

**WCIO WORKERS COMPENSATION
DATA SPECIFICATIONS MANUAL**

**WORKERS COMPENSATION MEDICAL DATA
REPORTING SPECIFICATIONS (WCMED)
FOR REPORTING
MEDICAL DATA**

WORKERS COMPENSATION MEDICAL DATA
REPORTING SPECIFICATIONS (WCMED)
SECTION 1
RECORD LAYOUT

Field No.	Field Title/Description	Class	Position	Bytes
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I. MEDICAL DATA CALL RECORD

1	CARRIER CODE Report the 5-digit NCCI assigned Carrier Code. Do not report the NCCI Group Code unless it is the same as the Carrier Code. Do not report the NAIC Carrier Code.	(N)	1-5	5
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2	POLICY NUMBER IDENTIFIER Report the unique set of numbers and/or letters that identify the policy under which the claim occurred. Policy Number Identifier must match the Unit Statistical data policy number including any prefixes or suffixes.	(AN)	6-23	18
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3	POLICY EFFECTIVE DATE Report the effective date that corresponds to the date shown on the policy Information Page or to endorsements attached. The Policy Effective Date reported must be before or the same as Accident Date (Positions 53-60).	(N)	24-31	8
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Format: YYYYMMDD

4	CLAIM NUMBER IDENTIFIER Report the unique set of numbers and/or letters that identify the specific claim that the bill applies to. For the purposes of this requirement, unique means that each time a medical service is provided and billed for a specific claim, the same claim number is reflected on each bill. The Claim Number Identifier must match the Unit Statistical data claim number. For older claims where the claim number has changed since reporting the unit statistical data, report the Claim Number Identifier that identifies the claim in your system today. This number must be used consistently for all future reporting of the claim transactions.	(AN)	32-43	12
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5	TRANSACTION CODE Report the code that identifies the type of transaction of the record being submitted.	(N)	44-45	2
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Code	Description
01	Original – the initial report of the record to the Bureau. Only one original (Transaction Code 01) may be submitted for a given transaction.
02	Cancellation – cancels (deletes) a previously submitted (Transaction Code 01 or 03) record.
03	Replacement – replaces (changes) a previously submitted (Transaction Code 01 or 03) record.

NOTE: An Original (01) must be in the same submission or on the Bureau's database before a Cancellation (02) or a Replacement (03) can be submitted.

Field No.	Field Title/Description	Class	Position	Bytes								
6	<p>JURISDICTION STATE CODE Report the code that corresponds to the state under whose Workers Compensation Act or Employers Liability Act the claimant's benefits are being paid. The Jurisdiction State must be one of the states included in the list of applicable Medical Data Call states.</p> <p>NOTE: When the jurisdiction state is an applicable state, all qualifying medical transactions for that state must be reported even when the compliance state (IAIABC State Compliance Code) is not an applicable state.</p> <p>For example, a medical service is provided to a claimant whose benefits are being paid under the Arizona Workers Compensation State Act. However, reimbursement for the medical service was determined under California medical billing requirements. Medical transactions for this claimant would be reportable under the Medical Data Call.</p>	(N)	46-47	2								
7	<p>CLAIMANT GENDER CODE Report the code that corresponds to the claimant's gender. Leave blank if unknown.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> <tr> <td>3</td> <td>Other</td> </tr> </tbody> </table>	Code	Description	1	Male	2	Female	3	Other	(AN)	48	1
Code	Description											
1	Male											
2	Female											
3	Other											
8	<p>BIRTH YEAR Report the year the claimant was born. The Birth Year must be before Accident Date (Positions 53-60).</p> <p>Format: YYYY</p>	(N)	49-52	4								
9	<p>ACCIDENT DATE Report the date the claimant was injured.</p> <p>The Accident Date must be the same as or after Policy Effective Date (Positions 24-31), and before or the same as Service Date (Positions 129-136) or Service From Date (Positions 137-144) and Service to Date (Positions 145-152).</p> <p>In the case of occupational disease or cumulative injury, use the last day that the claimant worked without the disability or the last day of coverage, whichever is earlier.</p> <p>Format: YYYYMMDD</p>	(N)	53-60	8								

Field No.	Field Title/Description	Class	Position	Bytes								
10	<p>TRANSACTION DATE Report the date corresponding to the Transaction Code (Positions 44-45) of the record being submitted.</p> <p>Format: YYYYMMDD</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01- Original</td> <td>The date the information was originally processed by the administering entity.</td> </tr> <tr> <td>02- Cancellation</td> <td>The date the cancellation was performed in the system of the administering entity.</td> </tr> <tr> <td>03- Replacement</td> <td>The date that the information was changed or corrected in the system of the administering entity.</td> </tr> </tbody> </table> <p>Transaction Date 01- Original Example: A medical service was performed on 01/15/2008. The medical service provider submitted the bill to a third party administrator, who processed the bill on 01/21/2008. The medical data provider reports the original transaction to the Bureau with its 1st Quarter submission on 04/01/2008. The Transaction Date for this original record is 01/21/2008 (reported as 20080121).</p> <p>Transaction Date 03- Replacement Example: Using the same scenario as described in the example for 01- Original, the administering entity discovers an error on the bill and corrects it on 05/1/2008. The medical data provider reports the replacement transaction to the Bureau with its 2nd Quarter submission on 07/01/2008. The Transaction Date for this replacement record is 05/01/2008 (reported as 20080501).</p>	Code	Description	01- Original	The date the information was originally processed by the administering entity.	02- Cancellation	The date the cancellation was performed in the system of the administering entity.	03- Replacement	The date that the information was changed or corrected in the system of the administering entity.	(N)	61-68	8
Code	Description											
01- Original	The date the information was originally processed by the administering entity.											
02- Cancellation	The date the cancellation was performed in the system of the administering entity.											
03- Replacement	The date that the information was changed or corrected in the system of the administering entity.											
11	<p>BILL IDENTIFICATION NUMBER Report the unique number assigned to the bill that corresponds to this transaction.</p>	(AN)	69-98	30								
12	<p>LINE IDENTIFICATION NUMBER Report the unique number assigned to the line associated with the Bill Identification Number (Positions 69-98) and for which this record applies.</p>	(AN)	99-128	30								
13	<p>SERVICE DATE Report the date the service related to Line Identification Number (Positions 99-129) was performed. If a negotiated in-patient hospital payment spanning multiple days was made and the specific service date (line item) detail is unavailable, zero-fill this field and report in Service From Date (Positions 137-144) and Service To Date (Positions 145-152).</p> <p>Service Date must be the same as or after Accident Date (Positions 53-60).</p> <p>Format: YYYYMMDD</p>	(N)	129-136	8								

Field No.	Field Title/Description	Class	Position	Bytes
14	<p>SERVICE FROM DATE Use this field for the starting date of service if a negotiated in-patient hospital payment spanning multiple days was made and the specific service date (line item) detail is unavailable. In all other cases, zero-fill this field and report the date of service in Service Date (Positions 129-136).</p> <p>This field is the first date of a date range and must be accompanied by a Service To Date (Positions 145-152).</p> <p>Service From Date must be the same as or after Accident Date (Positions 53-60).</p> <p>Format: YYYYMMDD</p>	(N)	137-144	8
15	<p>SERVICE TO DATE Use this field for the starting date of service if a negotiated in-patient hospital payment spanning multiple days was made and the specific service date (line item) detail is unavailable. In all other cases, zero-fill this field and report the date of service in Service Date (Positions 129-136).</p> <p>This field is the last date of a date range and must be accompanied by a Service From Date (Positions 137-144).</p> <p>Service To Date must be after Service From Date (Positions 137-144).</p> <p>Format: YYYYMMDD</p>	(N)	145-152	8
16	<p>PAID PROCEDURE CODE Report the Paid Procedure Code from the jurisdiction approved code table (refer to the Procedure Code List Type table within this description) that corresponds to the Line Identification Number (Positions 99-128) as it relates to the reimbursement reported in Paid Amount (Positions 197-207).</p> <p>If the bill reflects a procedure code other than the procedure code associated with the reimbursement, report the Paid Procedure code associated with the reimbursement in this field and the billed procedure code in Secondary Procedure Code (Positions 290-314).</p> <p>Report an APC or DRG code as the Paid Procedure Code if it is the basis of the reimbursement; otherwise, report the CPT, CDT, HCPCS, or NDC code.</p> <p>For example, an ambulatory surgery center bills for a facility fee using a CPT code. However, the reimbursement is determined by assigning an APC code. The APC code is reported as the Paid Procedure Code and the CPT code is reported as the Secondary Procedure Code (Positions 290–314).</p>	(AN)	153-177	25

Field No. Field Title/Description Class Position Bytes

Revenue codes provide only broad classifications; therefore, they should only be reported as a Paid Procedure Code when no other code was used to determine the reimbursement (i.e., CPT, CDT, HCPCS, NDC, APC, or DRG).

PROCEDURE CODE LIST TYPE		
Code List Type*	Code Length (Bytes)	Description/Formatting
CPT – Current Procedural Terminology	5	<ul style="list-style-type: none"> Codes are either 5 numbers or 4 numbers followed by a single alpha character Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
CDT – Current Dental Terminology	5	<ul style="list-style-type: none"> Codes are either 5 numbers or a single alpha character followed by 4 numbers Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
HCPCS – Healthcare Common Procedure Coding System	5	<ul style="list-style-type: none"> Codes are either 5 numbers or a single alpha character followed by 4 numbers Level 1 uses the CPT codes while level 2 adds alphanumeric codes for other services such as ambulance or prosthetics Left justify and blank-fill all spaces to the right of the last number or character when less than 25 bytes Must include leading zeros when part of the code**
NDC – National Drug Codes	10 or 11	<ul style="list-style-type: none"> 11-byte HIPAA (Health Insurance Portability and Accountability Act) standard codes or 10-byte FDA (Food and Drug Administration) codes Left justify and blank-fill all spaces to the right of the last number Do not include dashes Must include leading zeros when part of the code**
APC – Ambulatory Payment Classification	4	<ul style="list-style-type: none"> Numeric codes classify procedures into related groups for outpatient services Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
DRG – Diagnostic Related Group	3	<ul style="list-style-type: none"> Numeric codes classify procedures into related groups for inpatient services Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
Revenue Codes	4	<ul style="list-style-type: none"> Left justify and blank-fill all spaces to the right of the last number Must include leading zeros when part of the code**
State-Specific	Varied	<ul style="list-style-type: none"> Byte length dependent on state rules Left justify and blank-fill all spaces to the right of the last number or character when less than 25 bytes Must include leading zeros when part of the code**
NCCI Proprietary – Compound Drugs	11	<ul style="list-style-type: none"> Report as 99999999999 Left justify and blank-fill Positions 164–177

Field No.	Field Title/Description	Class	Position	Bytes
PROCEDURE CODE LIST TYPE				
NCCI Proprietary – Per Diem	8			
<ul style="list-style-type: none"> • Report as PER-DIEM • Capitalize and include dash • Left justify and blank-fill Positions 161–177 • Refer to Section V – Reporting Rules Part F – Per Diem Hospital Charges for instructions on using this code 				
* Report an APC or DRG code as the Paid Procedure Code if it is the basis of the reimbursement; otherwise, report the CPT, CDT, HCPCS, or NDC code.				
** If converting codes from a system that does not store leading zeros, ensure that the leading zero(s) is inserted correctly. For example, if the system stores 5.9 for a code that is listed as 005.9 on the code list, then insert two zeros to the left of the 5 when reporting to the WCIO.				
17	PAID PROCEDURE CODE MODIFIER Report the Paid Procedure Code Modifier(s) related to the Paid Procedure Code (Positions 153-177). If there are more than two modifiers, report only the modifier(s) that impacts the reimbursement. If only one Paid Procedure Code Modifier applies, report in Positions 178–181 and leave Positions 182–185 blank.	(AN)	178-185	8
	FIRST PAID PROCEDURE CODE MODIFIER		178-181	4
	SECOND PAID PROCEDURE CODE MODIFIER		182-185	4
18	AMOUNT CHARGED BY PROVIDER Report the total amount per line that was billed by the service provider for the applicable line. This amount is reported prior to any adjustments but includes corrections. If a change to the Amount Charged by Provider occurs to a previously reported record, submit a replacement transaction, Transaction Code 03 (Positions 44-45), and report the current cumulative amount (original amount plus or minus changes) for the applicable line. NOTE: This field should never be a negative value since the total amount charged rather than the change in charged dollars is to be reported.	(N)	186-196	11
19	PAID AMOUNT Report the total amount that was paid by the coverage provider for the applicable line. If a change to the Paid Amount occurs to a previously reported record, submit a replacement transaction, Transaction Code 03 (Positions 44-45), and report the current cumulative amount (original amount plus or minus changes) for the applicable line. There is an assumed decimal point between positions 205-206. NOTE: This field should never be a negative value since the total amount paid rather than the change in paid dollars is to be reported.	(N)	197-207	11

Field No.	Field Title/Description	Class	Position	Bytes
20	<p>PRIMARY ICD-9 DIAGNOSTIC CODE Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD-9 code that identifies the primary diagnosis associated with the medical service rendered. Refer to NCHS (www.cdc.gov/nchs/about/otheract/icd9/abticd9.htm) or CMS (www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/) for the ICD-9 Diagnostic Code listing.</p> <p>NOTE: The WCIO does <i>not</i> recognize code 999.9 (complication of medical care not elsewhere classified) as a valid code.</p>	(AN)	208-221	14
21	<p>SECONDARY ICD-9 DIAGNOSTIC CODE Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD-9 code that identifies the secondary diagnosis associated with the medical service rendered. Refer to NCHS (www.cdc.gov/nchs/about/otheract/icd9/abticd9.htm) or CMS (www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/) for the ICD-9 Diagnostic Code listing.</p> <p>Leave blank if a secondary diagnosis has not been identified.</p> <p>NOTE: The WCIO does <i>not</i> recognize code 999.9 (complication of medical care not elsewhere classified) as a valid code.</p>	(AN)	222-235	14
22	<p>PROVIDER TAXONOMY CODE Report the taxonomy code that identifies the type of provider that billed for and is being paid for the medical service. For example, if a line item of a hospital bill indicates that a Registered Physical Therapist provided therapy to a claimant as an employee of the hospital, report the Provider Taxonomy code associated with the hospital.</p> <p>NOTE: In cases where a billing house bills the payer, report the Provider Taxonomy Code associated with the medical service provider that initially submitted the bill.</p> <p>Use the Provider Taxonomy list of standard codes maintained by the National Uniform Claim Committee-Code Subcommittee (available at www.nucc.org or the Washington Publishing Company [www.wpc-edi.com/taxonomy]).</p>	(AN)	236-255	20

Field No.	Field Title/Description	Class	Position	Bytes										
23	<p>PROVIDER IDENTIFICATION NUMBER Report the number that uniquely identifies the medical/service provider (i.e., state-required number, unique carrier coding scheme, Federal Employer Identification Number, or National Provider Identification) that billed for the service.</p> <p>For example, if a line item of a hospital bill indicates that a Registered Physical Therapist provided therapy to a claimant as an employee of the hospital, report the hospital's Provider Identification Number.</p> <p>NOTE: In cases where a billing house bills the payer, report the Provider Identification Number of the medical service provider for whom the billing house is submitting the bill.</p> <p>A unique carrier coding scheme may be used in lieu of a state required number when reporting to the Bureau. However, the unique carrier coding scheme must be used consistently.</p>	(AN)	256-270	15										
24	<p>PROVIDER POSTAL (ZIP) CODE Report only the first three digits/characters of the postal (ZIP) code for the medical/service provider address where the service was performed. In states where the postal (ZIP) code impacts the reimbursement, report the postal (ZIP) code associated with the reimbursement.</p> <p>If unavailable, report only the first three digits of the postal (ZIP) code of the provider's billing address unless it is a billing house. When the billing address is a billing house and no other postal (ZIP) code is available, leave this field blank.</p>	(AN)	271-273	3										
25	<p>NETWORK SERVICE CODE Report the code that indicates whether the service is provided through a provider network regardless of whether a network discount was applied.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>H</td> <td>HMO – the medical service provider belongs to a Health Maintenance Organization agreement</td> </tr> <tr> <td>N</td> <td>No Agreement – the medical service provider does not belong to a provider network</td> </tr> <tr> <td>P</td> <td>Participation Agreement – the medical service provider is part of an agreement that is not an HMO or PPO</td> </tr> <tr> <td>Y</td> <td>PPO Agreement – the medical service provider belongs to a Preferred Provider Organization agreement</td> </tr> </tbody> </table>	Code	Description	H	HMO – the medical service provider belongs to a Health Maintenance Organization agreement	N	No Agreement – the medical service provider does not belong to a provider network	P	Participation Agreement – the medical service provider is part of an agreement that is not an HMO or PPO	Y	PPO Agreement – the medical service provider belongs to a Preferred Provider Organization agreement	(A)	274	1
Code	Description													
H	HMO – the medical service provider belongs to a Health Maintenance Organization agreement													
N	No Agreement – the medical service provider does not belong to a provider network													
P	Participation Agreement – the medical service provider is part of an agreement that is not an HMO or PPO													
Y	PPO Agreement – the medical service provider belongs to a Preferred Provider Organization agreement													

Field No.	Field Title/Description	Class	Position	Bytes
26	QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE Report the number of units of service performed or the quantity of drugs dispensed that are related to the Paid Procedure Code. (Positions 153-177). Use the base quantity specified by the applicable procedure code to determine the quantity or number to report.	(AN)	275-281	7
27	PLACE OF SERVICE CODE Report the Place of Service Code from the Place of Service list that indicates where the medical service was performed. Do not report Place of Service Code 99 (Other Place of Service) when the place of service is unavailable. Instead, leave this field blank. For facility and hospital services, a Place of Service Crosswalk was developed to provide a mapping of the Type of Bill code to the Place of Service code. Refer to your DCO for additional information.	(AN)	282-289	8

Code	Description	Code	Description
01	Pharmacy	34	Hospice
02	Unassigned – Not valid for WCIO	35-40	Unassigned – Not valid for WCIO
03	School	41	Ambulance-Land
04	Homeless Shelter	42	Ambulance-Air or Water
05	Indian Health Service-Free Standing Facility	43-48	Unassigned – Not valid for WCIO
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638 Free-Standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison-Correctional Facility	52	Psychiatric Facility-Partial Hospitalization
10	Unassigned – Not valid for WCIO	53	Community Mental Health Center
11	Office	54	Intermediate Care Facility/Mentally Retarded
12	Home	55	Residential Substance Abuse Treatment Facility
13	Assisted Living Facility	56	Psychiatric Residential Treatment Center
14	Group Home	57	Non-Residential Substance Abuse Treatment Facility
15	Mobile Unit	58-59	Unassigned – Not valid for WCIO
16	Temporary Lodging	60	Mass Immunization Center
17-19	Unassigned – Not valid for WCIO	61	Comprehensive Inpatient Rehabilitation Facility
20	Urgent Care Facility	62	Comprehensive Outpatient Rehabilitation Facility
21	Inpatient Hospital	63-64	Unassigned – Not valid for WCIO

Field No.	Field Title/Description	Class	Position	Bytes
	Code Description			
	Code Description			
22	Outpatient Hospital	65	End-Stage Renal Disease Treatment Facility	
23	Emergency Room-Hospital	66-70	Unassigned – Not valid for WCIO	
24	Ambulatory Surgical Center	71	Public Health Clinic	
25	Birthing Center	72	Rural Health Clinic	
26	Military Treatment Facility	73-80	Unassigned – Not valid for WCIO	
27-30	Unassigned – Not valid for WCIO	81	Independent Laboratory	
31	Skilled Nursing Facility	82-98	Unassigned – Not valid for WCIO	
32	Nursing Facility	99	Other Place of Service	
33	Custodial Care Facility			

* Source: Centers for Medicare & Medicaid Services (www.cms.hhs.gov)

28	SECONDARY PROCEDURE CODE Report the Secondary Procedure Code from the jurisdiction-approved code table (refer to the Procedure Code List Type table in Positions 153-177) if the bill reflects a procedure code other than the procedure code associated with the reimbursement. For example, an ambulatory surgery center bills for a facility fee using a CPT code. However, the reimbursement is determined by assigning an APC code. The CPT code is reported in this field, and the APC code, which is associated with the reimbursement, is reported as the Paid Procedure Code (Positions 153–177). Leave blank if the Secondary Procedure Code is the same as the Paid Procedure Code (Positions 153–177).	(AN)	290-314	25
29	RESERVED FOR FUTURE USE		315-350	36

Field No.	Field Title/Description	Class	Position	Bytes
II. SUBMISSION CONTROL RECORD				
1	RECORD TYPE Report "SUBCTRLREC"	(A)	1-10	10
	One Submission Control Record is required for each submission.			
2	SUBMISSION FILE TYPE CODE Report the code that identifies the type of file being submitted.	(A)	11	1
	This field cannot be blank.			
	Code Description O Original R Replacement			
3	CARRIER GROUP CODE Report the NCCI Carrier Group Code that corresponds to the Reporting Group for which the data provider has been certified to report on its behalf.	(N)	12-16	5
4	REPORTING QUARTER CODE Report the code that corresponds to the quarter when the medical transactions being reported occurred.	(N)	17	1
	Code Description 1 First Quarter 2 Second Quarter 3 Third Quarter 4 Fourth Quarter			
5	REPORTING YEAR Report the year that corresponds to the year when the medical transactions being reported occurred.	(N)	18-21	4
	Format: YYYY			
6	SUBMISSION FILE IDENTIFIER Report the unique identifier created by the data provider to distinguish the file being submitted from previously submitted files.	(AN)	22-51	30
	This field must be left justified and contain blanks in all spaces to the right of the last character if the Submission File Identifier is less than 30 bytes.			
7	SUBMISSION DATE Report the date the file was generated.	(N)	52-59	8
	Format: YYYYMMDD			

Field No.	Field Title/Description	Class	Position	Bytes
8	SUBMISSION TIME Report the time the file was generated in military time. Format: HHMMSS (HH = Hours, MM = Minutes, SS = Seconds)	(N)	60-65	6
9	RECORD TOTAL Report the total number of records in the file, excluding the Submission Control Record. NOTE: Blank rows will be removed during processing and not counted. If blank rows are included in the Record Total, the file will appear out of balance and reject. This field must be right justified and left zero filled.	(N)	66-76	11
10	RESERVED FOR FUTURE USE		77-350	274

WORKERS COMPENSATION MEDICAL DATA
REPORTING SPECIFICATIONS (WCMED)
SECTION 2
ELECTRONIC RECORD LAYOUTS

I. MEDICAL DATA CALL RECORD LAYOUT

Field No.	Field Title/Description	Class	Position	Bytes	Header/Detail	Source
1	Carrier Code*	N	1-5	5	H	Payer
2	Policy Number Identifier_	AN	6-23	18	H	CMS 11
3	Policy Effective Date_*	N	24-31	8	H	
4	Claim Number Identifier*	AN	32-43	12	H	Payer
5	Transaction Code	N	44-45	2	D	Payer
6	Jurisdiction State Code	N	46-47	2	H	Payer
7	Claimant Gender Code	AN	48	1	H	CMS 3 UB 11
8	Birth Year	N	49-52	4	H	CMS 3 UB 10
9	Accident Date	N	53-60	8	H	CMS 14
10	Transaction Date	N	61-68	8	D	Payer
11	Bill Identification Number*	AN	69-98	30	H	Payer
12	Line Identification Number*	AN	99-128	30	D	Payer
13	Service Date	N	129-136	8	D	CMS 24A UB 45
14	Service From Date	N	137-144	8	H	CMS 18 UB 6
15	Service To Date	N	145-152	8	H	CMS 18 UB 6
16	Paid Procedure Code	AN	153-177	25	D	CMS 24D UB 42 or Payer
17	Paid Procedure Code Modifier	AN	178-185	8	D	CMS 24D UB 44 or Payer
	First Paid Procedure Code Modifier		(178-181)	(4)		
	Second Paid Procedure Code Modifier		(182-185)	(4)		
18	Amount Charged by Provider	N	186-196	11	D	CMS 24F UB 47
19	Paid Amount	N	197-207	11	D	Payer
20	Primary ICD-9 Diagnostic Code	AN	208-221	14	H/D	CMS 21-1 (D) UB 67 (H)
21	Secondary ICD-9 Diagnostic Code	AN	222-235	14	H/D	CMS 21-2 (D) UB 67A (H)
22	Provider Taxonomy Code	AN	236-255	20	H	Provider or Payer
23	Provider Identification Number	AN	256-270	15	H	CMS 33A UB 56
24	Provider Postal (ZIP) Code	AN	271-273	3	H	CMS 32 UB 1
25	Network Service Code	A	274	1	H	Provider or Payer

Field No.	Field Title/Description	Class	Position	Bytes	Header/Detail	Source
26	Quantity/Number of Units per Procedure Code	N	275–281	7	D	CMS 24G UB 46
27	Place of Service Code	AN	282–289	8	H	CMS 24B UB 4**
28	Secondary Procedure Code	AN	290–314	25	D	UB 42
29	Reserved for Future Use		315–350	36		

* This data element is considered a key field and must be reported the same as on the original record for all records related to a medical transaction (line).

[** Refer to Place of Service Crosswalk.](#)

Source Notes:

CMS Data is located on form CMS-1500. The field number on the form where the data is located is also provided.

Payer Data is not on a form; it is provided by the entity that pays the bill.

Provider Data is not on a form; it is provided by the healthcare provider.

UB Data is located on form UB-04. The field number on the form where the data is located is also provided.

II. SUBMISSION CONTROL RECORD LAYOUT

Field No.	Field Title/ Description	Class	Position	Bytes
1	Record Type	A	1-10	10
2	Submission File Type Code	A	11	1
3	Carrier Group Code *	N	12-16	5
4	Reporting Quarter Code *	N	17	1
5	Reporting Year *	N	18-21	4
6	Submission File Identifier	AN	22-51	30
7	Submission Date **	N	52-59	8
8	Submission Time **	N	60-65	6
9	Record Total	N	66-76	11
10	Reserved for Future Use		77-350	274

* If this is a replacement submission (Submission File Type Code, Position 11 is R-Replacement), then this field must be reported the same as the submission being replaced.

** For replacements (Submission File Type Code R), the combination of Submission Date and Submission Time must be after that of the file being replaced.