

Medical Data Call Record Layouts

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 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 Diagnostic Code	AN	208-221	14	H/D	CMS 21-1 (D) UB 67 (H)
21	Secondary ICD 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 Report "SUBCTRLREC" One Submission Control Record is required for each submission. Format: A 10	A	1-10	10
2	Submission File Type Code Report the code that identifies the type of file being submitted. O=Original R=Replacement Format: A, this field cannot be blank.	A	11	1
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. Format: N 5	N	12-16	5
4	Reporting Quarter Code * Report the code that corresponds to the quarter when the medical transactions being reported occurred. 1 = First Quarter 2 = Second Quarter 3 = Third Quarter 4 = Fourth Quarter Format: N	N	17	1
5	Reporting Year * Report the year that corresponds to the year when the medical transactions being reported occurred. Format: YYYY	N	18-21	4
6	Submission File Identifier *† Report the unique identifier created by the data provider to distinguish the file being submitted from previously submitted files. 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 ** Report the date the file was generated. Format: YYYYMMDD	N	52-59	8
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. 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.

Medical Data Call - Transaction Code 04 - Key Field Change Record Layout				
Field No.	Field Title/ Description	Class	Position	Bytes
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