# Medical Data Call Record Layouts

| Field No. | Field Title/ Description | Class | Position | Bytes | Header/ Detail | Source |
|---|---|---|---|---|---|---|
| **Medical Data Call Record Layout** |
| 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 UB 44 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 67 A (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 |
| 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 |
| 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 Key Fields in the **Medical Data Call Structure** section of this manual.

**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.

| Submission Control Record Layout | | | | |
|---|---|---|---|---|
| **Field No.** | **Field Title/ Description** | **Class** | **Position** | **Bytes** |
| 1 | **Record Type**<br>Report "SUBCTRLREC"<br>One Submission Control Record is required for each submission.<br>Format: A 10 | A | 1-10 | 10 |
| 2 | **Submission File Type Code**<br>Report the code that identifies the type of file being submitted.<br>O=Original<br>R=Replacement<br>Format: A, this field cannot be blank. | A | 11 | 1 |
| 3 | **Carrier Group Code ***<br>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.<br>Format: N 5 | N | 12-16 | 5 |
| 4 | **Reporting Quarter Code ***<br>Report the code that corresponds to the quarter when the medical transactions being reported occurred.<br>1 = First Quarter<br>2 = Second Quarter<br>3 = Third Quarter<br>4 = Fourth Quarter<br>Format: N | N | 17 | 1 |
| 5 | **Reporting Year ***<br>Report the year that corresponds to the year when the medical transactions being reported occurred.<br>Format: YYYY | N | 18-21 | 4 |
| 6 | **Submission File Identifier *†**<br>Report the unique identifier created by the data provider to distinguish the file being submitted from previously submitted files.<br>Format: A/N 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. | AN | 22-51 | 30 |
| 7 | **Submission Date ****<br>Report the date the file was generated.<br>Format: YYYYMMDD | N | 52-59 | 8 |
| 8 | **Submission Time ****<br>Report the time the file was generated in military time.<br>Format: HHMMSS (HH = Hours, MM = Minutes, SS = Seconds) | N | 60-65 | 6 |
| 9 | **Record Total**<br>Report the total number of records in the file, **excluding** the Submission Control Record.<br>**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.<br>Format: N 11, this field must be right justified and left zero-filled | 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 details, refer to File Replacements in the **Reporting Rules** section of this manual.

†      Valid characters in the file name include 0 through 9, A through Z, dash '-', underscore '_', or period '.'.

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

| Field No. | Field Title/ Description | Class | Position | Bytes |
|---|---|---|---|---|
| **Medical Data Call - Transaction Code 04 - Key Field Change Record Layout** | | | | |
| 1 | Previous Carrier Code | N | 1-5 | 5 |
| 2 | Previous Policy Number Identifier | AN | 6-23 | 18 |
| 3 | Previous Policy Effective Date | N | 24-31 | 8 |
| 4 | Previous Claim Number Identifier | AN | 32-43 | 12 |
| 5 | Transaction Code | N | 44-45 | 2 |
| 6 | Carrier Code | N | 46-50 | 5 |
| 7 | Policy Number Identifier | AN | 51-68 | 18 |
| 8 | Policy Effective Date | N | 69-76 | 8 |
| 9 | Claim Number Identifier | AN | 77-88 | 12 |
| 10 | Reserved for Future Use | | 89-350 | 262 |