DE5301	AWR-C-DIAG	Diagnosis Code
VMCPACTV	DE5020	AWR-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
VMCPACTV	DE2585	AWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
VMCPACTV	DE2052	AWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
VMCPACTV	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
VMCPACTV	DE2023	AWR-N-PYMT-AMT	Claim Payment Amount
VMCPACTV	DE2073	AWR-N-ALLOW-AMT	Claim Allowed Amount
VMCPACTV	DE2158	AWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
VMCPACTV	DE2545	AWR-N-CALC-COINS	Claim Calculated Co-Insurance
VMCPACTV	DE2083	AWR-N-PATNT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
VMCPACTV	DE2217	AWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
VMCPACTV	DE2315	AWR-N-PYMT-DAYS	Claim Payment days
VMCPACTV	DE2056	AWR-N-ELIGIBLE-DAYS	Claim number of days eligible
VMCPACTV	DE2358	AWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
VMCPACTV	DE2080	AWR-N-DSA-AMT	Claim Disproportionate Share Amount
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-29	Claim Cutback Amount
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
VMCPACTV	DE2022	AWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
VMCPACTV	DE5353	AWR-C-DRG	DRG (Diagnosis Related Group) Code
VMCPACTV	DE2547	AWR-N-DRG-PYMT-AMT	DRG Payment Amount
VMCPACTV	DE6827	AWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
VMCPACTV	DE2470	AWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
VMCPACTV	DE2348	AWR-C-DRG-PYMT-TYPE	DRG Payment Type

VMCPACTV	DE5354	AWR-N-DRG-WEIGHT	DRG Relative Weight
VMCPACTV	DE2881	AWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
VMCPACTV	DE4006	AWR-C-PROV-TYPE	Provider Type
VMCPACTV	DE4007	AWR-C-PROV-SPECIALTY	Provider Specialty Code
VMCPACTV	DE2599	AWR-C-COPAY-IND	Claim Co-pay Indicator
VMCPACTV	DE2674	AWR-F-TPL	Claim TPL Flag
VMCPACTV	DE2673	AWR-F-SPLIT-CLAIM	Split Claim Flag
VMCPACTV	DE2433	AWR-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
VMCPACTV	DE2566	AWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
VMCPACTV	DE3008	AWR-I-ENRL-LOCALITY	Enrollee FIPS Code
VMCPACTV	DE4089	AWR-I-PROV-LOCALITY	Provider Locality Code
VMCPACTV	DE2589	AWR-C-DRG-GRPET	Claim DRG Grouper Return Code
VMCPACTV	DE2590	AWR-C-DRG-MDC	Claim DRG MDC Code
VMCPACTV	DE2591	AWR-C-DRG-TYPE	Claim DRG Type Code
VMCPACTV	DE2592	AWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
VMCPACTV	DE2593	AWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
VMCPACTV	DE2594	AWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
VMCPACTV	DE2069	AWR-C-PRICE-SRC	Claim Pricing Source
VMCPACTV	DE2070	AWR-C-PRICE-TYPE	Claim Pricing Source Type
VMCPACTV	DE2071	AWR-C-PRICE-CODE	Claim Pricing Source Code
VMCPACTV	DE2994	AWR-N-ENC-PYMT-AMT	Encounter Payment Amount
VMCPACTV	DE2995	AWR-D-ENC-PYMT	Encounter Payment Date
VMCPACTV	DE2435	AWR-I-MOD-STAT-SEQ-NO-32	Claim Status Sequence Number
VMCPACTV	DE9580	AWR-I-RA-NUM	Remittance Advice Number
VMCPACTV	DE2003	AWR-C-CLM-MOD-CVAL	Claim Type Modifier
VMCPACTV	DE2383	AWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
VMCPACTV	DE2384	AWR-D-MOD-STAT-END	Claim Status End Date
VMCPACTV	DE2039	AWR-C-CLM-STAT-CVAL	Claim Status
VMCPACTV	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
VMCPACTV	DE9916	AWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
VMCPACTV	DE2038	AWR-C-CATG-SRVC-CVAL	Claim Category of Service
VMCPACTV	DE0012	AWR-I-USER-ID-32	User/Operator ID
VMCPACTV	DE0002	AWR-NO-CURRENT-ERRORS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-C-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-C-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-C-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-C-MSG-TYP-CVAL	Message Type

VMCPACTV	DE2121	AWR-I-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-I-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-F-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-T-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-I-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE2496	AWR-F-PEND-LOCATION-UPD	Claims Pend Resolution Update Flag
VMCPACTV	DE2584	AWR-I-PEND-SEQ-NO	Claims Pend Location Sequence Number
VMCPACTV	DE2841	AWR-C-PND-LOC-TO-CVAL	Claim Pend To Location
VMCPACTV	DE2840	AWR-C-PND-LOC-FRM-CVAL	Claim Pend From Location
VMCPACTV	DE2404	AWR-D-TRANSFER	Pend Transfer Date
VMCPACTV	DE2496	AWR-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag
VMCPACTV	DE0012	AWR-I-USER-ID-62	User/Operator ID
VMCPACTV	DE0002	AWR-NO-HISTORY-ERRORS	Calculated
VMCPACTV	DE2435	AWR-H-MOD-STAT-SEQ-NO-24	Claim Status Sequence Number
VMCPACTV	DE2156	AWR-H-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-H-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-H-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-H-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-H-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-H-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-H-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-H-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-H-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-H-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-H-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE0002	AWR-NO-CONFLICT-ICNS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-36	Claim Edit Sequence Number
VMCPACTV	DE2441	AWR-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
VMCPACTV	DE2440	AWR-I-CNFLCT-ICN-DATE	Claim Conflict ICN
VMCPACTV	DE2678	AWR-I-CNFLCT-ICN-MEDIA	Conflicting Claim ICN Media
VMCPACTV	DE2679	AWR-I-CNFLCT-ICN-SEQ	Conflicting Claim ICN Sequence Number
VMCPACTV	DE2681	AWR-I-CNFLCT-ICN-LINE	Conflicting Claim ICN Line Number
VMCPACTV	DE2034	AWR-I-RELATED-DOC-NUM	Claim Related Document Number
VMCPACTV	DE2351	AWR-C-INTRREL-TYP-CVAL	Interrelationship Type
VMCPACTV	DE2033	AWR-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
VMCPACTV	DE2356	AWR-I-TAD-SEQ-NO	Claim TAD Sequence Number
VMCPACTV	DE2310	AWR-D-TAD-SENT	Claim TAD Sent Date

VMCPACTV	DE2543	AWR-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not
VMCPACTV	DE0002	AWR-NUM-SCHOOL-EMPLYR-RECS	Calculated
VMCPACTV	DE0016	AWR-I-SCH-EMP-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-20	Policy Owner
VMCPACTV	DE2517	AWR-T-SCHOOL-EMP-NAME	Claim Employer Name
VMCPACTV	DE2537	AWR-T-EMP-ADDRESS	Claim Employer/School Address
VMCPACTV	DE0002	AWR-NUM-OTHER-INSRD-RECS	Calculated
VMCPACTV	DE0016	AWR-I-OTH-INSRD-SEQ-NO	Seq Num
VMCPACTV	DE2522	AWR-T-INSRD-NAME	Claim Other Insured's Name
VMCPACTV	DE2524	AWR-D-INSRD-BIRTH	Claim Other Insured's Date of Birth
VMCPACTV	DE2350	AWR-C-INSRD-SEX	Insured Sex
VMCPACTV	DE2352	AWR-C-PATNT-REL	Relationship to Patient
VMCPACTV	DE2353	AWR-C-PERSON	Person
VMCPACTV	DE2532	AWR-F-OTHER-CVRG	Claim Other Dental Plan Coverage Indicator
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL	Policy Owner
VMCPACTV	DE0002	AWR-NUM-INS-CARRIER-RECS	Calculated
VMCPACTV	DE0016	AWR-I-CARRIER-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-11	Policy Owner
VMCPACTV	DE2512	AWR-I-INSRD-ID	Claim Insured's Identification
VMCPACTV	DE2446	AWR-I-INSRD-PLAN-NO	Insured Plan Number
VMCPACTV	DE2522	AWR-T-CARRIER-NAME	Claim Other Insured's Name
VMCPACTV	DE2534	AWR-T-CARRIER-ADDRESS	Claim Name and Address of Other Carrier (s)
VMCPACTV	DE2515	AWR-T-GROUP-NAME	Claim Group Name (Insurance)
VMCPACTV	DE2516	AWR-I-GROUP-NO	Claim Group Number or FECA Number (Insurance)
VMCPACTV	DE2579	AWR-UB92-REC90-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-REC91-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-EDI-REMARKS	Claims Remarks Text
VMCPACTV	DE0002	AWR-NUM-PYMT-REQ-ATTACH-RECS	Calculated

VMCPACTV	DE0015	AWR-I-ATTACH-SEQ-NO	Code ID
VMCPACTV	DE2015	AWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
VMCPACTV	DE2014	AWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
VMCPACTV	DE4002	AWR-I-SRVC-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-SRVC-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-SRVC-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-BILL-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-BILL-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-BILL-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4099	AWR-C-SUBMT-ZIP	Provider Address ZIP Code
VMCPACTV	DE4002	AWR-I-PROV-FINANCE	Provider Identification Number
VMCPACTV	DE2053	AWR-C-SPECIAL-PROCESS	Special Process Indicator
VMCPACTV	DE4089	AWR-I-PROV-PRICE-LOC	Provider Locality Code
VMCPACTV	DE4701	AWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
VMCPACTV	DE4701	AWR-C-SUBMT-BILL-TXNMY	NPI-API Label
VMCPACTV	DE4143	AWR-I-SITE-NO	NPI XREF Site Number
VMCPACTV	DE2031	AWR-I-PATNT-ACCT-NUM	Claim Patient Account Number
VMCPACTV	DE2102	AWR-C-BILL-TYPE	Claim Facility Bill Type
VMCPACTV	DE2136	AWR-H-ADMISSION-HOUR	Claim Hour of Admission
VMCPACTV	DE2108	AWR-N-COVRD-DAYS	Claim Covered Days
VMCPACTV	DE2109	AWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
VMCPACTV	DE2105	AWR-D-ADMIT	Claim Admission Date
VMCPACTV	DE2106	AWR-C-ADMIT-SRC-CVAL	Claim Admission Source
VMCPACTV	DE2412	AWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
VMCPACTV	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
VMCPACTV	DE2107	AWR-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
VMCPACTV	DE2869	AWR-C-DISCHG-STAT-CVAL	Claim Discharge Status
VMCPACTV	DE2060	AWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
VMCPACTV	DE4002	AWR-I-OTHER-PROV1	Provider Identification Number
VMCPACTV	DE2453	AWR-I-OTHER-PROV2	Other Provider 2
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-FAC	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-FAC	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-51	Claims PA Type Code
VMCPACTV	DE4002	AWR-I-ATND-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-ATND-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-ATND-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH1-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH1-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-OTH1-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH2-MCAID-SUBMT	Provider Identification Number

VMCPACTV	DE4700	AWR-I-OTH2-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-OTH2-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE2050	AWR-C-PROC-DIAG-VER DX	Version Qualifier
VMCPACTV	DE2057	AWR-C-ACCIDENT-STATE	Accident State
VMCPACTV	DE4700	AWR-I-OTH-OPER-NPI	National Provider Identifier
VMCPACTV	DE4700	AWR-I-REFER-NPI-FAC	National Provider Identifier
VMCPACTV	DE2075	AWR-F-P51-EPSDT	EPSDT Indicator
VMCPACTV	DE0002	AWR-NUM-OF-COND-CODES	Calculated
VMCPACTV	DE2439	AWR-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
VMCPACTV	DE2115	AWR-C-CONDITION	Claim Condition Code
VMCPACTV	DE0002	AWR-NUM-OF-OCCUR-CODES	Calculated
VMCPACTV	DE2451	AWR-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
VMCPACTV	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
VMCPACTV	DE2113	AWR-D-OCCUR-BEGIN	Claim Occurrence From Date
VMCPACTV	DE2114	AWR-D-OCCUR-END	Claim Occurrence Thru Date
VMCPACTV	DE2005	AWR-C-OCCUR-TYPE-CVAL	Occurrence Type
VMCPACTV	DE0002	AWR-NUM-OF-VALUE-CODES	Calculated
VMCPACTV	DE2357	AWR-I-VALUE-SEQ-NO	Value Code Sequence Number
VMCPACTV	DE2128	AWR-C-VALUE	Claim Value Code
VMCPACTV	DE2131	AWR-N-VALUE-CD-AMT	Claim Value Amount
VMCPACTV	DE2448	AWR-A-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-A-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-A-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-A-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-A-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-A-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-A-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-A-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-A-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-A-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-A-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2173	AWR-C-PLACE-OF-SERV	Claim Professional Place of Service
VMCPACTV	DE2072	AWR-C-TYPE-SERVICE	Claim Type of Service
VMCPACTV	DE2993	AWR-I-CLIA-52	Claims CLIA Number
VMCPACTV	DE2009	AWR-N-UNITS-52	Claim Number of Units/Visits/Studies
VMCPACTV	DE2083	AWR-N-INPT-PAT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2410	AWR-D-HOSP-FROM	Claim Hospital Start Date
VMCPACTV	DE2411	AWR-D-HOSP-THRU	Claim Hospital End Date
VMCPACTV	DE4002	AWR-I-REFER-PROV	Provider Identification Number

VMCPACTV	DE2075	AWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2074	AWR-F-EMPLOYMENT	Claim Employment Indicator
VMCPACTV	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
VMCPACTV	DE2431	AWR-F-AUTO-ACCIDENT	Claim Auto Accident
VMCPACTV	DE2075	AWR-F-EPSDT-52	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2084	AWR-N-WAIT-TIME	Anesthesia Minutes
VMCPACTV	DE2085	AWR-N-PASSENGERS	Claim Number of Passengers
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-MED	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-MED	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-52	Claims PA Type Code
VMCPACTV	DE2209	AWR-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
VMCPACTV	DE2028	AWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
VMCPACTV	DE4002	AWR-I-REF-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-REF-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-REF-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE5200	AWR-C-NDC	Drug Code (NDC)
VMCPACTV	DE2200	AWR-C-TOOTH	Claim Dental Tooth Code
VMCPACTV	DE2892	AWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
VMCPACTV	DE2448	AWR-B-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-B-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-B-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-B-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-B-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-B-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-B-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-B-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-B-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-B-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-B-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2141	AWR-F-FAC-CLM-NDC	UB04 NDC Existence flag
VMCPACTV	DE5064	AWR-C-EAPG	EAPG Code
VMCPACTV	DE2091	AWR-N-EAPG-WEIGHT	Claim EAPG Weight
VMCPACTV	DE2092	AWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
VMCPACTV	DE2093	AWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
VMCPACTV	DE2094	AWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
VMCPACTV	DE2095	AWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG

VMCPACTV	DE2096	AWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
VMCPACTV	DE2097	AWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
VMCPACTV	DE2266	AWR-N-OBSTET-UNITS	Obstetrical Units
VMCPACTV	DE2228	AWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
VMCPACTV	DE2467	AWR-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
VMCPACTV	DE2211	AWR-I-RX-NO	Claim Pharmacy Prescription Number
VMCPACTV	DE2826	AWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
VMCPACTV	DE2468	AWR-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
VMCPACTV	DE2229	AWR-C-LVL-SRVC	Claim Pharmacy Level of Service
VMCPACTV	DE2216	AWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
VMCPACTV	DE2232	AWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
VMCPACTV	DE2238	AWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
VMCPACTV	DE2214	AWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
VMCPACTV	DE2220	AWR-F-COMPOUND	Claim Pharmacy Compound Indicator
VMCPACTV	DE2212	AWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
VMCPACTV	DE2230	AWR-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
VMCPACTV	DE2233	AWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
VMCPACTV	DE2234	AWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
VMCPACTV	DE2235	AWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
VMCPACTV	DE2236	AWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
VMCPACTV	DE2227	AWR-C-TPL	Claim Pharmacy Other Coverage Indicator
VMCPACTV	DE2432	AWR-F-PREGNANCY	Pregnancy
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-PHRM	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-PHRM	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-53	Claims PA Type Code
VMCPACTV	DE2213	AWR-N-UC-PRICE	Claim Pharmacy Usual Charge
VMCPACTV	DE2025	AWR-I-ASSOCIATED-RX-NO	Associated RX Number
VMCPACTV	DE2026	AWR-D-ASSOCIATED-SERV	Associated Date of Service
VMCPACTV	DE2055	AWR-C-PHRM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
VMCPACTV	DE2264	AWR-C-PATNT-RES	Patient Residence
VMCPACTV	DE2260	AWR-C-COMPOUND-TYPE	Compound Type
VMCPACTV	DE2261	AWR-C-PHRM-SERV-TYPE	Pharmacy Service Type
VMCPACTV	DE2262	AWR-N-PROF-SERV-FEE	Professional Service Fee
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE4085	AWR-T-PRESC-NAME-FIRST	Provider Name
VMCPACTV	DE4085	AWR-T-PRESC-NAME-LAST	Provider Name
VMCPACTV	DE4097	AWR-T-PRESC-ADDR-LINE	Provider Address Line
VMCPACTV	DE4130	AWR-T-PRESC-CITY	Provider Address City Name

VMCPACTV	DE4098	AWR-C-PRESC-STATE	Provider Address State
VMCPACTV	DE4099	AWR-C-PRESC-ZIP	Provider Address ZIP Code
VMCPACTV	DE4090	AWR-T-PRESC-PHONE-NUM	Provider Phone Number
VMCPACTV	DE0002	AWR-NUM-OF-NDC-DRUG	Calculated
VMCPACTV	DE2450	AWR-I-NDC-DRUG-SEQ-NO	NDC Drug Sequence Number
VMCPACTV	DE5735	AWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
VMCPACTV	DE2469	AWR-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
VMCPACTV	DE5200	AWR-C-DRUG-NDC	Drug Code (NDC)
VMCPACTV	DE5061	AWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
VMCPACTV	DE5731	AWR-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
VMCPACTV	DE5088	AWR-C-DRUG-CATG	Drug Category Code
VMCPACTV	DE5059	AWR-C-DRUG-CLASS	Drug Class Code
VMCPACTV	DE2237	AWR-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
VMCPACTV	DE2248	AWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
VMCPACTV	DE5230	AWR-N-UNIT-PRICE	Drug Unit Dose Price
VMCPACTV	DE2223	AWR-N-INGRED-COST	Pharmacy Ingredient Cost
VMCPACTV	DE2231	AWR-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
VMCPACTV	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
VMCPACTV	DE2218	AWR-N-UD-FEE	Claim Pharmacy Add-on Fee
VMCPACTV	DE5043	AWR-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
VMCPACTV	DE5031	AWR-C-DRUG-DISP-UNIT	Drug Dispensing Unit
VMCPACTV	DE2221	AWR-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
VMCPACTV	DE5740	AWR-C-CONFLICT	ProDUR Reason Code (Reason for Service)
VMCPACTV	DE5741	AWR-C-INTERVENT	ProDUR Service Code (Professional Service Code)
VMCPACTV	DE5742	AWR-C-OUTCOME	ProDUR Result Code
VMCPACTV	DE2160	AWR-RECYCLE-FLAG	Claims Recycle Flag
VMCPACTV	DE2481	AWR-OLD-FORMAT-PA-NUMBER	Claims Original PA Number
VMCPACTV	DE0002	AWR-NUM-OF-FAC-LINES	Calculated
VMCPACTV	DE2445	AWR-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
VMCPACTV	DE2122	AWR-C-REV	Claim Revenue Code
VMCPACTV	DE2123	AWR-N-UNITS-07	Claim Revenue Units
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD1	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD2	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD3	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD4	Modifier
VMCPACTV	DE5064	AWR-C-P07-EAPG	EAPG CODE
VMCPACTV	DE2091	AWR-N-P07-EAPG-WEIGHT	EAPG WEIGHT
VMCPACTV	DE2124	AWR-N-REV-BILLED-AMT	Claim Revenue Amount

VMCPACTV	DE2139	AWR-N-NON-COV-AMT	Claim Non-Covered Amount
VMCPACTV	DE2991	AWR-N-REV-ALLOWED-AMT	Claim Revenue Allowed Amt
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-07	Claim Cutback Days/Units
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-07	Claim Cutback Amount
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-07	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-07	Procedure Code

Files CP-F-130 PA CD Payroll Extract File

PA CD Payroll Line Items Extract File

Subsystem:	Claims
Copybook:	PAKEYRES
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	PA CD Payroll Activity Extract (CPD130)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAKEYRES	DE0002	Prod or Test Indicator	Calculated
PAKEYRES	DE2635	PA Service Type	PA Service Type Code
PAKEYRES	DE2499	PA Number Characters 1 to 5	Claims PA Number of Days Since
PAKEYRES	DE2498	PA Number Characters 6 to 11	Claims PA Number Sequence
PAKEYRES	DE2605	PA Case Control Number	PA Reference Number (Mailroom Control Number)
PAKEYRES	DE2650	Enrollee ID	PA Enrollee Identification Number
PAKEYRES	DE4002	Service Provider ID	Provider Identification Number
PAKEYRES	DE2652	Referring Provider ID	PA Referring Provider Identification Number
PAKEYRES	DE5301	Diagnosis Code	Diagnosis Code
PAKEYRES	DE2601	Data PA Entered	PA Entry Date
PAKEYRES	DE2481	Original PA Number	Claims Original PA Number
PAKEYRES	DE2606	PA Date Cancelled	PA Cancel Date
PAKEYRES	DE2586	PA Cancel Indicator	Prior Authorization Header Reject/Cancel code
PAKEYRES	DE2587	PA Cancel Reason Code	Prior Authorization Cancel/Reject Reason

PAKEYRES	DE2639	PA Media Type	PA Media Type Code
PAKEYRES	DE2621	PA Authorization Type Code	PA Authorization Type Code
PAKEYRES	DE2243	PA Contact Name	Contact Person
PAKEYRES	DE2895	PA Phone Number	PA Servicing Provider Phone Number
PAKEYRES	DE5254	PA Locality Code	MMIS Locality Code based on Postal Code
PAKEYRES	DE0011	Prior Authorization Line Row Update Date and Time	Row Update Date
PAKEYRES	DE2607	PA Line Number	PA Line Number
PAKEYRES	DE2608	PA Requested Units From Date	PA Request From Date
PAKEYRES	DE2609	PA Requested Units To Date	PA Request Through Date
PAKEYRES	DE2610	PA Authorized Units From Date	PA Authorized From Date
PAKEYRES	DE2611	PA Authorized Units To Date	PA Authorized Through Date
PAKEYRES	DE2612	PA Requested Units	PA Requested Units
PAKEYRES	DE2613	PA Authorized Units of Service	PA Authorized Units
PAKEYRES	DE2634	PA Per Frequency Code	PA Per Frequency Code
PAKEYRES	DE2615	PA Requested Amount	PA Requested Amount
PAKEYRES	DE2616	PA Authorized Service Amount	PA Authorized Amount
PAKEYRES	DE2569	PA Authorized By Code	Claims Submission Identifier
PAKEYRES	DE3072	Benefit Plan Exception Indicator	Benefit Plan Exception Indicator
PAKEYRES	DE0011	PA Line Item Row Update Date and Time	Row Update Date
PAKEYRES	DE5001	Procedure Code Type	Procedure Code Type
PAKEYRES	DE5002	Procedure Code	Procedure Code
PAKEYRES	DE2171	Procedure Code Mod 1	Claims Procedure Code Modifier
PAKEYRES	DE2171	Procedure Code Modifier 2	Claims Procedure Code Modifier
PAKEYRES	DE2171	Procedure Code Modifier 3	Claims Procedure Code Modifier
PAKEYRES	DE2171	Procedure Code Modifier 4	Claims Procedure Code Modifier
PAKEYRES	DE2646	PA Per Unit Cost	PA Actual Cost Per Unit

PAKEYRES	DE2648	PA EPSDT Flag	PA EPSDT Indicator
PAKEYRES	DE0011	PA MED PA Line Row Update date	Row Update Date
PAKEYRES	DE2641	PA Line Action Status Code	PA Detail Action Status Code
PAKEYRES	DE2624	PA Action Status Code Date	PA Detail Action Status Date
PAKEYRES	DE2637	PA Action Status Reason	PA Detail Action Reason Code
PAKEYRES	DE2661	PA HIPAA Rejection Reason 1	PA Health Care Services Reject Reason Code
PAKEYRES	DE2653	PA HIPAA Follow Up code	PA Requester Follow-up Action Code
PAKEYRES	DE2654	PA HIPAA AAA Error Code	HIPAA AAA Error Designation
PAKEYRES	DE2637	PA Action Reason Code 2	PA Detail Action Reason Code
PAKEYRES	DE2661	PA HIPAA Rejection Reason Code 2	PA Health Care Services Reject Reason Code
PAKEYRES	DE2653	PA HIPAA Follow-Up Code 2	PA Requester Follow-up Action Code
PAKEYRES	DE2654	PA HIPAA AAA Error Code 2	HIPAA AAA Error Designation
PAKEYRES	DE2657	PA Action Reason Code 3	PA Service Provider Follow-Up Action Code
PAKEYRES	DE2661	PA HIPAA Rejection Reason Code 3	PA Health Care Services Reject Reason Code
PAKEYRES	DE2653	PA HIPAA Follow Up Code 3	PA Requester Follow-up Action Code
PAKEYRES	DE2654	PA HIPAA AAA Error Code 3	HIPAA AAA Error Designation
PAKEYRES	DE2657	PA Action Reason Code 4	PA Service Provider Follow-Up Action Code
PAKEYRES	DE2661	PA HIPAA Rejection Reason Code 4	PA Health Care Services Reject Reason Code
PAKEYRES	DE2653	PA HIPAA Follow Up Code 4	PA Requester Follow-up Action Code
PAKEYRES	DE2654	PA HIPAA AAA Error Code 4	HIPAA AAA Error Designation
PAKEYRES	DE3111	Enrollee First Name	Enrollee First Name
PAKEYRES	DE3110	Enrollee Last Name	Enrollee Last Name

PAKEYRES	DE3112	Enrollee Middle Initial	Enrollee Middle Initial
PAKEYRES	DE3113	Enrollee Name Suffix	Enrollee Name Suffix
PAKEYRES	DE3005	Enrollee Birth Date	Enrollee Birth Date
PAKEYRES	DE3007	Enrollee Gender	Enrollee Sex Code
PAKEYRES	DE3114	Enrollee Additional Name	Enrollee Additional Address Name
PAKEYRES	DE3115	Enrollee Street Address	Enrollee Street Address
PAKEYRES	DE3116	Enrollee City	Enrollee City Name
PAKEYRES	DE3117	Enrollee State	Enrollee State Code
PAKEYRES	DE3118	Enrollee Zipcode	Enrollee ZIP Code
PAKEYRES	DE3008	Enrollee FIPS Code	Enrollee FIPS Code
PAKEYRES	DE3034	Enrollee SSN	Enrollee Social Security Number (SSN)

Files CP-F-131 Claims DRG Case Activity File

This is a cumulative file of MEDICAID Inpatient Claims with a DOS in each Provider's Fiscal Year ending in July 1996 and forward. This file supports the application of DRG criteria in building Cases representing 1 or more Claims serviced by 1 Provider. The criteria includes the requirement that all of a Case's Claims have the same 3 position hi-order code in the Primary Diagnosis, and with no gaps in Service longer than 5 days between stays. Previously built Cases can be re-built later if additional Claims are received; for a DOS before 2000, this will only happen if the later Claims are received in the same Provider Fiscal Year as the original Claims; after 1999 DOS Claims will always extend a prior Case regardless of Provider Fiscal Year. Each record contains internal codes to support DRG criteria application.

Subsystem:	Claims
Copybook:	CASEEXTR
	N/A
File Organization:	SEQ / vb 609 - 3484
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	Annual DRG Monthly Activity Purge (CPA170) Monthly DRG Case Building & Adjustments (CPI070) Monthly DRG Activity Selection/Re-formatting (CPR309) Exclude any Initial Adjustment (Debit) and corresponding Credit claim records (MRM286) DRG Pre-Processor (MRM287) DRG Audit Trail (Medicaid) (MRM288) DRG Audit Trail (FAMIS) (MRM289) DRG Acute Care (MRM290) DRG Psych Care (MRM291) DRG Rehab Care (MRM292)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CASEEXTR	DE3093	E-RECIP-NO	Enrollee Permanent Identification Number
CASEEXTR	DE4700	E-PROV-NO	National Provider Identifier

CASEEXTR	DE0000	E-SUBMITTED-PROV-ID	
CASEEXTR	DE4700	E-PLUGGED-NPI	National Provider Identifier
CASEEXTR	DE4006	E-PROV-CLASS-TYPE	Provider Type
CASEEXTR	DE5002	E-PROC-SERV-CODE	Procedure Code
CASEEXTR	DE2010	E-FROM-DATE	Claim Service From Date
CASEEXTR	DE2011	E-THRU-DATE	Claim Service Thru Date
CASEEXTR	DE2080	E-DSA-AMOUNT	Claim Disproportionate Share Amount
CASEEXTR	DE2002	E-INVOICE-TYP	Claim Type
CASEEXTR	DE2001	E-REFERENCE	Claim Request ICN
CASEEXTR	DE3006	E-RACE	Enrollee Race Code
CASEEXTR	DE3007	E-SEX	Enrollee Sex Code
CASEEXTR	DE3005	E-BIRTHDTE	Enrollee Birth Date
CASEEXTR	DE3072	E-RECIP-EXCP-IND	Benefit Plan Exception Indicator
CASEEXTR	DE2039	E-STATUS	Claim Status
CASEEXTR	DE2003	E-DISPOSITION	Claim Type Modifier
CASEEXTR	DE2383	E-ACTIV-DTE	Claim Status Begin Date
CASEEXTR	DE2384	E-REMIT-DTE	Claim Status End Date
CASEEXTR	DE2031	E-PATIENT-ACCT-NO	Claim Patient Account Number
CASEEXTR	DE2544	E-COB-CDE	Claim COB Indicator
CASEEXTR	DE2016	E-COVRD-CHRGS	Claim Billed Charge
CASEEXTR	DE2018	E-PAY-PRIMRY-CARRIER	Claim Third Party Payment
CASEEXTR	DE2023	E-TENTVE-PAYMT	Claim Payment Amount
CASEEXTR	DE2034	E-FORM-REF	Claim Related Document Number
CASEEXTR	DE2139	E-NON-COV-CHG	Claim Non-Covered Amount
CASEEXTR	DE2022	E-CO-PAY	Claim Medicaid Co-Payment
CASEEXTR	DE2173	E-SERV-CNTR-CDE	Claim Professional Place of Service
CASEEXTR	DE4007	E-PROV-SPEC	Provider Specialty Code
CASEEXTR	DE9843	E-OBJECT-CODE	Budget Object Code
CASEEXTR	DE2102	E-TYPE-BILL	Claim Facility Bill Type
CASEEXTR	DE2105	E-ADMIS-DATE	Claim Admission Date
CASEEXTR	DE2136	E-ADMIS-HOUR	Claim Hour of Admission
CASEEXTR	DE2107	E-ADMIS-TYPE	Claim Nature of Admission
CASEEXTR	DE2106	E-ADMIS-SOURCE	Claim Admission Source
CASEEXTR	DE0000	E-ACCIDENT-HOUR	
CASEEXTR	DE2412	E-DISCHARGE-HOUR	Claim Hour of Discharge
CASEEXTR	DE2869	E-DISCHARGE-STATUS	Claim Discharge Status

CASEEXTR	DE2315	E-PAYMENT-DAYS	Claim Payment days
CASEEXTR	DE2108	E-COV-DAYS	Claim Covered Days
CASEEXTR	DE2109	E-NON-COV-DAYS	Claim Non-Covered Days
CASEEXTR	DE5301	E-DIAG	Diagnosis Code
CASEEXTR	DE2585	E-DIAG-TYPE	Claims Diag Type Code
CASEEXTR	DE5002	E-PROC-CODE	Procedure Code
CASEEXTR	DE2021	E-PROC-DATE	Claim Procedure Code Date
CASEEXTR	DE5001	E-PROC-TYPE	Procedure Code Type
CASEEXTR	DE2083	E-PATIENT-PAY	Claim Patient Pay Amount
CASEEXTR	DE5301	E-ADMIT-DIAGNOSIS	Diagnosis Code
CASEEXTR	DE0000	E-MAP-CONTROL	
CASEEXTR	DE2358	E-REDUCED-PAYMT-DAYS	Claim Reduced Payment Days
CASEEXTR	DE2002	E-ACTV-TYPE	Claim Type
CASEEXTR	DE6795	E-ACTV-CLASS	MARS DRG Case Class Code
CASEEXTR	DE2002	E-CASE-TYPE	Claim Type
CASEEXTR	DE6795	E-CASE-CLASS	MARS DRG Case Class Code
CASEEXTR	DE2105	E-CASE-ADMIS-DATE	Claim Admission Date
CASEEXTR	DE2136	E-CASE-ADMIS-HOUR	Claim Hour of Admission
CASEEXTR	DE6798	E-CASE-DISCHG-DATE	MARS DRG Case Discharge Date
CASEEXTR	DE2869	E-CASE-DISCHG-STATUS	Claim Discharge Status
CASEEXTR	DE2106	E-CASE-ADMIS-SOURCE	Claim Admission Source
CASEEXTR	DE6802	E-ACTV-REPORT-DATE	MARS DRG Activity Report Date
CASEEXTR	DE6803	E-CLAIM-LAST-CLASS	MARS DRG Claims Last Class Code
CASEEXTR	DE6808	E-ACTV-SETTLE-DATE	MARS DRG Activity Settled Date
CASEEXTR	DE0000	E-OTH-PGM-DAYS	
CASEEXTR	DE5353	E-CASE-DRG-CODE	DRG (Diagnosis Related Group) Code
CASEEXTR	DE6810	E-SORT-CODE-1	MARS DRG Sort Code
CASEEXTR	DE6810	E-SORT-CODE-2	MARS DRG Sort Code
CASEEXTR	DE6809	E-LAST-REPORT-DATE	MARS DRG Last Report Date
CASEEXTR	DE6775	E-LAST-PROV-FISCAL	MARS Provider Current Fiscal Year End
CASEEXTR	DE6791	E-LAST-CURR-PRIOR	MARS Current Prior Indicator
CASEEXTR	DE6812	E-NEW-ACTIVITY-CLASS	MARS DRG New Activity Class Code

CASEEXTR	DE6825	E-VOIDED	MARS DRG Activity void flag
CASEEXTR	DE3093	E-RECIP-SAVE	Enrollee Permanent Identification Number
CASEEXTR	DE2110	E-OCCUR-CODE	Claim Occurrence Code
CASEEXTR	DE2113	E-OCCUR-DATE-MDCY	Claim Occurrence From Date
CASEEXTR	DE2673	E-SPLIT-IND	Split Claim Flag
CASEEXTR	DE5353	E-EXT-DRG	DRG (Diagnosis Related Group) Code
CASEEXTR	DE2590	E-EXT-MDC	Claim DRG MDC Code
CASEEXTR	DE2589	E-EXT-GRPRET-9	Claim DRG Grouper Return Code
CASEEXTR	DE2593	E-EXT-TOTPMT	Claim DRG Total Payment
CASEEXTR	DE2547	E-EXT-DRGPMT	DRG Payment Amount
CASEEXTR	DE6827	E-EXT-OUTPMT	MARS DRG Outlier Payment Amount
CASEEXTR	DE2592	E-EXT-PDRATE	Claim DRG Per Diem Rate
CASEEXTR	DE2594	E-EXT-PERDIEM	Claim DRG Per Diem Amount
CASEEXTR	DE2470	E-EXT-CAPPMT	Claims DRG CAP Amount
CASEEXTR	DE5354	E-EXT-WEIGHT	DRG Relative Weight
CASEEXTR	DE2591	E-EXT-DRGTYPE	Claim DRG Type Code
CASEEXTR	DE2348	E-EXT-PMTTYPE	DRG Payment Type
CASEEXTR	DE2017	E-TOT-DOC-CHG	Claim Total Document Charge
CASEEXTR	DE2030	E-ATTACHMENTS	Claim Attachments Indicator
CASEEXTR	DE2020	E-CONVERSION	Claim Conversion Indicator
CASEEXTR	DE6442	E-CLM-SUBMIT	MARS Charges Submitted by Cost Settled Providers
CASEEXTR	DE2177	E-DATE-ENTERED	Claim Entered Date
CASEEXTR	DE2442	E-EVS-NO	Electronic Verification System (EVS) Number
CASEEXTR	DE2027	E-ACCIDENT	Claim Accident Indicator
CASEEXTR	DE2802	E-EMERGENCY	Claim Emergency Identifier
CASEEXTR	DE2158	E-MANUAL-PYMT-AMT	Claim Manual Price Amount
CASEEXTR	DE2845	E-MED-REC-NO	Claim Medical Record Number
CASEEXTR	DE2060	E-ATTEND-PROV	Claim Attending Provider Identification Number
CASEEXTR	DE4002	E-OTHER-PROV1	Provider Identification Number
CASEEXTR	DE2453	E-OTHER-PROV2	Other Provider 2
CASEEXTR	DE0000	E-ATND-PROV-SUBMT	
CASEEXTR	DE0000	E-OTH1-PROV-SUBMT	
CASEEXTR	DE0000	E-OTH2-PROV-SUBMT	
CASEEXTR	DE2499	E-DAYS-SINCE	Claims PA Number of Days Since

CASEEXTR	DE2498	E-PA-SEQ-NO	Claims PA Number Sequence
CASEEXTR	DE2508	E-PA-TYPE	Claims PA Type Code
CASEEXTR	DE2006	E-SH-NAME	Claim Partial Recipient Name
CASEEXTR	DE4208	E-PGM-FLAG	Provider Program Code
CASEEXTR	DE2151	E-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
CASEEXTR	DE2588	E-CASE-DRG-SOI	Claim DRG Severity of Illness
CASEEXTR	DE2588	E-EXT-DRG-SOI	Claim DRG Severity of Illness
CASEEXTR	DE2589	E-EXT-GRPRET	Claim DRG Grouper Return Code
CASEEXTR	DE0000	E-ANCIL-CT	
CASEEXTR	DE2122	E-ANCIL-REV-CODE	Claim Revenue Code
CASEEXTR	DE2009	E-ANCIL-UNITS	Claim Number of Units/Visits/Studies
CASEEXTR	DE2124	E-ANCIL-TOTAL-N	Claim Revenue Amount
CASEEXTR	DE2139	E-ANCIL-NON-COV-AMT	Claim Non-Covered Amount
CASEEXTR	DE5002	E-REV-PROC	Procedure Code
CASEEXTR	DE2494	Encounter Eligible Days	E-ELIGIBLE-DAYS

Files CP-F-132 PA CD Recipient Extract File

PA CD Recipient extract data.

Subsystem:	Claims
Copybook:	PAPPLRCP
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	PA PPL Recipient Extract Data (CPD132)
Graphics:	CP-F-132

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PAPPLRCP	DE2560	Enrollee ID	Claims Control File Media Type
PAPPLRCP	DE2024	PA Number	Prior Authorization Control Number
PAPPLRCP	DE2635	PA Service Type	PA Service Type Code
PAPPLRCP	DE2610	PA Authorization From Date	PA Authorized From Date
PAPPLRCP	DE2611	PA Authorization Thru Date	PA Authorized Through Date
PAPPLRCP	DE2613	PA Authorized Units	PA Authorized Units
PAPPLRCP	DE3072	Enrollee Benefit Plan Exception Indicator	Benefit Plan Exception Indicator
PAPPLRCP	DE5002	Procedure Code	Procedure Code
PAPPLRCP	DE2641	PA Status Code	PA Detail Action Status Code
PAPPLRCP	DE3064	Enrollee Benefit Begin Date	Enrollee Benefit Enrollment Begin Date
PAPPLRCP	DE3065	Enrollee Benefit End Date	Enrollee Benefit Enrollment End Date
PAPPLRCP	DE4700	Provider NPI	National Provider Identifier
PAPPLRCP	DE3111	Enrollee First Name	Enrollee First Name
PAPPLRCP	DE3110	Enrollee Last Name	Enrollee Last Name

PAPPLRCP	DE3112	Enrollee Middle Initial	Enrollee Middle Initial
PAPPLRCP	DE3113	Enrollee Name Suffix	Enrollee Name Suffix
PAPPLRCP	DE3005	Enrollee Birth Date	Enrollee Birth Date
PAPPLRCP	DE3007	Enrollee Gender	Enrollee Sex Code
PAPPLRCP	DE3118	Enrollee Zipcode	Enrollee ZIP Code
PAPPLRCP	DE3114	Enrollee Additional Address Line	Enrollee Additional Address Name
PAPPLRCP	DE3115	Enrollee Street Address	Enrollee Street Address
PAPPLRCP	DE3116	Enrollee City Address	Enrollee City Name
PAPPLRCP	DE3008	Enrollee FIPS Code	Enrollee FIPS Code
PAPPLRCP	DE3117	Enrollee State	Enrollee State Code
PAPPLRCP	DE2560	Enrollee SSN	Claims Control File Media Type
PAPPLRCP	DE4085	Provider Name	Provider Name

Files CP-F-141 Claims DRG Cases File

Contains accumulated claims data for each DRG hospital case.

Subsystem:	Claims
Copybook:	CASEVSAM
	N/A
File Organization:	VSAM / VB 518 - 1094
Device Type:	Disk
Primary Key:	CASE-ADMIS-DT (2105) CASE-ADMIS-HOUR (2136) CASE-DIAG-CODE-1 (5301) CASE-FISCAL-SETTLE (DE0000) CASE-FROM-DT (2010) CASE-PROV (4002) CASE-RECIP (3093)
Alternate Key:	N/A
Program:	Monthly DRG Case Building & Adjustments (CPI070)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CASEVSAM	DE3093	CASE-RECIP	Enrollee Permanent Identification Number
CASEVSAM	DE0000	CASE-FISCAL-SETTLE	
CASEVSAM	DE2105	CASE-ADMIS-DT	Claim Admission Date
CASEVSAM	DE2136	CASE-ADMIS-HOUR	Claim Hour of Admission
CASEVSAM	DE4002	CASE-PROV	Provider Identification Number
CASEVSAM	DE2010	CASE-FROM-DT	Claim Service From Date
CASEVSAM	DE5301	CASE-DIAG-CODE-1	Diagnosis Code
CASEVSAM	DE2477	CASE-CLAIM-DATE	Claims Payment Request Date Identifier
CASEVSAM	DE2478	CASE-CLAIM-MEDIA	Claims Payment Request Media Code
CASEVSAM	DE2480	CASE-CLAIM-SEQ	Claims Payment Request Sequence
CASEVSAM	DE2343	CASE-CLAIM-LINE	Claim Payment Request Line Number

CASEVSAM	DE6798	CASE-DISCHG-DT	MARS DRG Case Discharge Date
CASEVSAM	DE0002	CASE-INVOICE-COUNT	Calculated
CASEVSAM	DE3007	CASE-SEX	Enrollee Sex Code
CASEVSAM	DE3005	CASE-BIRTH-DT	Enrollee Birth Date
CASEVSAM	DE6799	CASE-DISCHG-STATUS	MARS DRG Case Discharge Status
CASEVSAM	DE2106	CASE-ADMIS-SOURCE	Claim Admission Source
CASEVSAM	DE5301	CASE-DIAG-CODES-2-9	Diagnosis Code
CASEVSAM	DE5002	CASE-PROC-CODES	Procedure Code
CASEVSAM	DE2016	CASE-COV-CHRGS	Claim Billed Charge
CASEVSAM	DE2139	CASE-NON-COV-CHRGS	Claim Non-Covered Amount
CASEVSAM	DE2108	CASE-COV-DAYS	Claim Covered Days
CASEVSAM	DE2023	CASE-PAID-AMT	Claim Payment Amount
CASEVSAM	DE2018	CASE-PRI-CARRIER-PMT	Claim Third Party Payment
CASEVSAM	DE2083	CASE-PATIENT-PAY	Claim Patient Pay Amount
CASEVSAM	DE2315	CASE-PAID-DAYS	Claim Payment days
CASEVSAM	DE2358	CASE-RED-PAYMT-DAYS	Claim Reduced Payment Days
CASEVSAM	DE2109	CASE-NON-PAID-DAYS	Claim Non-Covered Days
CASEVSAM	DE6807	CASE-DRG-CODE	MARS Case DRG Code
CASEVSAM	DE2590	CASE-MDC-CODE	Claim DRG MDC Code
CASEVSAM	DE2588	CASE-DRG-SOI	Claim DRG Severity of Illness
CASEVSAM	DE2589	CASE-GRPR-RETURN-CODE	Claim DRG Grouper Return Code
CASEVSAM	DE0000	CASE-1ST-OR-PX	
CASEVSAM	DE0000	CASE-2ND-OR-PX	
CASEVSAM	DE0000	CASE-3RD-OR-PX	
CASEVSAM	DE0000	CASE-1ST-NON-OR-PX	
CASEVSAM	DE0000	CASE-2ND-NON-OR-PX	
CASEVSAM	DE0000	CASE-1ST-DX	
CASEVSAM	DE0000	CASE-2ND-DX	
CASEVSAM	DE0000	CASE-3RD-DX	

CASEVSAM	DE6842	CASE-DX-FOR-CC	MARS DRG Diagnosis Code for CC
CASEVSAM	DE6843	CASE-MAJOR-CC	MARS DRG Major CC
CASEVSAM	DE5310	CASE-TRAUMA-IND	Diagnosis Acute/Trauma Indicator
CASEVSAM	DE6826	CASE-SETTLE-PMT	MARS DRG Settlement Payment Amount
CASEVSAM	DE6827	CASE-OUTLIER-PMT	MARS DRG Outlier Payment Amount
CASEVSAM	DE6828	CASE-TRANSFER-PMT	MARS DRG Transfer Payment Amount
CASEVSAM	DE6829	CASE-BLENDED-PMT	MARS DRG Blended Payment Amount
CASEVSAM	DE6808	CASE-SETTLEMENT-DATE	MARS DRG Activity Settled Date
CASEVSAM	DE2031	CASE-PATIENT-NUMBER	Claim Patient Account Number
CASEVSAM	DE6794	CASE-TYPE	MARS DRG Case Type
CASEVSAM	DE6795	CASE-CLASS	MARS DRG Case Class Code
CASEVSAM	DE0000	CASE-PROV-YR-END	
CASEVSAM	DE0000	CASE-REPORT-NUM	
CASEVSAM	DE5301	CASE-DIAG-7POSNS	Diagnosis Code
CASEVSAM	DE6844	CASE-PER-DIEM-AMT	MARS DRG Per Diem Amount
CASEVSAM	DE6845	CASE-PSYCH-REHAB-RATE	MARS DRG Rehab Rate
CASEVSAM	DE2109	CASE-NON-COV-DAYS	Claim Non-Covered Days
CASEVSAM	DE2470	CASE-CAPITAL-PMT	Claims DRG CAP Amount
CASEVSAM	DE2673	CASE-SPLIT-IND	Split Claim Flag
CASEVSAM	DE0000	CASE-OTH-PGM-DAYS	
CASEVSAM	DE6831	CASE-INVALID-DIAG-PROC-CODES	MARS DRG Invalid Diag-Proc Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG1	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG2	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG3	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG4	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG5	MARS DRG Mapped Diagnosis Code

CASEVSAM	DE6832	CASE-MAP-GRP-DIAG6	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG7	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG8	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6832	CASE-MAP-GRP-DIAG9	MARS DRG Mapped Diagnosis Code
CASEVSAM	DE6833	CASE-MAP-GRP-PROC1	MARS DRG Mapped Procedure Code
CASEVSAM	DE6833	CASE-MAP-GRP-PROC2	MARS DRG Mapped Procedure Code
CASEVSAM	DE6833	CASE-MAP-GRP-PROC3	MARS DRG Mapped Procedure Code
CASEVSAM	DE6833	CASE-MAP-GRP-PROC4	MARS DRG Mapped Procedure Code
CASEVSAM	DE6833	CASE-MAP-GRP-PROC5	MARS DRG Mapped Procedure Code
CASEVSAM	DE6833	CASE-MAP-GRP-PROC6	MARS DRG Mapped Procedure Code
CASEVSAM	DE6834	CASE-NURSERY-INDICATOR	MARS DRG Nursery Indicator
CASEVSAM	DE6835	CASE-CONTENT	MARS DRG Case Content
CASEVSAM	DE2022	CASE-CO-PAY	Claim Medicaid Co-Payment
CASEVSAM	DE2593	CASE-EXT-TOTPMT	Claim DRG Total Payment
CASEVSAM	DE2992	CASE-EXT-ORIGPMT	Claim Original Allowed Amount
CASEVSAM	DE5354	CASE-WEIGHT	DRG Relative Weight
CASEVSAM	DE0002	CASE-PGM-FLAG	Calculated
CASEVSAM	DE0000	CASE-CMI-IND	Case Mix Index
CASEVSAM	DE0000	CASE-DIAG-PSYCH	Diagnosis Psych Indicator
CASEVSAM	DE6836	CASE-REF-CT	MARS DRG Reference Count
CASEVSAM	DE2477	CASE-REF-DATE	Claims Payment Request Date Identifier
CASEVSAM	DE2478	CASE-REF-MEDIA	Claims Payment Request Media Code
CASEVSAM	DE2480	CASE-REF-SEQ	Claims Payment Request Sequence
CASEVSAM	DE2343	CASE-REF-LINE	Claim Payment Request Line Number
CASEVSAM	DE2002	CASE-CLAIM-TYPE	Claim Type

Files CP-F-150 CLAIMCHECK VOID Transactions

This file contains CLAIMCHECK Void activity records. These records are in the original claim activity format- AWR .

Subsystem:	Claims
Copybook:	VMCPACTV
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	AWR-C-PYMT-REQ-MEDIA (DE2478) AWR-I-PYMT-REQ-DATE (DE2477) AWR-I-PYMT-REQ-LINE-NO (2343) AWR-I-PYMT-REQ-SEQ-NO (2480)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCPACTV	DE2477	AWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMCPACTV	DE2478	AWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMCPACTV	DE2480	AWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMCPACTV	DE2343	AWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMCPACTV	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
VMCPACTV	DE2030	AWR-C-ATTACHMNT-CVAL	Claim Attachments Indicator
VMCPACTV	DE4082	AWR-I-PROV-SRVC-VNDR	Provider Service Center
VMCPACTV	DE2088	AWR-C-CLM-FORM-CVAL	Claim Form Type
VMCPACTV	DE2006	AWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
VMCPACTV	DE3005	AWR-D-ENROLLEE-BIRTH	Enrollee Birth Date
VMCPACTV	DE3007	AWR-C-ENROLLEE-SEX	Enrollee Sex Code
VMCPACTV	DE2020	AWR-F-CONVERSION	Claim Conversion Indicator
VMCPACTV	DE2569	AWR-I-CLM-SUBMIT	Claims Submission Identifier
VMCPACTV	DE2177	AWR-D-ENTERED	Claim Entered Date

VMCPACTV	DE2581	AWR-I-CLAIM-MCN	Claims MCN Number
VMCPACTV	DE2684	AWR-F-ADA-MED-COVERAGE	Claim Dental Medical Coverage Flag
VMCPACTV	DE2225	AWR-I-VERSION	Claim Pharmacy NCPDP Version
VMCPACTV	DE2226	AWR-I-TRANS-RCVD-LINE	Claim Pharmacy Transmission Received Line
VMCPACTV	DE2013	AWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
VMCPACTV	DE2265	AWR-C-4010-5010-CVAL	Claim EDI Version Indicator
VMCPACTV	DE2267	AWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
VMCPACTV	DE3901	AWR-I-PERSON-CLM	Person ID
VMCPACTV	DE4001	AWR-I-SRVC-BASE-PROV	Provider Base Identification Number
VMCPACTV	DE4002	AWR-I-SRVC-PROV-P50	Provider Identification Number
VMCPACTV	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
VMCPACTV	DE2002	AWR-C-CLM-TYPE-CVAL	Claim Type
VMCPACTV	DE2010	AWR-D-SERV-FROM	Claim Service From Date
VMCPACTV	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
VMCPACTV	DE2016	AWR-N-BILLED-CHG	Claim Billed Charge
VMCPACTV	DE3098	AWR-I-EVS-NO	Eligibility Verification Number
VMCPACTV	DE3001	AWR-I-ENROLLEE-ID	Enrollee Identification Number
VMCPACTV	DE3093	AWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCPACTV	DE3009	AWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
VMCPACTV	DE3551	AWR-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
VMCPACTV	DE3552	AWR-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
VMCPACTV	DE3553	AWR-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
VMCPACTV	DE3072	AWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
VMCPACTV	DE3655	AWR-C-ENRL-PREM-IND	Medicare Premium Indicator
VMCPACTV	DE2544	AWR-C-COB	Claim COB Indicator
VMCPACTV	DE2246	AWR-F-CONSENT	Claim Consent Indicator
VMCPACTV	DE2224	AWR-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
VMCPACTV	DE2018	AWR-N-TPL-AMT-PAID	Claim Third Party Payment
VMCPACTV	DE2027	AWR-F-ACCIDENT	Claim Accident Indicator
VMCPACTV	DE2802	AWR-F-EMERGENCY	Claim Emergency Identifier
VMCPACTV	DE2781	AWR-I-REQUEST-NO	Claim CHIRP Request Identification
VMCPACTV	DE2068	AWR-F-SPECIAL-BATCH	Claim Special Batch Indicator
VMCPACTV	DE2012	AWR-I-LINE-ITEM-CNTL-NUM	Claim EDI Line Item Control Number
VMCPACTV	DE2019	AWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
VMCPACTV	DE2007	AWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
VMCPACTV	DE2268	AWR-D-CVRG-EXPIR	Coverage Expiration Date
VMCPACTV	DE2150	AWR-C-PROC-DIAG-VER-	Submitted Surgical Procedure/Diagnosis

		SUBM	Code Version
VMCPACTV	DE2151	AWR-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
VMCPACTV	DE0002	AWR-CLM-PROC-NUM-OCCRS	Calculated
VMCPACTV	DE2444	AWR-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-09	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-09	Procedure Code
VMCPACTV	DE2021	AWR-D-PROCEDURE-09	Claim Procedure Code Date
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
VMCPACTV	DE0002	AWR-P13-NUM-OF-DIAG	Calculated
VMCPACTV	DE2449	AWR-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
VMCPACTV	DE5301	AWR-C-DIAG	Diagnosis Code
VMCPACTV	DE5020	AWR-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
VMCPACTV	DE2585	AWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
VMCPACTV	DE2052	AWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
VMCPACTV	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
VMCPACTV	DE2023	AWR-N-PYMT-AMT	Claim Payment Amount
VMCPACTV	DE2073	AWR-N-ALLOW-AMT	Claim Allowed Amount
VMCPACTV	DE2158	AWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
VMCPACTV	DE2545	AWR-N-CALC-COINS	Claim Calculated Co-Insurance
VMCPACTV	DE2083	AWR-N-PATNT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
VMCPACTV	DE2217	AWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
VMCPACTV	DE2315	AWR-N-PYMT-DAYS	Claim Payment days
VMCPACTV	DE2056	AWR-N-ELIGIBLE-DAYS	Claim number of days eligible
VMCPACTV	DE2358	AWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
VMCPACTV	DE2080	AWR-N-DSA-AMT	Claim Disproportionate Share Amount
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-29	Claim Cutback Amount
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
VMCPACTV	DE2022	AWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
VMCPACTV	DE5353	AWR-C-DRG	DRG (Diagnosis Related Group) Code
VMCPACTV	DE2547	AWR-N-DRG-PYMT-AMT	DRG Payment Amount
VMCPACTV	DE6827	AWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
VMCPACTV	DE2470	AWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
VMCPACTV	DE2348	AWR-C-DRG-PYMT-TYPE	DRG Payment Type
VMCPACTV	DE5354	AWR-N-DRG-WEIGHT	DRG Relative Weight
VMCPACTV	DE2881	AWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount

VMCPACTV	DE4006	AWR-C-PROV-TYPE	Provider Type
VMCPACTV	DE4007	AWR-C-PROV-SPECIALTY	Provider Specialty Code
VMCPACTV	DE2599	AWR-C-COPAY-IND	Claim Co-pay Indicator
VMCPACTV	DE2674	AWR-F-TPL	Claim TPL Flag
VMCPACTV	DE2673	AWR-F-SPLIT-CLAIM	Split Claim Flag
VMCPACTV	DE2433	AWR-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
VMCPACTV	DE2566	AWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
VMCPACTV	DE3008	AWR-I-ENRL-LOCALITY	Enrollee FIPS Code
VMCPACTV	DE4089	AWR-I-PROV-LOCALITY	Provider Locality Code
VMCPACTV	DE2589	AWR-C-DRG-GRPET	Claim DRG Grouper Return Code
VMCPACTV	DE2590	AWR-C-DRG-MDC	Claim DRG MDC Code
VMCPACTV	DE2591	AWR-C-DRG-TYPE	Claim DRG Type Code
VMCPACTV	DE2592	AWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
VMCPACTV	DE2593	AWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
VMCPACTV	DE2594	AWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
VMCPACTV	DE2069	AWR-C-PRICE-SRC	Claim Pricing Source
VMCPACTV	DE2070	AWR-C-PRICE-TYPE	Claim Pricing Source Type
VMCPACTV	DE2071	AWR-C-PRICE-CODE	Claim Pricing Source Code
VMCPACTV	DE2994	AWR-N-ENC-PYMT-AMT	Encounter Payment Amount
VMCPACTV	DE2995	AWR-D-ENC-PYMT	Encounter Payment Date
VMCPACTV	DE2435	AWR-I-MOD-STAT-SEQ-NO-32	Claim Status Sequence Number
VMCPACTV	DE9580	AWR-I-RA-NUM	Remittance Advice Number
VMCPACTV	DE2003	AWR-C-CLM-MOD-CVAL	Claim Type Modifier
VMCPACTV	DE2383	AWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
VMCPACTV	DE2384	AWR-D-MOD-STAT-END	Claim Status End Date
VMCPACTV	DE2039	AWR-C-CLM-STAT-CVAL	Claim Status
VMCPACTV	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
VMCPACTV	DE9916	AWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
VMCPACTV	DE2038	AWR-C-CATG-SRVC-CVAL	Claim Category of Service
VMCPACTV	DE0012	AWR-I-USER-ID-32	User/Operator ID
VMCPACTV	DE0002	AWR-NO-CURRENT-ERRORS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-C-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-C-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-C-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-C-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-I-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-I-FAC-REV-LINE-NO-24	Revenue Line Number in Error

VMCPACTV	DE2078	AWR-F-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-T-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-I-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE2496	AWR-F-PEND-LOCATION-UPD	Claims Pend Resolution Update Flag
VMCPACTV	DE2584	AWR-I-PEND-SEQ-NO	Claims Pend Location Sequence Number
VMCPACTV	DE2841	AWR-C-PND-LOC-TO-CVAL	Claim Pend To Location
VMCPACTV	DE2840	AWR-C-PND-LOC-FRM-CVAL	Claim Pend From Location
VMCPACTV	DE2404	AWR-D-TRANSFER	Pend Transfer Date
VMCPACTV	DE2496	AWR-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag
VMCPACTV	DE0012	AWR-I-USER-ID-62	User/Operator ID
VMCPACTV	DE0002	AWR-NO-HISTORY-ERRORS	Calculated
VMCPACTV	DE2435	AWR-H-MOD-STAT-SEQ-NO-24	Claim Status Sequence Number
VMCPACTV	DE2156	AWR-H-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-H-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-H-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-H-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-H-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-H-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-H-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-H-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-H-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-H-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-H-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE0002	AWR-NO-CONFLICT-ICNS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-36	Claim Edit Sequence Number
VMCPACTV	DE2441	AWR-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
VMCPACTV	DE2440	AWR-I-CNFLCT-ICN-DATE	Claim Conflict ICN
VMCPACTV	DE2678	AWR-I-CNFLCT-ICN-MEDIA	Conflicting Claim ICN Media
VMCPACTV	DE2679	AWR-I-CNFLCT-ICN-SEQ	Conflicting Claim ICN Sequence Number
VMCPACTV	DE2681	AWR-I-CNFLCT-ICN-LINE	Conflicting Claim ICN Line Number
VMCPACTV	DE2034	AWR-I-RELATED-DOC-NUM	Claim Related Document Number
VMCPACTV	DE2351	AWR-C-INTRREL-TYP-CVAL	Interrelationship Type
VMCPACTV	DE2033	AWR-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
VMCPACTV	DE2356	AWR-I-TAD-SEQ-NO	Claim TAD Sequence Number
VMCPACTV	DE2310	AWR-D-TAD-SENT	Claim TAD Sent Date
VMCPACTV	DE2543	AWR-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not
VMCPACTV	DE0002	AWR-NUM-SCHOOL-	Calculated

		EMPLYR-RECS	
VMCPACTV	DE0016	AWR-I-SCH-EMP-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-20	Policy Owner
VMCPACTV	DE2517	AWR-T-SCHOOL-EMP-NAME	Claim Employer Name
VMCPACTV	DE2537	AWR-T-EMP-ADDRESS	Claim Employer/School Address
VMCPACTV	DE0002	AWR-NUM-OTHER-INSRD-RECS	Calculated
VMCPACTV	DE0016	AWR-I-OTH-INSRD-SEQ-NO	Seq Num
VMCPACTV	DE2522	AWR-T-INSRD-NAME	Claim Other Insured's Name
VMCPACTV	DE2524	AWR-D-INSRD-BIRTH	Claim Other Insured's Date of Birth
VMCPACTV	DE2350	AWR-C-INSRD-SEX	Insured Sex
VMCPACTV	DE2352	AWR-C-PATNT-REL	Relationship to Patient
VMCPACTV	DE2353	AWR-C-PERSON	Person
VMCPACTV	DE2532	AWR-F-OTHER-CVRG	Claim Other Dental Plan Coverage Indicator
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL	Policy Owner
VMCPACTV	DE0002	AWR-NUM-INS-CARRIER-RECS	Calculated
VMCPACTV	DE0016	AWR-I-CARRIER-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-11	Policy Owner
VMCPACTV	DE2512	AWR-I-INSRD-ID	Claim Insured's Identification
VMCPACTV	DE2446	AWR-I-INSRD-PLAN-NO	Insured Plan Number
VMCPACTV	DE2522	AWR-T-CARRIER-NAME	Claim Other Insured's Name
VMCPACTV	DE2534	AWR-T-CARRIER-ADDRESS	Claim Name and Address of Other Carrier (s)
VMCPACTV	DE2515	AWR-T-GROUP-NAME	Claim Group Name (Insurance)
VMCPACTV	DE2516	AWR-I-GROUP-NO	Claim Group Number or FECA Number (Insurance)
VMCPACTV	DE2579	AWR-UB92-REC90-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-REC91-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-EDI-REMARKS	Claims Remarks Text
VMCPACTV	DE0002	AWR-NUM-PYMT-REQ-ATTACH-RECS	Calculated
VMCPACTV	DE0015	AWR-I-ATTACH-SEQ-NO	Code ID
VMCPACTV	DE2015	AWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code

VMCPACTV	DE2014	AWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
VMCPACTV	DE4002	AWR-I-SRVC-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-SRVC-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-SRVC-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-BILL-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-BILL-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-BILL-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4099	AWR-C-SUBMT-ZIP	Provider Address ZIP Code
VMCPACTV	DE4002	AWR-I-PROV-FINANCE	Provider Identification Number
VMCPACTV	DE2053	AWR-C-SPECIAL-PROCESS	Special Process Indicator
VMCPACTV	DE4089	AWR-I-PROV-PRICE-LOC	Provider Locality Code
VMCPACTV	DE4701	AWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
VMCPACTV	DE4701	AWR-C-SUBMT-BILL-TXNMY	NPI-API Label
VMCPACTV	DE4143	AWR-I-SITE-NO	NPI XREF Site Number
VMCPACTV	DE2031	AWR-I-PATNT-ACCT-NUM	Claim Patient Account Number
VMCPACTV	DE2102	AWR-C-BILL-TYPE	Claim Facility Bill Type
VMCPACTV	DE2136	AWR-H-ADMISSION-HOUR	Claim Hour of Admission
VMCPACTV	DE2108	AWR-N-COVRD-DAYS	Claim Covered Days
VMCPACTV	DE2109	AWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
VMCPACTV	DE2105	AWR-D-ADMIT	Claim Admission Date
VMCPACTV	DE2106	AWR-C-ADMIT-SRC-CVAL	Claim Admission Source
VMCPACTV	DE2412	AWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
VMCPACTV	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
VMCPACTV	DE2107	AWR-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
VMCPACTV	DE2869	AWR-C-DISCHG-STAT-CVAL	Claim Discharge Status
VMCPACTV	DE2060	AWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
VMCPACTV	DE4002	AWR-I-OTHER-PROV1	Provider Identification Number
VMCPACTV	DE2453	AWR-I-OTHER-PROV2	Other Provider 2
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-FAC	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-FAC	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-51	Claims PA Type Code
VMCPACTV	DE4002	AWR-I-ATND-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-ATND-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-ATND-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH1-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH1-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-OTH1-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH2-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH2-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-OTH2-PROV-SUBMT	NPI XREF Provider Number Type

VMCPACTV	DE2050	AWR-C-PROC-DIAG-VER	Version Qualifier
VMCPACTV	DE2057	AWR-C-ACCIDENT-STATE	Accident State
VMCPACTV	DE4700	AWR-I-OTH-OPER-NPI	National Provider Identifier
VMCPACTV	DE4700	AWR-I-REFER-NPI-FAC	National Provider Identifier
VMCPACTV	DE2075	AWR-F-P51-EPSDT	EPSDT Indicator
VMCPACTV	DE0002	AWR-NUM-OF-COND-CODES	Calculated
VMCPACTV	DE2439	AWR-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
VMCPACTV	DE2115	AWR-C-CONDITION	Claim Condition Code
VMCPACTV	DE0002	AWR-NUM-OF-OCCUR-CODES	Calculated
VMCPACTV	DE2451	AWR-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
VMCPACTV	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
VMCPACTV	DE2113	AWR-D-OCCUR-BEGIN	Claim Occurrence From Date
VMCPACTV	DE2114	AWR-D-OCCUR-END	Claim Occurrence Thru Date
VMCPACTV	DE2005	AWR-C-OCCUR-TYPE-CVAL	Occurrence Type
VMCPACTV	DE0002	AWR-NUM-OF-VALUE-CODES	Calculated
VMCPACTV	DE2357	AWR-I-VALUE-SEQ-NO	Value Code Sequence Number
VMCPACTV	DE2128	AWR-C-VALUE	Claim Value Code
VMCPACTV	DE2131	AWR-N-VALUE-CD-AMT	Claim Value Amount
VMCPACTV	DE2448	AWR-A-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-A-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-A-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-A-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-A-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-A-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-A-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-A-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-A-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-A-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-A-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2173	AWR-C-PLACE-OF-SERV	Claim Professional Place of Service
VMCPACTV	DE2072	AWR-C-TYPE-SERVICE	Claim Type of Service
VMCPACTV	DE2993	AWR-I-CLIA-52	Claims CLIA Number
VMCPACTV	DE2009	AWR-N-UNITS-52	Claim Number of Units/Visits/Studies
VMCPACTV	DE2083	AWR-N-INPT-PAT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2410	AWR-D-HOSP-FROM	Claim Hospital Start Date
VMCPACTV	DE2411	AWR-D-HOSP-THRU	Claim Hospital End Date
VMCPACTV	DE4002	AWR-I-REFER-PROV	Provider Identification Number
VMCPACTV	DE2075	AWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2074	AWR-F-EMPLOYMENT	Claim Employment Indicator

VMCPACTV	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
VMCPACTV	DE2431	AWR-F-AUTO-ACCIDENT	Claim Auto Accident
VMCPACTV	DE2075	AWR-F-EPSDT-52	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2084	AWR-N-WAIT-TIME	Anesthesia Minutes
VMCPACTV	DE2085	AWR-N-PASSENGERS	Claim Number of Passengers
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-MED	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-MED	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-52	Claims PA Type Code
VMCPACTV	DE2209	AWR-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
VMCPACTV	DE2028	AWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
VMCPACTV	DE4002	AWR-I-REF-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-REF-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-REF-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE5200	AWR-C-NDC	Drug Code (NDC)
VMCPACTV	DE2200	AWR-C-TOOTH	Claim Dental Tooth Code
VMCPACTV	DE2892	AWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
VMCPACTV	DE2448	AWR-B-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-B-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-B-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-B-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-B-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-B-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-B-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-B-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-B-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-B-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-B-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2141	AWR-F-FAC-CLM-NDC	UB04 NDC Existence flag
VMCPACTV	DE5064	AWR-C-EAPG	EAPG Code
VMCPACTV	DE2091	AWR-N-EAPG-WEIGHT	Claim EAPG Weight
VMCPACTV	DE2092	AWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
VMCPACTV	DE2093	AWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
VMCPACTV	DE2094	AWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
VMCPACTV	DE2095	AWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
VMCPACTV	DE2096	AWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount
VMCPACTV	DE2097	AWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment

VMCPACTV	DE2266	AWR-N-OBSTET-UNITS	Obstetrical Units
VMCPACTV	DE2228	AWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
VMCPACTV	DE2467	AWR-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
VMCPACTV	DE2211	AWR-I-RX-NO	Claim Pharmacy Prescription Number
VMCPACTV	DE2826	AWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
VMCPACTV	DE2468	AWR-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
VMCPACTV	DE2229	AWR-C-LVL-SRVC	Claim Pharmacy Level of Service
VMCPACTV	DE2216	AWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
VMCPACTV	DE2232	AWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
VMCPACTV	DE2238	AWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
VMCPACTV	DE2214	AWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
VMCPACTV	DE2220	AWR-F-COMPOUND	Claim Pharmacy Compound Indicator
VMCPACTV	DE2212	AWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
VMCPACTV	DE2230	AWR-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
VMCPACTV	DE2233	AWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
VMCPACTV	DE2234	AWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
VMCPACTV	DE2235	AWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
VMCPACTV	DE2236	AWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
VMCPACTV	DE2227	AWR-C-TPL	Claim Pharmacy Other Coverage Indicator
VMCPACTV	DE2432	AWR-F-PREGNANCY	Pregnancy
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-PHRM	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-PHRM	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-53	Claims PA Type Code
VMCPACTV	DE2213	AWR-N-UC-PRICE	Claim Pharmacy Usual Charge
VMCPACTV	DE2025	AWR-I-ASSOCIATED-RX-NO	Associated RX Number
VMCPACTV	DE2026	AWR-D-ASSOCIATED-SERV	Associated Date of Service
VMCPACTV	DE2055	AWR-C-PHRM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
VMCPACTV	DE2264	AWR-C-PATNT-RES	Patient Residence
VMCPACTV	DE2260	AWR-C-COMPOUND-TYPE	Compound Type
VMCPACTV	DE2261	AWR-C-PHRM-SERV-TYPE	Pharmacy Service Type
VMCPACTV	DE2262	AWR-N-PROF-SERV-FEE	Professional Service Fee
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE4085	AWR-T-PRESC-NAME-FIRST	Provider Name
VMCPACTV	DE4085	AWR-T-PRESC-NAME-LAST	Provider Name
VMCPACTV	DE4097	AWR-T-PRESC-ADDR-LINE	Provider Address Line
VMCPACTV	DE4130	AWR-T-PRESC-CITY	Provider Address City Name
VMCPACTV	DE4098	AWR-C-PRESC-STATE	Provider Address State
VMCPACTV	DE4099	AWR-C-PRESC-ZIP	Provider Address ZIP Code

VMCPACTV	DE4090	AWR-T-PRESC-PHONE-NUM	Provider Phone Number
VMCPACTV	DE0002	AWR-NUM-OF-NDC-DRUG	Calculated
VMCPACTV	DE2450	AWR-I-NDC-DRUG-SEQ-NO	NDC Drug Sequence Number
VMCPACTV	DE5735	AWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
VMCPACTV	DE2469	AWR-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
VMCPACTV	DE5200	AWR-C-DRUG-NDC	Drug Code (NDC)
VMCPACTV	DE5061	AWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
VMCPACTV	DE5731	AWR-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
VMCPACTV	DE5088	AWR-C-DRUG-CATG	Drug Category Code
VMCPACTV	DE5059	AWR-C-DRUG-CLASS	Drug Class Code
VMCPACTV	DE2237	AWR-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
VMCPACTV	DE2248	AWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
VMCPACTV	DE5230	AWR-N-UNIT-PRICE	Drug Unit Dose Price
VMCPACTV	DE2223	AWR-N-INGRED-COST	Pharmacy Ingredient Cost
VMCPACTV	DE2231	AWR-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
VMCPACTV	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
VMCPACTV	DE2218	AWR-N-UD-FEE	Claim Pharmacy Add-on Fee
VMCPACTV	DE5043	AWR-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
VMCPACTV	DE5031	AWR-C-DRUG-DISP-UNIT	Drug Dispensing Unit
VMCPACTV	DE2221	AWR-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
VMCPACTV	DE5740	AWR-C-CONFLICT	ProDUR Reason Code (Reason for Service)
VMCPACTV	DE5741	AWR-C-INTERVENT	ProDUR Service Code (Professional Service Code)
VMCPACTV	DE5742	AWR-C-OUTCOME	ProDUR Result Code
VMCPACTV	DE2160	AWR-RECYCLE-FLAG	Claims Recycle Flag
VMCPACTV	DE2481	AWR-OLD-FORMAT-PA-NUMBER	Claims Original PA Number
VMCPACTV	DE0002	AWR-NUM-OF-FAC-LINES	Calculated
VMCPACTV	DE2445	AWR-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
VMCPACTV	DE2122	AWR-C-REV	Claim Revenue Code
VMCPACTV	DE2123	AWR-N-UNITS-07	Claim Revenue Units
VMCPACTV	DE2124	AWR-N-REV-BILLED-AMT	Claim Revenue Amount
VMCPACTV	DE2139	AWR-N-NON-COV-AMT	Claim Non-Covered Amount
VMCPACTV	DE2991	AWR-N-REV-ALLOWED-AMT	Claim Revenue Allowed Amt
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-07	Claim Cutback Days/Units
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-07	Claim Cutback Amount
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-07	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-07	Procedure Code
VMCPACTV	DE5064	AWR-C-P07-EAPG	EAPG CODE

VMCPACTV	DE2091	AWR-N-P07-EAPG-WEIGHT	EAPG WEIGHT

Files CP-F-151 CLAIMCHECK Add Transactions

This file contains CLAIMCHECK Add activity records. These records are in the original claim activity format- AWR .

Subsystem:	Claims
Copybook:	VMCPACTV
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	AWR-C-PYMT-REQ-MEDIA (2478) AWR-I-PYMT-REQ-DATE (2477) AWR-I-PYMT-REQ-LINE-NO (2343) AWR-I-PYMT-REQ-SEQ-NO (2480)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCPACTV	DE2477	AWR-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
VMCPACTV	DE2478	AWR-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
VMCPACTV	DE2480	AWR-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
VMCPACTV	DE2343	AWR-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
VMCPACTV	DE2017	AWR-N-TOT-DOC-CHG	Claim Total Document Charge
VMCPACTV	DE2030	AWR-C-ATTACHMNT-CVAL	Claim Attachments Indicator
VMCPACTV	DE4082	AWR-I-PROV-SRVC-VNDR	Provider Service Center
VMCPACTV	DE2088	AWR-C-CLM-FORM-CVAL	Claim Form Type
VMCPACTV	DE2006	AWR-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
VMCPACTV	DE3005	AWR-D-ENROLLEE-BIRTH	Enrollee Birth Date
VMCPACTV	DE3007	AWR-C-ENROLLEE-SEX	Enrollee Sex Code
VMCPACTV	DE2020	AWR-F-CONVERSION	Claim Conversion Indicator
VMCPACTV	DE2569	AWR-I-CLM-SUBMIT	Claims Submission Identifier

VMCPACTV	DE2177	AWR-D-ENTERED	Claim Entered Date
VMCPACTV	DE2581	AWR-I-CLAIM-MCN	Claims MCN Number
VMCPACTV	DE2684	AWR-F-ADA-MED-COVERAGE	Claim Dental Medical Coverage Flag
VMCPACTV	DE2225	AWR-I-VERSION	Claim Pharmacy NCPDP Version
VMCPACTV	DE2226	AWR-I-TRANS-RCVD-LINE	Claim Pharmacy Transmission Received Line
VMCPACTV	DE2013	AWR-I-ATTACH-CNTL-NUM	Claim EDI Attachment Control Number
VMCPACTV	DE2265	AWR-C-4010-5010-CVAL	Claim EDI Version Indicator
VMCPACTV	DE2267	AWR-I-PROPRTY-CAS-ID	Property and Casualty Member Identifier
VMCPACTV	DE3901	AWR-I-PERSON-CLM	Person ID
VMCPACTV	DE4001	AWR-I-SRVC-BASE-PROV	Provider Base Identification Number
VMCPACTV	DE4002	AWR-I-SRVC-PROV-P50	Provider Identification Number
VMCPACTV	DE2004	AWR-I-BILLING-PROV	Claim Billing Provider Identification Number
VMCPACTV	DE2002	AWR-C-CLM-TYPE-CVAL	Claim Type
VMCPACTV	DE2010	AWR-D-SERV-FROM	Claim Service From Date
VMCPACTV	DE2011	AWR-D-SERV-THRU	Claim Service Thru Date
VMCPACTV	DE2016	AWR-N-BILLED-CHG	Claim Billed Charge
VMCPACTV	DE3098	AWR-I-EVS-NO	Eligibility Verification Number
VMCPACTV	DE3001	AWR-I-ENROLLEE-ID	Enrollee Identification Number
VMCPACTV	DE3093	AWR-I-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCPACTV	DE3009	AWR-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
VMCPACTV	DE3551	AWR-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
VMCPACTV	DE3552	AWR-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
VMCPACTV	DE3553	AWR-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
VMCPACTV	DE3072	AWR-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
VMCPACTV	DE3655	AWR-C-ENRL-PREM-IND	Medicare Premium Indicator
VMCPACTV	DE2544	AWR-C-COB	Claim COB Indicator
VMCPACTV	DE2246	AWR-F-CONSENT	Claim Consent Indicator
VMCPACTV	DE2224	AWR-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
VMCPACTV	DE2018	AWR-N-TPL-AMT-PAID	Claim Third Party Payment
VMCPACTV	DE2027	AWR-F-ACCIDENT	Claim Accident Indicator
VMCPACTV	DE2802	AWR-F-EMERGENCY	Claim Emergency Identifier
VMCPACTV	DE2781	AWR-I-REQUEST-NO	Claim CHIRP Request Identification
VMCPACTV	DE2068	AWR-F-SPECIAL-BATCH	Claim Special Batch Indicator
VMCPACTV	DE2012	AWR-I-LINE-ITEM-CNTL-NUM	Claim EDI Line Item Control Number
VMCPACTV	DE2019	AWR-C-ENCNTR-CONTRCT-TYP	Claim EDI Encounter Contract Code
VMCPACTV	DE2007	AWR-C-PROV-SUBMITED-DRG	Claim EDI DRG Code
VMCPACTV	DE2268	AWR-D-CVRG-EXPIR	Coverage Expiration Date

VMCPACTV	DE2150	AWR-C-PROC-DIAG-VER-SUBM	Submitted Surgical Procedure/Diagnosis Code Version
VMCPACTV	DE2151	AWR-C-PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version
VMCPACTV	DE0002	AWR-CLM-PROC-NUM-OCCRS	Calculated
VMCPACTV	DE2444	AWR-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-09	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-09	Procedure Code
VMCPACTV	DE2021	AWR-D-PROCEDURE-09	Claim Procedure Code Date
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD2	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
VMCPACTV	DE2171	AWR-C-PROCEDURE-MOD4	Claims Procedure Code Modifier
VMCPACTV	DE0002	AWR-P13-NUM-OF-DIAG	Calculated
VMCPACTV	DE2449	AWR-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
VMCPACTV	DE5301	AWR-C-DIAG	Diagnosis Code
VMCPACTV	DE5020	AWR-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
VMCPACTV	DE2585	AWR-C-DIAG-TYPE-CVAL	Claims Diag Type Code
VMCPACTV	DE2052	AWR-F-PRESENT-ON-ADMIT	Present On Admission (POA) Indicator
VMCPACTV	DE2992	AWR-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
VMCPACTV	DE2023	AWR-N-PYMT-AMT	Claim Payment Amount
VMCPACTV	DE2073	AWR-N-ALLOW-AMT	Claim Allowed Amount
VMCPACTV	DE2158	AWR-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
VMCPACTV	DE2545	AWR-N-CALC-COINS	Claim Calculated Co-Insurance
VMCPACTV	DE2083	AWR-N-PATNT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2077	AWR-N-PVT-ROOM-DIFF	Claim Private Room Differential
VMCPACTV	DE2217	AWR-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
VMCPACTV	DE2315	AWR-N-PYMT-DAYS	Claim Payment days
VMCPACTV	DE2056	AWR-N-ELIGIBLE-DAYS	Claim number of days eligible
VMCPACTV	DE2358	AWR-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
VMCPACTV	DE2080	AWR-N-DSA-AMT	Claim Disproportionate Share Amount
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-29	Claim Cutback Amount
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-29	Claim Cutback Days/Units
VMCPACTV	DE2022	AWR-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
VMCPACTV	DE5353	AWR-C-DRG	DRG (Diagnosis Related Group) Code
VMCPACTV	DE2547	AWR-N-DRG-PYMT-AMT	DRG Payment Amount
VMCPACTV	DE6827	AWR-N-DRG-OUTLIER-AMT	MARS DRG Outlier Payment Amount
VMCPACTV	DE2470	AWR-N-DRG-CAP-AMT	Claims DRG CAP Amount
VMCPACTV	DE2348	AWR-C-DRG-PYMT-TYPE	DRG Payment Type
VMCPACTV	DE5354	AWR-N-DRG-WEIGHT	DRG Relative Weight

VMCPACTV	DE2881	AWR-N-NATCEP-PYMT-AMT	NATCEP-Payment-Amount
VMCPACTV	DE4006	AWR-C-PROV-TYPE	Provider Type
VMCPACTV	DE4007	AWR-C-PROV-SPECIALTY	Provider Specialty Code
VMCPACTV	DE2599	AWR-C-COPAY-IND	Claim Co-pay Indicator
VMCPACTV	DE2674	AWR-F-TPL	Claim TPL Flag
VMCPACTV	DE2673	AWR-F-SPLIT-CLAIM	Split Claim Flag
VMCPACTV	DE2433	AWR-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
VMCPACTV	DE2566	AWR-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
VMCPACTV	DE3008	AWR-I-ENRL-LOCALITY	Enrollee FIPS Code
VMCPACTV	DE4089	AWR-I-PROV-LOCALITY	Provider Locality Code
VMCPACTV	DE2589	AWR-C-DRG-GRPET	Claim DRG Grouper Return Code
VMCPACTV	DE2590	AWR-C-DRG-MDC	Claim DRG MDC Code
VMCPACTV	DE2591	AWR-C-DRG-TYPE	Claim DRG Type Code
VMCPACTV	DE2592	AWR-N-DRG-PD-RATE	Claim DRG Per Diem Rate
VMCPACTV	DE2593	AWR-N-DRG-TOT-PYMT	Claim DRG Total Payment
VMCPACTV	DE2594	AWR-N-DRG-PERDIEM	Claim DRG Per Diem Amount
VMCPACTV	DE2069	AWR-C-PRICE-SRC	Claim Pricing Source
VMCPACTV	DE2070	AWR-C-PRICE-TYPE	Claim Pricing Source Type
VMCPACTV	DE2071	AWR-C-PRICE-CODE	Claim Pricing Source Code
VMCPACTV	DE2994	AWR-N-ENC-PYMT-AMT	Encounter Payment Amount
VMCPACTV	DE2995	AWR-D-ENC-PYMT	Encounter Payment Date
VMCPACTV	DE2435	AWR-I-MOD-STAT-SEQ-NO-32	Claim Status Sequence Number
VMCPACTV	DE9580	AWR-I-RA-NUM	Remittance Advice Number
VMCPACTV	DE2003	AWR-C-CLM-MOD-CVAL	Claim Type Modifier
VMCPACTV	DE2383	AWR-D-MOD-STAT-BEGIN	Claim Status Begin Date
VMCPACTV	DE2384	AWR-D-MOD-STAT-END	Claim Status End Date
VMCPACTV	DE2039	AWR-C-CLM-STAT-CVAL	Claim Status
VMCPACTV	DE9865	AWR-I-BUDGET-ACCT	Budget Account Identifier
VMCPACTV	DE9916	AWR-I-BDGT-ACCT-SEQ-NO	DMAS BAC Sequence Number
VMCPACTV	DE2038	AWR-C-CATG-SRVC-CVAL	Claim Category of Service
VMCPACTV	DE0012	AWR-I-USER-ID-32	User/Operator ID
VMCPACTV	DE0002	AWR-NO-CURRENT-ERRORS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-C-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-C-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-C-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-C-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-C-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-I-CLAIM-LINE-NO	Claim Line Number

VMCPACTV	DE5565	AWR-I-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-F-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-T-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-I-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE2496	AWR-F-PEND-LOCATION-UPD	Claims Pend Resolution Update Flag
VMCPACTV	DE2584	AWR-I-PEND-SEQ-NO	Claims Pend Location Sequence Number
VMCPACTV	DE2841	AWR-C-PND-LOC-TO-CVAL	Claim Pend To Location
VMCPACTV	DE2840	AWR-C-PND-LOC-FRM-CVAL	Claim Pend From Location
VMCPACTV	DE2404	AWR-D-TRANSFER	Pend Transfer Date
VMCPACTV	DE2496	AWR-F-PEND-RESO-UPDT	Claims Pend Resolution Update Flag
VMCPACTV	DE0012	AWR-I-USER-ID-62	User/Operator ID
VMCPACTV	DE0002	AWR-NO-HISTORY-ERRORS	Calculated
VMCPACTV	DE2435	AWR-H-MOD-STAT-SEQ-NO-24	Claim Status Sequence Number
VMCPACTV	DE2156	AWR-H-EDIT-SEQ-NO-24	Claim Edit Sequence Number
VMCPACTV	DE5506	AWR-H-ERROR-ESC	Claim Error ESC Code
VMCPACTV	DE5501	AWR-H-EDIT	Error Text Error Code
VMCPACTV	DE5603	AWR-H-EDIT-DISPOSITION	Error Text Disposition Attachments
VMCPACTV	DE2183	AWR-H-EDIT-PRIORITY	Claim Edit Priority
VMCPACTV	DE2140	AWR-H-MSG-TYP-CVAL	Message Type
VMCPACTV	DE2121	AWR-H-CLAIM-LINE-NO	Claim Line Number
VMCPACTV	DE5565	AWR-H-FAC-REV-LINE-NO-24	Revenue Line Number in Error
VMCPACTV	DE2078	AWR-H-OVERRIDE	Claim Edit Override
VMCPACTV	DE2349	AWR-H-INVALID-DATA	Claim Edit Invalid Data
VMCPACTV	DE5560	AWR-H-ADJ-RSN-RESP-XRF	Adjustment Reason/Response Cross Reference
VMCPACTV	DE0002	AWR-NO-CONFLICT-ICNS	Calculated
VMCPACTV	DE2156	AWR-I-EDIT-SEQ-NO-36	Claim Edit Sequence Number
VMCPACTV	DE2441	AWR-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
VMCPACTV	DE2440	AWR-I-CNFLCT-ICN-DATE	Claim Conflict ICN
VMCPACTV	DE2678	AWR-I-CNFLCT-ICN-MEDIA	Conflicting Claim ICN Media
VMCPACTV	DE2679	AWR-I-CNFLCT-ICN-SEQ	Conflicting Claim ICN Sequence Number
VMCPACTV	DE2681	AWR-I-CNFLCT-ICN-LINE	Conflicting Claim ICN Line Number
VMCPACTV	DE2034	AWR-I-RELATED-DOC-NUM	Claim Related Document Number
VMCPACTV	DE2351	AWR-C-INTRREL-TYP-CVAL	Interrelationship Type
VMCPACTV	DE2033	AWR-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
VMCPACTV	DE2356	AWR-I-TAD-SEQ-NO	Claim TAD Sequence Number
VMCPACTV	DE2310	AWR-D-TAD-SENT	Claim TAD Sent Date
VMCPACTV	DE2543	AWR-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not

VMCPACTV	DE0002	AWR-NUM-SCHOOL-EMPLYR-RECS	Calculated
VMCPACTV	DE0016	AWR-I-SCH-EMP-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-20	Policy Owner
VMCPACTV	DE2517	AWR-T-SCHOOL-EMP-NAME	Claim Employer Name
VMCPACTV	DE2537	AWR-T-EMP-ADDRESS	Claim Employer/School Address
VMCPACTV	DE0002	AWR-NUM-OTHER-INSRD-RECS	Calculated
VMCPACTV	DE0016	AWR-I-OTH-INSRD-SEQ-NO	Seq Num
VMCPACTV	DE2522	AWR-T-INSRD-NAME	Claim Other Insured's Name
VMCPACTV	DE2524	AWR-D-INSRD-BIRTH	Claim Other Insured's Date of Birth
VMCPACTV	DE2350	AWR-C-INSRD-SEX	Insured Sex
VMCPACTV	DE2352	AWR-C-PATNT-REL	Relationship to Patient
VMCPACTV	DE2353	AWR-C-PERSON	Person
VMCPACTV	DE2532	AWR-F-OTHER-CVRG	Claim Other Dental Plan Coverage Indicator
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL	Policy Owner
VMCPACTV	DE0002	AWR-NUM-INS-CARRIER-RECS	Calculated
VMCPACTV	DE0016	AWR-I-CARRIER-SEQ-NO	Seq Num
VMCPACTV	DE2354	AWR-C-POLICY-OWNR-CVAL-11	Policy Owner
VMCPACTV	DE2512	AWR-I-INSRD-ID	Claim Insured's Identification
VMCPACTV	DE2446	AWR-I-INSRD-PLAN-NO	Insured Plan Number
VMCPACTV	DE2522	AWR-T-CARRIER-NAME	Claim Other Insured's Name
VMCPACTV	DE2534	AWR-T-CARRIER-ADDRESS	Claim Name and Address of Other Carrier (s)
VMCPACTV	DE2515	AWR-T-GROUP-NAME	Claim Group Name (Insurance)
VMCPACTV	DE2516	AWR-I-GROUP-NO	Claim Group Number or FECA Number (Insurance)
VMCPACTV	DE2579	AWR-UB92-REC90-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-REC91-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-UB92-FIRST-160-CHARS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-REMARKS	Claims Remarks Text
VMCPACTV	DE2579	AWR-HCFA-EDI-REMARKS	Claims Remarks Text
VMCPACTV	DE0002	AWR-NUM-PYMT-REQ-ATTACH-RECS	Calculated
VMCPACTV	DE0015	AWR-I-ATTACH-SEQ-NO	Code ID

VMCPACTV	DE2015	AWR-C-ATTACH-TRANS	Claim EDI Attachment Trans Code
VMCPACTV	DE2014	AWR-C-ATTACH-RPT-TYPE	Claim EDI Attachment Report Type
VMCPACTV	DE4002	AWR-I-SRVC-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-SRVC-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-SRVC-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-BILL-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-BILL-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-BILL-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4099	AWR-C-SUBMT-ZIP	Provider Address ZIP Code
VMCPACTV	DE4002	AWR-I-PROV-FINANCE	Provider Identification Number
VMCPACTV	DE2053	AWR-C-SPECIAL-PROCESS	Special Process Indicator
VMCPACTV	DE4089	AWR-I-PROV-PRICE-LOC	Provider Locality Code
VMCPACTV	DE4701	AWR-C-SUBMT-SRVC-TXNMY	NPI-API Label
VMCPACTV	DE4701	AWR-C-SUBMT-BILL-TXNMY	NPI-API Label
VMCPACTV	DE4143	AWR-I-SITE-NO	NPI XREF Site Number
VMCPACTV	DE2031	AWR-I-PATNT-ACCT-NUM	Claim Patient Account Number
VMCPACTV	DE2102	AWR-C-BILL-TYPE	Claim Facility Bill Type
VMCPACTV	DE2136	AWR-H-ADMISSION-HOUR	Claim Hour of Admission
VMCPACTV	DE2108	AWR-N-COVRD-DAYS	Claim Covered Days
VMCPACTV	DE2109	AWR-N-NON-CVRD-DAYS	Claim Non-Covered Days
VMCPACTV	DE2105	AWR-D-ADMIT	Claim Admission Date
VMCPACTV	DE2106	AWR-C-ADMIT-SRC-CVAL	Claim Admission Source
VMCPACTV	DE2412	AWR-H-DISCHARGE-HOUR	Claim Hour of Discharge
VMCPACTV	DE2845	AWR-I-MED-REC-NO	Claim Medical Record Number
VMCPACTV	DE2107	AWR-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
VMCPACTV	DE2869	AWR-C-DISCHG-STAT-CVAL	Claim Discharge Status
VMCPACTV	DE2060	AWR-I-ATTEND-PROV	Claim Attending Provider Identification Number
VMCPACTV	DE4002	AWR-I-OTHER-PROV1	Provider Identification Number
VMCPACTV	DE2453	AWR-I-OTHER-PROV2	Other Provider 2
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-FAC	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-FAC	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-51	Claims PA Type Code
VMCPACTV	DE4002	AWR-I-ATND-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-ATND-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-ATND-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH1-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH1-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE4145	AWR-C-OTH1-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE4002	AWR-I-OTH2-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-OTH2-NPI-SUBMT	National Provider Identifier

VMCPACTV	DE2250	AWR-C-OTH2-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE2050	AWR-C-PROC-DIAG-VER	Version Qualifier
VMCPACTV	DE2057	AWR-C-ACCIDENT-STATE	Accident State
VMCPACTV	DE4700	AWR-I-OTH-OPER-NPI	National Provider Identifier
VMCPACTV	DE4700	AWR-I-REFER-NPI-FAC	National Provider Identifier
VMCPACTV	DE2075	AWR-F-P51-EPSDT	EPSDT Indicator
VMCPACTV	DE0002	AWR-NUM-OF-COND-CODES	Calculated
VMCPACTV	DE2439	AWR-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
VMCPACTV	DE2115	AWR-C-CONDITION	Claim Condition Code
VMCPACTV	DE0002	AWR-NUM-OF-OCCUR-CODES	Calculated
VMCPACTV	DE2451	AWR-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
VMCPACTV	DE2110	AWR-C-OCCURRENCE	Claim Occurrence Code
VMCPACTV	DE2113	AWR-D-OCCUR-BEGIN	Claim Occurrence From Date
VMCPACTV	DE2114	AWR-D-OCCUR-END	Claim Occurrence Thru Date
VMCPACTV	DE2005	AWR-C-OCCUR-TYPE-CVAL	Occurrence Type
VMCPACTV	DE0002	AWR-NUM-OF-VALUE-CODES	Calculated
VMCPACTV	DE2357	AWR-I-VALUE-SEQ-NO	Value Code Sequence Number
VMCPACTV	DE2128	AWR-C-VALUE	Claim Value Code
VMCPACTV	DE2131	AWR-N-VALUE-CD-AMT	Claim Value Amount
VMCPACTV	DE2448	AWR-A-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-A-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-A-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-A-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-A-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-A-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-A-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-A-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-A-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-A-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-A-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2173	AWR-C-PLACE-OF-SERV	Claim Professional Place of Service
VMCPACTV	DE2072	AWR-C-TYPE-SERVICE	Claim Type of Service
VMCPACTV	DE2993	AWR-I-CLIA-52	Claims CLIA Number
VMCPACTV	DE2009	AWR-N-UNITS-52	Claim Number of Units/Visits/Studies
VMCPACTV	DE2083	AWR-N-INPT-PAT-PAY-AMT	Claim Patient Pay Amount
VMCPACTV	DE2410	AWR-D-HOSP-FROM	Claim Hospital Start Date
VMCPACTV	DE2411	AWR-D-HOSP-THRU	Claim Hospital End Date
VMCPACTV	DE4002	AWR-I-REFER-PROV	Provider Identification Number
VMCPACTV	DE2075	AWR-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator

VMCPACTV	DE2074	AWR-F-EMPLOYMENT	Claim Employment Indicator
VMCPACTV	DE2174	AWR-F-PROF-LAB	Claim Professional Lab Indicator
VMCPACTV	DE2431	AWR-F-AUTO-ACCIDENT	Claim Auto Accident
VMCPACTV	DE2075	AWR-F-EPSDT-52	Claim Family Planning/EPSDT Indicator
VMCPACTV	DE2084	AWR-N-WAIT-TIME	Anesthesia Minutes
VMCPACTV	DE2085	AWR-N-PASSENGERS	Claim Number of Passengers
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-MED	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-MED	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-52	Claims PA Type Code
VMCPACTV	DE2209	AWR-D-ILLNESS	Claim Date of Illness/Injury/Pregnancy
VMCPACTV	DE2028	AWR-F-OTHER-ACCIDENT	Claim Other Accident Indicator
VMCPACTV	DE4002	AWR-I-REF-MCAID-SUBMT	Provider Identification Number
VMCPACTV	DE4700	AWR-I-REF-NPI-SUBMT	National Provider Identifier
VMCPACTV	DE2250	AWR-C-REF-PROV-SUBMT	NPI XREF Provider Number Type
VMCPACTV	DE5200	AWR-C-NDC	Drug Code (NDC)
VMCPACTV	DE2200	AWR-C-TOOTH	Claim Dental Tooth Code
VMCPACTV	DE2892	AWR-C-MOUTH-QUADRANT	Claim Dental Quadrant
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC2	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC3	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC4	Claim Dental Surface Codes
VMCPACTV	DE2201	AWR-C-TOOTH-SRFC5	Claim Dental Surface Codes
VMCPACTV	DE2448	AWR-B-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
VMCPACTV	DE4044	AWR-B-MCARE-PROV	Provider Alternate ID Value
VMCPACTV	DE2251	AWR-B-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
VMCPACTV	DE2252	AWR-B-COINS-AMT	Claim Title XVIII Coinsurance Amount
VMCPACTV	DE2253	AWR-B-ALLOWED-CHG	Claim Title XVIII Charge Allowed
VMCPACTV	DE2254	AWR-B-MCARE-PD-AMT	Claim Title XVIII Medicare Paid Amount
VMCPACTV	DE2257	AWR-B-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
VMCPACTV	DE2116	AWR-B-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
VMCPACTV	DE2117	AWR-B-BLOOD-REPLACED	Claim Blood Replaced
VMCPACTV	DE2118	AWR-B-BLOOD-NOT-REPL	Claim Blood Not Replaced
VMCPACTV	DE2255	AWR-B-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
VMCPACTV	DE2141	AWR-F-FAC-CLM-NDC	UB04 NDC Existence flag
VMCPACTV	DE5064	AWR-C-EAPG	EAPG Code
VMCPACTV	DE2091	AWR-N-EAPG-WEIGHT	Claim EAPG Weight
VMCPACTV	DE2092	AWR-N-EAPG-ALLOWED-PCT	Claim EAPG Allowed Percent
VMCPACTV	DE2093	AWR-N-EAPG-PAID-AMT	Claim EAPG Paid Amount
VMCPACTV	DE2094	AWR-N-EAPG-BLEND-AMT	Claim EAPG Blend Amount
VMCPACTV	DE2095	AWR-C-EAPG-CMB-CPTAPG	Claim EAPG CMB CPTAPG
VMCPACTV	DE2096	AWR-N-EAPG-CAP-AO-AMT	Claim EAPG Cap AO Amount

VMCPACTV	DE2097	AWR-N-EAPG-TOT-PYMT	Claim EAPG Total Payment
VMCPACTV	DE2266	AWR-N-OBSTET-UNITS	Obstetrical Units
VMCPACTV	DE2228	AWR-C-PATNT-LOC	Claim Pharmacy Patient Location Code
VMCPACTV	DE2467	AWR-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
VMCPACTV	DE2211	AWR-I-RX-NO	Claim Pharmacy Prescription Number
VMCPACTV	DE2826	AWR-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
VMCPACTV	DE2468	AWR-C-PRESC-PROV-QUAL	Claim Prescribing Provider Code
VMCPACTV	DE2229	AWR-C-LVL-SRVC	Claim Pharmacy Level of Service
VMCPACTV	DE2216	AWR-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
VMCPACTV	DE2232	AWR-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed
VMCPACTV	DE2238	AWR-C-PHRM-PAMC	Claim Pharmacy PA/MC Code
VMCPACTV	DE2214	AWR-D-WRITTEN	Claim Pharmacy Date Prescription Written
VMCPACTV	DE2220	AWR-F-COMPOUND	Claim Pharmacy Compound Indicator
VMCPACTV	DE2212	AWR-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
VMCPACTV	DE2230	AWR-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
VMCPACTV	DE2233	AWR-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
VMCPACTV	DE2234	AWR-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
VMCPACTV	DE2235	AWR-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
VMCPACTV	DE2236	AWR-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
VMCPACTV	DE2227	AWR-C-TPL	Claim Pharmacy Other Coverage Indicator
VMCPACTV	DE2432	AWR-F-PREGNANCY	Pregnancy
VMCPACTV	DE2499	AWR-N-DAYS-SINCE-PHRM	Claims PA Number of Days Since
VMCPACTV	DE2498	AWR-I-PA-SEQ-NO-PHRM	Claims PA Number Sequence
VMCPACTV	DE2508	AWR-C-PA-TYPE-CVAL-53	Claims PA Type Code
VMCPACTV	DE2213	AWR-N-UC-PRICE	Claim Pharmacy Usual Charge
VMCPACTV	DE2025	AWR-I-ASSOCIATED-RX-NO	Associated RX Number
VMCPACTV	DE2026	AWR-D-ASSOCIATED-SERV	Associated Date of Service
VMCPACTV	DE2055	AWR-C-PHRM-PROV-QUAL	Claim Pharmacy Provider Number Qualifier
VMCPACTV	DE2264	AWR-C-PATNT-RES	Patient Residence
VMCPACTV	DE2260	AWR-C-COMPOUND-TYPE	Compound Type
VMCPACTV	DE2261	AWR-C-PHRM-SERV-TYPE	Pharmacy Service Type
VMCPACTV	DE2262	AWR-N-PROF-SERV-FEE	Professional Service Fee
VMCPACTV	DE5736	AWR-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
VMCPACTV	DE4085	AWR-T-PRESC-NAME-FIRST	Provider Name
VMCPACTV	DE4085	AWR-T-PRESC-NAME-LAST	Provider Name
VMCPACTV	DE4097	AWR-T-PRESC-ADDR-LINE	Provider Address Line
VMCPACTV	DE4130	AWR-T-PRESC-CITY	Provider Address City Name
VMCPACTV	DE4098	AWR-C-PRESC-STATE	Provider Address State

VMCPACTV	DE4099	AWR-C-PRESC-ZIP	Provider Address ZIP Code
VMCPACTV	DE4090	AWR-T-PRESC-PHONE-NUM	Provider Phone Number
VMCPACTV	DE0002	AWR-NUM-OF-NDC-DRUG	Calculated
VMCPACTV	DE2450	AWR-I-NDC-DRUG-SEQ-NO	NDC Drug Sequence Number
VMCPACTV	DE5735	AWR-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code
VMCPACTV	DE2469	AWR-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
VMCPACTV	DE5200	AWR-C-DRUG-NDC	Drug Code (NDC)
VMCPACTV	DE5061	AWR-I-DRUG-GCN	Drug Generic Code Number (GCN)
VMCPACTV	DE5731	AWR-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
VMCPACTV	DE5088	AWR-C-DRUG-CATG	Drug Category Code
VMCPACTV	DE5059	AWR-C-DRUG-CLASS	Drug Class Code
VMCPACTV	DE2237	AWR-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
VMCPACTV	DE2248	AWR-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
VMCPACTV	DE5230	AWR-N-UNIT-PRICE	Drug Unit Dose Price
VMCPACTV	DE2223	AWR-N-INGRED-COST	Pharmacy Ingredient Cost
VMCPACTV	DE2231	AWR-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
VMCPACTV	DE2418	AWR-F-DAW	Claim Dispensed as Written Indicator
VMCPACTV	DE2218	AWR-N-UD-FEE	Claim Pharmacy Add-on Fee
VMCPACTV	DE5043	AWR-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
VMCPACTV	DE5031	AWR-C-DRUG-DISP-UNIT	Drug Dispensing Unit
VMCPACTV	DE2221	AWR-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
VMCPACTV	DE5740	AWR-C-CONFLICT	ProDUR Reason Code (Reason for Service)
VMCPACTV	DE5741	AWR-C-INTERVENT	ProDUR Service Code (Professional Service Code)
VMCPACTV	DE5742	AWR-C-OUTCOME	ProDUR Result Code
VMCPACTV	DE2160	AWR-RECYCLE-FLAG	Claims Recycle Flag
VMCPACTV	DE2481	AWR-OLD-FORMAT-PA-NUMBER	Claims Original PA Number
VMCPACTV	DE0002	AWR-NUM-OF-FAC-LINES	Calculated
VMCPACTV	DE2445	AWR-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
VMCPACTV	DE2122	AWR-C-REV	Claim Revenue Code
VMCPACTV	DE2123	AWR-N-UNITS-07	Claim Revenue Units
VMCPACTV	DE2124	AWR-N-REV-BILLED-AMT	Claim Revenue Amount
VMCPACTV	DE2139	AWR-N-NON-COV-AMT	Claim Non-Covered Amount
VMCPACTV	DE2991	AWR-N-REV-ALLOWED-AMT	Claim Revenue Allowed Amt
VMCPACTV	DE2065	AWR-N-CUTBACK-UNITS-07	Claim Cutback Days/Units
VMCPACTV	DE2066	AWR-N-CUTBACK-AMT-07	Claim Cutback Amount
VMCPACTV	DE5001	AWR-C-PROCEDURE-TYPE-07	Procedure Code Type
VMCPACTV	DE5002	AWR-C-PROCEDURE-07	Procedure Code

VMCPACTV	DE2171	AWR-C-P07-PROC-MOD1	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD2	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD3	Modifier
VMCPACTV	DE2171	AWR-C-P07-PROC-MOD4	Modifier
VMCPACTV	DE5064	AWR-C-P07-EAPG	EAPG CODE
VMCPACTV	DE2091	AWR-N-P07-EAPG-WEIGHT	EAPG WEIGHT

Files CP-F-160 Claims Extract for CNS

CNS Interface - Psychotropic Drugs (Fee for Service Medicaid eligible recipients). The data elements are delimited using a "@" sign. The data is loaded to an Access Database by CNS.

Subsystem:	Claims
Copybook:	CPEXTCNS
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CNS Data Interface - Psychotropic Drugs (CPR180)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	New Field Definition	
	DE0000	New Field Definition	
CPEXTCNS	DE2001	CLAIM ID	Claim Request ICN
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2039	ACTION CODE	Claim Status
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE5200	NDC	Drug Code (NDC)
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2010	DATE FILLED	Claim Service From Date
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2216	DAYS	Claim Pharmacy Days Supply
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2233	QUANTITY	Claim Pharmacy Quantity Dispensed
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2023	AMOUNT PAID	Claim Payment Amount
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE3093	PATIENT ID	Enrollee Permanent Identification Number

CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2826	PRESCRIBER ID	Claim Prescribing Physician Identification Number
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4002	PROVIDER NUMBER	Provider Identification Number
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2211	PRESCRIPTION NUMBER	Claim Pharmacy Prescription Number
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE2212	REFILL NUMBER	Claim Pharmacy Refill Code
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE3005	DOB	Enrollee Birth Date
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE3111	PATIENT FIRST NAME	Enrollee First Name
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE3110	PATIENT LAST NAME	Enrollee Last Name
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4085	PRESCRIBER FIRST NAME	Provider Name
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4085	PRESCRIBER LAST NAME	Provider Name
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4097	PRESCRIBER MAIL ADDR1	Provider Address Line
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4130	PRESCRIBER MAIL CITY	Provider Address City Name
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4098	PRESCRIBER MAIL STATE	Provider Address State
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4099	PRESCRIBER MAIL ZIP	Provider Address ZIP Code
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4090	PRESCRIBER PHONE	Provider Phone Number
CPEXTCNS	DE0002	FILLER	Calculated
CPEXTCNS	DE4007	PRESCRIBER PRI SPECIALTY	Provider Specialty Code
CPEXTCNS	DE0002	FILLER	Calculated

Files CP-F-161 Recipient Count for CNS

Total number of Fee for Service Medicaid Eligible Recipients active. This count is loaded to an Access Database by CNS.

Subsystem:	Claims
Copybook:	
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CNS Data Interface - Psychotropic Drugs (CPR180)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0002	DESC	Calculated
	DE0002	PROCESS DATE	Calculated
	DE0002	ELIG-RECIP-COUNT	Calculated

Files CP-F-175 Intermediary monthly extract file for CP-O-476 report generation

Contains field that are required to generate CP-O-476 report.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-476 Enrollee Medical Services Report for the Fiscal Year. (CPR152) E15 - SYNCSORT - USER EXIT (E15CP152)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CP152CPY	DE3093	WS-I-ENROLLEE-ID	Enrollee Permanent Identification Number
CP152CPY	DE0002	WS-MEDIA-STATUS	Calculated
CP152CPY	DE3901	WS-I-PERSON	Person ID
CP152CPY	DE3111	WS-T-NAME-FIRST	Enrollee First Name
CP152CPY	DE3112	WS-T-MIDDLE-INIT	Enrollee Middle Initial
CP152CPY	DE3110	WS-T-NAME-LAST	Enrollee Last Name
CP152CPY	DE3006	WS-C-RACE	Enrollee Race Code
CP152CPY	DE3007	WS-C-ENROLLEE-SEX	Enrollee Sex Code
CP152CPY	DE3005	WS-D-BIRTH	Enrollee Birth Date
CP152CPY	DE3550	WS-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CP152CPY	DE3008	WS-I-ENRL-LOCALITY	Enrollee FIPS Code
CP152CPY	DE3955	WS-C-SSA-NO	Person Identifier Value
CP152CPY	DE3034	WS-I-ENRL-SSN	Enrollee Social Security Number (SSN)
CP152CPY	DE4700	WS-I-BILL-PROV-SUBMT	National Provider Identifier

CP152CPY	DE4085	WS-T-BILL-PROV-NAME	Provider Name
CP152CPY	DE2010	WS-D-SERV-FROM	Claim Service From Date
CP152CPY	DE2477	WS-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CP152CPY	DE2478	WS-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CP152CPY	DE2480	WS-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CP152CPY	DE2343	WS-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CP152CPY	DE2022	WS-C-CLAIM-TYPE	Claim Medicaid Co-Payment
CP152CPY	DE2023	WS-N-PMT-AMT	Claim Payment Amount
CP152CPY	DE2016	WS-N-BILLED-CHARGE	Claim Billed Charge
CP152CPY	DE2018	WS-N-TPL-AMT-PAID	Claim Third Party Payment
CP152CPY	DE2544	WS-C-COB	Claim COB Indicator
CP152CPY	DE2009	WS-N-UNITS	Claim Number of Units/Visits/Studies
CP152CPY	DE0002	WS-C-PROCEDURE	Calculated
CP152CPY	DE0002	WS-C-DIAG	Calculated
CP152CPY	DE0002	WS-D-ADMSN-DUX	Calculated
CP152CPY	DE2034	WS-I-FORMER-ICN	Claim Related Document Number
CP152CPY	DE2039	WS-C-STATUS	Claim Status
CP152CPY	DE2003	WS-C-CLM-MOD	Claim Type Modifier
CP152CPY	DE2383	WS-D-MOD-STAT-BEGIN	Claim Status Begin Date
CP152CPY	DE2011	WS-D-SERV-THRU	Claim Service Thru Date
CP152CPY	DE4700	WS-I-SRVC-PROV-SUBMT	National Provider Identifier
CP152CPY	DE4085	WS-T-SRVC-PROV-NAME	Provider Name
CP152CPY	DE2869	WS-C-DISCHG-STAT	Claim Discharge Status
CP152CPY	DE5200	WS-C-NDC-CODE	Drug Code (NDC)
CP152CPY	DE5506	WS-N-DEN-RSN	Claim Error ESC Code

Files CP-F-180 UB04 - NDC Information - FFS

General Information

This file carries the Drug NDC information that is captured from revenue code lines on UB and crossover A hospital claims.

Subsystem:	Claims
Copybook:	CPUB4NDC
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Capture EDI UB04 NDC Information (CPI019)
Graphics:	CP-F-180

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPUB4NDC	DE2477	AWR-UB04-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPUB4NDC	DE2478	AWR-UB04-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPUB4NDC	DE2480	AWR-UB04-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPUB4NDC	DE2343	AWR-UB04-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPUB4NDC	DE2102	AWR-UB04-MMIS-BILL-TYPE	Claim Facility Bill Type
CPUB4NDC	DE2003	AWR-UB04-MMIS-MOD-CVAL	Claim Type Modifier
CPUB4NDC	DE2010	AWR-UB04-SERV-FROM	Claim Service From Date
CPUB4NDC	DE2445	AWR-UB04-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
CPUB4NDC	DE2142	AWR-UB04-NDC-QUAL	NDC Qualifier

CPUB4NDC	DE5200	AWR-UB04-NDC-CD	Drug Code (NDC)
CPUB4NDC	DE2143	AWR-UB04-NDC-UNIT-QUAL	Unit of Measure Qualifier
CPUB4NDC	DE2144	AWR-UB04-NDC-QTY	Unit of Measure - Quantity

Files CP-F-181 UB04 - NDC Information - Encounters

This file carries the NDC data that is captured from revenue lines on Encounter inpatient Hospital Claims.

Subsystem:	Claims
Copybook:	CPUB4NDC
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Capture EDI UB04 NDC Information (CPI019)
Graphics:	CP-F-181

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPUB4NDC	DE2477	AWR-UB04-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CPUB4NDC	DE2478	AWR-UB04-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CPUB4NDC	DE2480	AWR-UB04-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CPUB4NDC	DE2343	AWR-UB04-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CPUB4NDC	DE2102	AWR-UB04-MMIS-BILL-TYPE	Claim Facility Bill Type
CPUB4NDC	DE2003	AWR-UB04-MMIS-MOD-CVAL	Claim Type Modifier
CPUB4NDC	DE2010	AWR-UB04-SERV-FROM	Claim Service From Date
CPUB4NDC	DE2445	AWR-UB04-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
CPUB4NDC	DE2142	AWR-UB04-NDC-QUAL	NDC Qualifier
CPUB4NDC	DE5200	AWR-UB04-NDC-CD	Drug Code (NDC)
CPUB4NDC	DE2143	AWR-UB04-NDC-UNIT-QUAL	Unit of Measure Qualifier
CPUB4NDC	DE2144	AWR-UB04-NDC-QTY	Unit of Measure - Quantity

Files CP-F-182 SAS - UB04 - NDC Extract

Subsystem:	Claims
Copybook:	SASUBNDC
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	UB04 - NDC EXTRACT FILE TO SAS (CPR865) SAS Library Loader for Claims (SSM010) SAS Library Loader for Weekly Pended Claims (SSW015)
Graphics:	CP-F-182

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
SASUBNDC	DE2477	SAS-UB04-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
SASUBNDC	DE2478	SAS-UB04-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
SASUBNDC	DE2480	SAS-UB04-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
SASUBNDC	DE2343	SAS-UB04-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
SASUBNDC	DE2002	SAS-CLAIM-TYPE	Claim Type
SASUBNDC	DE2039	SAS-CLAIM-STATUS	Claim Status
SASUBNDC	DE2033	AS-CLAIM-MODIFIER	Adjustment/Void Reason
SASUBNDC	DE2445	SAS-UB04-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
SASUBNDC	DE2142	SAS-UB04-NDC-QUAL	NDC Qualifier
SASUBNDC	DE5200	SAS-UB04-NDC-CD	Drug Code (NDC)
SASUBNDC	DE2143	SAS-UB04-NDC-UNIT-QUAL	Unit of Measure Qualifier
SASUBNDC	DE2144	SAS-UB04-NDC-QTY	Unit of Measure - Quantity

Files CP-F-200 Claims Master Data Store

VAMMIS Claims History data store.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Estimated Expenditures Extract (FND025) Hold Payment Request Program (FNT030) Payment Hold Release Program (FNW024) Budget Availability Process Program (FNW025) Remittance Extract Build Program (FNW026) Managed Care Fees Converted to Claims Reporting (FNW029) Administrative Fees Converted to Claims Report (FNW031) Capitation Payments Converted to Claims Report (FNW032) Remittance Advice Generation Process Program (FNW044) Remittance Advice Payment Transactions Update Program (FNW045) Display Service Limits (RST125)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-215 Parameter file

Parameter file for CPR216A

Subsystem:	Claims
Copybook:	CPF215
	N/A
File Organization:	FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Medicaid MEDALLION Provider Management Fee Report (CPR216A)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF215	DE0002	Process begin date	Calculated
CPF215	DE0002	Process end date	Calculated

Files CP-F-217I Syncsort Extract File with Missing Data Fields

Input file (257 bytes/record) from Syncsort to program CPR217, without Region Number, or Region Description data fields. Those data fields are added, and other data fields are reformatted for reporting purposes, in the output file, which is used by Syncsort to produce FAMIS / Medallion II Payment Record (CP-O-456-01), FAMIS / Medallion II Payment Record by Region (CP-O-456-02), and FAMIS / Medallion II Payment Record Control (CP-O-456-03) reports.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-456-01 FAMIS/Medallion II Payment Record, CP-O-456-02 FAMIS/Medallion II Payment Record by Region, CP-O-456-03 FAMIS/Medallion II Payment Record Control Report. (CPR217)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name

Files CP-F-217O Syncsort Extract File with Additional Data Fields

Output file (220 bytes/record) from program CPR217, used by Syncsort to produce FAMIS / Medallion II Payment Record (CP-O-456-01), FAMIS / Medallion II Payment Record by Region (CP-O-456-02), and FAMIS / Medallion II Payment Record Control (CP-O-456-03) reports.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-456-01 FAMIS/Medallion II Payment Record, CP-O-456-02 FAMIS/Medallion II Payment Record by Region, CP-O-456-03 FAMIS/Medallion II Payment Record Control Report. (CPR217)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-260-01 Pended Location Errors File

Extract of pended errors for a specific location

Subsystem:	Claims
Copybook:	
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pend Reports File Extract Process (CPR260) Pend Claim Errors Aging and Pend Error Counts Reports (CPR283)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE7466	CPE283W-RECORD-ID	Record ID
	DE2584	CPE283W-PEND-RPT-GRP	Claims Pend Location Sequence Number
	DE2583	CPE283W-ORIGPEND-DT-CYMD	Claims Pend/Loc User Date Added
	DE2184	CPE283W-EDIT-DISPOSITION	Claim Edit Disposition
	DE3121	CPE283W-PENDLOC-GR	Enrollee Pend Location Code
	DE3121	CPE283W-PENDLOC-LOC	Enrollee Pend Location Code
	DE3121	CPE283W-PENDLOC-DESC	Enrollee Pend Location Code
	DE0000	CPE283W-PENDLOC-CLM-CNT	

Files CP-F-260-02 Pend Location Edit

Subsystem:	Claims
Copybook:	
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pend Reports File Extract Process (CPR260) Pend Claim Errors Aging and Pend Error Counts Reports (CPR283)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE0000	CPE283W-PLOCEDIT-ICN	
	DE2584	CPE283W-PLOCEDIT-LOC	Claims Pend Location Sequence Number
	DE0000	CPE283W-PLOCEDIT-EDIT-CNT	
	DE0000	CPE283W-PLOCEDIT-C-EDIT	
	DE0000	CPE283W-PLOCEDIT-ICN-REQDT	
	DE2187	CPE283W-PLOCEDIT-ICN-MEDIA	Consent ICN Media
	DE2681	CPE283W-PLOCEDIT-ICN-LINENO	Conflicting Claim ICN Line Number
	DE2441	CPE283W-PLOCEDIT-ICN-SEQNO	Claim Edit ICN Sequence Number

Files CP-F-260-03 Pend Location Claim Count/Edit Error Count

Subsystem:	Claims
Copybook:	
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Pend Reports File Extract Process (CPR260) Pend Location Report (CPR270) Executive and Management Pend Totals Reports (CPR271)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE3121	CEP283W-PENDLOC-LOC	Enrollee Pend Location Code
	DE0000	CPE283W-PENDLOC-DESC	
	DE0000	CPE283W-PENDLOC-CLM-CNT	

Files CP-F-284 Daily Pend Error Counts

Listing of edit counts and descriptions in descending order of occurrence frequency

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-305 Selected Pended/Denied/Budgeted Claims Extract

Selected Pended/Denied/Budgeted Claims Extract

Subsystem:	Claims
Copybook:	CPR305WK
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Weekly Pended/Denied Claims with Pend Loc Description (CPR305P1) Weekly Pended/Denied Claims with Claim Type Description (CPR305P2) Weekly Pended/Denied Claims with Service Provider Names (CPR305P3) Weekly Pended/Denied Claims with Enrollee Names (CPR305P4) Weekly Aged Pend List by ICN (CPR305R1) Weekly Aged Pend List by Provider (CPR305R2) Weekly Aged Pend List by Enrollee (CPR305R3) Weekly Pended Claims by Age (CPR305R5) Aged Pended Claim and Financial Statistics (CPR305R6) Weekly Budget Pended Claims Extract File (CPR305SB) Weekly Denied Claims Extract (CPR305SD) Weekly Pended Claims Extract (CPR305SP)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPR305WK	DE2841	Pend Location To	Claim Pend To Location
CPR305WK	DE2002	Claim Type	Claim Type
CPR305WK	DE2001	ICN	Claim Request ICN
CPR305WK	DE3093	Enrollee ID	Enrollee Permanent Identification Number
CPR305WK	DE4151	Billing Provider	NPI XREF Provider Primary

CPR305WK	DE5002	Procedure Code	Procedure Code
CPR305WK	DE2171	Procedure Code Modifier	Claims Procedure Code Modifier
CPR305WK	DE2010	Service From Date	Claim Service From Date
CPR305WK	DE2011	Service Thru Date	Claim Service Thru Date
CPR305WK	DE2018	Covered Days	Claim Third Party Payment
CPR305WK	DE2009	Number of Units	Claim Number of Units/Visits/Studies
CPR305WK	DE2233	Quantity of Dispensed Drug Units	Claim Pharmacy Quantity Dispensed
CPR305WK	DE2016	Billed Charge	Claim Billed Charge
CPR305WK	DE2072	Type of Service	Claim Type of Service
CPR305WK	DE2200	Tooth Surface	Claim Dental Tooth Code
CPR305WK	DE2201	Tooth Number	Claim Dental Surface Codes
CPR305WK	DE2006	Enrollee Short Name	Claim Partial Recipient Name
CPR305WK	DE5506	ESC Code 1	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 2	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 3	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 4	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 5	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 6	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 7	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 8	Claim Error ESC Code
CPR305WK	DE5506	ESC Code 9	Claim Error ESC Code
CPR305WK	DE0004	Partition Person	Partial Person ID
CPR305WK	DE2477	Payment Request Date	Claims Payment Request Date Identifier
CPR305WK	DE2478	Payment Request Media Type	Claims Payment Request Media Code
CPR305WK	DE2480	Payment Request Sequence Number	Claims Payment Request Sequence
CPR305WK	DE2343	Payment Request Line Number	Claim Payment Request Line Number
CPR305WK	DE2383	Claim Mod Status Begin Date	Claim Status Begin Date
CPR305WK	DE2003	Claim Mod Value	Claim Type Modifier
CPR305WK	DE2039	Claim Status Value	Claim Status
CPR305WK	DE3901	Person Identifier	Person ID
CPR305WK	DE4002	Billing Medicaid Provider	Provider Identification Number
CPR305WK	DE4700	Billing NPI Provider	National Provider Identifier
CPR305WK	DE2003	Conflict Claim Type	Claim Type Modifier
CPR305WK	DE2001	Conflict ICN	Claim Request ICN

CPR305WK	DE3093	Conflict Enrollee ID	Enrollee Permanent Identification Number
CPR305WK	DE4002	Conflict Service Provider	Provider Identification Number
CPR305WK	DE5200	Drug NDC	Drug Code (NDC)
CPR305WK	DE5002	Conflict Procedure Code	Procedure Code
CPR305WK	DE2171	Conflict Procedure Mod	Claims Procedure Code Modifier
CPR305WK	DE2010	Conflict Service From Date	Claim Service From Date
CPR305WK	DE2011	Conflict Service Thru Date	Claim Service Thru Date
CPR305WK	DE2018	Conflict Covered Days	Claim Third Party Payment
CPR305WK	DE2009	Conflict Units	Claim Number of Units/Visits/Studies
CPR305WK	DE2233	Conflict Drug Quantity Dispensed	Claim Pharmacy Quantity Dispensed
CPR305WK	DE2016	Conflict Billed Charge	Claim Billed Charge
CPR305WK	DE2072	Conflict Service Type	Claim Type of Service
CPR305WK	DE2200	Conflict Tooth	Claim Dental Tooth Code
CPR305WK	DE2201	Conflict Tooth Surface	Claim Dental Surface Codes
CPR305WK	DE2006	Conflict Enrollee Short Name	Claim Partial Recipient Name
CPR305WK	DE0002	As-of-Date	Calculated
CPR305WK	DE0002	Procedure End Date	Calculated
CPR305WK	DE0002	Age Group	Calculated
CPR305WK	DE9580	RA Number	Remittance Advice Number
CPR305WK	DE9580	Minimum RA Number	Remittance Advice Number
CPR305WK	DE9580	Maximum RA Number	Remittance Advice Number
CPR305WK	DE0045	Procedure Begin Date	Control Parm
CPR305WK	DE0045	Procedure End Date	Control Parm
CPR305WK	DE0018	Claim Type Description	Code Value Description
CPR305WK	DE0018	Pend Loc Description	Code Value Description
CPR305WK	DE4085	Provider Name	Provider Name
CPR305WK	DE3111	Enrollee First Name	Enrollee First Name
CPR305WK	DE3112	Enrollee Middle Initial	Enrollee Middle Initial
CPR305WK	DE3110	Enrollee Last Name	Enrollee Last Name

Files CP-F-314 Claims Weekly Pend File

Claims Weekly Pend File

Subsystem:	Claims
Copybook:	CPF314
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	FORMAT FILE FOR SYNCSORT REPORT (CPR857)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF314	DE2002	CPF314-CLAIM-TYPE	Claim Type
CPF314	DE5506	ESC Code	Claim Error ESC Code
CPF314	DE5513	ESC Description	Error Text Short Description
CPF314	DE0002	Claim Count	Calculated
CPF314	DE0001	As of date	DATE

Files CP-F-315 Claims pend total by claim type

Claims pend total by claim type

Subsystem:	Claims
Copybook:	CPF314
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	FORMAT FILE FOR SYNCSORT REPORT (CPR857)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF314	DE2002	CPF315 Claim type	Claim Type
CPF314	DE5506	ESC Code	Claim Error ESC Code
CPF314	DE5513	ESC Description	Error Text Short Description
CPF314	DE0002	Claim Type count	Calculated

Files CP-F-316 Claims pend totals

Claims pend totals

Subsystem:	Claims
Copybook:	CPF314
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	FORMAT FILE FOR SYNCSORT REPORT (CPR857)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF314	DE2002	Claim Type	Claim Type
CPF314	DE5506	Esc Code	Claim Error ESC Code
CPF314	DE5513	Esc Description	Error Text Short Description
CPF314	DE0002	Pend count	Calculated

Files CP-F-317 Claims weekly calculated pend file

Claims weekly calculated pend file

Subsystem:	Claims
Copybook:	CPF314
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	FORMAT FILE FOR SYNCSORT REPORT (CPR857)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF314	DE2002	Claim Type	Claim Type
CPF314	DE6593	Claim Type Name	Claim Type Description
CPF314	DE5506	ESC Code	Claim Error ESC Code
CPF314	DE5513	ESC Description	Error Text Short Description
CPF314	DE0002	Claim Count	Calculated
CPF314	DE0002	Claim type percent	Calculated
CPF314	DE0002	Total pend percent	Calculated
CPF314	DE0002	Claim Type break percent	Calculated
CPF314	DE0002	Claim Type count	Calculated
CPF314	DE0002	Total pends	Calculated
CPF314	DE0005	Claim payment date	Current Date

Files CP-F-320 Claims 276 Status Request File

General Information

Contains inquiry data from providers requesting a current status on a submitted claim.

Subsystem:	Claims
Copybook:	VMCLSTRR
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims 276 Request / 277 Response Process (CPI300VA) 276/277 Claim Status Inquiry/Response (EDD200)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCLSTRR	DE0000	STAT-RRU-RECORD-TYPE	
VMCLSTRR	DE4082	STAT-RRU-PROV-SRVC-VNDR	Provider Service Center
VMCLSTRR	DE4249	STAT-RRU-RECEIVER-ENTITY-QUAL	Provider Name Type
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-L-O-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-FIRST-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-MIDDLE-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-SUFFIX-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID-QUAL	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID	
VMCLSTRR	DE4249	STAT-RRU-SRV-PROV-ENTITY-QUAL	Provider Name Type

VMCLSTRR	DE4085	STAT-RRU-SRV-PROV-NAME	Provider Name
VMCLSTRR	DE0000	STAT-RRU-SRV-PROV-ID-QUAL	
VMCLSTRR	DE4002	STAT-RRU-SRV-PROV-ID	Provider Identification Number
VMCLSTRR	DE3005	STAT-RRU-ENROLLEE-BIRTH	Enrollee Birth Date
VMCLSTRR	DE3007	STAT-RRU-ENROLLEE-SEX	Enrollee Sex Code
VMCLSTRR	DE3110	STAT-RRU-ENROLLEE-LAST-NAME	Enrollee Last Name
VMCLSTRR	DE3111	STAT-RRU-ENROLLEE-FIRST-NAME	Enrollee First Name
VMCLSTRR	DE3112	STAT-RRU-ENROLLEE-MIDDLE-INIT	Enrollee Middle Initial
VMCLSTRR	DE3113	STAT-RRU-ENROLLEE-SUFFIX-NAME	Enrollee Name Suffix
VMCLSTRR	DE3093	STAT-RRU-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCLSTRR	DE2031	STAT-RRU-CLM-PROV-CLAIM-NUMBER	Claim Patient Account Number
VMCLSTRR	DE2211	STAT-RRU-CLM-RX-NO	Claim Pharmacy Prescription Number
VMCLSTRR	DE2477	STAT-RRU-CLM-ICN-DATE	Claims Payment Request Date Identifier
VMCLSTRR	DE2478	STAT-RRU-CLM-ICN-MEDIA-CODE	Claims Payment Request Media Code
VMCLSTRR	DE2480	STAT-RRU-CLM-ICN-BATCH-SEQ	Claims Payment Request Sequence
VMCLSTRR	DE2343	STAT-RRU-CLM-ICN-LINE-NO	Claim Payment Request Line Number
VMCLSTRR	DE2102	STAT-RRU-CLM-BILL-TYPE	Claim Facility Bill Type
VMCLSTRR	DE2845	STAT-RRU-CLM-MED-REC-NUMBER	Claim Medical Record Number
VMCLSTRR	DE2016	STAT-RRU-CLM-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2010	STAT-RRU-CLM-SERV-FROM	Claim Service From Date
VMCLSTRR	DE2011	STAT-RRU-CLM-SERV-THRU	Claim Service Thru Date
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-1	Claim Status
VMCLSTRR	DE2383	STAT-RRU-CLM-STATUS-DATE	Claim Status Begin Date
VMCLSTRR	DE2023	STAT-RRU-CLM-PAYMENT-AMT	Claim Payment Amount

VMCLSTRR	DE9578	STAT-RRU-CLM-PYMT-DATE	Remittance Payment Date
VMCLSTRR	DE9663	STAT-RRU-CLM-PYMT-METHOD-CODE	Disbursement Type Code
VMCLSTRR	DE9576	STAT-RRU-CLM-REMIT-CHECK-NBR	Remittance Check Number
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-2	Claim Status
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-3	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-3	Claim Status
VMCLSTRR	DE2121	STAT-RRU-CLM-ITEM-CNTRL-NUM	Claim Line Number
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER1	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER2	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER3	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER4	Claims Procedure Code Modifier
VMCLSTRR	DE0002	STAT-RRU-CLM-NUM-OF-LINES	Calculated
VMCLSTRR	DE5001	STAT-RRU-LINE-PROC-QUAL	Procedure Code Type
VMCLSTRR	DE5002	STAT-RRU-LINE-PROC-CODE	Procedure Code
VMCLSTRR	DE2016	STAT-RRU-LINE-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2122	STAT-RRU-LINE-REVENUE-CODE	Claim Revenue Code
VMCLSTRR	DE2009	STAT-RRU-LINE-UNITS	Claim Number of Unit-s/Visits/Studies
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE1	Claim Status
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE2	Claim Status
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-	Claim Type Modifier

		CODE3	
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE3	Claim Status

Files CP-F-325 Claims 276 Status Request Backup File

Backup of inquiry data from providers requesting a current status on a submitted claim.

Subsystem:	Claims
Copybook:	VMCLSTRR
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCLSTRR	DE0000	STAT-RRU-RECORD-TYPE	
VMCLSTRR	DE4082	STAT-RRU-PROV-SRVC-VNDR	Provider Service Center
VMCLSTRR	DE4249	STAT-RRU-RECEIVER-ENTITY-QUAL	Provider Name Type
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-L-O-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-FIRST-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-MIDDLE-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-SUFFIX-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID-QUAL	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID	
VMCLSTRR	DE4249	STAT-RRU-SRV-PROV-ENTITY-QUAL	Provider Name Type
VMCLSTRR	DE4085	STAT-RRU-SRV-PROV-NAME	Provider Name
VMCLSTRR	DE0000	STAT-RRU-SRV-PROV-ID-QUAL	

VMCLSTRR	DE4002	STAT-RRU-SRV-PROV-ID	Provider Identification Number
VMCLSTRR	DE3005	STAT-RRU-ENROLLEE-BIRTH	Enrollee Birth Date
VMCLSTRR	DE3007	STAT-RRU-ENROLLEE-SEX	Enrollee Sex Code
VMCLSTRR	DE3110	STAT-RRU-ENROLLEE-LAST-NAME	Enrollee Last Name
VMCLSTRR	DE3111	STAT-RRU-ENROLLEE-FIRST-NAME	Enrollee First Name
VMCLSTRR	DE3112	STAT-RRU-ENROLLEE-MIDDLE-INIT	Enrollee Middle Initial
VMCLSTRR	DE3113	STAT-RRU-ENROLLEE-SUFFIX-NAME	Enrollee Name Suffix
VMCLSTRR	DE3093	STAT-RRU-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCLSTRR	DE2031	STAT-RRU-CLM-PROV-CLAIM-NUMBER	Claim Patient Account Number
VMCLSTRR	DE2477	STAT-RRU-CLM-ICN-DATE	Claims Payment Request Date Identifier
VMCLSTRR	DE2478	STAT-RRU-CLM-ICN-MEDIA-CODE	Claims Payment Request Media Code
VMCLSTRR	DE2480	STAT-RRU-CLM-ICN-BATCH-SEQ	Claims Payment Request Sequence
VMCLSTRR	DE2343	STAT-RRU-CLM-ICN-LINE-NO	Claim Payment Request Line Number
VMCLSTRR	DE2102	STAT-RRU-CLM-BILL-TYPE	Claim Facility Bill Type
VMCLSTRR	DE2845	STAT-RRU-CLM-MED-REC-NUMBER	Claim Medical Record Number
VMCLSTRR	DE2016	STAT-RRU-CLM-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2010	STAT-RRU-CLM-SERV-FROM	Claim Service From Date
VMCLSTRR	DE2011	STAT-RRU-CLM-SERV-THRU	Claim Service Thru Date
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-1	Claim Status
VMCLSTRR	DE2383	STAT-RRU-CLM-STATUS-DATE	Claim Status Begin Date
VMCLSTRR	DE2023	STAT-RRU-CLM-PAYMENT-AMT	Claim Payment Amount
VMCLSTRR	DE9578	STAT-RRU-CLM-PYMT-DATE	Remittance Payment Date
VMCLSTRR	DE9663	STAT-RRU-CLM-PYMT-METHOD-CODE	Disbursement Type Code
VMCLSTRR	DE9576	STAT-RRU-CLM-REMIT-CHECK-NBR	Remittance Check Number

VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-2	Claim Status
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-3	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-3	Claim Status
VMCLSTRR	DE2121	STAT-RRU-CLM-ITEM-CNTRL-NUM	Claim Line Number
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER1	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER2	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER3	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER4	Claims Procedure Code Modifier
VMCLSTRR	DE2211	STAT-RRU-CLM-RX-NUMBER	Claim Pharmacy Prescription Number
VMCLSTRR	DE0002	STAT-RRU-CLM-NUM-OF-LINES	Calculated
VMCLSTRR	DE5001	STAT-RRU-LINE-PROC-QUAL	Procedure Code Type
VMCLSTRR	DE5002	STAT-RRU-LINE-PROC-CODE	Procedure Code
VMCLSTRR	DE2016	STAT-RRU-LINE-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2122	STAT-RRU-LINE-REVENUE-CODE	Claim Revenue Code
VMCLSTRR	DE2009	STAT-RRU-LINE-UNITS	Claim Number of Units/Visits/Studies
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE1	Claim Status
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE2	Claim Status
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE3	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE3	Claim Status

Files CP-F-330 Claims 277 Status Response File

Contains response status data to be sent to provider(s) requesting a current status on a submitted claim.

Subsystem:	Claims
Copybook:	VMCLSTRR
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims 276 Request / 277 Response Process (CPI300VA) 276/277 Claim Status Inquiry/Response (EDD200)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCLSTRR	DE0000	STAT-RRU-RECORD-TYPE	
VMCLSTRR	DE4082	STAT-RRU-PROV-SRVC-VNDR	Provider Service Center
VMCLSTRR	DE4249	STAT-RRU-RECEIVER-ENTITY-QUAL	Provider Name Type
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-L-O-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-FIRST-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-MIDDLE-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-SUFFIX-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID-QUAL	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID	
VMCLSTRR	DE4249	STAT-RRU-SRV-PROV-ENTITY-QUAL	Provider Name Type

VMCLSTRR	DE4085	STAT-RRU-SRV-PROV-NAME	Provider Name
VMCLSTRR	DE0000	STAT-RRU-SRV-PROV-ID-QUAL	
VMCLSTRR	DE4002	STAT-RRU-SRV-PROV-ID	Provider Identification Number
VMCLSTRR	DE3005	STAT-RRU-ENROLLEE-BIRTH	Enrollee Birth Date
VMCLSTRR	DE3007	STAT-RRU-ENROLLEE-SEX	Enrollee Sex Code
VMCLSTRR	DE3110	STAT-RRU-ENROLLEE-LAST-NAME	Enrollee Last Name
VMCLSTRR	DE3111	STAT-RRU-ENROLLEE-FIRST-NAME	Enrollee First Name
VMCLSTRR	DE3112	STAT-RRU-ENROLLEE-MIDDLE-INIT	Enrollee Middle Initial
VMCLSTRR	DE3113	STAT-RRU-ENROLLEE-SUFFIX-NAME	Enrollee Name Suffix
VMCLSTRR	DE3093	STAT-RRU-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCLSTRR	DE2031	STAT-RRU-CLM-PROV-CLAIM-NUMBER	Claim Patient Account Number
VMCLSTRR	DE2477	STAT-RRU-CLM-ICN-DATE	Claims Payment Request Date Identifier
VMCLSTRR	DE2478	STAT-RRU-CLM-ICN-MEDIA-CODE	Claims Payment Request Media Code
VMCLSTRR	DE2480	STAT-RRU-CLM-ICN-BATCH-SEQ	Claims Payment Request Sequence
VMCLSTRR	DE2343	STAT-RRU-CLM-ICN-LINE-NO	Claim Payment Request Line Number
VMCLSTRR	DE2102	STAT-RRU-CLM-BILL-TYPE	Claim Facility Bill Type
VMCLSTRR	DE2845	STAT-RRU-CLM-MED-REC-NUMBER	Claim Medical Record Number
VMCLSTRR	DE2016	STAT-RRU-CLM-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2010	STAT-RRU-CLM-SERV-FROM	Claim Service From Date
VMCLSTRR	DE2011	STAT-RRU-CLM-SERV-THRU	Claim Service Thru Date
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-1	Claim Status
VMCLSTRR	DE2383	STAT-RRU-CLM-STATUS-DATE	Claim Status Begin Date
VMCLSTRR	DE2023	STAT-RRU-CLM-PAYMENT-AMT	Claim Payment Amount
VMCLSTRR	DE9578	STAT-RRU-CLM-PYMT-DATE	Remittance Payment Date

VMCLSTRR	DE9663	STAT-RRU-CLM-PYMT-METHOD-CODE	Disbursement Type Code
VMCLSTRR	DE9576	STAT-RRU-CLM-REMIT-CHECK-NBR	Remittance Check Number
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-2	Claim Status
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-3	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-3	Claim Status
VMCLSTRR	DE2121	STAT-RRU-CLM-ITEM-CNTRL-NUM	Claim Line Number
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER1	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER2	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER3	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER4	Claims Procedure Code Modifier
VMCLSTRR	DE2211	STAT-RRU-CLM-RX-NUMBER	Claim Pharmacy Prescription Number
VMCLSTRR	DE0002	STAT-RRU-CLM-NUM-OF-LINES	Calculated
VMCLSTRR	DE5001	STAT-RRU-LINE-PROC-QUAL	Procedure Code Type
VMCLSTRR	DE5002	STAT-RRU-LINE-PROC-CODE	Procedure Code
VMCLSTRR	DE2016	STAT-RRU-LINE-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2122	STAT-RRU-LINE-REVENUE-CODE	Claim Revenue Code
VMCLSTRR	DE2009	STAT-RRU-LINE-UNITS	Claim Number of Units/Visits/Studies
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE1	Claim Status
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE2	Claim Status

VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE3	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE3	Claim Status

Files CP-F-335 Claims 277 Status Response Backup File

Backup of response status data to be sent to provider(s) requesting a current status on a submitted claim.

Subsystem:	Claims
Copybook:	VMCLSTRR
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
VMCLSTRR	DE0000	STAT-RRU-RECORD-TYPE	
VMCLSTRR	DE4082	STAT-RRU-PROV-SRVC-VNDR	Provider Service Center
VMCLSTRR	DE4249	STAT-RRU-RECEIVER-ENTITY-QUAL	Provider Name Type
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-L-O-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-FIRST-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-MIDDLE-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-SUFFIX-NAME	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID-QUAL	
VMCLSTRR	DE0000	STAT-RRU-RECEIVER-ID	
VMCLSTRR	DE4249	STAT-RRU-SRV-PROV-ENTITY-QUAL	Provider Name Type

VMCLSTRR	DE4085	STAT-RRU-SRV-PROV-NAME	Provider Name
VMCLSTRR	DE0000	STAT-RRU-SRV-PROV-ID-QUAL	
VMCLSTRR	DE4002	STAT-RRU-SRV-PROV-ID	Provider Identification Number
VMCLSTRR	DE3005	STAT-RRU-ENROLLEE-BIRTH	Enrollee Birth Date
VMCLSTRR	DE3007	STAT-RRU-ENROLLEE-SEX	Enrollee Sex Code
VMCLSTRR	DE3110	STAT-RRU-ENROLLEE-LAST-NAME	Enrollee Last Name
VMCLSTRR	DE3111	STAT-RRU-ENROLLEE-FIRST-NAME	Enrollee First Name
VMCLSTRR	DE3112	STAT-RRU-ENROLLEE-MIDDLE-INIT	Enrollee Middle Initial
VMCLSTRR	DE3113	STAT-RRU-ENROLLEE-SUFFIX-NAME	Enrollee Name Suffix
VMCLSTRR	DE3093	STAT-RRU-ENROLLEE-ID	Enrollee Permanent Identification Number
VMCLSTRR	DE2031	STAT-RRU-CLM-PROV-CLAIM-NUMBER	Claim Patient Account Number
VMCLSTRR	DE2477	STAT-RRU-CLM-ICN-DATE	Claims Payment Request Date Identifier
VMCLSTRR	DE2478	STAT-RRU-CLM-ICN-MEDIA-CODE	Claims Payment Request Media Code
VMCLSTRR	DE2480	STAT-RRU-CLM-ICN-BATCH-SEQ	Claims Payment Request Sequence
VMCLSTRR	DE2343	STAT-RRU-CLM-ICN-LINE-NO	Claim Payment Request Line Number
VMCLSTRR	DE2102	STAT-RRU-CLM-BILL-TYPE	Claim Facility Bill Type
VMCLSTRR	DE2845	STAT-RRU-CLM-MED-REC-NUMBER	Claim Medical Record Number
VMCLSTRR	DE2016	STAT-RRU-CLM-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2010	STAT-RRU-CLM-SERV-FROM	Claim Service From Date
VMCLSTRR	DE2011	STAT-RRU-CLM-SERV-THRU	Claim Service Thru Date
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-1	Claim Status
VMCLSTRR	DE2383	STAT-RRU-CLM-STATUS-DATE	Claim Status Begin Date
VMCLSTRR	DE2023	STAT-RRU-CLM-PAYMENT-AMT	Claim Payment Amount
VMCLSTRR	DE9578	STAT-RRU-CLM-PYMT-DATE	Remittance Payment Date
VMCLSTRR	DE9663	STAT-RRU-CLM-PYMT-METHOD-CODE	Disbursement Type Code

VMCLSTRR	DE9576	STAT-RRU-CLM-REMIT-CHECK-NBR	Remittance Check Number
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-2	Claim Status
VMCLSTRR	DE2003	STAT-RRU-CLM-STATUS-CAT-CODE-3	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-CLM-STATUS-CODE-3	Claim Status
VMCLSTRR	DE2121	STAT-RRU-CLM-ITEM-CNTRL-NUM	Claim Line Number
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER1	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER2	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER3	Claims Procedure Code Modifier
VMCLSTRR	DE2171	STAT-RRU-CLM-PROC-MODIFIER4	Claims Procedure Code Modifier
VMCLSTRR	DE2211	STAT-RRU-CLM-RX-NUMBER	Claim Pharmacy Prescription Number
VMCLSTRR	DE0002	STAT-RRU-CLM-NUM-OF-LINES	Calculated
VMCLSTRR	DE5001	STAT-RRU-LINE-PROC-QUAL	Procedure Code Type
VMCLSTRR	DE5002	STAT-RRU-LINE-PROC-CODE	Procedure Code
VMCLSTRR	DE2016	STAT-RRU-LINE-BILLED-CHARGE	Claim Billed Charge
VMCLSTRR	DE2122	STAT-RRU-LINE-REVENUE-CODE	Claim Revenue Code
VMCLSTRR	DE2009	STAT-RRU-LINE-UNITS	Claim Number of Units/Visits/Studies
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE1	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE1	Claim Status
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE2	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-CODE2	Claim Status
VMCLSTRR	DE2003	STAT-RRU-LINE-STATUS-CAT-CODE3	Claim Type Modifier
VMCLSTRR	DE2039	STAT-RRU-LINE-STATUS-	Claim Status

		CODE3	

Files CP-F-350 PA Substance Abuse Daily Merge

PA Substance Abuse Daily Merge file is used by program CPM350 to print the Substance Abuse PA report. It is derived by examining relationships of Log Analyzer PA tables CP_PRIOR_AUTH_LINE and CP_PA_LINE_STATUS.

Subsystem:	Claims
Copybook:	CPF350
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Substance Abuse PA Log Analyzer Merge (CPD350) Substance Abuse PA Report (CPM350)
Graphics:	CP-F-350

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF350	DE2499	CPF350-N-DAYS-SINCE	Claims PA Number of Days Since
CPF350	DE2498	CPF350-I-PA-SEQ-NO	Claims PA Number Sequence
CPF350	DE2508	CPF350-C-PA-TYPE-CVAL	Claims PA Type Code
CPF350	DE2607	CPF350-I-PA-LINE-NO	PA Line Number
CPF350	DE2624	CPF350-D-PA-LINE-STAT	PA Detail Action Status Date
CPF350	DE2641	CPF350-C-PA-STAT-CVAL	PA Detail Action Status Code
CPF350	DE5002	CPF350-C-PROCEDURE	Procedure Code
CPF350	DE2635	CPF350-C-SRVC-TYPE	PA Service Type Code
CPF350	DE2569	CPF350-I-MAINT-USER	Claims Submission Identifier
CPF350	DE0011	CPF350-H-REC-UPDT	Row Update Date
CPF350	DE2485	CPF350-I-PA-AUTHORIZED-BY	Claims PA Authorized By
CPF350	DE2605	CPF350-I-PA-IMAGE-NO	PA Reference Number (Mailroom Control Number)
CPF350	DE2639	CPF350-C-MEDIA-TYPE-CVAL	PA Media Type Code

CPF350	DE2613	CPF350-N-AUTH-UNITS	PA Authorized Units
CPF350	DE2610	CPF350-D-AUTH-FROM	PA Authorized From Date
CPF350	DE2611	CPF350-D-AUTH-THRU	PA Authorized Through Date

Files CP-F-355 PA Substance Abuse Log Analyzer Table Records

PA Substance Abuse Log Analyzer Table Records formats the table records CP_PRIOR_AUTH_LINE and CP_PA_LINE_STATUS for use in program CPD350.

Subsystem:	Claims
Copybook:	CPF355
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Substance Abuse PA Log Analyzer Merge (CPD350)
Graphics:	CP-F-355

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF355	DE0002	CPF355-DATABASE	Calculated
CPF355	DE0002	CPF355-TABLE	Calculated
CPF355	DE0002	CPF355-FILE-ACTION	Calculated
CPF355	DE2499	CPF355-N-DAYS-SINCE	Claims PA Number of Days Since
CPF355	DE2498	CPF355-I-PA-SEQ-NO	Claims PA Number Sequence
CPF355	DE2508	CPF355-C-PA-TYPE-CVAL	Claims PA Type Code
CPF355	DE2607	CPF355-I-PA-LINE-NO	PA Line Number
CPF355	DE2499	CPF355-A-N-DAYS-SINCE	Claims PA Number of Days Since
CPF355	DE2498	CPF355-A-I-PA-SEQ-NO	Claims PA Number Sequence
CPF355	DE2508	CPF355-A-C-PA-TYPE-CVAL	Claims PA Type Code
CPF355	DE2608	CPF355-A-D-REQ-FROM	PA Request From Date
CPF355	DE2609	CPF355-A-D-REQ-THRU	PA Request Through Date
CPF355	DE2610	CPF355-A-D-AUTH-FROM	PA Authorized From Date
CPF355	DE2611	CPF355-A-D-AUTH-THRU	PA Authorized Through Date

CPF355	DE2615	CPF355-A-N-REQ-UNITS	PA Requested Amount
CPF355	DE2611	CPF355-A-N-AUTH-UNITS	PA Authorized Through Date
CPF355	DE2615	CPF355-A-N-REQ-AMT	PA Requested Amount
CPF355	DE2616	CPF355-A-N-AUTH-AMT	PA Authorized Amount
CPF355	DE2485	CPF355-A-I-PA-AUTHORIZED-BY	Claims PA Authorized By
CPF355	DE2569	CPF355-A-I-MAINT-USER	Claims Submission Identifier
CPF355	DE3072	CPF355-A-C-ENRL-EXCP	Benefit Plan Exception Indicator
CPF355	DE0011	CPF355-A-H-REC-UPDT	Row Update Date
CPF355	DE2499	CPF355-B-N-DAYS-SINCE	Claims PA Number of Days Since
CPF355	DE2498	CPF355-B-I-PA-SEQ-NO	Claims PA Number Sequence
CPF355	DE2607	CPF355-B-I-PA-LINE-NO	PA Line Number
CPF355	DE2623	CPF355-B-I-PA-STAT-SEQ-NO	PA Detail Action Status Sequence Number
CPF355	DE0015	CPF355-B-I-PA-STAT-CNUM	Code ID
CPF355	DE2041	CPF355-B-C-PA-STAT-CVAL	Claim Payment Adjustment Amount
CPF355	DE2624	CPF355-B-D-PA-LINE-STAT	PA Detail Action Status Date
CPF355	DE0011	CPF355-B-H-REC-UPDT	Row Update Date

Files CP-F-400 Interim PA Activity Response History File

Converted VMAP file. Copy Member=???????? LRECL=???.

Subsystem:	Claims
Copybook:	CWRCLACT
	N/A
File Organization:	Backup of the Interim PA Activity Response File
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CWRCLACT	DE2477	CP02-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP02-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP02-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP02-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE5043	CP02-T-DRUG-DOSAGE-DESC	Drug Dosage Form Description
CWRCLACT	DE5031	CP02-C-DRUG-DISP-UNIT	Drug Dispensing Unit
CWRCLACT	DE5736	CP02-C-DRUG-RTE-ADMIN	Drug Route of Administration Code
CWRCLACT	DE2221	CP02-N-INGRDNT-CMPNT-CT	Claim Pharmacy Compound Number of Ingredients
CWRCLACT	DE0011	CP02-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP04-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP04-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code

CWRCLACT	DE2480	CP04-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP04-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2200	CP04-C-TOOTH	Claim Dental Tooth Code
CWRCLACT	DE2892	CP04-C-MOUTH-QUADRANT	Claim Dental Quadrant
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC2	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC3	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC4	Claim Dental Surface Codes
CWRCLACT	DE2201	CP04-C-TOOTH-SRFC5	Claim Dental Surface Codes
CWRCLACT	DE0011	CP04-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP05-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP05-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP05-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP05-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2439	CP05-I-COND-SEQ-NO	Claim Facility Condition Code Sequence Number
CWRCLACT	DE2115	CP05-C-CONDITION	Claim Condition Code
CWRCLACT	DE0011	CP05-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP07-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP07-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP07-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP07-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2445	CP07-I-FAC-REV-LINE-NO	Claims Facility Revenue Line Number
CWRCLACT	DE2122	CP07-C-REV	Claim Revenue Code
CWRCLACT	DE2009	CP07-N-UNITS	Claim Number of Units/Visits/Studies
CWRCLACT	DE2124	CP07-N-REV-BILLED-AMT	Claim Revenue Amount
CWRCLACT	DE2139	CP07-N-NON-COV-AMT	Claim Non-Covered Amount
CWRCLACT	DE2991	CP07-N-REV-	Claim Revenue Allowed Amt

		ALLOWED-AMT	
CWRCLACT	DE2065	CP07-N-CUTBACK-UNITS	Claim Cutback Days/Units
CWRCLACT	DE2066	CP07-N-CUTBACK-AMT	Claim Cutback Amount
CWRCLACT	DE5001	CP07-C-PROCEDURE-TYPE	Procedure Code Type
CWRCLACT	DE5002	CP07-C-PROCEDURE	Procedure Code
CWRCLACT	DE5020	CP07-I-PROC-SEQ-NO	Reference Data Base Sequential Number
CWRCLACT	DE0011	CP07-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP08-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP08-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP08-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP08-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2451	CP08-I-OCCUR-SEQ-NO	Facility Occurrence Sequence Number
CWRCLACT	DE2110	CP08-C-OCCURRENCE	Claim Occurrence Code
CWRCLACT	DE2113	CP08-D-OCCUR-BEGIN	Claim Occurrence From Date
CWRCLACT	DE2114	CP08-D-OCCUR-END	Claim Occurrence Thru Date
CWRCLACT	DE0011	CP08-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP09-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP09-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP09-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP09-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2444	CP09-I-CLM-PROC-SEQ-NO	Claim Procedure Sequence Number
CWRCLACT	DE5001	CP09-C-PROCEDURE-TYPE	Procedure Code Type
CWRCLACT	DE5002	CP09-C-PROCEDURE	Procedure Code
CWRCLACT	DE2021	CP09-D-PROCEDURE	Claim Procedure Code Date
CWRCLACT	DE2171	CP09-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CWRCLACT	DE2171	CP09-C-PROCEDURE-MOD2	Claims Procedure Code Modifier

CWRCLACT	DE2171	CP09-C-PROCEDURE-MOD3	Claims Procedure Code Modifier
CWRCLACT	DE0011	CP09-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP10-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP10-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP10-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP10-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2357	CP10-I-VALUE-SEQ-NO	Value Code Sequence Number
CWRCLACT	DE2128	CP10-C-VALUE	Claim Value Code
CWRCLACT	DE2131	CP10-N-VALUE-CD-AMT	Claim Value Amount
CWRCLACT	DE0011	CP10-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP13-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP13-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP13-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP13-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2449	CP13-I-CLM-DIAG-SEQ-NO	Claim Diagnosis Sequence Number
CWRCLACT	DE5301	CP13-C-DIAG	Diagnosis Code
CWRCLACT	DE5020	CP13-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
CWRCLACT	DE0011	CP13-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP18-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP18-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP18-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP18-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2450	CP18-I-NDC-DRUG-SEQ-NO NDC	Drug Sequence Number
CWRCLACT	DE5735	CP18-C-DRUG-TC-SPECIFIC	Drug Therapeutic Class Specific Code

CWRCLACT	DE2469	CP18-C-PRDCT-SRVC-QUAL	Claim Product Service Qualifier
CWRCLACT	DE5200	CP18-C-NDC-DRUG	Drug Code (NDC)
CWRCLACT	DE5061	CP18-I-DRUG-GCN	Drug Generic Code Number (GCN)
CWRCLACT	DE0000	CP18-C-DRUG-TC-STD	
CWRCLACT	DE5731	CP18-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
CWRCLACT	DE0000	CP18-I-DRUG-HICL-SEQ	
CWRCLACT	DE5088	CP18-C-DRUG-CATG	Drug Category Code
CWRCLACT	DE5059	CP18-C-DRUG-CLASS	Drug Class Code
CWRCLACT	DE0015	CP18-I-UNIT-MEAS-CNUM	Code ID
CWRCLACT	DE2237	CP18-C-UNIT-MEAS-CVAL	Claim Pharmacy Unit of Measure
CWRCLACT	DE2248	CP18-N-MET-DEC-QTY	Claims Pharmacy Metric/Dec/Qty
CWRCLACT	DE5230	CP18-N-UNIT-PRICE	Drug Unit Dose Price
CWRCLACT	DE2223	CP18-N-INGRED-COST	Pharmacy Ingredient Cost
CWRCLACT	DE0015	CP18-I-COST-BASIS-CNUM	Code ID
CWRCLACT	DE2231	CP18-C-COST-BASIS-CVAL	Claim Pharmacy Provider Drug Cost Basis
CWRCLACT	DE2418	CP18-F-DAW	Claim Dispensed as Written Indicator
CWRCLACT	DE0011	CP18-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP21-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP21-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP21-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP21-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2448	CP21-I-MCARE-ENROLLEE	Claim Title18 Mcare Enrollee
CWRCLACT	DE4044	CP21-I-MCARE-PROV	Provider Alternate ID Value
CWRCLACT	DE2251	CP21-N-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
CWRCLACT	DE2252	CP21-N-COINS-AMT	Claim Title XVIII Coinsurance Amount
CWRCLACT	DE2253	CP21-N-ALLOWED-CHG	Claim Title XVIII Charge Allowed
CWRCLACT	DE2254	CP21-N-MCARE-PD-	Claim Title XVIII Medicare Paid

		AMT	Amount
CWRCLACT	DE2257	CP21-N-MCARE-BILLED-AMT	Claim Title XVIII Amount Billed to Medicare
CWRCLACT	DE2116	CP21-N-BLOOD-PINTS-FURN	Claim Pints of Blood Furnished
CWRCLACT	DE2117	CP21-N-BLOOD-REPLACED	Claim Blood Replaced
CWRCLACT	DE2118	CP21-N-BLOOD-NOT-REPL	Claim Blood Not Replaced
CWRCLACT	DE2255	CP21-N-BLOOD-DED-AMT	Claim Title XVIII Blood Deductible Amount
CWRCLACT	DE0011	CP21-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP24-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP24-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP24-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP24-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2435	CP24-I-MOD-STAT-SEQ-NO	Claim Status Sequence Number
CWRCLACT	DE2156	CP24-I-EDIT-SEQ-NO	Claim Edit Sequence Number
CWRCLACT	DE5506	CP24-C-ESC	Claim Error ESC Code
CWRCLACT	DE5501	CP24-C-EDIT	Error Text Error Code
CWRCLACT	DE5603	CP24-C-EDIT-DISPOSITION	Error Text Disposition Attachments
CWRCLACT	DE2183	CP24-C-EDIT-PRIORITY	Claim Edit Priority
CWRCLACT	DE0015	CP24-I-MSG-TYP-CNUM	Code ID
CWRCLACT	DE3977	CP24-C-MSG-TYP-CVAL	Message Type
CWRCLACT	DE2121	CP24-I-CLAIM-LINE-NO	Claim Line Number
CWRCLACT	DE2078	CP24-F-OVERRIDE	Claim Edit Override
CWRCLACT	DE2349	CP24-T-INVALID-DATA	Claim Edit Invalid Data
CWRCLACT	DE0011	CP24-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP25-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP25-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP25-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP25-I-PYMT-REQ-	Claim Payment Request Line Num-

		LINE-NO	ber
CWRCLACT	DE0000	CP25-I-INTRREL-SEQ-NO	
CWRCLACT	DE2034	CP25-I-RELATED-ICN	Claim Related Document Number
CWRCLACT	DE0015	CP25-I-INTRREL-TYP-CNUM	Code ID
CWRCLACT	DE2351	CP25-C-INTRREL-TYP-CVAL	Interrelationship Type
CWRCLACT	DE0015	CP25-I-ADJUST-RSN-CNUM	Code ID
CWRCLACT	DE2033	CP25-C-ADJUST-RSN-CVAL	Adjustment/Void Reason
CWRCLACT	DE0011	CP25-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP26-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP26-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP26-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP26-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2435	CP26-I-MOD-STAT-SEQ-NO	Claim Status Sequence Number
CWRCLACT	DE2156	CP26-I-EDIT-SEQ-NO	Claim Edit Sequence Number
CWRCLACT	DE2436	CP26-I-CLM-MSG-SEQ-NO	Claim Message Sequence Number
CWRCLACT	DE2457	CP26-T-FORMATTED-MSG	Claim Formatted Message
CWRCLACT	DE0011	CP26-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP29-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP29-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP29-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP29-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE9865	CP29-I-BUDGET-ACCT	Budget Account Identifier
CWRCLACT	DE9916	CP29-I-BDGT-SEQ-NO DMAS BAC	Sequence Number
CWRCLACT	DE0015	CP29-I-CATG-SRVC-CNUM	Code ID

CWRCLACT	DE2038	CP29-C-CATG-SRVC-CVAL	Claim Category of Service
CWRCLACT	DE2992	CP29-N-ORIG-ALLOW-AMT	Claim Original Allowed Amount
CWRCLACT	DE2023	CP29-N-PYMT-AMT	Claim Payment Amount
CWRCLACT	DE2073	CP29-N-ALLOW-AMT	Claim Allowed Amount
CWRCLACT	DE2158	CP29-N-MANUAL-PYMT-AMT	Claim Manual Price Amount
CWRCLACT	DE2545	CP29-N-CALC-COINS	Claim Calculated Co-Insurance
CWRCLACT	DE2083	CP29-N-PATNT-PAY-AMT	Claim Patient Pay Amount
CWRCLACT	DE2077	CP29-N-PVT-ROOM-DIFF	Claim Private Room Differential
CWRCLACT	DE2217	CP29-N-PHRM-DISP-FEE	Claim Pharmacy Dispensing Fee
CWRCLACT	DE2315	CP29-N-PYMT-DAYS	Claim Payment days
CWRCLACT	DE2109	CP29-N-NCVD-DAYS	Claim Non-Covered Days
CWRCLACT	DE2358	CP29-N-REDUCD-PYMT-DAYS	Claim Reduced Payment Days
CWRCLACT	DE2080	CP29-N-DSA-AMT	Claim Disproportionate Share Amount
CWRCLACT	DE2066	CP29-N-CUTBACK-AMT	Claim Cutback Amount
CWRCLACT	DE2065	CP29-N-CUTBACK-UNITS	Claim Cutback Days/Units
CWRCLACT	DE2022	CP29-N-MCAID-COPAY-AMT	Claim Medicaid Co-Payment
CWRCLACT	DE5353	CP29-C-DRG DRG	(Diagnosis Related Group) Code
CWRCLACT	DE2547	CP29-N-DRG-PYMT-AMT DRG	Payment Amount
CWRCLACT	DE6827	CP29-N-DRG-OUTLIER-AMT MARS DRG	Outlier Payment Amount
CWRCLACT	DE2470	CP29-N-DRG-CAP-AMT	Claims DRG CAP Amount
CWRCLACT	DE2348	CP29-C-DRG-PYMT-TYPE DRG	Payment Type
CWRCLACT	DE5354	CP29-N-DRG-WEIGHT DRG	Relative Weight
CWRCLACT	DE2881	CP29-N-NATCEP-PYMT-AMT NATCEP-	Payment-Amount
CWRCLACT	DE4006	CP29-C-PROV-TYPE	Provider Type
CWRCLACT	DE4007	CP29-C-PROV-SPECIALTY	Provider Specialty Code

CWRCLACT	DE3657	CP29-I-CARRIER TPL	Carrier Code
CWRCLACT	DE3658	CP29-I-POLICY TPL	Policy Number
CWRCLACT	DE3013	CP29-C-CVRG-CVAL	TPL Coverage Code
CWRCLACT	DE2433	CP29-F-TPL-PAY-CHASE	Claims TPL Pay Chase Flag
CWRCLACT	DE2566	CP29-F-DETERMINED-EPSDT	Claims Determined EPSDT Flag
CWRCLACT	DE0011	CP29-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP31-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP31-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP31-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP31-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2356	CP31-I-TAD-SEQ-NO	Claim TAD Sequence Number
CWRCLACT	DE2310	CP31-D-TAD-SENT	Claim TAD Sent Date
CWRCLACT	DE2543	CP31-I-RESUBMIT-TAD-ICN	Claim TAD Resubmittal Number (not Claim)
CWRCLACT	DE0011	CP31-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP32-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP32-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP32-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP32-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2435	CP32-I-MOD-STAT-SEQ-NO	Claim Status Sequence Number
CWRCLACT	DE9580	CP32-I-RA-NUM	Remittance Advice Number
CWRCLACT	DE0015	CP32-I-CLM-MOD-CNUM	Code ID
CWRCLACT	DE2003	CP32-C-CLM-MOD-CVAL	Claim Type Modifier
CWRCLACT	DE2383	CP32-D-MOD-STAT-BEGIN	Claim Status Begin Date
CWRCLACT	DE2384	CP32-D-MOD-STAT-END	Claim Status End Date
CWRCLACT	DE0015	CP32-I-CLM-STAT-CNUM	Code ID

CWRCLACT	DE2039	CP32-C-CLM-STAT-CVAL	Claim Status
CWRCLACT	DE0015	CP32-I-ENCTR-STAT-CNUM	Code ID
CWRCLACT	DE0000	CP32-C-ENCNTR-STAT-CVAL	
CWRCLACT	DE0012	CP32-I-USER-ID	User/Operator ID
CWRCLACT	DE0011	CP32-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP36-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP36-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP36-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP36-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2435	CP36-I-MOD-STAT-SEQ-NO	Claim Status Sequence Number
CWRCLACT	DE2156	CP36-I-EDIT-SEQ-NO	Claim Edit Sequence Number
CWRCLACT	DE2441	CP36-I-EDIT-ICN-SEQ-NO	Claim Edit ICN Sequence Number
CWRCLACT	DE2440	CP36-I-CONFLICT-ICN	Claim Conflict ICN
CWRCLACT	DE0011	CP36-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP50-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP50-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP50-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP50-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE3901	CP50-I-PERSON	Person ID
CWRCLACT	DE4001	CP50-I-SRVC-BASE-PROV	Provider Base Identification Number
CWRCLACT	DE4002	CP50-I-SRVC-PROV	Provider Identification Number
CWRCLACT	DE2004	CP50-I-BILLING-PROV	Claim Billing Provider Identification Number
CWRCLACT	DE0015	CP50-I-CLM-TYPE-CNUM	Code ID
CWRCLACT	DE2002	CP50-C-CLM-TYPE-CVAL	Claim Type
CWRCLACT	DE2010	CP50-D-SERV-FROM	Claim Service From Date

CWRCLACT	DE2011	CP50-D-SERV-THRU	Claim Service Thru Date
CWRCLACT	DE2016	CP50-N-BILLED-CHG	Claim Billed Charge
CWRCLACT	DE3098	CP50-I-EVS-NO	Eligibility Verification Number
CWRCLACT	DE3009	CP50-C-ENRL-AID-CATG	Enrollee Eligibility Aid Category
CWRCLACT	DE3551	CP50-I-ENRL-BNFT-PGM	Benefit Definition Plan Program Code
CWRCLACT	DE3552	CP50-I-ENRL-BNFT-SUB-PG	Benefit Definition Plan Subprogram Code
CWRCLACT	DE3553	CP50-I-ENRL-BNFT-PLN-CD	Benefit Definition Plan Benefit Code
CWRCLACT	DE3072	CP50-I-ENRL-LOC-EXCEP	Benefit Plan Exception Indicator
CWRCLACT	DE3655	CP50-C-ENRL-PREM-IND	Medicare Premium Indicator
CWRCLACT	DE2544	CP50-C-COB	Claim COB Indicator
CWRCLACT	DE0000	CP50-I-ADJ-RSN-RNUM	
CWRCLACT	DE0000	CP50-C-ADJ-RSN-RVAL	
CWRCLACT	DE2246	CP50-F-CONSENT	Claim Consent Indicator
CWRCLACT	DE0015	CP50-I-POS-TRN-TYP-CNUM	Code ID
CWRCLACT	DE2224	CP50-C-POS-TRN-TYP-CVAL	Claim Pharmacy Transaction Type
CWRCLACT	DE0011	CP50-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP51-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP51-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP51-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP51-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2102	CP51-C-BILL-TYPE	Claim Facility Bill Type
CWRCLACT	DE2136	CP51-H-ADMISSION-HOUR	Claim Hour of Admission
CWRCLACT	DE2108	CP51-N-COVRD-DAYS	Claim Covered Days
CWRCLACT	DE2109	CP51-N-NON-CVRD-DAYS	Claim Non-Covered Days
CWRCLACT	DE2105	CP51-D-ADMIT	Claim Admission Date
CWRCLACT	DE0015	CP51-I-ADMIT-SRC-CNUM	Code ID

CWRCLACT	DE2106	CP51-C-ADMIT-SRC-CVAL	Claim Admission Source
CWRCLACT	DE2412	CP51-H-DISCHARGE-HOUR	Claim Hour of Discharge
CWRCLACT	DE2845	CP51-I-MED-REC-NO	Claim Medical Record Number
CWRCLACT	DE0015	CP51-I-ADMIT-TYPE-CNUM	Code ID
CWRCLACT	DE2107	CP51-C-ADMIT-TYPE-CVAL	Claim Nature of Admission
CWRCLACT	DE0015	CP51-I-DISCHRG-STAT-CNUM	Code ID
CWRCLACT	DE2869	CP51-C-DISCHG-STAT-CVAL	Claim Discharge Status
CWRCLACT	DE2060	CP51-I-ATTEND-PROV	Claim Attending Provider Identification Number
CWRCLACT	DE2452	CP51-I-OTHER-PROV1	Other Provider 1
CWRCLACT	DE2453	CP51-I-OTHER-PROV2	Other Provider 2
CWRCLACT	DE2499	CP51-N-DAYS-SINCE	Claims PA Number of Days Since
CWRCLACT	DE2498	CP51-I-PA-SEQ-NO	Claims PA Number Sequence
CWRCLACT	DE2508	CP51-C-PA-TYPE-CVAL	Claims PA Type Code
CWRCLACT	DE0011	CP51-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP52-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP52-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP52-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP52-I-PYMT-REQ-NO	Claim Payment Request Line Number
CWRCLACT	DE2173	CP52-C-PLACE-OF-SERV	Claim Professional Place of Service
CWRCLACT	DE2072	CP52-C-TYPE-SERVICE	Claim Type of Service
CWRCLACT	DE2031	CP52-I-PATNT-ACCT-NUM	Claim Patient Account Number
CWRCLACT	DE2993	CP52-I-CLIA	Claims CLIA Number
CWRCLACT	DE2009	CP52-N-UNITS	Claim Number of Units/Visits/Studies
CWRCLACT	DE2083	CP52-N-PATNT-PAY-AMT	Claim Patient Pay Amount
CWRCLACT	DE2018	CP52-N-TPL-AMT-PAID	Claim Third Party Payment
CWRCLACT	DE2410	CP52-D-HOSP-FROM	Claim Hospital Start Date
CWRCLACT	DE2411	CP52-D-HOSP-THRU	Claim Hospital End Date

CWRCLACT	DE2100	CP52-I-REFER-PROV	Erwin Element
CWRCLACT	DE2802	CP52-F-EMERGENCY	Claim Emergency Identifier
CWRCLACT	DE2027	CP52-F-ACCIDENT	Claim Accident Indicator
CWRCLACT	DE2075	CP52-F-FAMILY-PLAN	Claim Family Planning/EPSDT Indicator
CWRCLACT	DE2074	CP52-F-EMPLOYMENT	Claim Employment Indicator
CWRCLACT	DE2174	CP52-F-PROF-LAB	Claim Professional Lab Indicator
CWRCLACT	DE2431	CP52-F-AUTO-ACCIDENT	Claim Auto Accident
CWRCLACT	DE4500	CP52-F-EPSDT Provider	EPSDT Indicator
CWRCLACT	DE2084	CP52-N-WAIT-TIME	Anesthesia Minutes
CWRCLACT	DE2085	CP52-N-PASSENGERS	Claim Number of Passengers
CWRCLACT	DE2499	CP52-N-DAYS-SINCE	Claims PA Number of Days Since
CWRCLACT	DE2498	CP52-I-PA-SEQ-NO	Claims PA Number Sequence
CWRCLACT	DE2508	CP52-C-PA-TYPE-CVAL	Claims PA Type Code
CWRCLACT	DE0011	CP52-H-REC-UPDT	Row Update Date
CWRCLACT	DE2477	CP53-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP53-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP53-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2343	CP53-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRCLACT	DE2228	CP53-C-PATNT-LOC	Claim Pharmacy Patient Location Code
CWRCLACT	DE5301	CP53-C-DIAG	Diagnosis Code
CIRCULATOR	DE5020	CP53-I-DIAG-SEQ-NO	Reference Data Base Sequential Number
CWRCLACT	DE2467	CP53-C-RX-NO-QUALIFIER	Claim Prescription Number Qualifier
CWRCLACT	DE2211	CP53-I-RX-N0	Claim Pharmacy Prescription Number
CWRCLACT	DE2826	CP53-I-PRESCRIB-PROV	Claim Prescribing Physician Identification Number
CWRCLACT	DE2468	CP53-C-PRESCRIB-PROV	Claim Prescribing Provider Code
CWRCLACT	DE2229	CP53-C-LVL-SRVC	Claim Pharmacy Level of Service
CWRCLACT	DE2216	CP53-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CWRCLACT	DE2232	CP53-N-DAYS-SUP-INTEND	Claim Pharmacy Days Supply Intended To Be Dispensed

CWRCLACT	DE2238	CP53-C-PRIOR-AUTH-TYPE	Claim Pharmacy PA/MC Code
CWRCLACT	DE2214	CP53-D-WRITTEN	Claim Pharmacy Date Prescription Written
CWRCLACT	DE2220	CP53-F-COMPOUND	Claim Pharmacy Compound Indicator
CWRCLACT	DE2212	CP53-C-PHRM-REFILL-NUM	Claim Pharmacy Refill Code
CWRCLACT	DE0015	CP53-I-ELG-CLARIFY-CNUM	Code ID
CWRCLACT	DE2230	CP53-C-ELG-CLARIFY-CVAL	Claim Pharmacy Deny Eligibility Clarification Code
CWRCLACT	DE2233	CP53-N-QTY-DISPENSED	Claim Pharmacy Quantity Dispensed
CWRCLACT	DE2234	CP53-N-QTY-INTNDED-DISP	Claim Pharmacy Quantity Intended to be Dispensed
CWRCLACT	DE0015	CP53-I-DISP-STAT-CNUM	Code ID
CWRCLACT	DE2235	CP53-C-DISP-STAT-CVAL	Claim Pharmacy Dispensing Status
CWRCLACT	DE2236	CP53-F-UNIT-DOSE	Claim Pharmacy Unit Dose Indicator
CWRCLACT	DE2018	CP53-N-TPL-AMT-PAID	Claim Third Party Payment
CWRCLACT	DE2227	CP53-F-TPL	Claim Pharmacy Other Coverage Indicator
CWRCLACT	DE2432	CP53-F-PREGNANCY	Pregnancy
CWRCLACT	DE2499	CP53-N-DAYS-SINCE	Claims PA Number of Days Since
CWRCLACT	DE0011	CP53-H-REC-UPDT	Row Update Date
CWRCLACT	DE2498	CP53-I-PA-SEQ-NO	Claims PA Number Sequence
CWRCLACT	DE2508	CP53-C-PA-TYPE-CVAL	Claims PA Type Code
CWRCLACT	DE2477	CP54-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRCLACT	DE2478	CP54-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRCLACT	DE2480	CP54-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRCLACT	DE2017	CP54-N-TOT-DOC-CHG	Claim Total Document Charge
CWRCLACT	DE0015	CP54-I-ATTACHMNT-CNUM	Code ID
CWRCLACT	DE2030	CP54-C-ATTACHMNT-CVAL	Claim Attachments Indicator
CWRCLACT	DE4082	CP54-I-PROV-SRVC-VNDR	Provider Service Center

CWRCLACT	DE3001	CP54-I-ENROLLEE-ID	Enrollee Identification Number
CWRCLACT	DE0015	CP54-I-CLM-FORM-CNUM	Code ID
CWRCLACT	DE2088	CP54-C-CLM-FORM-CVAL	Claim Form Type
CWRCLACT	DE2006	CP54-T-ENRL-SHORT-NAME	Claim Partial Recipient Name
CWRCLACT	DE3005	CP54-D-ENROLLEE-BIRTH	Enrollee Birth Date
CWRCLACT	DE3007	CP54-C-ENROLLEE-SEX	Enrollee Sex Code
CWRCLACT	DE2020	CP54-F-CONVERSION	Claim Conversion Indicator
CWRCLACT	DE2165	CP54-C-TDO-COURT-LOCLTY	Claim TDO Court Locality
CWRCLACT	DE2166	CP54-TDO-COURT-TYPE	Claim TDO Court Type
CWRCLACT	DE3470	CP54-I-COURT-WARRANT-NUM	TDO Warrant Number
CWRCLACT	DE2569	CP54-I-CLM-SUBMIT	Claims Submission Identifier
CWRCLACT	DE2569	CP54-I-USER-ENTERED	Claims Submission Identifier
CWRCLACT	DE2177	CP54-D-ENTERED	Claim Entered Date
CWRCLACT	DE2581	CP54-I-CLM-MCN	Claims MCN Number
CWRCLACT	DE0011	CP54-H-REC-UPDT	Row Update Date
CWRCLACT	DE0000	NOT CONVERTED.	

Files CP-F-401 Disease Management Header Extract

Disease Management Header Extract

Subsystem:	Claims
Copybook:	CPDSEHD
	CP-F-401
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Disease Management Program (CPM330)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPDSEHD	DE3001	Enrollee ID	Enrollee Identification Number
CPDSEHD	DE2001	ICN	Claim Request ICN
CPDSEHD	DE2002	Claim Type	Claim Type
CPDSEHD	DE2003	Claim Type Modifier	Claim Type Modifier
CPDSEHD	DE4002	Provider Identification Number	Provider Identification Number
CPDSEHD	DE4082	Provider Service Center	Provider Service Center
CPDSEHD	DE3005	Enrollee Birth Date	Enrollee Birth Date
CPDSEHD	DE3007	Enrollee Sex Code	Enrollee Sex Code
CPDSEHD	DE3008	Enrollee Locality	Enrollee FIPS Code
CPDSEHD	DE3551	Benefit Definition Plan Program Code	Benefit Definition Plan Program Code
CPDSEHD	DE3009	Enrollee Eligibility Aid Category	Enrollee Eligibility Aid Category
CPDSEHD	DE3072	Benefit Plan Exception Indicator	Benefit Plan Exception Indicator
CPDSEHD	DE2022	Claim Medical Co-Pay-ment	Claim Medicaid Co-Payment
CPDSEHD	DE2023	Claim Payment Amount	Claim Payment Amount

CPDSEHD	DE2010	Claim Service From Date	Claim Service From Date
CPDSEHD	DE2011	Claim Service Thru Date	Claim Service Thru Date
CPDSEHD	DE5301	Diagnosis Code	Diagnosis Code
CPDSEHD	DE9578	Remittance Payment Date	Remittance Payment Date
CPDSEHD	DE2674	Claim TPL Flag	Claim TPL Flag
CPDSEHD	DE2802	Claim Emergency Identifier	Claim Emergency Identifier
CPDSEHD	DE2039	Claim Status	Claim Status
CPDSEHD	DE5002	Procedure Codes-UB92	Procedure Code
CPDSEHD	DE2072	Claim Type of Services	Claim Type of Service
CPDSEHD	DE5002	Procedure Code-MED	Procedure Code
CPDSEHD	DE5001	Procedure Code Type-MED	Procedure Code Type
CPDSEHD	DE2171	Claims Procedure Code Modifier	Claims Procedure Code Modifier
CPDSEHD	DE2171	Claims Procedure Code Modifier 2	Claims Procedure Code Modifier
CPDSEHD	DE2009	Claim Number of Units/Visit/Studies	Claim Number of Units/Visits/Studies
CPDSEHD	DE3955	Person Identifier Value	Person Identifier Value
CPDSEHD	DE2173	Claim Professional Place of Service	Claim Professional Place of Service
CPDSEHD	DE2211	Claim Pharmacy Prescription Number	Claim Pharmacy Prescription Number
CPDSEHD	DE2216	Claim Pharmacy Days Supply	Claim Pharmacy Days Supply
CPDSEHD	DE2212	Claim Pharmacy Refill Code	Claim Pharmacy Refill Code
CPDSEHD	DE2232	Claim Pharmacy Day Supplied Intended to be Dispensed	Claim Pharmacy Days Supply Intended To Be Dispensed
CPDSEHD	DE5200	Drug Code (NDC)	Drug Code (NDC)
CPDSEHD	DE2248	Claims Pharmacy Metric/Dec/Qty	Claims Pharmacy Metric/Dec/Qty
CPDSEHD	DE2418	Claim Dispensed as Written Indicator	Claim Dispensed as Written Indicator
CPDSEHD	DE4085	Provider Name	Provider Name
CPDSEHD	DE4096	Provider Address Additional Name	Provider Attention Name
CPDSEHD	DE4097	Provider Address Line	Provider Address Line

CPDSEHD	DE4130	Provider City	Provider Address City Name
CPDSEHD	DE4098	Provider State	Provider Address State
CPDSEHD	DE4099	Provider Zip Code	Provider Address ZIP Code

Files CP-F-402 Disease Management Revenue Extract

Disease Management Revenue Extract

Subsystem:	Claims
Copybook:	CPDSERV
	CP-F-402
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Disease Management Program (CPM330)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPDSERV	DE3001	Enrollee Identification Number	Enrollee Identification Number
CPDSERV	DE2001	ICN	Claim Request ICN
CPDSERV	DE2010	Claim Service From Date	Claim Service From Date
CPDSERV	DE2002	Claim Type	Claim Type
CPDSERV	DE2003	Claim Type Modifier	Claim Type Modifier
CPDSERV	DE2039	Claim Status	Claim Status
CPDSERV	DE2102	Claim Facility Bill Type2102	Claim Facility Bill Type
CPDSERV	DE2122	Claim Revenue Code	Claim Revenue Code
CPDSERV	DE2123	Claim Revenue Units	Claim Revenue Units
CPDSERV	DE2124	Claim Revenue Amount	Claim Revenue Amount
CPDSERV	DE2445	Revenue Line Number	Claims Facility Revenue Line Number

Files CP-F-404 KePro PA Action Reason Code Extract

KePro PA action reason code report and file extract of records neither open-ended nor pended

Subsystem:	Claims
Copybook:	CPREASON
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	PA Action Reason Detail List (CPR040)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPREASON	DE2637	PA Action Reason Code	PA Detail Action Reason Code
CPREASON	DE2638	PA Action Reason Description	PA Detail Action Reason Description
CPREASON	DE2597	PA Action Reason Code Begin Date	PA Reason Code Begin Date
CPREASON	DE2598	PA Action Reason Code Ending Date	PA Reason Code End Date
CPREASON	DE2595	PA Action Code	PA Action Reason Range Code
CPREASON	DE2661	HIPAA PA Rejection Reason Code	PA Health Care Services Reject Reason Code
CPREASON	DE2653	HIPAA PA Requester Follow-Up Action Code	PA Requester Follow-up Action Code
CPREASON	DE2654	HIPAA PA AAA Error Designation	HIPAA AAA Error Designation
CPREASON	DE0011	Record Update Date and Time	Row Update Date

Files CP-F-405 Casualty Alert Letter Report File

General Information

This is the file that is created to produce the Casualty Alert Letter Report.

Subsystem:	Claims
Copybook:	N/A
File Organization:	N/A
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Casulaty Alert Letter Data Extract (CPM405)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE3111	RD-NAME-FIRST	Enrollee First Name
	DE3112	RD-MIDDLE-INIT	Enrollee Middle Initial
	DE3110	RD-NAME-LAST	Enrollee Last Name
	DE3113	RD-NAME-SUFFIX	Enrollee Name Suffix
	DE3093	RD-PERM-ENROLLEE-ID	Enrollee Permanent Identification Number
	DE2010	RD-SERV-FROM	Claim Service From
	DE4085	RD-PROV-NAME	Provider Name
	DE2477 DE2478 DE2480 DE2343	RD-ICN	Claims Payment Request Date Claims Payment Request Media Code Claims Payment Request Sequence Claim Payment Request Line Number
	DE2027	RD-ACC-IND	Claim Accident Indicator
	DE5301	RD-DIAG-CD	Diagnosis Code

Files CP-F-416 MCO Transportation Encounter Extract

MCO Transportation Encounter record extract file

Subsystem:	Claims
Copybook:	TRANSEXT
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-472-01 and CP-O-472-02 Report Writer (CPR416) SAS Library Loader for Monthly Claims (SSM010) SAS Library Loader for Weekly Claims (SSW010)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
TRANSEXT	DE2001	ENC-TRANS-ICN	Claim Request ICN
TRANSEXT	DE2704	ENC-TRANS-ENROLL-RGN	Transportation Enrollee Region
TRANSEXT	DE2705	ENC-TRANS-NO-RIDE	Transportation Number of Rides
TRANSEXT	DE2706	ENC-TRANS-NO-PASSNGR	Transportation Number of Passengers
TRANSEXT	DE2707	ENC-TRANS-TRIP-TYP	Transportation Trip Type
TRANSEXT	DE2708	ENC-TRANS-TRIP-NUMBER	Transportation Trip Number
TRANSEXT	DE2709	ENC-TRANS-TRIP-LEG	Transportation Trip Leg
TRANSEXT	DE2710	ENC-TRANS-TRIP-RSN	Transportation Trip Reason
TRANSEXT	DE2711	ENC-TRANS-PICKUP-HH	Transportation Pickup Hour
TRANSEXT	DE2712	ENC-TRANS-PICKUP-MM	Transportation Pickup Minute
TRANSEXT	DE2713	ENC-TRANS-DROPOFF-HH	Transportation Dropoff Hour
TRANSEXT	DE2714	ENC-TRANS-	Transportation Dropoff Minute

		DROPOFF-MM	
TRANSEXT	DE2715	ENC-TRANS-DEST-ADDR1	Transportation Destination Address 1
TRANSEXT	DE2716	ENC-TRANS-DEST-ADDR2	Transportation Destination Address 2
TRANSEXT	DE2717	ENC-TRANS-DEST-CITY	Transportation Destination City
TRANSEXT	DE2720	ENC-TRANS-DEST-ST	Transportation Destination State
TRANSEXT	DE2721	ENC-TRANS-DEST-ZIP	Transportation Destination Zip Code
TRANSEXT	DE2722	ENC-TRANS-PKUP-ADDR1	Transportation Pickup Address 1
TRANSEXT	DE2723	ENC-TRANS-PKUP-ADDR2	Transportation Pickup Address 2
TRANSEXT	DE2724	ENC-TRANS-PKUP-CITY	Transportation Pickup City
TRANSEXT	DE2725	ENC-TRANS-PKUP-ST	Transportation Pickup State
TRANSEXT	DE2726	ENC-TRANS-PKUP-ZIP	Transportation Pickup Zip Code

Files CP-F-416A MCO Encounter Extract

MCO encounter extract from EDI to be passed to SAS for additional information purposes. Prior to Release 42, this file was produced in Job VMPCR416 (EDI/EMC INPUT REPORTS). In Release 42, the creation of this file was removed from Job VMPCR416 and inserted into Job VMPCW100 (CLAIMS WEEKLY EXTRACT). Within VMPCW100, the file has been renamed as CP-F-105 (MCO Paid Extract File) and is created by program CPR105. File CP-F-105 stores the MCOs Payment and Payment Date.

Subsystem:	Claims
Copybook:	CPF105
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Capture Weekly MCO Encounter Data (CPR105)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF105	DE2001	MCO ICN	Claim Request ICN
CPF105	DE2002	MCO_CLM_TYPE	Claim Type
CPF105	DE2994	MCO_AMT	Encounter Payment Amount
CPF105	DE2995	MCO_DTE	Encounter Payment Date
CPF105	DE2039	CLAIM STATUS	Claim Status
CPF105	DE2023	CLAIM TYPE MODIFIER	Claim Payment Amount
CPF105	DE3001	ENROLLEE ID	Enrollee Identification Number

Files CP-F-424 Enrollee Drug Utilization Analysis Comma-Delimited File

This file contains the Enrollee Drug Utilization Analysis Report (CP-O-424) in a comma-delimited file format. It contains the following data lines per request: 1) DARS header record containing the report number, report date, requestor id, and user id; 2) Report header line of all fields being displayed; 3) Enrollee Drug Utilization Analysis Report data. This file is sent to the CHIRP CSV folder in DARS for the user to VIEW or DOWNLOAD the data in an EXCEL format.

Subsystem:	Claims
Copybook:	CPF424
	N/A
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-424 Enrollee Drug Utilization Analysis (CPR130)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF424	DE2010	SERV PRD FR	Claim Service From Date
CPF424	DE2011	SERV PRD TO	Claim Service Thru Date
CPF424	DE2781	RQST ID	Claim CHIRP Request Identification
CPF424	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
CPF424	DE3110	ENROLLEE NAME	Enrollee Last Name
CPF424	DE5232	TC CODE	Drug Therapeutic Class Standard Code
CPF424	DE5293	TC DESCRIPTION	Drug Therapeutic Class Standard Description
CPF424	DE5061	GCN	Drug Generic Code Number (GCN)
CPF424	DE2010	DISP DATE	Claim Service From Date
CPF424	DE5208	DRUG NAME	Drug Brand Name
CPF424	DE5070	DRUG STR	Drug Strength Description
CPF424	DE5200	NDC CODE	Drug Code (NDC)

CPF424	DE2211	RX NO	Claim Pharmacy Prescription Number
CPF424	DE2212	REFIL NO	Claim Pharmacy Refill Code
CPF424	DE2233	QTY	Claim Pharmacy Quantity Dispensed
CPF424	DE2216	DAYS SUPP	Claim Pharmacy Days Supply
CPF424	DE5206	FORM CD	Drug Form Code
CPF424	DE2220	CMPOUND	Claim Pharmacy Compound Indicator
CPF424	DE2023	PAY AMT	Claim Payment Amount
CPF424	DE4002	SRVC PROV	Provider Identification Number
CPF424	DE4085	SRVC PROV NM	Provider Name
CPF424	DE2826	PRSCRB PROV	Claim Prescribing Physician Identification Number
CPF424	DE4085	PRSCRB PROV NM	Provider Name
CPF424	DE4298	PROV SPEC	Provider Specialty Code Description
CPF424	DE5002	PROC CODE	Procedure Code

Files CP-F-455 Enrollee Medical Services Review Comma-Delimited File

This file contains the Enrollee Medical Services Review Report (CP-O-455) in a comma-delimited file format. It contains the following data lines per request: 1) DARS header record containing the report number, report date, requestor id, and user id; 2) Report header line of all fields being displayed; 3) Enrollee Medical Services Review Report data. This file is sent to the CHIRP CSV folder in DARS for the user to VIEW or DOWNLOAD the data in an EXCEL format.

Subsystem:	Claims
Copybook:	CPF455
	N/A
File Organization:	Seq/FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CP-O-455 Enrollee Medical Services Report (CPR140)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF455	DE2781	RQST ID	Claim CHIRP Request Identification
CPF455	DE2010	SERV PRD FR	Claim Service From Date
CPF455	DE2011	SERV PRD TO	Claim Service Thru Date
CPF455	DE0002	CLMS PD TO	Calculated
CPF455	DE3093	ENROLLEE ID	Enrollee Permanent Identification Number
CPF455	DE3110	ENROLLEE NM	Enrollee Last Name
CPF455	DE3093	ENR KEY	Enrollee Permanent Identification Number
CPF455	DE3007	ENRL GNDR	Enrollee Sex Code
CPF455	DE3006	ENRL RACE	Enrollee Race Code
CPF455	DE3005	ENRL BRTH DT	Enrollee Birth Date
CPF455	DE3008	ENRL FIPS	Enrollee FIPS Code
CPF455	DE3009	ENRL AID CAT	Enrollee Eligibility Aid Category
CPF455	DE3452	ELIG CNCL DTE	Eligibility Cancel Date
CPF455	DE3451	ELIG CNCL RSN	Eligibility Cancel Reason
CPF455	DE3034	ENRL SSN	Enrollee Social Security Number (SSN)

CPF455	DE3450	CASE SSN	Case Social Security Number
CPF455	DE4002	BILL PROV	Provider Identification Number
CPF455	DE4085	BILL PROV NM	Provider Name
CPF455	DE2010	SERV FR DT	Claim Service From Date
CPF455	DE2011	SERV TO DT	Claim Service Thru Date
CPF455	DE4002	SERV PROV3	Provider Identification Number
CPF455	DE4298	SPCLTY	Provider Specialty Code Description
CPF455	DE4002	SRVC PROV	Provider Identification Number
CPF455	DE4085	SRVC PROV NM	Provider Name
CPF455	DE4089	PROV LOC	Provider Locality Code
CPF455	DE2001	ICN	Claim Request ICN
CPF455	DE3555	BNFT NM	Benefit Definition Plan Short Name
CPF455	DE2016	BILL CHG	Claim Billed Charge
CPF455	DE2018	TPL AMT	Claim Third Party Payment
CPF455	DE2544	COB	Claim COB Indicator
CPF455	DE2023	PAY AMT	Claim Payment Amount
CPF455	DE2022	COPAY AMT	Claim Medicaid Co-Payment
CPF455	DE9578	RA DATE	Remittance Payment Date
CPF455	DE5301	DIAG CODE	Diagnosis Code
CPF455	DE5302	DIAG NAME	Diagnosis Name
CPF455	DE5002	PROC CD	Procedure Code
CPF455	DE5015	PROC NM	Procedure Short Name
CPF455	DE2105	ADMIT-DT-01	Claim Admission Date
CPF455	DE2060	ATND-PRV-01	Claim Attending Provider Identification Number
CPF455	DE2060	ATND PRV3-01	Claim Attending Provider Identification Number
CPF455	DE2315	PMT-DAYS-01	Claim Payment days
CPF455	DE2102	BIL-TYP-01	Claim Facility Bill Type
CPF455	DE2105	ADMIT-DT-02	Claim Admission Date
CPF455	DE2060	ATND-PRV-02	Claim Attending Provider Identification Number
CPF455	DE2826	PRSC-PRV3-02	Claim Prescribing Physician Identification Number
CPF455	DE0002	DAYS-USED-02	Calculated
CPF455	DE2108	ALW-DAYS-02	Claim Covered Days
CPF455	DE2123	LV-OF-ABS-02	Claim Revenue Units
CPF455	DE2083	PAY-AMT-02	Claim Patient Pay Amount
CPF455	DE0002	HCFA-QTY	Calculated

CPF455	DE4002	HCFA-RFR-PRV3	Provider Identification Number
CPF455	DE4002	HCFA-RFR-PRV	Provider Identification Number
CPF455	DE2084	HCFA-WAIT-TIME	Anesthesia Minutes
CPF455	DE0000	HCFA-WAIT-DESC	
CPF455	DE2826	PRSC-PRV3-06	Claim Prescribing Physician Identification Number
CPF455	DE2248	DRUG-QTY-06	Claims Pharmacy Metric/Dec/Qty
CPF455	DE5208	DRUG-NAME-06	Drug Brand Name
CPF455	DE2826	PRSC-PRV-06	Claim Prescribing Physician Identification Number
CPF455	DE5200	NDC-06	Drug Code (NDC)
CPF455	DE2211	RXNO-06	Claim Pharmacy Prescription Number
CPF455	DE2212	REFIL-06	Claim Pharmacy Refill Code
CPF455	DE4298	SPCLTY-09	Provider Specialty Code Description
CPF455	DE2402	CVRG-09	Claim Medicare Coverage Indicator
CPF455	DE2060	ATND-PRV-11	Claim Attending Provider Identification Number
CPF455	DE2200	TOOTH-11	Claim Dental Tooth Code
CPF455	DE2892	QUAD-11	Claim Dental Quadrant
CPF455	DE2201	SURF1-11	Claim Dental Surface Codes
CPF455	DE2201	SURF2-11	Claim Dental Surface Codes
CPF455	DE2201	SURF3-11	Claim Dental Surface Codes
CPF455	DE2201	SURF4-11	Claim Dental Surface Codes
CPF455	DE2201	SURF5-11	Claim Dental Surface Codes
CPF455	DE5002	PROC-CD-13	Procedure Code
CPF455	DE5015	PROC-NM-13	Procedure Short Name
CPF455	DE0002	QTY-13	Calculated
CPF455	DE4002	RFR-PRV3-13	Provider Identification Number
CPF455	DE4002	RFR-PRV-13	Provider Identification Number
CPF455	DE2084	WAIT-TIME-13	Anesthesia Minutes
CPF455	DE2085	PASNGRS-13	Claim Number of Passengers

Files CP-F-485 GDG Backup for SFY Monthly Claims Subsystem Statistics

GDG Backup File for FY Monthly Claims Subsystem Statistics used to hold data from computed counts. This file contains Statistical Summary Records. This data is later displayed upon the claims subsystem statistic monthly report CP-O-485.

Subsystem:	Claims
Copybook:	001test
	N/A
File Organization:	FB Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	SUMMARIZE MONTHLY CLAIM ACTIVITY (CPR500) SUMMARIZE DATA FOR CLAIMS SUBSYSTEM STATISTICS (CPR505) PRODUCE Claims Subsystem Statistics Report (CPR507)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
001test	DE0000	Fiscal Year	
001test	DE0000	Report Detail Line	
001test	DE0000	Report Detail Date	

Files CP-F-500 CD Payroll Patient Pay Extract File

This is the Claims Purged History file.

Subsystem:	Claims
Copybook:	PPLPPREC
	N/A
File Organization:	Sequential
Device Type:	Sysda
Primary Key:	N/A
Alternate Key:	N/A
Program:	CD Patient Pay Extract Program (CPD150)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	

PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
PPLPPREC	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
	DE0000	New Field Definition	
PPLPPREC	DE3001	ID Number	Enrollee Identification Number
PPLPPREC	DE3110	Last Name	Enrollee Last Name
PPLPPREC	DE3111	First Name	Enrollee First Name
PPLPPREC	DE3112	Middle Initial	Enrollee Middle Initial
PPLPPREC	DE3113	Name Suffix	Enrollee Name Suffix
PPLPPREC	DE4700	NPI	National Provider Identifier
PPLPPREC	DE3072	Benefit Plan Exception Indicator	Benefit Plan Exception Indicator
PPLPPREC	DE2635	PA Service Type	PA Service Type Code
PPLPPREC	DE4801	PP Begin Date	Patient Pay Begin Date
PPLPPREC	DE4802	PP End Date	Patient Pay End Date
PPLPPREC	DE4835	Patient Pay Amount	Patient Pay Amount
PPLPPREC	DE4838	Patient Pay Status	Patient Pay Status

Files CP-F-530 CNS Weekly Claims Extract

File of claims for transmission to CNS based on claim types (DE #2002) matching a Reference Value Set CNS CLAIMTYPES entry and excluding aid categories in Reference Value Set CNS AID CATEGORIES.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	Weekly CNS Claims Extract (CPW530)
Graphics:	CP-F-530

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE2477	P100-I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
	DE2478	P100-C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
	DE2480	P100-I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
	DE2343	P100-I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
	DE2002	P100-C-CLM-TYPE-CVAL	Claim Type
	DE2003	P100-C-CLM-MOD-CVAL	Claim Type Modifier
	DE2034	P100-I-FORMER-ICN	Claim Related Document Number
	DE3001	P100-I-ENROLLEE-ID	Enrollee Identification Number
	DE2105	P100-D-ADMIT	Claim Admission Date
	DE2011	P100-D-DISCH	Claim Service Thru Date
	DE2010	P100-D-SERV-FROM	Claim Service From Date
	DE2011	P100-D-SERV-THRU	Claim Service Thru Date

	DE2315	P100-N-PYMT-DAYS	Claim Payment days
	DE2023	P100-N-PYMT-AMT	Claim Payment Amount
	DE4002	P100-I-FAC-PROVIDER	Provider Identification Number
	DE0002	P100-NUM-OF-DIAG	Calculated
	DE5301	P100-C-DIAG	Diagnosis Code
	DE0002	P100-NUM-OF-FAC-LINES	Calculated
	DE5565	P100-FAC-REV-LINE-NO	Revenue Line Number in Error
	DE2122	P100-C-REV	Claim Revenue Code

Files CP-F-540 Claims Request Archive GDG

Claims Request Archive GDG. VMP.PRODS.PR.CPF540.CLMSRQST.ARCH(+1)

Subsystem:	Claims
Copybook:	CPREQT
	N/A
File Organization:	Sequential Flat File
Device Type:	DASD
Primary Key:	CP-RQST-ID (2001) CP-RQST-NAME (2780) CP-RQST-USER-ID (2035)
Alternate Key:	N/A
Program:	Claims Request File Purge - CP-O-540 CLAIMS REQUEST FILE PURGE REPORT (CPR540)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPREQT	DE2001	CP-RQST-ID	Claim Request ICN
CPREQT	DE2780	CP-RQST-NAME	Claim CHIRP/Adjustment Request Name
CPREQT	DE2035	CP-RQST-USER-ID	Claim User-ID Code
CPREQT	DE2855	CP-RQST-ACTION	Claim CHIRP/Adjustment Request Type of Action
CPREQT	DE2828	CP-RQST-STATUS	Claim CHIRP Request Status
CPREQT	DE2493	CP-RQST-ENCOUNTER	Claims Chirp Encounter Request Flag
CPREQT	DE2490	CP-RQST-ADJUDICATE	Claims Chirp Adjudicated Claims Request Flag
CPREQT	DE3001	CP-RQST-ENROL-NO	Enrollee Identification Number
CPREQT	DE4002	CP-RQST-SRVC-PROV	Provider Identification Number
CPREQT	DE2004	CP-RQST-BILL-PROV	Claim Billing Provider Identification Number
CPREQT	DE4001	CP-RQST-BASE-PROV	Provider Base Identification Number

CPREQT	DE2001	CP-RQST-ICN	Claim Request ICN
CPREQT	DE2477	CP-RQST-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2002	CP-RQST-CLM-TYPE	Claim Type
CPREQT	DE2003	CP-RQST-REQ-CLM-TYPE-MOD	Claim Type Modifier
CPREQT	DE2034	CP-RQST-FORMER-ICN	Claim Related Document Number
CPREQT	DE2477	CP-RQST-FRMR-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-FRMR-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-FRMR-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-FRMR-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2845	CP-RQST-MED-REC-NO	Claim Medical Record Number
CPREQT	DE2543	CP-RQST-TAD-RESUB-NO	Claim TAD Resubmittal Number (not claim)
CPREQT	DE2477	CP-RQST-TAD-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-TAD-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-TAD-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-TAD-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2039	CP-RQST-CLAIM-STATUS	Claim Status
CPREQT	DE2846	CP-RQST-ENROL-AGE	Claim CHIRP Request Recipient Age
CPREQT	DE9580	CP-RQST-REMIT-NO	Remittance Advice Number
CPREQT	DE2016	CP-RQST-TOTAL-BILLED	Claim Billed Charge
CPREQT	DE3009	CP-RQST-AID-CATEGORY	Enrollee Eligibility Aid Category
CPREQT	DE3551	CP-RQST-BEN-DEF-	Benefit Definition Plan Program Code

		PLAN-PROG-CD	
CPREQT	DE3552	CP-RQST-BEN-DEF-PLAN-SUBPRG-CD	Benefit Definition Plan Subprogram Code
CPREQT	DE3553	CP-RQST-BEN-DEF-PLAN-BEN-CD	Benefit Definition Plan Benefit Code
CPREQT	DE3072	CP-RQST-ENROL-BEN-EXCPT-CD	Benefit Plan Exception Indicator
CPREQT	DE3008	CP-RQST-ENROL-FIPS-CD	Enrollee FIPS Code
CPREQT	DE9578	CP-RQST-PYMT-DATE	Remittance Payment Date
CPREQT	DE2010	CP-RQST-FIRST-SERV-DT	Claim Service From Date
CPREQT	DE2011	CP-RQST-LAST-SERV-DT	Claim Service Thru Date
CPREQT	DE2499	CP-RQST-DAYS-SINCE	Claims PA Number of Days Since
CPREQT	DE2498	CP-RQST-PA-SEQ-NO	Claims PA Number Sequence
CPREQT	DE2508	CP-RQST-PA-TYPE	Claims PA Type Code
CPREQT	DE2023	CP-RQST-TOTAL-AMT-PAID	Claim Payment Amount
CPREQT	DE5501	CP-RQST-CURRENT-ERROR	Error Text Error Code
CPREQT	DE5603	CP-RQST-EACH-ERR-LINE	Error Text Disposition Attachments
CPREQT	DE2038	CP-RQST-CAT-OF-SERV	Claim Category of Service
CPREQT	DE2033	CP-RQST-ADJ-REAS	Adjustment/Void Reason
CPREQT	DE2173	CP-RQST-POS	Claim Professional Place of Service
CPREQT	DE2072	CP-RQST-TYPE-OF-SERV	Claim Type of Service
CPREQT	DE2544	CP-RQST-COB	Claim COB Indicator
CPREQT	DE5353	CP-RQST-DRG	DRG (Diagnosis Related Group) Code
CPREQT	DE5301	CP-RQST-PRIM-DIAG-CD	Diagnosis Code
CPREQT	DE5002	CP-RQST-PROC	Procedure Code
CPREQT	DE2171	CP-RQST-MOD	Claims Procedure Code Modifier
CPREQT	DE5200	CP-RQST-NDC-CD	Drug Code (NDC)
CPREQT	DE2122	CP-RQST-REV-CD	Claim Revenue Code
CPREQT	DE2785	CP-RQST-CHR-RQST-RPT	Claim Chirp Request Report Format

CPREQT	DE2486	CP-RQST-CHR-OUTPUT-FORMAT	Claims Chirp Output Format
CPREQT	DE2551	CP-RQST-SORT-1	Claims Chirp Request Sort-1
CPREQT	DE2552	CP-RQST-SORT-2	Claims Chirp Request Sort-2
CPREQT	DE2553	CP-RQST-SORT-3	Claims Chirp Request Sort-3
CPREQT	DE2554	CP-RQST-SORT-4	Claims Chirp Request Sort-4
CPREQT	DE2555	CP-RQST-SORT-5	Claims Chirp Request Sort-5
CPREQT	DE2556	CP-RQST-SORT-6	Claims Chirp Request Sort-6
CPREQT	DE2557	CP-RQST-SORT-7	Claims Chirp Request Sort-7
CPREQT	DE2558	CP-RQST-SORT-8	Claims Chirp Request Sort-8
CPREQT	DE2149	CP-RQST-DIST-LOC	Claim CHIRP Distribution Location
CPREQT	DE0000	CP-RQST-ADDITIONAL-CODES	
CPREQT	DE2001	CP-RQST-ICN-FROM	Claim Request ICN
CPREQT	DE2477	CP-RQST-FROM-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-FROM-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-FROM-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-FROM-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2001	CP-RQST-ICN-THRU	Claim Request ICN
CPREQT	DE2477	CP-RQST-THRU-ICN-DATE	Claims Payment Request Date Identifier
CPREQT	DE2478	CP-RQST-THRU-ICN-MEDIA	Claims Payment Request Media Code
CPREQT	DE2480	CP-RQST-THRU-ICN-SEQ-NO	Claims Payment Request Sequence
CPREQT	DE2343	CP-RQST-THRU-ICN-LINE-NO	Claim Payment Request Line Number
CPREQT	DE2088	CP-RQST-FORM-TYPE	Claim Form Type
CPREQT	DE3001	CP-RQST-ENROLLEE	Enrollee Identification Number
CPREQT	DE5002	CP-RQST-PROC-CODE	Procedure Code
CPREQT	DE5301	CP-RQST-DIAG-CODE	Diagnosis Code
CPREQT	DE2009	CP-RQST-UNITS-OF-SVC	Claim Number of Units/Visits/Studies
CPREQT	DE2010	CP-RQST-SERVICE-	Claim Service From Date

		FROM	
CPREQT	DE2011	CP-RQST-SERVICE-THRU	Claim Service Thru Date
CPREQT	DE2383	CP-RQST-STATUS-DATE	Claim Status Begin Date
CPREQT	DE3551	CP-RQST-BENEFIT-PROG	Benefit Definition Plan Program Code
CPREQT	DE3552	CP-RQST-BENEFIT-SUBPROG	Benefit Definition Plan Subprogram Code
CPREQT	DE3553	CP-RQST-BENEFIT-PLAN-CD	Benefit Definition Plan Benefit Code
CPREQT	DE5611	CP-RQST-EDIT-NUMBER	Claim Edit Code
CPREQT	DE2544	CP-RQST-COB-CODE	Claim COB Indicator
CPREQT	DE4002	CP-RQST-SERV-PROV	Provider Identification Number
CPREQT	DE4006	CP-RQST-PROV-TYPE	Provider Type
CPREQT	DE4007	CP-RQST-PROV-SPCLTY	Provider Specialty Code
CPREQT	DE2102	CP-RQST-BILL-TYPE	Claim Facility Bill Type
CPREQT	DE2016	CP-RQST-BILL-AMOUNT	Claim Billed Charge
CPREQT	DE9580	CP-RQST-RA-NUM	Remittance Advice Number
CPREQT	DE2035	CP-RQST-ORIG-USER-ID	Claim User-ID Code
CPREQT	DE0002	CP-RQST-ICN-COUNT	Calculated
CPREQT	DE2002	CP-RQST-CLAIM-TYPE	Claim Type
CPREQT	DE9578	CP-RQST-PYMT-DT	Remittance Payment Date
CPREQT	DE2033	CP-RQST-ADJUST-RSN	Adjustment/Void Reason

Files CP-F-600 SAS PA TRANSACTION EXTRACT

SAS PRIOR AUTH TRANSACTION EXTRACT

Subsystem:	Claims
Copybook:	CPPASASV
	N/A
File Organization:	Sequential
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	SAS PA TRANSACTION EXTRACT (CPP600) SAS Library Loader for Prior Authorization (SSM050)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPASASV	DE2499	CPPA-N-DAYS-SINCE	Claims PA Number of Days Since
CPPASASV	DE2498	CPPA-I-PA-SEQ-NO	Claims PA Number Sequence
CPPASASV	DE2508	CPPA-C-PA-TYPE-CVAL	Claims PA Type Code
CPPASASV	DE2607	CPPA-I-PA-LINE-NO	PA Line Number
CPPASASV	DE0000	CPPA-PRIOR-AUTH-DATA	
CPPASASV	DE0011	CPPA-D-EXTRACT-DATE	Row Update Date
CPPASASV	DE0011	CPPA-D-OPEN-DATE	Row Update Date
CPPASASV	DE0011	CPPA-D-AS-OF-DATE	Row Update Date
CPPASASV	DE0011	CPPA-I-PA-LINE-NO-MAX	Row Update Date
CPPASASV	DE2650	CPPA-I-ENROLLEE	PA Enrollee Identification Number
CPPASASV	DE3111	CPPA-T-ENROLLEE-NAME-FIRST	Enrollee First Name
CPPASASV	DE3110	CPPA-T-ENROLLEE-NAME-LAST	Enrollee Last Name

CPPASASV	DE3112	CPPA-T-ENROLLEE-NAME-MI	Enrollee Middle Initial
CPPASASV	DE3113	CPPA-T-ENROLLEE-NAME-SUFFIX	Enrollee Name Suffix
CPPASASV	DE4001	CPPA-I-SRVC-BASE-PROV	Provider Base Identification Number
CPPASASV	DE4002	CPPA-I-SRVC-PROV	Provider Identification Number
CPPASASV	DE4085	CPPA-T-PROV-NAME	Provider Name
CPPASASV	DE2652	CPPA-I-REFR-PRESCB-PROV	PA Referring Provider Identification Number
CPPASASV	DE5301	CPPA-C-DIAG	Diagnosis Code
CPPASASV	DE2635	CPPA-C-SRVC-TYPE	PA Service Type Code
CPPASASV	DE2600	CPPA-D-RECVD	PA Received Date
CPPASASV	DE2601	CPPA-D-PA-ENTERED	PA Entry Date
CPPASASV	DE2606	CPPA-D-CANREJ	PA Cancel Date
CPPASASV	DE2586	CPPA-C-PA-CANREJ-CVAL	Prior Authorization Header Reject/Cancel code
CPPASASV	DE2481	CPPA-I-ORIG-PA-NUM	Claims Original PA Number
CPPASASV	DE2639	CPPA-C-MEDIA-TYPE-CVAL	PA Media Type Code
CPPASASV	DE2621	CPPA-C-AUTH-TYPE-CVAL	PA Authorization Type Code
CPPASASV	DE2605	CPPA-I-PA-IMAGE-NO	PA Reference Number (Mailroom Control Number)
CPPASASV	DE2700	CPPA-F-DNTL-MOLD-ENCL	PA Dental Models Enclosed Indicator
CPPASASV	DE2643	CPPA-F-NONPAPER-ENCL	PA Non-paper Enclosure Indicator
CPPASASV	DE2644	CPPA-F-XRAY-ENCL	PA X-rays Enclosed Indicator
CPPASASV	DE2645	CPPA-F-PHOTO-ENCL	PA Photographs Enclosed Indicator
CPPASASV	DE2020	CPPA-F-CONVERSION	Claim Conversion Indicator
CPPASASV	DE2243	CPPA-T-CONTACT-NAME	Contact Person
CPPASASV	DE2895	CPPA-T-CONTACT-PHONE	PA Servicing Provider Phone Number
CPPASASV	DE2581	CPPA-I-PA-MCN	Claims MCN Number
CPPASASV	DE2581	CPPA-I-PA-MCN	Claims MCN Number
CPPASASV	DE2569	CPPA-I-MAINT-USER-TBL48	Claims Submission Identifier
CPPASASV	DE0011	CPPA-H-REC-UPDT-TBL48	Row Update Date
CPPASASV	DE0011	CPPA-C-LINE-STATUS	Row Update Date
CPPASASV	DE2608	CPPA-D-REQ-FROM	PA Request From Date
CPPASASV	DE2609	CPPA-D-REQ-THRU	PA Request Through Date
CPPASASV	DE2610	CPPA-D-AUTH-FROM	PA Authorized From Date
CPPASASV	DE2611	CPPA-D-AUTH-THRU	PA Authorized Through Date
CPPASASV	DE2612	CPPA-N-REQ-UNITS	PA Requested Units
CPPASASV	DE2613	CPPA-N-AUTH-UNITS	PA Authorized Units

CPPASASV	DE2634	CPPA-C-PER-FREQ-CVAL	PA Per Frequency Code
CPPASASV	DE2615	CPPA-N-REQ-AMT	PA Requested Amount
CPPASASV	DE2616	CPPA-N-AUTH-AMT	PA Authorized Amount
CPPASASV	DE2485	CPPA-I-PA-AUTHORIZED-BY	Claims PA Authorized By
CPPASASV	DE2569	CPPA-I-MAINT-USER-TBL49	Claims Submission Identifier
CPPASASV	DE3072	CPPA-C-ENRL-EXCP	Benefit Plan Exception Indicator
CPPASASV	DE0011	CPPA-H-REC-UPDT-TBL49	Row Update Date
CPPASASV	DE5001	CPPA-C-PROCEDURE-TYPE	Procedure Code Type
CPPASASV	DE5002	CPPA-C-PROCEDURE	Procedure Code
CPPASASV	DE2171	CPPA-C-PROCEDURE-MOD	Claims Procedure Code Modifier
CPPASASV	DE2200	CPPA-C-TOOTH	Claim Dental Tooth Code
CPPASASV	DE2201	CPPA-C-TOOTH-SRFC	Claim Dental Surface Codes
CPPASASV	DE2201	CPPA-C-TOOTH-SRFC2	Claim Dental Surface Codes
CPPASASV	DE2201	CPPA-C-TOOTH-SRFC3	Claim Dental Surface Codes
CPPASASV	DE2201	CPPA-C-TOOTH-SRFC4	Claim Dental Surface Codes
CPPASASV	DE2201	CPPA-C-TOOTH-SRFC5	Claim Dental Surface Codes
CPPASASV	DE2646	CPPA-N-PER-UNIT-COST	PA Actual Cost Per Unit
CPPASASV	DE2648	CPPA-F-EPSDT	PA EPSDT Indicator
CPPASASV	DE0011	CPPA-H-REC-UPDT-TBL37	Row Update Date
CPPASASV	DE2334	CPPA-C-COMMENT	PA Comment Code
CPPASASV	DE5200	CPPA-C-DRUG-NDC	Drug Code (NDC)
CPPASASV	DE5735	CPPA-C-DRUG-TC-SPECFIC	Drug Therapeutic Class Specific Code
CPPASASV	DE5506	CPPA-C-ERROR-ESC	Claim Error ESC Code
CPPASASV	DE5061	CPPA-I-DRUG-GCN	Drug Generic Code Number (GCN)
CPPASASV	DE5731	CPPA-I-DRUG-GEN-SEQ	Drug Generic (GSN) Sequence Number
CPPASASV	DE2211	CPPA-I-RX-NO	Claim Pharmacy Prescription Number
CPPASASV	DE2216	CPPA-N-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPPASASV	DE2247	CPPA-N-PER-CLM-AUTH-AMT	Prior Authorization Pharmacy Authorized Amount
CPPASASV	DE2249	CPPA-N-PER-CLM-AUTH-QTY	Prior Authorization Pharmacy Authorized Quantity
CPPASASV	DE0011	CPPA-H-REC-UPDT-TBL45	Row Update Date
CPPASASV	DE2345	CPPA-N-AMT-USED	PA Amount Used
CPPASASV	DE2346	CPPA-N-UNITS-USED	Claim Units Used
CPPASASV	DE0011	CPPA-N-PAID-CLAIMS	Row Update Date
CPPASASV	DE2477	CPPA-D-LAST-PAID-CLAIM	Claims Payment Request Date Identifier

CPPASASV	DE2641	CPPA-C-PA-STAT-CVAL	PA Detail Action Status Code
CPPASASV	DE2624	CPPA-D-PA-LINE-STAT	PA Detail Action Status Date
CPPASASV	DE2637	CPPA-C-PA-ACTION-RSN	PA Detail Action Reason Code
CPPASASV	DE2161	CPPA-C-PA-LTR-TYPE	PA Letter Type
CPPASASV	DE2335	CPPA-C-PA-LTR-NO	Prior Authorization Letter Number
CPPASASV	DE2484	CPPA-C-SEND-TO	Claims PA Send To Code
CPPASASV	DE2630	CPPA-D-PA-LTR-SENT	PA Letter Sent Date
CPPASASV	DE2619	CPPA-T-COMMENT	PA Comments Text
CPPASASV	DE4700	CPPA-I-SRVC-PROV-SUBMT	National Provider Identifier
CPPASASV	DE4145	CPPA-C-SRVC-PROV-SUBMT	NPI XREF Provider Number Type
CPPASASV	DE4700	CPPA-I-REF-PROV-SUBMT	National Provider Identifier
CPPASASV	DE4145	CPPA-C-REF-PROV-SUBMT	NPI XREF Provider Number Type

Files CP-F-610 KePRO PA Start-Up File

This is a new file which was created in conjunction with EWO 2006-026-003-M. Initially, it will serve as a Prior Authorization Start-Up File. It will FTPd to a secured KePRO Server. Thereafter, it will be loaded onto the KePRO Web-Based Application. Subsequent to its use as a KePRO PA Start-Up File, this file will be serving as a Daily PA Activity File. Each day, this file will capture those PAs that have been changed upon the VaMMIS Tables. This daily file will be FTPd to a secured KePRO Server. Thereafter, the Prior Authorization changes shall be loaded onto the KePRO Web-Based Application.

Subsystem:	Claims
Copybook:	CPHIST
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	HIST-ENR-ID-NUMBER (3001) HIST-REFERENCE-NUMBER (2001)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPHIST	DE2001	HIST-REFERENCE-NUMBER	Claim Request ICN
CPHIST	DE3001	HIST-ENR-ID-NUMBER	Enrollee Identification Number
CPHIST	DE3093	HIST-ENR-PERM-ID-NUMBER	Enrollee Permanent Identification Number
CPHIST	DE3143	HIST-ENR-BENEFIT-ENROLLMT-STATUS	Enrollee Benefit Preassignment Condition Code
CPHIST	DE3550	HIST-BENEFIT-DEFINITION-BPC	Benefit Definition Benefit Plan Code
CPHIST	DE3072	HIST-ENR-BENEFIC-EXPT-CD	Benefit Plan Exception Indicator
CPHIST	DE3110	HIST-ENR-LAST-NAME	Enrollee Last Name
CPHIST	DE3111	HIST-ENR-FIRST-NAME	Enrollee First Name
CPHIST	DE3112	HIST-ENR-MIDDLE-	Enrollee Middle Initial

		INITIAL	
CPHIST	DE2006	HIST-PARTIAL-RECIP-NAME	Claim Partial Recipient Name
CPHIST	DE3005	HIST-ENR-BIRTH-DATE	Enrollee Birth Date
CPHIST	DE3007	HIST-ENR-SEX-CD	Enrollee Sex Code
CPHIST	DE3034	HIST-ENR-SSN	Enrollee Social Security Number (SSN)
CPHIST	DE2037	HIST-RECIP-EMP-STATUS	
CPHIST	DE2074	HIST-EMP-IND	Claim Employment Indicator
CPHIST	DE3002	HIST-ENR-HEALTH-INSUR-CLM(HIC)-NUMBER	Medicare Number
CPHIST	DE3006	HIST-ENR-RACE-CD	Enrollee Race Code
CPHIST	DE3008	HIST-ENR-FIPS-CD	Enrollee FIPS Code
CPHIST	DE3009	HIST-ENR-ELIG-AID-CAT	Enrollee Eligibility Aid Category
CPHIST	DE3015	HIST-ENR-MED-PREM-PYMT-TRAN-CD	Enrollee Medicare Premium Payment Transaction Code
CPHIST	DE3019	HIST-ENR-BENEFIT-ASSIGN-CD	Enrollee Benefit Assignment Code
CPHIST	DE3265	HIST-ELIG-VERIF-REQST-DISP	Eligibility Verification Request Disposition
CPHIST	DE3450	HIST-CASE-SSN	Case Social Security Number
CPHIST	DE3470	HIST-TDO-CASE-NUMBER	TDO Warrant Number
CPHIST	DE3479	HIST-TDO-COURT-NAME	TDO Court Name
CPHIST	DE2095	HIST-RECIP-AGE(DAY-YEAR)	Claim EAPG CMB CPTAPG
CPHIST	DE2071	HIST-SERV-PROV-NUMBER	Claim Pricing Source Code
CPHIST	DE2059	HIST-SERV-PROV-BASE-ID-NUMBER	Service Provider Number Type
CPHIST	DE2100	HIST-REF-PHYS-ID-NUMBER	Erwin Element
CPHIST	DE2826	HIST-PRESC-PHYS-ID-NUMBER	Claim Prescribing Physician Identification Number
CPHIST	DE2004	HIST-BILL-PROV-ID-NUMBER	Claim Billing Provider Identification Number
CPHIST	DE2070	HIST-PARTIAL-PROV-NAME	Claim Pricing Source Type
CPHIST	DE4085	HIST-PROV-NAME	Provider Name
CPHIST	DE4064	HIST-PROV-LICENSE-	Provider License Number

		NUMBER	
CPHIST	DE4006	HIST-PROV-TYPE	Provider Type
CPHIST	DE4007	HIST-PROV-SPECIALTY-CD	Provider Specialty Code
CPHIST	DE4118	HIST-PROV-SIGNATURE	Provider Signature
CPHIST	DE4255	HIST-PROV-RATE	Provider Rate
CPHIST	DE4474	HIST-PROV-MANAGED-CARE-RISK-POOL	Provider Managed Care Risk Pool
CPHIST	DE4310	HIST-PROV-CLINICAL-LAB-IMPVMT-AMEND (CLIA)	Clinical Laboratory Improvement Amendment (CLIA) Number
CPHIST	DE2049	HIST-TPL-EXCEPTION-IND	Origin of PA Entry
CPHIST	DE3013	HIST-TPL-COVERAGE-CD	TPL Coverage Code
CPHIST	DE3657	HIST-TPL-CARRIER-CD	TPL Carrier Code
CPHIST	DE3670	HIST-TPL-POLICY-HOLDER-SSN	TPL Policy Holder Social Security Number (SSN)
CPHIST	DE3675	HIST-TPL-CARRIER-ADDRESS-LINE	TPL Carrier Address Line
CPHIST	DE3676	HIST-TPL-CARRIER-CITY-NAME	TPL Carrier City Name
CPHIST	DE3677	HIST-TPL-CARRIER-STATE-CD	TPL Carrier State Code
CPHIST	DE3678	HIST-TPL-CARRIER-ZIP-CD	TPL Carrier ZIP Code
CPHIST	DE3696	HIST-TPL-COVERAGE-DEDUCTIBLE-AMT	TPL Coverage Deductible Amount
CPHIST	DE2002	HIST-TYPE	Claim Type
CPHIST	DE2003	HIST-TYPE-MODIFIER	Claim Type Modifier
CPHIST	DE2013	HIST-DATE-ENTERED	Claim EDI Attachment Control Number
CPHIST	DE2039	HIST-STATUS	Claim Status
CPHIST	DE2014	HIST-STATUS-DATE	Claim EDI Attachment Report Type
CPHIST	DE2015	HIST-PYMT-DATE	Claim EDI Attachment Trans Code
CPHIST	DE2020	HIST-CONVERSION-IND	Claim Conversion Indicator
CPHIST	DE2022	HIST-MED-COINSURANCE	Claim Medicaid Co-Payment
CPHIST	DE2023	HIST-PYMT-AMT	Claim Payment Amount
CPHIST	DE2030	HIST-ATTACHMENTS-IND	Claim Attachments Indicator
CPHIST	DE2033	HIST-ADJ-REASON	Adjustment/Void Reason

CPHIST	DE2035	HIST-USER-ID-CD	Claim User-ID Code
CPHIST	DE2038	HIST-CAT-OF-SERV	Claim Category of Service
CPHIST	DE2040	HIST-DOC-LINE-ITEM-COUNT	Claim Payment Adjustment Sequence Number
CPHIST	DE2041	HIST-ERROR-LOCATION	Claim Payment Adjustment Amount
CPHIST	DE2042	HIST-CURR-ERRORS-COUNTER	Claim Payment Adjustment Units
CPHIST	DE2043	HIST-CURR-ERRORS	Claim Payment Adjustment Line Number
CPHIST	DE2044	HIST-NUMBER-OF-TIMES-PENDED	Claim Payment Adjustment SLH Indicator
CPHIST	DE2048	HIST-TOTAL-ERRORS-COUNTER	Duplicate PA Line Number
CPHIST	DE2052	HIST-OVERRIDE/EOB-CD	Present On Admission (POA) Indicator
CPHIST	DE2543	HIST-TAD-RESUBMITTAL-NUMBER	Claim TAD Resubmittal Number (not claim)
CPHIST	DE2066	HIST-CUTBACK-AMT	Claim Cutback Amount
CPHIST	DE2065	HIST-CUTBACK-DAYS/UNITS	Claim Cutback Days/Units
CPHIST	DE2073	HIST-ALLOWED-AMT	Claim Allowed Amount
CPHIST	DE2077	HIST-PRIVATE-ROOM-DIFFERENTIAL	Claim Private Room Differential
CPHIST	DE2096	HIST-REMARKS-FOR-PENDED-CLM	Claim EAPG Cap AO Amount
CPHIST	DE2121	HIST-EACH-OVER/EOB-ERROR-LINE	Claim Line Number
CPHIST	DE2208	HIST-PAYER-ID	Claim Payer Identification
CPHIST	DE5002	HIST-PROC-CD	Procedure Code
CPHIST	DE5449	HIST-LOC-REG-TYPE-MGMT-FEE	Locality Region Type Management Fee
CPHIST	DE5322	HIST-DIAG-EMER/SUSP-CD	Diagnosis Emergency Code
CPHIST	DE5353	HIST-DRG-CD	DRG (Diagnosis Related Group) Code
CPHIST	DE5050	HIST-ANESTHESIA-BASE	Anesthesiology Base Units
CPHIST	DE2068	HIST-MANUAL-PRICE/PERCENT-IND	Claim Special Batch Indicator
CPHIST	DE2158	HIST-MANUAL-PRICE-AMT	Claim Manual Price Amount
CPHIST	DE2143	HIST-LTC-LEVEL-OF-CARE	Unit of Measure Qualifier
CPHIST	DE2031	HIST-PATIENT-ACCT-	Claim Patient Account Number

		NUMBER	
CPHIST	DE1001	HIST-PATIENT'S-NAME	Person Name
CPHIST	DE1002	HIST-PATIENT'S-ADDRESS	Person Address
CPHIST	DE1006	HIST-PATIENT'S-BIRTH-DATE	Person Birth Date
CPHIST	DE1010	HIST-PATIENT'S-SEX-CD	Person Gender Code
CPHIST	DE1011	HIST-PATIENT'S-MARITAL-STATUS-CD	Person Marital Status Code
CPHIST	DE2009	HIST-NUMBER-OF-UNITS/VISITS/QUANTITY	Claim Number of Units/Visits/Studies
CPHIST	DE2010	HIST-SERV-FROM-DATE	Claim Service From Date
CPHIST	DE2011	HIST-SERV-THRU-DATE	Claim Service Thru Date
CPHIST	DE2012	HIST-BILL-DATE	Claim EDI Line Item Control Number
CPHIST	DE2016	HIST-BILLED-CHARGE	Claim Billed Charge
CPHIST	DE2017	HIST-TOTAL-DOCUMENT-CHARGE	Claim Total Document Charge
CPHIST	DE2018	HIST-THIRD-PARTY-PYMT-BY-LINE-ITEM	Claim Third Party Payment
CPHIST	DE2019	HIST-THIRD-PARTY-PYMT-BY-DOCUMENT	Claim EDI Encounter Contract Code
CPHIST	DE2024	HIST-PRIOR-AUTH-CONTROL-NUMBER	Prior Authorization Control Number
CPHIST	DE2025	HIST-TPL-IND	Associated RX Number
CPHIST	DE2027	HIST-TPL-ACCIDENT-IND	Claim Accident Indicator
CPHIST	DE2032	HIST-PRINCIPAL-DIAG-CD	Erwin Element
CPHIST	DE2036	HIST-SECONDARY-DIAG-CD	PA Patient Tracking Number
CPHIST	DE2034	HIST-FORMER-REF-NUMBER	Claim Related Document Number
CPHIST	DE2081	HIST-PRIOR-AUTH-IND	Pend Resolution Flag
CPHIST	DE2083	HIST-PATIENT-PAY-AMT	Claim Patient Pay Amount
CPHIST	DE2173	HIST-PROF-PLACE-OF-SERV	Claim Professional Place of Service
CPHIST	DE2072	HIST-TYPE-OF-SERV	Claim Type of Service
CPHIST	DE2402	HIST-MED-COVERAGE-IND	Claim Medicare Coverage Indicator
CPHIST	DE2418	HIST-DISPENSED-AS-WRITTEN-IND	Claim Dispensed as Written Indicator
CPHIST	DE2544	HIST-COB-IND	Claim COB Indicator

CPHIST	DE2802	HIST-EMER-ID	Claim Emergency Identifier
CPHIST	DE2130	HIST-DATE-OF-SURGERY	Date Resolved Pend Submitted to Adjudication
CPHIST	DE2102	HIST-BILL-FACILITY-TYPE	Claim Facility Bill Type
CPHIST	DE2105	HIST-UB92-ADM-DATE	Claim Admission Date
CPHIST	DE2136	HIST-HOUR-OF-ADM	Claim Hour of Admission
CPHIST	DE2107	HIST-NATURE-OF-ADM	Claim Nature of Admission
CPHIST	DE2106	HIST-ADM-SOURCE	Claim Admission Source
CPHIST	DE2412	HIST-HOUR-OF-DISCHARGE	Claim Hour of Discharge
CPHIST	DE2115	HIST-CONDITION-CD	Claim Condition Code
CPHIST	DE2110	HIST-OCCURRENCE-CD	Claim Occurrence Code
CPHIST	DE2113	HIST-OCCURRENCE-SPAN-FR-DATE	Claim Occurrence From Date
CPHIST	DE2114	HIST-OCCURRENCE-SPAN-TH-DATE	Claim Occurrence Thru Date
CPHIST	DE2122	HIST-REVENUE-CD	Claim Revenue Code
CPHIST	DE2128	HIST-VALUE-CD	Claim Value Code
CPHIST	DE2131	HIST-VALUE-AMT	Claim Value Amount
CPHIST	DE2108	HIST-COVERED-DAYS	Claim Covered Days
CPHIST	DE2109	HIST-NON-COVERED-DAYS	Claim Non-Covered Days
CPHIST	DE2123	HIST-REVENUE-UNITS	Claim Revenue Units
CPHIST	DE2124	HIST-REVENUE-AMT	Claim Revenue Amount
CPHIST	DE2137	HIST-REVENUE-NON-COVERED-AMT	Claim Revenue Non-Covered Amount
CPHIST	DE2139	HIST-NON-COVERED-AMT-IND	Claim Non-Covered Amount
CPHIST	DE2205	HIST-PROC-CODING-TYPE	Claim Procedure Coding Type
CPHIST	DE2008	HIST-PRINCIPAL-PROC-CD	Claim Principal Procedure Code
CPHIST	DE2021	HIST-PRINCIPAL-PROC-CD-DATE	Claim Procedure Code Date
CPHIST	DE2075	HIST-FAMILY-PLANNING-IND	Claim Family Planning/EPSDT Indicator
CPHIST	DE2091	HIST-DIAG-IND	Claim EAPG Weight
CPHIST	DE2171	HIST-PROF-PROC-MOD	Claims Procedure Code Modifier
CPHIST	DE2174	HIST-PROF-LAB-IND	Claim Professional Lab Indicator
CPHIST	DE2200	HIST-DENTAL-TOOTH-	Claim Dental Tooth Code

		CD	
CPHIST	DE2201	HIST-DENTAL-SURFACE-CD	Claim Dental Surface Codes
CPHIST	DE2251	HIST-TITLE-XVIII-CASH-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
CPHIST	DE2252	HIST-TITLE-XVIII-COIN-CHARGE	Claim Title XVIII Coinsurance Amount
CPHIST	DE2253	HIST-TITLE-XVIII-CHARGE-ALLOWED	Claim Title XVIII Charge Allowed
CPHIST	DE2254	HIST-TITLE-XVIII-MED-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPHIST	DE2257	HIST-TITLE-XVIII-AMT-BILLED-TO-MCARE	Claim Title XVIII Amount Billed to Medicare
CPHIST	DE2781	HIST-TRANSACTION-ID	Claim CHIRP Request Identification
CPHIST	DE5200	HIST-DRUG-CD(NDC)	Drug Code (NDC)
CPHIST	DE5042	HIST-DRUG-UNIT-DOSE-CD	Drug Unit Dose Code
CPHIST	DE5061	HIST-DRUG-GEN-CD-NUMBER(GCN)	Drug Generic Code Number (GCN)
CPHIST	DE5070	HIST-DRUG-STRENGTH-DESC	Drug Strength Description
CPHIST	DE5193	HIST-DRUG-UNIT-OF-USE-CD	Drug Unit of Use Code
CPHIST	DE5206	HIST-DRUG-FORM-NAME	Drug Form Code
CPHIST	DE5208	HIST-DRUG-BRAND-NAME	Drug Brand Name
CPHIST	DE5223	HIST-DRUG-COST-PRICE	Drug Cost Price
CPHIST	DE5232	HIST-DRUG-THERP-CLASS-STAND-CD	Drug Therapeutic Class Standard Code
CPHIST	DE5293	HIST-DRUG-THERP-CLASS-STAND-DESC	Drug Therapeutic Class Standard Description
CPHIST	DE2217	HIST-PHAR-DISPENSING-FEE	Claim Pharmacy Dispensing Fee
CPHIST	DE2220	HIST-PHAR-COMPOUND-IND	Claim Pharmacy Compound Indicator
CPHIST	DE2211	HIST-PHAR-PRESC-NUMBER	Claim Pharmacy Prescription Number
CPHIST	DE2212	HIST-PHAR-REFILL-CD	Claim Pharmacy Refill Code
CPHIST	DE2216	HIST-PHAR-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPHIST	DE2224	HIST-PHAR-	Claim Pharmacy Transaction Type

		TRANSACTION-TYPE	
CPHIST	DE2227	HIST-PHAR-OTHER-COVERAGE-IND	Claim Pharmacy Other Coverage Indicator
CPHIST	DE2228	HIST-PHAR-PAT-LOCATION-CD	Claim Pharmacy Patient Location Code
CPHIST	DE2229	HIST-PHAR-LEVEL-OF-SERV	Claim Pharmacy Level of Service
CPHIST	DE2418	HIST-DISPENSED-AS-WRITTEN-IND	Claim Dispensed as Written Indicator
CPHIST	DE2213	HIST-PHAR-USUAL-CHARGE	Claim Pharmacy Usual Charge
CPHIST	DE2214	HIST-PHAR-DATE-PRESC-WRITTEN	Claim Pharmacy Date Prescription Written
CPHIST	DE2218	HIST-PHAR-NURSING-HOME-IND	Claim Pharmacy Add-on Fee
CPHIST	DE2221	HIST-PHAR-COMPOUND-NUMBER-OF-INGREDT	Claim Pharmacy Compound Number of Ingredients
CPHIST	DE2223	HIST-PHAR-INGREDT-COST	Pharmacy Ingredient Cost
CPHIST	DE2225	HIST-PHAR-NCPDP-VERSION	Claim Pharmacy NCPDP Version
CPHIST	DE2226	HIST-PHAR-TRANSMISSION-RECVED-LINE	Claim Pharmacy Transmission Received Line
CPHIST	DE2230	HIST-PHAR-DENY-ELIG-CLARIFICATION-CD	Claim Pharmacy Deny Eligibility Clarification Code
CPHIST	DE2231	HIST-PHAR-PROV-DRUG-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPHIST	DE2248	HIST-PHAR-METRIC/DEC/QTY	Claims Pharmacy Metric/Dec/Qty
CPHIST	DE9576	HIST-REMITTANCE-CHECK-NUMBER	Remittance Check Number
CPHIST	DE9578	HIST-REMITTANCE-PYMT-DATE	Remittance Payment Date
CPHIST	DE9580	HIST-REMITTANCE-ADVICE-NUMBER	Remittance Advice Number
CPHIST	DE9828	HIST-BUDGET-AGENCY-CD	Budget Agency Code
CPHIST	DE9835	HIST-BUDGET-PROG-CD	Budget Program Code
CPHIST	DE9838	HIST-BUDGET-SUB-PROG-CD	Budget Sub-Program Code
CPHIST	DE9843	HIST-BUDGET-OBJECT-CD	Budget Object Code

CPHIST	DE9831	HIST-BUDGET-FUND-CD	Budget Fund Code
CPHIST	DE9833	HIST-BUDGET-FUND-DETAIL-CD	Budget Fund Detail Code
CPHIST	DE9848	HIST-BUDGET-FUND-SPLIT-PERCENTAGE	Budget Fund Split Percentage
CPHIST	DE9856	HIST-BUDGET-SHARE-AMT	Budget Share Amount
CPHIST	DE9830	HIST-BUDGET-EXPENDITURE-CD	Budget Expenditure Code
CPHIST	DE9846	HIST-BUDGET-COST-CENTER-CD	Budget Cost Center Code
CPHIST	DE9850	HIST-BUDGET-TRANSACTION-CD	Budget Transaction Code
CPHIST	DE9852	HIST-BUDGET-GROUP-CD	Budget Group Code
CPHIST	DE9791	HIST-BUDGET-PROJECT-CD	Budget Project Code
CPHIST	DE9652	HIST-BARS-CHECK-STATUS-CD	BARS Check Type Code
CPHIST	DE9874	HIST-FINANCIAL-CONTROL-NUMBER	Financial Control Number

Files CP-F-611 KePRO PA Action Reason Code Extract File

This file description will be added as part of the EWO 2006-027-005-M.

Subsystem:	Claims
Copybook:	CPHIST
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	HIST-ENR-ID-NUMBER (3001) HIST-REFERENCE-NUMBER (2001)
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPHIST	DE2001	HIST-REFERENCE-NUMBER	Claim Request ICN
CPHIST	DE3001	HIST-ENR-ID-NUMBER	Enrollee Identification Number
CPHIST	DE3093	HIST-ENR-PERM-ID-NUMBER	Enrollee Permanent Identification Number
CPHIST	DE3143	HIST-ENR-BENEFIT-ENROLLMT-STATUS	Enrollee Benefit Preassignment Condition Code
CPHIST	DE3550	HIST-BENEFIT-DEFINITION-BPC	Benefit Definition Benefit Plan Code
CPHIST	DE3072	HIST-ENR-BENEFIC-EXPT-CD	Benefit Plan Exception Indicator
CPHIST	DE3110	HIST-ENR-LAST-NAME	Enrollee Last Name
CPHIST	DE3111	HIST-ENR-FIRST-NAME	Enrollee First Name
CPHIST	DE3112	HIST-ENR-MIDDLE-INITIAL	Enrollee Middle Initial
CPHIST	DE2006	HIST-PARTIAL-RECIP-NAME	Claim Partial Recipient Name
CPHIST	DE3005	HIST-ENR-BIRTH-DATE	Enrollee Birth Date
CPHIST	DE3007	HIST-ENR-SEX-CD	Enrollee Sex Code

CPHIST	DE3034	HIST-ENR-SSN	Enrollee Social Security Number (SSN)
CPHIST	DE2037	HIST-RECIP-EMP-STATUS	
CPHIST	DE2074	HIST-EMP-IND	Claim Employment Indicator
CPHIST	DE3002	HIST-ENR-HEALTH-INSUR-CLM(HIC)-NUMBER	Medicare Number
CPHIST	DE3006	HIST-ENR-RACE-CD	Enrollee Race Code
CPHIST	DE3008	HIST-ENR-FIPS-CD	Enrollee FIPS Code
CPHIST	DE3009	HIST-ENR-ELIG-AID-CAT	Enrollee Eligibility Aid Category
CPHIST	DE3015	HIST-ENR-MED-PREM-PYMT-TRAN-CD	Enrollee Medicare Premium Payment Transaction Code
CPHIST	DE3019	HIST-ENR-BENEFIT-ASSIGN-CD	Enrollee Benefit Assignment Code
CPHIST	DE3265	HIST-ELIG-VERIF-REQST-DISP	Eligibility Verification Request Disposition
CPHIST	DE3450	HIST-CASE-SSN	Case Social Security Number
CPHIST	DE3470	HIST-TDO-CASE-NUMBER	TDO Warrant Number
CPHIST	DE3479	HIST-TDO-COURT-NAME	TDO Court Name
CPHIST	DE2095	HIST-RECIP-AGE(DAY-YEAR)	Claim EAPG CMB CPTAPG
CPHIST	DE2071	HIST-SERV-PROV-NUMBER	Claim Pricing Source Code
CPHIST	DE2100	HIST-REF-PHYS-ID-NUMBER	Erwin Element
CPHIST	DE2826	HIST-PRESC-PHYS-ID-NUMBER	Claim Prescribing Physician Identification Number
CPHIST	DE2004	HIST-BILL-PROV-ID-NUMBER	Claim Billing Provider Identification Number
CPHIST	DE2070	HIST-PARTIAL-PROV-NAME	Claim Pricing Source Type
CPHIST	DE4085	HIST-PROV-NAME	Provider Name
CPHIST	DE4064	HIST-PROV-LICENSE-NUMBER	Provider License Number
CPHIST	DE4006	HIST-PROV-TYPE	Provider Type
CPHIST	DE4007	HIST-PROV-SPECIALTY-CD	Provider Specialty Code
CPHIST	DE4118	HIST-PROV-SIGNATURE	Provider Signature
CPHIST	DE4255	HIST-PROV-RATE	Provider Rate
CPHIST	DE4474	HIST-PROV-MANAGED-	Provider Managed Care Risk Pool

		CARE-RISK-POOL	
CPHIST	DE4310	HIST-PROV-CLINICAL-LAB-IMPVMT-AMEND (CLIA)	Clinical Laboratory Improvement Amendment (CLIA) Number
CPHIST	DE2049	HIST-TPL-EXCEPTION-IND	Origin of PA Entry
CPHIST	DE3013	HIST-TPL-COVERAGE-CD	TPL Coverage Code
CPHIST	DE3657	HIST-TPL-CARRIER-CD	TPL Carrier Code
CPHIST	DE3670	HIST-TPL-POLICY-HOLDER-SSN	TPL Policy Holder Social Security Number (SSN)
CPHIST	DE3675	HIST-TPL-CARRIER-ADDRESS-LINE	TPL Carrier Address Line
CPHIST	DE3676	HIST-TPL-CARRIER-CITY-NAME	TPL Carrier City Name
CPHIST	DE3677	HIST-TPL-CARRIER-STATE-CD	TPL Carrier State Code
CPHIST	DE3678	HIST-TPL-CARRIER-ZIP-CD	TPL Carrier ZIP Code
CPHIST	DE3696	HIST-TPL-COVERAGE-DEDUCTIBLE-AMT	TPL Coverage Deductible Amount
CPHIST	DE2002	HIST-TYPE	Claim Type
CPHIST	DE2003	HIST-TYPE-MODIFIER	Claim Type Modifier
CPHIST	DE2013	HIST-DATE-ENTERED	Claim EDI Attachment Control Number
CPHIST	DE2039	HIST-STATUS	Claim Status
CPHIST	DE2014	HIST-STATUS-DATE	Claim EDI Attachment Report Type
CPHIST	DE2015	HIST-PYMT-DATE	Claim EDI Attachment Trans Code
CPHIST	DE2020	HIST-CONVERSION-IND	Claim Conversion Indicator
CPHIST	DE2022	HIST-MED-COINSURANCE	Claim Medicaid Co-Payment
CPHIST	DE2023	HIST-PYMT-AMT	Claim Payment Amount
CPHIST	DE2030	HIST-ATTACHMENTS-IND	Claim Attachments Indicator
CPHIST	DE2033	HIST-ADJ-REASON	Adjustment/Void Reason
CPHIST	DE2035	HIST-USER-ID-CD	Claim User-ID Code
CPHIST	DE2038	HIST-CAT-OF-SERV	Claim Category of Service
CPHIST	DE2040	HIST-DOC-LINE-ITEM-COUNT	Claim Payment Adjustment Sequence Number
CPHIST	DE2041	HIST-ERROR-LOCATION	Claim Payment Adjustment Amount
CPHIST	DE2042	HIST-CURR-ERRORS-COUNTER	Claim Payment Adjustment Units

CPHIST	DE2043	HIST-CURR-ERRORS	Claim Payment Adjustment Line Number
CPHIST	DE2044	HIST-NUMBER-OF-TIMES-PENDED	Claim Payment Adjustment SLH Indicator
CPHIST	DE2048	HIST-TOTAL-ERRORS-COUNTER	Duplicate PA Line Number
CPHIST	DE2052	HIST-OVERRIDE/EOB-CD	Present On Admission (POA) Indicator
CPHIST	DE2543	HIST-TAD-RESUBMITTAL-NUMBER	Claim TAD Resubmittal Number (not claim)
CPHIST	DE2066	HIST-CUTBACK-AMT	Claim Cutback Amount
CPHIST	DE2065	HIST-CUTBACK-DAYS/UNITS	Claim Cutback Days/Units
CPHIST	DE2073	HIST-ALLOWED-AMT	Claim Allowed Amount
CPHIST	DE2077	HIST-PRIVATE-ROOM-DIFFERENTIAL	Claim Private Room Differential
CPHIST	DE2096	HIST-REMARKS-FOR-PENDED-CLM	Claim EAPG Cap AO Amount
CPHIST	DE2121	HIST-EACH-OVER/EOB-ERROR-LINE	Claim Line Number
CPHIST	DE2208	HIST-PAYER-ID	Claim Payer Identification
CPHIST	DE5002	HIST-PROC-CD	Procedure Code
CPHIST	DE5449	HIST-LOC-REG-TYPE-MGMT-FEE	Locality Region Type Management Fee
CPHIST	DE5322	HIST-DIAG-EMER/SUSP-CD	Diagnosis Emergency Code
CPHIST	DE5353	HIST-DRG-CD	DRG (Diagnosis Related Group) Code
CPHIST	DE5050	HIST-ANESTHESIA-BASE	Anesthesiology Base Units
CPHIST	DE2068	HIST-MANUAL-PRICE/PERCENT-IND	Claim Special Batch Indicator
CPHIST	DE2158	HIST-MANUAL-PRICE-AMT	Claim Manual Price Amount
CPHIST	DE2143	HIST-LTC-LEVEL-OF-CARE	Unit of Measure Qualifier
CPHIST	DE2031	HIST-PATIENT-ACCT-NUMBER	Claim Patient Account Number
CPHIST	DE1001	HIST-PATIENTS-NAME	Person Name
CPHIST	DE1002	HIST-PATIENTS-ADDRESS	Person Address
CPHIST	DE1006	HIST-PATIENTS-BIRTH-DATE	Person Birth Date
CPHIST	DE1010	HIST-PATIENTS-SEX-CD	Person Gender Code

CPHIST	DE1011	HIST-PATIENTS-MARITAL-STATUS-CD	Person Marital Status Code
CPHIST	DE2009	HIST-NUMBER-OF-UNITS/VISITS/QUANTITY	Claim Number of Units/Visits/Studies
CPHIST	DE2010	HIST-SERV-FROM-DATE	Claim Service From Date
CPHIST	DE2011	HIST-SERV-THRU-DATE	Claim Service Thru Date
CPHIST	DE2012	HIST-BILL-DATE	Claim EDI Line Item Control Number
CPHIST	DE2016	HIST-BILLED-CHARGE	Claim Billed Charge
CPHIST	DE2017	HIST-TOTAL-DOCUMENT-CHARGE	Claim Total Document Charge
CPHIST	DE2018	HIST-THIRD-PARTY-PYMT-BY-LINE-ITEM	Claim Third Party Payment
CPHIST	DE2019	HIST-THIRD-PARTY-PYMT-BY-DOCUMENT	Claim EDI Encounter Contract Code
CPHIST	DE2024	HIST-PRIOR-AUTH-CONTROL-NUMBER	Prior Authorization Control Number
CPHIST	DE2025	HIST-TPL-IND	Associated RX Number
CPHIST	DE2027	HIST-TPL-ACCIDENT-IND	Claim Accident Indicator
CPHIST	DE2032	HIST-PRINCIPAL-DIAG-CD	Erwin Element
CPHIST	DE2036	HIST-SECONDARY-DIAG-CD	PA Patient Tracking Number
CPHIST	DE2034	HIST-FORMER-REF-NUMBER	Claim Related Document Number
CPHIST	DE2081	HIST-PRIOR-AUTH-IND	Pend Resolution Flag
CPHIST	DE2083	HIST-PATIENT-PAY-AMT	Claim Patient Pay Amount
CPHIST	DE2173	HIST-PROF-PLACE-OF-SERV	Claim Professional Place of Service
CPHIST	DE2072	HIST-TYPE-OF-SERV	Claim Type of Service
CPHIST	DE2402	HIST-MED-COVERAGE-IND	Claim Medicare Coverage Indicator
CPHIST	DE2418	HIST-DISPENSED-AS-WRITTEN-IND	Claim Dispensed as Written Indicator
CPHIST	DE2544	HIST-COB-IND	Claim COB Indicator
CPHIST	DE2802	HIST-EMER-ID	Claim Emergency Identifier
CPHIST	DE2130	HIST-DATE-OF-SURGERY	Date Resolved Pend Submitted to Adjudication
CPHIST	DE2102	HIST-BILL-FACILITY-TYPE	Claim Facility Bill Type
CPHIST	DE2105	HIST-UB92-ADM-DATE	Claim Admission Date
CPHIST	DE2136	HIST-HOUR-OF-ADM	Claim Hour of Admission

CPHIST	DE2107	HIST-NATURE-OF-ADM	Claim Nature of Admission
CPHIST	DE2106	HIST-ADM-SOURCE	Claim Admission Source
CPHIST	DE2412	HIST-HOUR-OF-DISCHARGE	Claim Hour of Discharge
CPHIST	DE2115	HIST-CONDITION-CD	Claim Condition Code
CPHIST	DE2110	HIST-OCCURRENCE-CD	Claim Occurrence Code
CPHIST	DE2113	HIST-OCCURRENCE-SPAN-FR-DATE	Claim Occurrence From Date
CPHIST	DE2114	HIST-OCCURRENCE-SPAN-TH-DATE	Claim Occurrence Thru Date
CPHIST	DE2122	HIST-REVENUE-CD	Claim Revenue Code
CPHIST	DE2128	HIST-VALUE-CD	Claim Value Code
CPHIST	DE2131	HIST-VALUE-AMT	Claim Value Amount
CPHIST	DE2108	HIST-COVERED-DAYS	Claim Covered Days
CPHIST	DE2109	HIST-NON-COVERED-DAYS	Claim Non-Covered Days
CPHIST	DE2123	HIST-REVENUE-UNITS	Claim Revenue Units
CPHIST	DE2124	HIST-REVENUE-AMT	Claim Revenue Amount
CPHIST	DE2137	HIST-REVENUE-NON-COVERED-AMT	Claim Revenue Non-Covered Amount
CPHIST	DE2139	HIST-NON-COVERED-AMT-IND	Claim Non-Covered Amount
CPHIST	DE2205	HIST-PROC-CODING-TYPE	Claim Procedure Coding Type
CPHIST	DE2008	HIST-PRINCIPAL-PROC-CD	Claim Principal Procedure Code
CPHIST	DE2021	HIST-PRINCIPAL-PROC-CD-DATE	Claim Procedure Code Date
CPHIST	DE2075	HIST-FAMILY-PLANNING-IND	Claim Family Planning/EPSDT Indicator
CPHIST	DE2091	HIST-DIAG-IND	Claim EAPG Weight
CPHIST	DE2171	HIST-PROF-PROC-MOD	Claims Procedure Code Modifier
CPHIST	DE2174	HIST-PROF-LAB-IND	Claim Professional Lab Indicator
CPHIST	DE2200	HIST-DENTAL-TOOTH-CD	Claim Dental Tooth Code
CPHIST	DE2201	HIST-DENTAL-SURFACE-CD	Claim Dental Surface Codes
CPHIST	DE2251	HIST-TITLE-XVIII-CASH-DEDUCTIBLE-AMT	Claim Title XVIII Deductible Amount
CPHIST	DE2252	HIST-TITLE-XVIII-COIN-CHARGE	Claim Title XVIII Coinsurance Amount

CPHIST	DE2253	HIST-TITLE-XVIII-CHARGE-ALLOWED	Claim Title XVIII Charge Allowed
CPHIST	DE2254	HIST-TITLE-XVIII-MED-PAID-AMT	Claim Title XVIII Medicare Paid Amount
CPHIST	DE2257	HIST-TITLE-XVIII-AMT-BILLED-TO-MCARE	Claim Title XVIII Amount Billed to Medicare
CPHIST	DE2781	HIST-TRANSACTION-ID	Claim CHIRP Request Identification
CPHIST	DE5200	HIST-DRUG-CD(NDC)	Drug Code (NDC)
CPHIST	DE5042	HIST-DRUG-UNIT-DOSE-CD	Drug Unit Dose Code
CPHIST	DE5061	HIST-DRUG-GEN-CD-NUMBER(GCN)	Drug Generic Code Number (GCN)
CPHIST	DE5070	HIST-DRUG-STRENGTH-DESC	Drug Strength Description
CPHIST	DE5193	HIST-DRUG-UNIT-OF-USE-CD	Drug Unit of Use Code
CPHIST	DE5206	HIST-DRUG-FORM-NAME	Drug Form Code
CPHIST	DE5208	HIST-DRUG-BRAND-NAME	Drug Brand Name
CPHIST	DE5223	HIST-DRUG-COST-PRICE	Drug Cost Price
CPHIST	DE5232	HIST-DRUG-THERP-CLASS-STAND-CD	Drug Therapeutic Class Standard Code
CPHIST	DE5293	HIST-DRUG-THERP-CLASS-STAND-DESC	Drug Therapeutic Class Standard Description
CPHIST	DE2217	HIST-PHAR-DISPENSING-FEE	Claim Pharmacy Dispensing Fee
CPHIST	DE2220	HIST-PHAR-COMPOUND-IND	Claim Pharmacy Compound Indicator
CPHIST	DE2211	HIST-PHAR-PRESC-NUMBER	Claim Pharmacy Prescription Number
CPHIST	DE2212	HIST-PHAR-REFILL-CD	Claim Pharmacy Refill Code
CPHIST	DE2216	HIST-PHAR-DAYS-SUPPLY	Claim Pharmacy Days Supply
CPHIST	DE2224	HIST-PHAR-TRANSACTION-TYPE	Claim Pharmacy Transaction Type
CPHIST	DE2227	HIST-PHAR-OTHER-COVERAGE-IND	Claim Pharmacy Other Coverage Indicator
CPHIST	DE2228	HIST-PHAR-PAT-LOCATION-CD	Claim Pharmacy Patient Location Code
CPHIST	DE2229	HIST-PHAR-LEVEL-OF-SERV	Claim Pharmacy Level of Service

CPHIST	DE2418	HIST-DISPENSED-AS-WRITTEN-IND	Claim Dispensed as Written Indicator
CPHIST	DE2213	HIST-PHAR-USUAL-CHARGE	Claim Pharmacy Usual Charge
CPHIST	DE2214	HIST-PHAR-DATE-PRESC-WRITTEN	Claim Pharmacy Date Prescription Written
CPHIST	DE2218	HIST-PHAR-NURSING-HOME-IND	Claim Pharmacy Add-on Fee
CPHIST	DE2221	HIST-PHAR-COMPOUND-NUMBER-OF-INGREDT	Claim Pharmacy Compound Number of Ingredients
CPHIST	DE2223	HIST-PHAR-INGREDT-COST	Pharmacy Ingredient Cost
CPHIST	DE2225	HIST-PHAR-NCPDP-VERSION	Claim Pharmacy NCPDP Version
CPHIST	DE2226	HIST-PHAR-TRANSMISSION-RECVED-LINE	Claim Pharmacy Transmission Received Line
CPHIST	DE2230	HIST-PHAR-DENY-ELIG-CLARIFICATION-CD	Claim Pharmacy Deny Eligibility Clarification Code
CPHIST	DE2231	HIST-PHAR-PROV-DRUG-COST-BASIS	Claim Pharmacy Provider Drug Cost Basis
CPHIST	DE2248	HIST-PHAR-METRIC/DEC/QTY	Claims Pharmacy Metric/Dec/Qty
CPHIST	DE9576	HIST-REMITTANCE-CHECK-NUMBER	Remittance Check Number
CPHIST	DE9578	HIST-REMITTANCE-PYMT-DATE	Remittance Payment Date
CPHIST	DE9580	HIST-REMITTANCE-ADVICE-NUMBER	Remittance Advice Number
CPHIST	DE9828	HIST-BUDGET-AGENCY-CD	Budget Agency Code
CPHIST	DE9835	HIST-BUDGET-PROG-CD	Budget Program Code
CPHIST	DE9838	HIST-BUDGET-SUB-PROG-CD	Budget Sub-Program Code
CPHIST	DE9843	HIST-BUDGET-OBJECT-CD	Budget Object Code
CPHIST	DE9831	HIST-BUDGET-FUND-CD	Budget Fund Code
CPHIST	DE9833	HIST-BUDGET-FUND-DETAIL-CD	Budget Fund Detail Code
CPHIST	DE9848	HIST-BUDGET-FUND-SPLIT-PERCENTAGE	Budget Fund Split Percentage
CPHIST	DE9856	HIST-BUDGET-SHARE-	Budget Share Amount

		AMT	
CPHIST	DE9830	HIST-BUDGET-EXPENDITURE-CD	Budget Expenditure Code
CPHIST	DE9846	HIST-BUDGET-COST-CENTER-CD	Budget Cost Center Code
CPHIST	DE9850	HIST-BUDGET-TRANSACTION-CD	Budget Transaction Code
CPHIST	DE9852	HIST-BUDGET-GROUP-CD	Budget Group Code
CPHIST	DE9791	HIST-BUDGET-PROJECT-CD	Budget Project Code
CPHIST	DE9652	HIST-BARS-CHECK-STATUS-CD	BARS Check Type Code
CPHIST	DE9874	HIST-FINANCIAL-CONTROL-NUMBER	Financial Control Number

FILES CP-F-630 HAC Edits Information Extract

General Information

Extract report file of quarterly information for HAC Edits.

Subsystem:	Claims
Copybook:	CPF630
	N/A
File Organization:	FBA
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	HAC Edits Information extract report file (CPF630Q1)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF630	DE2001	CPF630-ICN	Claim Request ICN
CPF630	DE4700	CPF630-NPI	National Provider Identifier
CPF630	DE2105	CPF630-ADMIT-DATE	Claim Admission Date
CPF630	DE2011	CPF630-SERVICE-DT	Claim Service Thru Date
CPF630	DE2869	CPF630-DSCHRG-STAT	Claim Discharge Status
CPF630	DE3005	CPF630-BIRTH-DATE	Enrollee Birth Date
CPF630	DE3007	CPF630-SEX	Enrollee Sex Code
CPF630	DE5353	CPF630-DRG	Diagnosis Related Group Code
CPF630	DE2023	CPF630-AMOUNT	Claim Payment Amount
CPF630	DE2102	CPF630-BILL-TYPE	Claim Facility Bill Type
CPF630	DE5301	CPF630-DIAG-A	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-A	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-A	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-1	Diagnosis Code

CPF630	DE2585	CPF630-DIAG-TYPE-1	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-1	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-2	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-2	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-2	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-3	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-3	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-3	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-4	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-4	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-4	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-5	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-5	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-5	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-6	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-6	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-6	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-7	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-7	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-7	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-8	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-8	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-8	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-9	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-9	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-9	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-10	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-10	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-10	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-11	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-11	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-11	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-12	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-12	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-12	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-13	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-13	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-13	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-14	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-14	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-14	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-15	Diagnosis Code

CPF630	DE2585	CPF630-DIAG-TYPE-15	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-15	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-16	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-16	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-16	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-17	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-17	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-17	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-18	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-18	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-18	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-19	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-19	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-19	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-20	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-20	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-20	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-21	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-21	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-21	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-22	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-22	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-22	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-23	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-23	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-23	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-24	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-24	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-24	Present on Admission Indicator
CPF630	DE5301	CPF630-DIAG-25	Diagnosis Code
CPF630	DE2585	CPF630-DIAG-TYPE-25	Claims Diagnosis Type Code
CPF630	DE2052	CPF630-POA-25	Present on Admission Indicator
CPF630	DE5002	CPF630-PROC-1	Procedure Code
CPF630	DE5002	CPF630-PROC-2	Procedure Code
CPF630	DE5002	CPF630-PROC-3	Procedure Code
CPF630	DE5002	CPF630-PROC-4	Procedure Code
CPF630	DE5002	CPF630-PROC-5	Procedure Code
CPF630	DE5002	CPF630-PROC-6	Procedure Code

Files CP-F-650 KePRO PA Service Type Code Extract

This file description will be added at a later date.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-700 VaMMIS PA/Dental Data Store

Prior Authorization Dental Data Store.

Subsystem:	Claims
Copybook:	CWRPA
	N/A
File Organization:	Sequential
Device Type:	Cart
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CWRPA	DE2499	N-DAYS-SINCE	Claims PA Number of Days Since
CWRPA	DE2498	I-PA-SEQ-NO	Claims PA Number Sequence
CWRPA	DE2508	C-PA-TYPE-CVAL	Claims PA Type Code
CWRPA	DE0000	I-PA-TYPE-CNUM	
CWRPA	DE3901	I-PERSON	Person ID
CWRPA	DE2650	I-ENROLLEE	PA Enrollee Identification Number
CWRPA	DE4001	I-SRVC-BASE-PROV	Provider Base Identification Number
CWRPA	DE4002	I-SRVC-PROV	Provider Identification Number
CWRPA	DE2652	I-REFR-PRESCB-PROV	PA Referring Provider Identification Number
CWRPA	DE2606	D-CANREJ	PA Cancel Date
CWRPA	DE5301	C-DIAG	Diagnosis Code
CWRPA	DE5020	I-DIAG-SEQ-NO	Reference Data Base Sequential Number
CWRPA	DE2635	C-SRVC-TYPE	PA Service Type Code
CWRPA	DE2601	D-PA-ENTERED	PA Entry Date
CWRPA	DE2481	I-ORIG-PA-NUM	Claims Original PA Number
CWRPA	DE2600	D-RECVD	PA Received Date
CWRPA	DE2639	I-MEDIA-TYPE-CNUM	PA Media Type Code
CWRPA	DE2639	C-MEDIA-TYPE-CVAL	PA Media Type Code

CWRPA	DE0000	I-AUTH-TYPE-CNUM	
CWRPA	DE2621	C-AUTH-TYPE-CVAL	PA Authorization Type Code
CWRPA	DE2605	I-PA-IMAGE-NO	PA Reference Number (Mailroom Control Number)
CWRPA	DE2700	F-DNTL-MOLD-ENCL	PA Dental Models Enclosed Indicator
CWRPA	DE2643	F-NONPAPER-ENCL	PA Non-paper Enclosure Indicator
CWRPA	DE2644	F-XRAY-ENCL	PA X-rays Enclosed Indicator
CWRPA	DE2645	F-PHOTO-ENCL	PA Photographs Enclosed Indicator
CWRPA	DE2569	I-MAINT-USER	Claims Submission Identifier
CWRPA	DE2020	F-CONVERSION	Claim Conversion Indicator
CWRPA	DE2586	C-PA-CANREJ-CVAL	Prior Authorization Header Reject/Cancel code
CWRPA	DE2587	C-PA-CANREJ-RVAL	Prior Authorization Cancel/Reject Reason
CWRPA	DE2243	T-CONTACT-NAME	Contact Person
CWRPA	DE2895	T-CONTACT-PHONE	PA Servicing Provider Phone Number
CWRPA	DE0000	H-REC-UPDT	
CWRPA	DE2607	I-PA-LINE-NO	PA Line Number
CWRPA	DE2608	D-REQ-FROM	PA Request From Date
CWRPA	DE2609	D-REQ-THRU	PA Request Through Date
CWRPA	DE2610	D-AUTH-FROM	PA Authorized From Date
CWRPA	DE2611	D-AUTH-THRU	PA Authorized Through Date
CWRPA	DE2612	N-REQ-UNITS	PA Requested Units
CWRPA	DE2613	N-AUTH-UNITS	PA Authorized Units
CWRPA	DE0000	I-PER-FREQ-CNUM	
CWRPA	DE2634	C-PER-FREQ-CVAL	PA Per Frequency Code
CWRPA	DE2615	N-REQ-AMT	PA Requested Amount
CWRPA	DE2616	N-AUTH-AMT	PA Authorized Amount
CWRPA	DE2485	I-PA-AUTHORIZED-BY	Claims PA Authorized By
CWRPA	DE3072	C-ENRL-EXCP	Benefit Plan Exception Indicator
CWRPA	DE5001	C-PROCEDURE-TYPE	Procedure Code Type
CWRPA	DE5002	C-PROCEDURE	Procedure Code
CWRPA	DE2171	C-PROCEDURE-MOD	Claims Procedure Code Modifier
CWRPA	DE2200	C-TOOTH	Claim Dental Tooth Code
CWRPA	DE2201	C-TOOTH-SRFC	Claim Dental Surface Codes
CWRPA	DE2201	C-TOOTH-SRFC2	Claim Dental Surface Codes
CWRPA	DE2201	C-TOOTH-SRFC3	Claim Dental Surface Codes
CWRPA	DE2201	C-TOOTH-SRFC4	Claim Dental Surface Codes
CWRPA	DE2201	C-TOOTH-SRFC5	Claim Dental Surface Codes

CWRPA	DE2646	N-PER-UNIT-COST	PA Actual Cost Per Unit
CWRPA	DE2648	F-EPSDT	PA EPSDT Indicator
CWRPA	DE2659	C-DRG	PA Service Request Follow-Up Action Code
CWRPA	DE2477	I-PYMT-REQ-DATE	Claims Payment Request Date Identifier
CWRPA	DE2478	C-PYMT-REQ-MEDIA	Claims Payment Request Media Code
CWRPA	DE2480	I-PYMT-REQ-SEQ-NO	Claims Payment Request Sequence
CWRPA	DE2343	I-PYMT-REQ-LINE-NO	Claim Payment Request Line Number
CWRPA	DE2345	N-AMT-USED	PA Amount Used
CWRPA	DE2346	N-UNITS-USED	Claim Units Used
CWRPA	DE2347	D-WEEK-ENDING	Claim Week Ending Date
CWRPA	DE2011	D-SERV-THRU	Claim Service Thru Date
CWRPA	DE2641	C-PA-STAT-CVAL	PA Detail Action Status Code
CWRPA	DE2624	D-PA-LINE-STAT	PA Detail Action Status Date
CWRPA	DE2637	C-PA-ACTION-RSN	PA Detail Action Reason Code
CWRPA	DE2630	C-PA-LTR-TYPE	PA Letter Sent Date
CWRPA	DE2335	C-PA-LTR-NO	Prior Authorization Letter Number
CWRPA	DE2628	D-PA-LTR-SENT	Claims PA Letter Description
CWRPA	DE2484	C-SEND-TO	Claims PA Send To Code
CWRPA	DE2619	T-COMMENTS	PA Comments Text

Files CP-F-701 Capitation Audit Extract Data

Populated with capitation audit extract data created in job VMPCQ700 (steps CPR700 and CPR705) and job VAPCQ710 (steps CPR701 and CPR706) for CCC (Commonwealth Coordinated Care) Recipients.

Subsystem:	Claims
Copybook:	CPF701
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	Managed Care Capitation Audit - Part I (Extract Eligible Not Paid Problem Information) (CPR700) Managed Care Capitation Audit - Part II (Extract Not Eligible Paid Problem Information) (CPR705) CCC Managed Care Capitation Audit - Part I (Extract Eligible Not Paid Problem Information) (CPR701) CCC Managed Care Capitation Audit - Part II (Extract Not Eligible Paid Problem Information) (CPR706)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF701	DE0000	CPF701-REC-TYPE	
CPF701	DE0000	CPF701-EXECUTION-DATE	
CPF701	DE0002	CPF701-AUDIT-DATE-BEGIN	Calculated
CPF701	DE0002	CPF701-AUDIT-DATE-END	Calculated
CPF701	DE3093	CPF701-ENROLLEE	Enrollee Permanent Identification Number
CPF701	DE2010	CPF701-SERVICE-PERIOD	Claim Service From Date
CPF701	DE2001	CPF701-AUDIT-ICN	Claim Request ICN
CPF701	DE2003	CPF701-MOD	Claim Type Modifier
CPF701	DE2039	CPF701-STATUS	Claim Status
CPF701	DE3901	CPF701-PERSON-ID	Person ID
CPF701	DE2016	CPF701-BILLED-CHG	Claim Billed Charge

CPF701	DE3064	CPF701-BEGIN-ENROLLMENT	Enrollee Benefit Enrollment Begin Date
CPF701	DE3065	CPF701-END-ENROLLMENT	Enrollee Benefit Enrollment End Date

Files CP-F-730 CCC Detail CSV File

This file contains the data in CSV format from the Commonwealth Care Capitation Detail Report, CP-O-730.

Subsystem:	Claims
Copybook:	N/A
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CCC Capitation Detail and Summary Report Program (CPR730)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE4002 DE4700	DATA730-MCO-CSV	Provider Identification Number or National Provider Identifier
	DE5249	DATA730-REGION-CSV	Region Code
	DE3093	DATA730-MEMBER-ID-CSV	Enrollee Permanent Identification Number
	DE3955	DATA730-MEDICARE-ID-CSV	Person Identifier Value
	DE3955	DATA730-SSN-CSV	Person Identifier Value
	DE3009	DATA730-PROGRAM-CSV	Enrollee Eligibility Aid Category: CCC Benefit Program: ‘NFU’, ‘NFO’, ‘CWU’, ‘CWO’
	DE3008	DATA730-MEMBER-FIPS-CSV	Enrollee FIPS code
	DE0002	DATA730-PAYMENT-TYPE-CSV	Calculated: ‘OTHER’ , ‘NURSING HOME’ or ‘EDCD WAIVER’ based on CCC Benefit Program
	DE2010	DATA730-SERVICE-DATE-CSV	Claim Service From Date
	DE2073	DATA730-RATE-CSV	Claim allowed Amount
	DE2083	DATA730-PATIENT-PAY-CSV	Claim Patient Pay Amount
	DE2023	DATA730-PAYMENT-AMT-CSV	Claim Payment Amount

Files CP-F-735 CCC Summary CSV File

This file contains the data in CSV format from the Commonwealth Care Capitation Summary Report, CP-O-735.

Subsystem:	Claims
Copybook:	N/A
File Organization:	Seq / FB
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CCC Capitation Detail and Summary Report Program (CPR730)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
	DE4002 DE4700	DATA735-MCO-CSV	Provider Identification Number or National Provider Identifier
	DE5249	DATA735-REGION-CSV	Region Code
	DE0002	DATA735-PAT-CNT-CSV	Calculated: Count of members within this grouping
	DE0002	DATA730-PAYMENT-TYPE-CSV	Calculated: ‘OTHER’ , ‘NURSING HOME’ or ‘EDCD WAIVER’ based on CCC Benefit Program
	DE2083	DATA730-PATIENT-PAY-CSV	Claim Patient Pay Amount
	DE2023	DATA730-PAYMENT-AMT-CSV	Claim Payment Amount

Files CP-F-801 IRP CLAIMS EXTRACT FILE

IRP Extract File used to load the Claims extract data to the database tables.

Subsystem:	Claims
Copybook:	CPF801
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF801	DE0000	CPF801-CLM-RECORD	
CPF801	DE9843	CP801-OBJ-CODE	Budget Object Code
CPF801	DE3093	CP801-RECIP	Enrollee Permanent Identification Number
CPF801	DE2477	CP801-REF-DT	Claims Payment Request Date Identifier
CPF801	DE2478	CP801-REF-MEDIA	Claims Payment Request Media Code
CPF801	DE2480	CP801-REF-SEQNBR	Claims Payment Request Sequence
CPF801	DE2343	CP801-REF-LN-NBR	Claim Payment Request Line Number
CPF801	DE2383	CP801-ACTV-DT-MDCY	Claim Status Begin Date
CPF801	DE2030	CP801-ATTCH-DOC	Claim Attachments Indicator
CPF801	DE3008	CP801-CITY-CNTY	Enrollee FIPS Code
CPF801	DE2022	CP801-CO-PAY	Claim Medicaid Co-Payment
CPF801	DE2544	CP801-COB-CD	Claim COB Indicator
CPF801	DE2016	CP801-BILLD-CHRGS	Claim Billed Charge
CPF801	DE2003	CP801-DISP	Claim Type Modifier
CPF801	DE2080	CP801-DSA-AMOUNT	Claim Disproportionate Share Amount
CPF801	DE5506	CP801-ERR-REASON	Claim Error ESC Code
CPF801	DE5506	CP801-FORCE	Claim Error ESC Code

CPF801	DE2034	CP801-FORMER-REF	Claim Related Document Number
CPF801	DE2010	CP801-FRM-DT-MDCY	Claim Service From Date
CPF801	DE2002	CP801-INV-TYPE	Claim Type
CPF801	DE2139	CP801-NON-COV-CHG	Claim Non-Covered Amount
CPF801	DE2031	CP801-PAT-ACCT	Claim Patient Account Number
CPF801	DE2018	CP801-PAY-PRI-CAR	Claim Third Party Payment
CPF801	DE2171	CP801-PROC-MODIFIER	Claims Procedure Code Modifier
CPF801	DE3655	CP801-PREM-INDIC	Medicare Premium Indicator
CPF801	DE5002	CP801-PROC-SERV-CODE	Procedure Code
CPF801	DE3009	CP801-PROG-DESIGN	Enrollee Eligibility Aid Category
CPF801	DE4006	CP801-CP801-CLASS-TYPE	Provider Type
CPF801	DE4002	CP801-PROV-GROUP-NUM	Provider Identification Number
CPF801	DE4007	CP801-PROV-SPEC	Provider Specialty Code
CPF801	DE3006	CP801-RACE	Enrollee Race Code
CPF801	DE3072	CP801-RECIP-EXCP-IND	Benefit Plan Exception Indicator
CPF801	DE9578	CP801-REMIT-DT-MDCY	Remittance Payment Date
CPF801	DE4082	CP801-SERV-CNTR-CODE	Provider Service Center
CPF801	DE3007	CP801-SEX	Enrollee Sex Code
CPF801	DE2039	CP801-STATUS	Claim Status
CPF801	DE0012	CP801-TECH-CD	User/Operator ID
CPF801	DE2023	CP801-TENT-PAY	Claim Payment Amount
CPF801	DE2011	CP801-THRU-DT-MDCY	Claim Service Thru Date
CPF801	DE2033	CP801-VOID-REASON-CODE	Adjustment/Void Reason
CPF801	DE3550	CP801-BEN-PROG-CD	Benefit Definition Benefit Plan Code
CPF801	DE4002	CP801-SERV-I-PROV	Provider Identification Number
CPF801	DE2151	CP801- PROC-DIAG-VER-DTRM	Determined Surgical Procedure/Diagnosis Code Version

Files CP-F-802 IRP CLAIM DIAGS EXTRACT

IRP Extract File used to load the Diags data to the database tables.

Subsystem:	Claims
Copybook:	CPF802
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF802	DE0000	CPF802-DIAG-RECORD	
CPF802	DE5301	CP802-ICD-CODE	Diagnosis Code
CPF802	DE0002	CP802-DIAG-LINE-NO	Calculated
CPF802	DE2477	CP803-DIAG-REF-DT	Claims Payment Request Date Identifier
CPF802	DE2478	CP802-DIAG-REF-MEDIA	Claims Payment Request Media Code
CPF802	DE2480	CP802-DIAG-REF-SEQNBR	Claims Payment Request Sequence
CPF802	DE2343	CP802-DIAG-REF-LN-NBR	Claim Payment Request Line Number

Files CP-F-803 IRP CLAIM PROCS EXTRACT

IRP Extract File used to load the Claims Procs data to the database tables.

Subsystem:	Claims
Copybook:	CPF803
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF803	DE0000	CPF803-PROC-RECORD	
CPF803	DE5002	CP803-PROC-CODE	Procedure Code
CPF803	DE2477	CP803-PROC-REF-DT	Claims Payment Request Date Identifier
CPF803	DE2478	CP803-PROC-REF-MEDIA	Claims Payment Request Media Code
CPF803	DE2480	CP803-PROC-REF-SEQNBR	Claims Payment Request Sequence
CPF803	DE2343	CP803-PROC-REF-LN-NBR	Claim Payment Request Line Number
CPF803	DE0002	CP803-PROC-LINE-ITEM	Calculated
CPF803	DE2021	CP803-PROC-DT-MDCY	Claim Procedure Code Date

Files CP-F-804 IRP CLAIM PHYS EXTRACT

IRP Extract File used to load the Claims Phys data to the database tables.

Subsystem:	Claims
Copybook:	CPF804
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF804	DE0000	CPF804-PHYS-RECORD	
CPF804	DE2004	CP804-PHYS-PROV-NO	Claim Billing Provider Identification Number
CPF804	DE2477	CP804-PHYS-REF-DT	Claims Payment Request Date Identifier
CPF804	DE2478	CP804-PHYS-REF-MEDIA	Claims Payment Request Media Code
CPF804	DE2480	CP804-PHYS-REF-SEQNBR	Claims Payment Request Sequence
CPF804	DE2343	CP804-PHYS-REF-LN-NBR	Claim Payment Request Line Number
CPF804	DE0000	CP804-PHYS-TYPE-CODE	

Files CP-F-805 IRP CLAIM DNTL EXTRACT

IRP Extract File used to load the Claims Dental data to the database tables.

Subsystem:	Claims
Copybook:	CPF805
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF805	DE0000	CPF805-DENTAL-RECORD	
CPF805	DE2477	CP805-DNTL-REF-DT	Claims Payment Request Date Identifier
CPF805	DE2478	CP805-DNTL-REF-MEDIA	Claims Payment Request Media Code
CPF805	DE2480	CP805-DNTL-REF-SEQNBR	Claims Payment Request Sequence
CPF805	DE2343	CP805-DNTL-REF-LN-NBR	Claim Payment Request Line Number
CPF805	DE2027	CP805-DNTL-ACCIDENT	Claim Accident Indicator
CPF805	DE2499	CP805-DNTL-AUTH-DAYS	Claims PA Number of Days Since
CPF805	DE2498	CP805-DNTL-AUTH-SEQ	Claims PA Number Sequence
CPF805	DE2009	CP805-DNTL-NO-PROC	Claim Number of Units/Visits/Studies
CPF805	DE2201	CP805-DNTL-SURFACE1	Claim Dental Surface Codes
CPF805	DE2201	CP805-DNTL-SURFACE2	Claim Dental Surface Codes
CPF805	DE2201	CP805-DNTL-SURFACE3	Claim Dental Surface Codes
CPF805	DE2201	CP805-DNTL-SURFACE4	Claim Dental Surface Codes
CPF805	DE2201	CP805-DNTL-SURFACE5	Claim Dental Surface Codes
CPF805	DE2892	CP805-DNTL-TOOTH-QUAD	Claim Dental Quadrant

Files CP-F-806 IRP HH CLAIMS EXTRACT

IRP Extract File used to load the HH Claims data to the database tables.

Subsystem:	Claims
Copybook:	CPF806
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF806	DE0000	CPF806-HHCLAIM-RECORD	
CPF806	DE2477	CP806-HHCLM-REF-DT	Claims Payment Request Date Identifier
CPF806	DE2478	CP806-HHCLM-REF-MEDIA	Claims Payment Request Media Code
CPF806	DE2480	CP806-HHCLM-REF-SEQNBR	Claims Payment Request Sequence
CPF806	DE2343	CP806-HHCLM-REF-LN-NBR	Claim Payment Request Line Number
CPF806	DE2105	CP806-HHCLM-ADMISN-DT-MDCY	Claim Admission Date
CPF806	DE2869	CP806-DISCH-STAT	Claim Discharge Status
CPF806	DE0000	CP806-HHCLM-EQUIP-RENT	
CPF806	DE0000	CP806-HHCLM-SUPPLIES-CHG	
CPF806	DE2009	CP806-HHCLM-	Claim Number of Units/Visits/Studies

		TOTAL-VISITS	

Files CP-F-807 IRP HH VISITS EXTRACT

IRP Extract File used to load the Claims HH Visits data to the database tables.

Subsystem:	Claims
Copybook:	CPF807
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF807	DE0000	CPF807-HHVISIT-RECORD	
CPF807	DE0000	CP807-HHVIS-ID	
CPF807	DE2477	CP807-HHVIS-REF-DT	Claims Payment Request Date Identifier
CPF807	DE2478	CP807-HHVIS-REF-MEDIA	Claims Payment Request Media Code
CPF807	DE2480	CP807-HHVIS-REF-SEQNBR	Claims Payment Request Sequence
CPF807	DE2343	CP807-HHVIS-REF-LN-NBR	Claim Payment Request Line Number
CPF807	DE2016	CP807-HHVIS-CHG	Claim Billed Charge
CPF807	DE2009	CP807-HHVIS-VISITS	Claim Number of Units/Visits/Studies

Files CP-F-808 IRP HH VSTIDS EXTRACT

IRP Extract File used to load the Claims HH VSTIDS data to the database tables.

Subsystem:	Claims
Copybook:	CPF808
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF808	DE0000	CPF808-HHVSTID-RECORD	
CPF808	DE0000	CP808-HHVID-CODE	
CPF808	DE0000	CP808-HHVID-DESC	

Files CP-F-809 IRP INDLAB CLAIMS EXTRACT

IRP Extract File used to load the Claims INDLAB data to the database tables.

Subsystem:	Claims
Copybook:	CPF809
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF809	DE0000	CPF809-INDLAB-RECORD	
CPF809	DE2477	CP809-INLAB-REF-DT	Claims Payment Request Date Identifier
CPF809	DE2478	CP809-INLAB-REF-MEDIA	Claims Payment Request Media Code
CPF809	DE2480	CP809-INLAD-REF-SEQNBR	Claims Payment Request Sequence
CPF809	DE2343	CP809-INLAB-LN-NBR	Claim Payment Request Line Number
CPF809	DE2009	CP809-INLAB-NO-STUDIES	Claim Number of Units/Visits/Studies

Files CP-F-810 IRP NH CLAIMS EXTRACT

IRP Extract File used to load the Claims NH data to the database tables.

Subsystem:	Claims
Copybook:	CPF810
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF810	DE0000	CPF810-NHCLAIM-RECORD	
CPF810	DE2477	CP810-NHCLM-REF-DT	Claims Payment Request Date Identifier
CPF810	DE2478	CP810-NHCLM-REF-MEDIA	Claims Payment Request Media Code
CPF810	DE2480	CP810-NHCLM-REF-SEQNBR	Claims Payment Request Sequence
CPF810	DE2343	CP810-NHCLM-REF-LN-NBR	Claim Payment Request Line Number
CPF810	DE2027	CP810-NHCLM-ACCID-IND	Claim Accident Indicator
CPF810	DE2105	CP810-NHCLM-ADMISN-DT	Claim Admission Date
CPF810	DE2881	CP810-NHCLM-NATCEP-PMT	NATCEP-Payment-Amount
CPF810	DE2083	CP810-NHCLM-PAT-PAY-AMT	Claim Patient Pay Amount
CPF810	DE2869	CP810-NHCLM-PAT-STAT	Claim Discharge Status
CPF810	DE2315	CP810-NHCLM-TOT-COV-DAYS	Claim Payment days

Files CP-F-811 IRP NH CHARGES EXTRACT

IRP Extract File used to load the Claims NH Charges data to the database tables.

Subsystem:	Claims
Copybook:	CPF811
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF811	DE0000	CPF811-NHCHARGE-RECORD	
CPF811	DE2477	CP811-NHCHG-REF-DT	Claims Payment Request Date Identifier
CPF811	DE2478	CP811-NHCHG-REF-MEDIA	Claims Payment Request Media Code
CPF811	DE2480	CP811-NHCHG-REF-SEQNBR	Claims Payment Request Sequence
CPF811	DE2343	CP811-NHCHG-REF-LN-NBR	Claim Payment Request Line Number
CPF811	DE2131	CP811-NHCHG-CHARGE-AMT	Claim Value Amount
CPF811	DE2128	CP811-NHCHG-CHARGE-TYPE	Claim Value Code

Files CP-F-812 IRP NH STAYS EXTRACT

RP Extract File used to load the Claims NH Stays data to the database tables.

Subsystem:	Claims
Copybook:	CPF812
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF812	DE0000	CPF812-NHSTAY-RECORD	
CPF812	DE2477	CP812-NHSTAY-REF-DT	Claims Payment Request Date Identifier
CPF812	DE2478	CP812-NHSTAY-REF-MEDIA	Claims Payment Request Media Code
CPF812	DE2480	CP812-NHSTAY-REF-SEQNBR	Claims Payment Request Sequence
CPF812	DE2343	CP812-NHSTAY-REF-LN-NBR	Claim Payment Request Line Number
CPF812	DE2122	CP812-NHSTAY-ACCOM	Claim Revenue Code
CPF812	DE2124	CP812-NHSTAY-COV-CHG	Claim Revenue Amount
CPF812	DE2123	CP812-NHSTAY-COV-DAYS	Claim Revenue Units
CPF812	DE0002	CP812-NHSTAY-LINE-ITEM	Calculated

Files CP-F-813 IRP PHARMACY CLAIMS EXTRACT

IRP Extract File used to load the Claims Pharmacy data to the database tables.

Subsystem:	Claims
Copybook:	CPF813
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF813	DE0000	CPF813-PHARMACY-RECORD	
CPF813	DE5200	CP813-PHRMCY-DRUG-CODE	Drug Code (NDC)
CPF813	DE2477	CP813-PHRMCY-REF-DT	Claims Payment Request Date Identifier
CPF813	DE2478	CP813-PHRMCY-REF-MEDIA	Claims Payment Request Media Code
CPF813	DE2480	CP813-PHRMCY-REF-SEQNBR	Claims Payment Request Sequence
CPF813	DE2343	CP813-PHRMCY-REF-LN-NBR	Claim Payment Request Line Number
CPF813	DE2418	CP813-PHRMCY-BRAND-NEC	Claim Dispensed as Written Indicator
CPF813	DE5059	CP813-PHRMCY-DRUG-LEGEND	Drug Class Code
CPF813	DE2223	CP813-PHRMCY-DRUG-PRICE	Pharmacy Ingredient Cost
CPF813	DE2248	CP813-PHRMCY-METRIC-QUANT	Claims Pharmacy Metric/Dec/Qty
CPF813	DE2826	CP813-PHRMCY-	Claim Prescribing Physician Iden-

		PRESC-PROV-NO	tification Number
CPF813	DE2212	CP813-PHRMCY-REFILL	Claim Pharmacy Refill Code
CPF813	DE2217	CP813-PHRMCY-SERVICE-FEE	Claim Pharmacy Dispensing Fee
CPF813	DE5232	CP813-PHRMCY-THERP-CLASS	Drug Therapeutic Class Standard Code
CPF813	DE2211	CP813-PHRMCY-PRESC-NO	Claim Pharmacy Prescription Number

Files CP-F-814 IRP PHYSTYPE CLAIMS EXTRACT

IRP Extract File used to load the Claims Phystype data to the database tables.

Subsystem:	Claims
Copybook:	CPF814
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF814	DE0000	CPF814-PHYSTYPE-RECORD	
CPF814	DE0000	CP814-PHTYP-CODE	
CPF814	DE0000	CP814-PHTYP-DESC	

Files CP-F-815 IRP PLACE OF SVC CLAIMS EXTRACT

IRP Extract File used to load the Claims Place of Service data to the database tables.

Subsystem:	Claims
Copybook:	CPF815
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF815	DE2173	CPF815-POSVC-RECORD	Claim Professional Place of Service
CPF815	DE0000	CP815-POSVC-CODE	
CPF815	DE0000	CP815-POSVC-DESC	

Files CP-F-816 IRP PRACTITIONER CLAIMS EXTRACT

IRP Extract File used to load the Claims Practitioner data to the database tables.

Subsystem:	Claims
Copybook:	CPF816
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF816	DE0000	CPF816-PRACTCLM-RECORD	
CPF816	DE2477	CP816-PRCLM-REF-DT	Claims Payment Request Date Identifier
CPF816	DE2478	CP816-PRCLM-REF-MEDIA	Claims Payment Request Media Code
CPF816	DE2480	CP816-PRCLM-REF-SEQNBR	Claims Payment Request Sequence
CPF816	DE2343	CP816-PRCLM-REF-LN-NBR	Claim Payment Request Line Number
CPF816	DE2171	CP816-PRCLM-2ND-PROC-MODIFIER	Claims Procedure Code Modifier
CPF816	DE2027	CP816-PRCLM-ACCID-IND	Claim Accident Indicator
CPF816	DE2075	CP816-PRCLM-FAMILY-PLAN-IND	Claim Family Planning/EPSDT Indicator
CPF816	DE2566	CP816-PRCLM-PAYMT-MOD-	Claims Determined EPSDT Flag

		IND	
CPF816	DE2173	CP816-PRCLM-TREAT-PLACE	Claim Professional Place of Service
CPF816	DE2072	CP816-PRCLM-TYPE-SRV	Claim Type of Service
CPF816	DE2009	CP816-PRCLM-VUS	Claim Number of Units/Visits/Studies
CPF816	DE2566	CP816-PRCLM-DETERMN-EPSDT-IND	Claims Determined EPSDT Flag
CPF816	DE2599	CP816-PRCLM-COPAY-IND	Claim Co-pay Indicator

Files CP-F-817 IRP PRPYMT TYPE CLAIMS EXTRACT

IRP Extract File used to load the Claims Prpymt Type data to the database tables.

Subsystem:	Claims
Copybook:	CPF817
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF817	DE0000	CPF817-PRPYMTY-RECORD	
CPF817	DE0000	CP817-PPTYP-CODE	
CPF817	DE0000	CP817-PPTYP-DESC	

Files CP-F-818 IRP TITLE18 CLAIMS EXTRACT

IRP Extract File used to load the Claims Title18 data to the database tables.

Subsystem:	Claims
Copybook:	CPF818
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF818	DE0000	CPF818-TITLE18-RECORD	
CPF818	DE2477	CP818-TTL18-REF-DT	Claims Payment Request Date Identifier
CPF818	DE2478	CP818-TTL18-REF-MEDIA	Claims Payment Request Media Code
CPF818	DE2480	CP818-TTL18-REF-SEQNBR	Claims Payment Request Sequence
CPF818	DE2343	CP818-TTL18-REF-LN-NBR	Claim Payment Request Line Number
CPF818	DE2027	CP818-TTL18-ACCID-EMER-IND	Claim Accident Indicator
CPF818	DE2105	CP818-TTL18-ADMIT-DT-MDCY	Claim Admission Date
CPF818	DE0000	CP818-TTL18-CLAIM-REF-NO	
CPF818	DE2252	CP818-TTL18-COINSUR	Claim Title XVIII Coinsurance Amount
CPF818	DE2599	CP818-TTL18-COPAY-IND	Claim Co-pay Indicator
CPF818	DE2251	CP818-TTL18-	Claim Title XVIII Deductible Amount

		DEDUCT	
CPF818	DE2253	CP818-TTL18-MCARE-ALLOW	Claim Title XVIII Charge Allowed
CPF818	DE2257	CP818-TTL18-MCARE-CHRG	Claim Title XVIII Amount Billed to Medicare
CPF818	DE2088	CP818-TTL18-MCARE-COV-CODE	Claim Form Type
CPF818	DE2254	CP818-TTL18-MCARE-PAID	Claim Title XVIII Medicare Paid Amount
CPF818	DE2054	CP818-TTL18-MCARE-COPAY-AMT	Claim Title XVIII Medicare Copay Amount
CPF818	DE2083	CP818-TTL18-PATIENT-PAY	Claim Patient Pay Amount
CPF818	DE2173	CP818-TTL18-PLACE-TREAT	Claim Professional Place of Service
CPF818	DE2072	CP818-TTL18-TYPSRV	Claim Type of Service
CPF818	DE2109	CP818-TTL18-UVS	Claim Non-Covered Days

Files CP-F-819 IRP TYPE OF SVC CLAIMS EXTRACT

IRP Extract File used to load the Claims Type of Service data to the database tables.

Subsystem:	Claims
Copybook:	CPF819
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF819	DE0000	CPF819-TOSVC-RECORD	
CPF819	DE0000	CP819-TOSVC-CODE	
CPF819	DE0000	CP819-TOSVC-DESC	

Files CP-F-820 IRP TPL LIAB CLAIMS EXTRACT

IRP Extract File used to load the Claims TPL LIAB data to the database tables.

Subsystem:	Claims
Copybook:	CPF820
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF820	DE0000	CPF820-TPLLIAB-RECORD	
CPF820	DE2674	CP820-TPLLI-LIAB-CODE	Claim TPL Flag
CPF820	DE0002	CP820-TPLLI-LINE-ITEM	Calculated
CPF820	DE2477	CP820-TPLLI-REF-DT	Claims Payment Request Date Identifier
CPF820	DE2478	CP820-TPLLI-REF-MEDIA	Claims Payment Request Media Code
CPF820	DE2480	CP820-TPLLI-REF-SEQNBR	Claims Payment Request Sequence
CPF820	DE2343	CP820-TPLLI-REF-LN-NBR	Claim Payment Request Line Number

Files CP-F-821 IRP TRANSPORT CLAIMS EXTRACT

IRP Extract File used to load the Claims Transport data to the database tables.

Subsystem:	Claims
Copybook:	CPF821
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF821	DE0000	CPF821-TRANSCLM-RECORD	
CPF821	DE2477	CP821-TRANS-REF-DT	Claims Payment Request Date Identifier
CPF821	DE2478	CP821-TRANS-REF-MEDIA	Claims Payment Request Media Code
CPF821	DE2480	CP821-TRANS-REF-SEQNBR	Claims Payment Request Sequence
CPF821	DE2343	CP821-TRANS-REF-LN-NBR	Claim Payment Request Line Number
CPF821	DE2027	CP821-TRANS-ACCID-IND	Claim Accident Indicator
CPF821	DE3008	CP821-TRANS-CITY-CNTY-AUTH	Enrollee FIPS Code
CPF821	DE2009	CP821-TRANS-MILEAGE	Claim Number of Units/Visits/Studies
CPF821	DE2085	CP821-TRANS-NO-PASSNGRS	Claim Number of Passengers
CPF821	DE2084	CP821-TRANS-WAIT-TIME	Anesthesia Minutes

Files CP-F-822 IRP UB92 ANC CLAIMS EXTRACT

IRP Extract File used to load the Claims UB92 ANC data to the database tables.

Subsystem:	Claims
Copybook:	CPF822
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF822	DE0000	CPF822-UB92ANC-RECORD	
CPF822	DE0002	CP822-UB92ANC-LINE-ITEM	Calculated
CPF822	DE2477	CP822-UB92ANC-REF-DT	Claims Payment Request Date Identifier
CPF822	DE2478	CP822-UB92ANC-REF-MEDIA	Claims Payment Request Media Code
CPF822	DE2480	CP822-UB92ANC-REF-SEQNBR	Claims Payment Request Sequence
CPF822	DE2343	CP822-UB92ANC-REF-LN-NBR	Claim Payment Request Line Number
CPF822	DE2122	CP822-UB92ANC-REV-CODE	Claim Revenue Code
CPF822	DE2124	CP822-UB92ANC-TOTAL	Claim Revenue Amount
CPF822	DE2123	CP822-UB92ANC-UNITS	Claim Revenue Units

Files CP-F-823 IRP UB92 CLM CLAIMS EXTRACT

IRP Extract File used to load the Claims UB92 CLM data to the database tables.

Subsystem:	Claims
Copybook:	CPF823
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF823	DE0000	CPF823-UB92CLM-RECORD	
CPF823	DE2477	CP823-UB92C-REF-DT	Claims Payment Request Date Identifier
CPF823	DE2478	CP823-UB92C-REF-MEDIA	Claims Payment Request Media Code
CPF823	DE2480	CP823-UB92C-REF-SEQNBR	Claims Payment Request Sequence
CPF823	DE2343	CP823-UB92C-REF-LN-NBR	Claim Payment Request Line Number
CPF823	DE2136	CP823-UB92C-ACCIDENT-HOUR	Claim Hour of Admission
CPF823	DE2105	CP823-UB92C-ADMIS-DT-MDCY	Claim Admission Date
CPF823	DE2106	CP823-UB92C-ADMIS-SRC	Claim Admission Source
CPF823	DE2107	CP823-UB92C-ADMIS-TYPE	Claim Nature of Admission
CPF823	DE5301	CP823-UB92C-ADMIS-DIAGNOSIS	Diagnosis Code
CPF823	DE0002	CP823-UB92C-ANCIL-CT	Calculated

CPF823	DE2108	CP823-UB92C-COV-DAYS	Claim Covered Days
CPF823	DE2412	CP823-UB92C-DISCHARGE-HOUR	Claim Hour of Discharge
CPF823	DE2869	CP823-UB92C-DISCHARGE-STATUS	Claim Discharge Status
CPF823	DE2109	CP823-UB92C-NCOV-DAYS	Claim Non-Covered Days
CPF823	DE2110	CP823-UB92C-OCCUR-SPAN-CODE	Claim Occurrence Code
CPF823	DE2113	CP823-UB92C-SPAN-FROMDT-MDCY	Claim Occurrence From Date
CPF823	DE2114	CP823-UB92C-SPAN-THRUDT-MDCY	Claim Occurrence Thru Date
CPF823	DE2083	CP823-UB92C-PATIENT-PAY	Claim Patient Pay Amount
CPF823	DE2315	CP823-UB92C-PAYMENT-DAYS	Claim Payment days
CPF823	DE2358	CP823-UB92C-REDUC-PYMT-DAYS	Claim Reduced Payment Days
CPF823	DE2115	CP823-UB92C-SPEC-PGM-INDICATOR	Claim Condition Code
CPF823	DE2102	CP823-UB92C-TYPE-BILL	Claim Facility Bill Type

Files CP-F-824 IRP UB92 OCCURRENCES EXTRACT

IRP Extract File used to load the Claims Occurrences data to the database tables.

Subsystem:	Claims
Copybook:	CPF824
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF824	DE0000	CPF824-UB92OCCR-RECORD	
CPF824	DE2110	CP824-UB92O-CODE	Claim Occurrence Code
CPF824	DE2477	CP824-UB92O-REF-DT	Claims Payment Request Date Identifier
CPF824	DE2478	CP824-UB92O-REF-MEDIA	Claims Payment Request Media Code
CPF824	DE2480	CP824-UB92O-REF-SEQNBR	Claims Payment Request Sequence
CPF824	DE2343	CP824-UB92O-REF-LN-NBR	Claim Payment Request Line Number
CPF824	DE2113	CP824-UB92O-DT-MDCY	Claim Occurrence From Date

Files CP-F-825 IRP UB92 VALUE CODES EXTRACT

IRP Extract File used to load the Claims Value Codes data to the database tables.

Subsystem:	Claims
Copybook:	CPF825
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	IRP CLAIMS EXTRACT (CPR800)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF825	DE0000	CPF825-UB92VALU-RECORD	
CPF825	DE2128	CP825-UB92V-CODE	Claim Value Code
CPF825	DE2477	CP825-UB92V-REF-DT	Claims Payment Request Date Identifier
CPF825	DE2478	CP825-UB92V-REF-MEDIA	Claims Payment Request Media Code
CPF825	DE2480	CP825-UB92V-REF-SEQNBR	Claims Payment Request Sequence
CPF825	DE2343	CP825-UB92V-REF-LN-NBR	Claim Payment Request Line Number
CPF825	DE2131	CP825-UB92V-AMOUNT	Claim Value Amount

Files CP-F-826 Prior Authorization File

File of Prior Authorization data that is sent to the Oracle Database.

Subsystem:	Claims
Copybook:	CPF826
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims PA Extract to Oracle (CPR801)
Graphics:	CP-F-826

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF826	DE2499	Days Since	Claims PA Number of Days Since
CPF826	DE2498	PA Seq No	Claims PA Number Sequence
CPF826	DE2508	PA Type CVAL	Claims PA Type Code
CPF826	DE0015	PA Type Cnum	Code ID
CPF826	DE3901	Person	Person ID
CPF826	DE2650	Enrollee	PA Enrollee Identification Number
CPF826	DE4001	Service Base Provider	Provider Base Identification Number
CPF826	DE4002	Service Provider	Provider Identification Number
CPF826	DE2652	Referring Prescribing Provider	PA Referring Provider Identification Number
CPF826	DE2606	Cancel Date	PA Cancel Date
CPF826	DE5301	Diagnosis Code	Diagnosis Code
CPF826	DE5020	Diagnosis Sequence Number	Reference Data Base Sequential Number
CPF826	DE2635	Service Type	PA Service Type Code
CPF826	DE2601	Date PA Entered	PA Entry Date
CPF826	DE2481	Original PA Number	Claims Original PA Number
CPF826	DE2600	Date PA Received	PA Received Date
CPF826	DE2639	PA Media Type	PA Media Type Code

CPF826	DE2621	PA Authorization Type	PA Authorization Type Code
CPF826	DE2605	PA Image Number	PA Reference Number (Mailroom Control Number)
CPF826	DE2700	Dental Mold Enclosed	PA Dental Models Enclosed Indicator
CPF826	DE2643	Non-Paper Enclosure	PA Non-paper Enclosure Indicator
CPF826	DE2644	X-Ray Enclosed	PA X-rays Enclosed Indicator
CPF826	DE2645	Photo Enclosed	PA Photographs Enclosed Indicator
CPF826	DE2569	Maintenance User	Claims Submission Identifier
CPF826	DE2020	Conversion	Claim Conversion Indicator
CPF826	DE2586	PA Cancel Reject Code	Prior Authorization Header Reject/Cancel code
CPF826	DE2587	PA Cancel Reject Reason	Prior Authorization Cancel/Reject Reason
CPF826	DE2243	Contact Name	Contact Person
CPF826	DE2895	Contact Phone Number	PA Servicing Provider Phone Number
CPF826	DE2581	PA MCN Number	Claims MCN Number
CPF826	DE5254	Locality	MMIS Locality Code based on Postal Code
CPF826	DE4700	Servicing Provider	National Provider Identifier
CPF826	DE4700	Referring Provider	National Provider Identifier
CPF826	DE4145	Servicing Provider Type	NPI XREF Provider Number Type
CPF826	DE4145	Referring Provider Type	NPI XREF Provider Number Type

Files CP-F-827 Prior Authorization Line File

File of Prior Authorization Line data that is sent to the Oracle Database.

Subsystem:	Claims
Copybook:	CPF827
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims PA Extract to Oracle (CPR801)
Graphics:	CP-F-827

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF827	DE2499	Days Since	Claims PA Number of Days Since
CPF827	DE2498	PA Sequence Number	Claims PA Number Sequence
CPF827	DE2508	PA Type	Claims PA Type Code
CPF827	DE2607	PA Line Number	PA Line Number
CPF827	DE2608	Request From Date	PA Request From Date
CPF827	DE2609	Request Thru Date	PA Request Through Date
CPF827	DE2610	Authorization From Date	PA Authorized From Date
CPF827	DE2611	Authorization Thru Date	PA Authorized Through Date
CPF827	DE2612	Request Units	PA Requested Units
CPF827	DE2613	Authorized Units	PA Authorized Units
CPF827	DE2634	Per Frequency Code	PA Per Frequency Code
CPF827	DE2615	Requested Amount	PA Requested Amount
CPF827	DE2616	Authorized Amount	PA Authorized Amount
CPF827	DE2485	PA Authorized By	Claims PA Authorized By
CPF827	DE2569	Maintenance User	Claims Submission Identifier
CPF827	DE3072	Enrollee Exception	Benefit Plan Exception Indicator

Files CP-F-828 Prior Authorization Line Status File

File of Prior Authorization Line Status data that is sent to the Oracle Database.

Subsystem:	Claims
Copybook:	CPF828
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims PA Extract to Oracle (CPR801)
Graphics:	CP-F-828

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF828	DE2499	Days Since	Claims PA Number of Days Since
CPF828	DE2498	PA Sequence Number	Claims PA Number Sequence
CPF828	DE2508	PA Type Code	Claims PA Type Code
CPF828	DE2607	PA Line Number	PA Line Number
CPF828	DE2623	PA Status Sequence Number	PA Detail Action Status Sequence Number
CPF828	DE2641	PA Status Code	PA Detail Action Status Code
CPF828	DE2624	PA Status Date	PA Detail Action Status Date

Files CP-F-829 Medicaid Prior Auth Line File

File of Medicaid Prior Authorization Line data that is sent to the Oracle Database.

Subsystem:	Claims
Copybook:	CPF829
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims PA Extract to Oracle (CPR801)
Graphics:	CP-F-829

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF829	DE2499	Days Since	Claims PA Number of Days Since
CPF829	DE2498	PA Sequence Number	Claims PA Number Sequence
CPF829	DE2508	PA Type	Claims PA Type Code
CPF829	DE2607	PA Line Number	PA Line Number
CPF829	DE5001	Procedure Type	Procedure Code Type
CPF829	DE5002	Procedure	Procedure Code
CPF829	DE2171	Procedure Modifier	Claims Procedure Code Modifier
CPF829	DE2200	Tooth	Claim Dental Tooth Code
CPF829	DE2201	Tooth Surface	Claim Dental Surface Codes
CPF829	DE2201	Tooth Surface 2	Claim Dental Surface Codes
CPF829	DE2201	Tooth Surface 3	Claim Dental Surface Codes
CPF829	DE2201	Tooth Surface 4	Claim Dental Surface Codes
CPF829	DE2201	Tooth Surface 5	Claim Dental Surface Codes
CPF829	DE2646	Per Unit Cost	PA Actual Cost Per Unit
CPF829	DE2648	EPSDT	PA EPSDT Indicator
CPF829	DE2171	Procedure Modifier 2	Claims Procedure Code Modifier
CPF829	DE2171	Procedure Modifier 3	Claims Procedure Code Modifier
CPF829	DE2171	Procedure Modifier 4	Claims Procedure Code Modifier

Files CP-F-830 Prior Authorization Comments File

File of Prior Authorization Comment data that is sent to the Oracle Database.

Subsystem:	Claims
Copybook:	CPF830
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims PA Extract to Oracle (CPR801)
Graphics:	CP-F-830

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF830	DE2499	Days Since	Claims PA Number of Days Since
CPF830	DE2498	PA Sequence Number	Claims PA Number Sequence
CPF830	DE2508	PA Type	Claims PA Type Code
CPF830	DE2607	PA Line Number	PA Line Number
CPF830	DE0015	Comment Sequence Number	Code ID
CPF830	DE2619	Comments	PA Comments Text

Files CP-F-831 Prior Authorization Status Reason File

File of Prior Authorization Status Reason data that is sent to the Oracle Database.

Subsystem:	Claims
Copybook:	CPF831
	N/A
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims PA Extract to Oracle (CPR801)
Graphics:	CP-F-831

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPF831	DE2499	Days Since	Claims PA Number of Days Since
CPF831	DE2498	PA Sequence Number	Claims PA Number Sequence
CPF831	DE2508	PA Type	Claims PA Type Code
CPF831	DE2607	PA Line Number	PA Line Number
CPF831	DE2623	PA Status Sequence Number	PA Detail Action Status Sequence Number
CPF831	DE2466	PA Reason Sequence Number	Claim PA Reason Code Sequence
CPF831	DE2637	PA Action Reason	PA Detail Action Reason Code

Files CP-F-866-A Early Intervention Annual file

Early Intervention Annual file

Subsystem:	Claims
Copybook:	CPEIXTR
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	CLAIMS EARLY INTERVENTION MONTHLY AND ANNUAL PROGRAM (CPR866)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEIXTR	DE2051	EI-RECORD-TYPE	Claim Extract Record Type Code
CPEIXTR	DE3008	EI-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEIXTR	DE3001	EI-I-ENROLLEE-ID	Enrollee Identification Number
CPEIXTR	DE4700	EI-NPI-DATA-FIELDS-GR	National Provider Identifier
CPEIXTR	DE3110	EI-T-NAME-LAST	Enrollee Last Name
CPEIXTR	DE3111	EI-T-NAME-FIRST	Enrollee First Name
CPEIXTR	DE3112	EI-T-MIDDLE-INIT	Enrollee Middle Initial
CPEIXTR	DE3005	EI-D-BIRTH	Enrollee Birth Date
CPEIXTR	DE3550	EI-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEIXTR	DE4002	EI-I-SRVC-PROV	Provider Identification Number
CPEIXTR	DE2001	EI-ICN	Claim Request ICN
CPEIXTR	DE5002	EI-C-PROCEDURE	Procedure Code
CPEIXTR	DE2003	EI-C-CLM-MOD	Claim Type Modifier
CPEIXTR	DE2010	EI-D-SERV-FROM	Claim Service From Date
CPEIXTR	DE2011	EI-D-SERV-THRU	Claim Service Thru Date
CPEIXTR	DE2039	EI-C-STATUS	Claim Status
CPEIXTR	DE2016	EI-N-BILLED-CHARGE	Claim Billed Charge
CPEIXTR	DE2023	EI-N-PMT-AMT	Claim Payment Amount

CPEIXTR	DE2033	EI-C-ADJUST-RSN	Adjustment/Void Reason
CPEIXTR	DE9578	EI-D-RA-PYMT	Remittance Payment Date
CPEIXTR	DE0002	EI-TOTAL-SVC-COST	Calculated
CPEIXTR	DE0002	EI-TOTAL-MCAID-SVC-COST	Calculated
CPEIXTR	DE4700	EI-T-LEAD-NPI	National Provider Identifier
CPEIXTR	DE4085	EI-T-LEAD-NAME	Provider Name

Files CP-F-866-M Early Intervention Monthly file

Early Intervention Monthly file

Subsystem:	Claims
Copybook:	CPEIXTR
	N/A
File Organization:	Sequential
Device Type:	Tape
Primary Key:	N/A
Alternate Key:	N/A
Program:	CLAIMS EARLY INTERVENTION MONTHLY AND ANNUAL PROGRAM (CPR866)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPEIXTR	DE2051	EI-RECORD-TYPE	Claim Extract Record Type Code
CPEIXTR	DE3008	EI-I-ENRL-LOCALITY	Enrollee FIPS Code
CPEIXTR	DE3001	EI-I-ENROLLEE-ID	Enrollee Identification Number
CPEIXTR	DE4700	EI-NPI-DATA-FIELDS-GR	National Provider Identifier
CPEIXTR	DE3110	EI-T-NAME-LAST	Enrollee Last Name
CPEIXTR	DE3111	EI-T-NAME-FIRST	Enrollee First Name
CPEIXTR	DE3112	EI-T-MIDDLE-INIT	Enrollee Middle Initial
CPEIXTR	DE3005	EI-D-BIRTH	Enrollee Birth Date
CPEIXTR	DE3550	EI-C-BEN-PLAN-CD	Benefit Definition Benefit Plan Code
CPEIXTR	DE4002	EI-I-SRVC-PROV	Provider Identification Number
CPEIXTR	DE2001	EI-ICN	Claim Request ICN
CPEIXTR	DE5002	EI-C-PROCEDURE	Procedure Code
CPEIXTR	DE2003	EI-C-CLM-MOD	Claim Type Modifier
CPEIXTR	DE2010	EI-D-SERV-FROM	Claim Service From Date
CPEIXTR	DE2011	EI-D-SERV-THRU	Claim Service Thru Date
CPEIXTR	DE2039	EI-C-STATUS	Claim Status
CPEIXTR	DE2016	EI-N-BILLED-CHARGE	Claim Billed Charge

CPEIXTR	DE2023	EI-N-PMT-AMT	Claim Payment Amount
CPEIXTR	DE2033	EI-C-ADJUST-RSN	Adjustment/Void Reason
CPEIXTR	DE9578	EI-D-RA-PYMT	Remittance Payment Date
CPEIXTR	DE0002	EI-TOTAL-SVC-COST	Calculated
CPEIXTR	DE0002	EI-TOTAL-MCAID-SVC-COST	Calculated
CPEIXTR	DE4700	EI-T-LEAD-NPI	National Provider Identifier
CPEIXTR	DE4085	EI-T-LEAD-NAME	Provider Name

Files CP-F-870 Psychiatric Inpatient Services Spreadsheet File

General Information

This is a quarterly spreadsheet file of summary of claim payments for “IM” members for each benefit program/object code.

Subsystem:	Claims
Copybook:	N/A
File Organization:	SEQ - FB/133
Device Type:	disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	CPR870 and Syncsort
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
NA	3551	Benefit Program	Benefit Program
	9843	Object Code	Budget Object Code
	2023 (sum of)	Payment	Payment Amount

Files CP-F-997 DB2 Log Analyzer Extract File.

Output of DB2 Log Analyzer Extract utility. It contains SQL rollback and synchronization command information concerning DB2 table rows updated or inserted within a selected time period. The synchronization commands on this file cannot be processed at FHSC by the DB2 Log analyzer Rollback utility. Therefore, these synchronization commands are replaced by "COMMIT" commands that can be successfully processed at FHSC by program LACLEAN. The data format is understood by the DB2 Log Analyzer utility programs and does not require a COPYBOOK module.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	Modify DB2 Log Analyzer Extract (LACLEAN)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-998 Modified DB2 Log Analyzer Extract File

Output of COBOL program LACLEAN. It contains SQL rollback and commit command information concerning DB2 table rows updated or inserted within a selected time period. The data format is understood by the DB2 Log Analyzer utility programs and does not require a COPYBOOK module.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Sequential
Device Type:	DASD
Primary Key:	N/A
Alternate Key:	N/A
Program:	Modify DB2 Log Analyzer Extract (LACLEAN)
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CP-F-ARC Prior Authorization Archive File

File of Prior Authorization Comment data that is sent to the Oracle Database.

Subsystem:	Claims
Copybook:	CPPAARC
File Organization:	Sequential
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	Claims PA Extract to Oracle (CPR801)
Graphics:	CP-F-ARC

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
CPPAARC	DE2499	WR-FA-N-DAYS-SINCE	Claims PA Number of Days Since
CPPAARC	DE2498	WR-FA-I-PA-SEQ-NO	Claims PA Number Sequence
CPPAARC	DE2508	WR-FA-C-PA-TYPE	Claims PA Type Code
CPPAARC	DE2790	WR-FA-C-REC-TYPE	Claims PA Archive Record Type
CPPAARC	DE2791	WR-FA-REC-AREA	Claims PA Archive Record Layout Area

Files CPF210 Medicaid MEDALLION Physician Proposed New Client Report File

General Information

This file is uploaded to the CORP server and sent to providers.

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	Seq. FB/133
Device Type:	Disk
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files CPRQT CLAIMS CD REQUEST FILES

Record layouts for CD requests in Practitioner, Transportation, Nursing, Home Health, and Pharmacy layouts

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files PAKEYRES PA Response and CD Payroll Extract File

PA Response and CD Payroll extract file layout definition

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			

Files Parameter file To Be Determined

Subsystem:	Claims
Copybook:	N/A
	N/A
File Organization:	N/A
Device Type:	N/A
Primary Key:	N/A
Alternate Key:	N/A
Program:	N/A
Graphics:	N/A

Field Definitions

Copybook	Element ID	Field Name	Data Element Dictionary Name
N/A			