Information Services Division

ISD RECORD DATA SHEET
ISD 20 (11-91)
SFN 2601

D/NAME: SB121010.REC
DATE ISSUED:
ADABAS NUMBER:

FILE ID: SB121010 SB121075 SB121076 SB121080
RECORD NAME: HISTORY DRUG CLAIM RECORD
COPY MEMBER: SB100DIN SB100DOT SB100DOW SB100DPG **BY:** TERI E.
DATE CHANGED:04/08/98 **CHANGED BY:** TREVA BEARD
LRECL: 6295 **BLKSIZE:** **FIXED:** **VARIABLE:** X

ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
001	HISTORY DRUG CLAIM RECORD					
002	CLAIM HEADER INFORMATION					
003	CLM PRCS RCRD CD		001	001	001	
004	CLM PRCS TXCD					
005	TRANSACTION TYPE		001	001	002	
006	TRANSACTION STATUS		001	001	003	
007	CLAIM STATUS CODE		001	001	004	
008	AGENCY CODE		002	002	005	
009	INTERNAL CONTROL NUMBER					
010	CLM REGION		002	002	007	N
011	CLM BATCH DATE		007	007	009	N
012	CLM BATCH NUMBER		003	003	016	N
013	CLM DOCUMENT NUMBER		002	002	019	N
014	CLM DOCUMENT LINE NUMBER		001	001	021	N
015	ICN RED REDEFINES					
016	INTERNAL CONTROL NUMBER		015	015	007	N
017	CLM ICN CHECK DIGIT		001	001	022	N
018	CLM TRANSACTION SORT KEY		035	035	023	
019	PROVIDER NAME REDEFINES					
020	CLM TRANSACTION SORT KEY					
021	PROVIDER NAME		031	031	023	
022	FILLER		004	004	054	
	FILLER		001	001	058	
023	NUMBER OF LINE ITEMS		004	002	059	BNS
024	PROCESSING CLERK ID		003	003	061	
025	DATA ENTRY CLERK ID		003	003	064	
026	RECIPIENT DATA					
027	RECIPIENT CURRENT PCN					
028	RECIPIENT CURRENT PCN N		009	009	067	
029	FILLER		007	007	076	
030	RECIPIENT ORIGINAL PCN		016	016	083	
031	RECIPIENT CASE NUMBER		016	016	099	
032	RECIPIENT NAME					
033	RECIPIENT LAST NAME					
034	RECIP 1ST TWO CHAR		002	002	115	

P=PACKED N=NUMERIC S=SIGNED

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
035	RECIP REMAINING CHAR		017	017	117	
036	RECIPIENT FIRST NAME					
037	RECIPIENT 1ST CHAR		001	001	134	
038	FILLER		011	011	135	
039	RECIPIENT MIDDLE INITIAL		001	001	146	
040	RECIPIENT COUNTY CODE		003	002	147	PNS
041	RECIPIENT LEGAL COUNTY		003	002	149	PNS
042	RECIP AID CATEGORY					
043	RECIPIENT PROGRAM		002	002	151	
044	RECIP ME CODE		002	002	153	
045	RECIP AID CATEGORY RED					
046	RECIPIENT PROGRAM		001	001	(151)	
047	RECIPIENT AID		003	003	(152)	
048	RECIPIENT SEXCODE		001	001	155	
049	RECIPIENT AGE		003	002	156	PNS
050	RECIPIENT BIRTHDATE		008	005	158	PNS
051	RECIP HIB NO		012	012	163	
052	FEDERAL MATCH CODE					
053	CURRENT MATCH CODE		001	001	175	
054	PRIOR MATCH CODE		001	001	176	
055	MEDICAL MATCH CODE		001	001	177	
056	RECIP TPL		001	001	178	
057	ACCIDENT TYPE		001	001	179	
058	ACCIDENT DATE CYMD		008	005	180	PNS
059	ACCIDENT LOCATION		001	001	185	
060	ACCIDENT RELATED CODE		001	001	186	
061	JOB RELATED CODE		001	001	187	
062	THIRD PARTY INSURANCE CODE		001	001	188	
063	VR DATA					
064	VR REGION NUMBER		002	002	189	
065	VR CURRENT STATUS		002	002	191	
066	VR FUND CODE		002	002	193	
067	VR COUNSELOR NUMBER		002	002	195	
068	VR SERVICE CODE		002	002	197	
069	PROV DATA					
070	PROVIDER NUMBER		009	009	199	
071	PROV LAST NAME		002	002	208	
072	PROV LOCATION CODE		002	002	210	NS
073	FINANCIAL DATA					
074	TOTAL CLAIM CHARGE	2	009	005	212	PNS
075	DRUG CLAIM LEDGER TOTAL					
076	RED TOTAL CLAIM CHARGE	2	009	005	(212)	PNS

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
077	TOT OTHER INSURANCE	2	009	005	217	PNS
078	TOT PATIENT LIABILITY	2	009	005	222	PNS
079	NET CLAIM CHARGE	2	009	005	227	PNS
080	TOTAL COPAY	2	009	005	232	PNS
081	REIMBURSEMENT AMOUNT PAID	2	009	005	237	PNS
082	CLAIM PAID DATE		008	005	242	PNS
083	CLAIM CHECK NUMBER		007	004	247	PNS
084	REFERENCE DATE PAID		008	005	251	PNS
085	REFERENCE CLAIM NUMBER		015	008	256	PNS
086	REFERENCE AMOUNT	2	009	005	264	PNS
087	MEDICAL RECORD NUMBER					
088	PROV RECIP ID NUMBER		006	006	269	
089	FILLER		011	011	275	
090	REFERENCE TRANSACTION STAT		002	002	286	
091	HEADER RELEASE CODE		003	002	288	PNS
092	FILLER		020	020	290	
093	HEADER SERVICE DATA					
094	PRIOR AUTH CONTROL NUMBER		010	010	310	
095	CATEGORY OF SERVICE					
096	MAJ CATEGORY SERVICE		002	002	320	
097	INT CATEGORY SERVICE		001	001	322	
098	MIN CATEGORY SERVICE		002	002	323	
099	DOCUMENT NUMBER					
100	FILLER		001	001	325	
101	VR AUTHORIZATION NUMBER		005	005	326	
102	BILLING FROM DATE (CYMD)		008	005	331	PNS
103	BILLING TO DATE (CYMD)		008	005	336	PNS
104	1ST DAY OF SERVICE (CYMD)		008	005	341	PNS
105	LAST DAY OF SERVICE (CYMD)		008	005	346	PNS
106	AUTHORIZATION START (CYMD)		008	005	351	PNS
107	AUTHORIZATION END (CYMD)		008	005	356	PNS
108	COUNTY SIGNATURE IND		001	001	361	
109	PROVIDER SIGNATURE IND		001	001	362	
110	GENERIC CODE NUMBER		005	005	363	
111	FILLER		020	020	368	
112	SCREENING DATA					
113	SCREENING REASON CODES					
114	OCCURS 6 TIMES		003	002	388	PNS
115	TREATMENT DUE TO SCR CDS		001	001	400	

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LRECL: 6295 **BLKSIZE:** **FIXED:** **VARIABLE:** X

ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
116	LINE ITM OCCRS 1 TO 45 TIMES					
117	DEPENDING ON					
118	NUMBER OF LINE ITEMS					
119	LINE ITEM ID CODE		001	001	401	
120	LINE ITEM PROCESSING CODE		001	001	402	
121	SERVICE DATA					
122	1ST PROC SERVICE DATE		008	005	403	PNS
123	DATE DISPENSED REDEFINES					
124	1ST PROC SERVICE DATE		008	005	(403)	PNS
125	LAST PROC SERVICE DATE		008	005	408	PNS
126	DATE PRESCRIBED RED					
127	LAST PROC SERVICE DATE		008	005	(408)	PNS
128	UNITS OF SERVICE	1	005	003	413	PNS
129	QUANTITY DISPENSED RED					
130	UNIT OF SERVICE	1	005	003	(413)	PNS
131	PLACE OF SERVICE		001	001	416	
132	DETAIL CATEGORY OF SERV					
133	DET MAJ CAT OF SVC		002	002	417	
134	DET INT CAT OF SVC		001	001	419	
135	DET MIN CAT OF SVC		002	002	420	
136	PRICING INDICATOR		001	001	422	
137	RELEASE CODE		003	002	423	PNS
138	DETAIL MATCH CODE					
139	DTL MATCH CURRENT		001	001	425	
140	DTL MATCH PRIOR		001	001	426	
141	DTL MATCH MEDICAL		001	001	427	
142	DTL PERFORM PHYSICIAN		009	009	428	
143	PRESCRIBING PHYS RED					
144	DTL PERFORM PHYSICIAN		009	009	(428)	
145	FAMILY PLANNING IND		001	001	437	
146	TYPE SERVICE CODE		001	001	438	
147	DRUG SERVICE					
148	DRUG CODE					
149	MANUFACTURE CODE		005	005	439	
150	DRUG NAME		004	004	444	
151	PACKAGE SIZE		002	002	448	
152	MAC WAIVER INDICATOR		001	001	450	
153	UNIT DOSE INDICATOR		001	001	451	
154	NUMBER OF REFILS		001	001	452	
155	PRESCRIPTION NUMBER		007	007	453	
156	DRUG CLASS		004	004	460	
157	DAYS OF SUPPLY		003	002	464	PNS

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LRECL: 6295 **BLKSIZE:** **FIXED:** **VARIABLE:** X

ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
158	POS DRUG DATA					
159	DRUG CONTROL CODE		001	001	466	
160	REASON CODE		001	001	467	
161	NUMBER OF REFILLS 2		002	002	468	
162	QUANTITY DISPENSED 2	1	007	004	470	PNS
163	FILLER		002	002	474	
164	PRICING DATA					
165	PRICE LEVEL USED		001	001	476	
166	SUBMITTED CHARGE	2	009	005	477	PNS
167	ALLOWED CHARGE	2	009	005	482	PNS
168	COPAY	2	009	005	487	PNS
169	OTHER INSURANCE AMOUNT	2	009	005	492	PNS
170	PATIENT LIABILITY AMT	2	009	005	497	PNS
171	OTHER CUTBACK AMOUNT	2	009	005	502	PNS
172	DETAIL PAID AMOUNT	2	009	005	507	PNS
173	DETAIL REFUND AMOUNT	2	009	005	512	PNS
174	DRUG PRICE INFO					
175	PROFESSIONAL FEE	2	009	005	517	PNS
176	MAC PRICE	2	009	005	522	PNS
177	EAC PRICE	2	009	005	527	PNS
					532	

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ISD 20 (11-91)
SFN 2601

D/NAME: SB121010.REC
DATE ISSUED:
ADABAS NUMBER:

FILE ID: SB121010 SB121030 SB121060 SB121070 SB121075 SB121076 SB121080
RECORD NAME: HISTORY NON DRUG CLAIM RECORD
COPY MEMBER: SB100MHI **BY:** TERI E.
DATE CHANGED: 04/08/98 **CHANGED BY:** TREVA BEARD
LRECL: 6530 **BLKSIZE:** **FIXED:** **VARIABLE:** X

ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
001	HISTORY NON DRUG CLAIM REC					
002	CLAIM HEADER IFORMATION					
003	CLM RECORD CODE		001	001	001	
004	CLM TRANSACTION CODE					
005	TRANSACTION TYPE		001	001	002	
006	TRANSACTION STATUS		001	001	003	
007	CLM STATUS CODE		001	001	004	
008	AGENCY CODE		002	002	005	
009	INTERNAL CONTROL NUMBER					
010	CLM REGION		002	002	007	N
011	CLM BATCH DATE		007	007	009	N
012	CLM BATCH NUMBER		003	003	016	N
013	CLM DOCUMENT NUMBER		002	002	019	N
014	CLM DOCUMENT LINE NUMBER		001	001	021	N
015	CLM ICN CHECK DIGIT		001	001	022	N
016	CLM SORT KEY		035	035	023	
017	PROVIDER NAME REDEFINES CLM SORT KEY					
018	PROVIDER NAME		031	031	(023)	
019	FILLER		004	004	(054)	
020	FILLER		001	001	058	
021	NUMBER OF LINE ITEMS		004	002	059	BNS
022	CLM BILLING DATE		008	005	061	PNS
023	UB82 NONCOV DAYS REDEFINES					
024	CLM BILLING DATE		008	005	(061)	PNS
025	SPEC PROC FLAGS OCCURS 10 TIMES		001	001	066	
026	PROCESSING CLERK NUMBER		003	003	076	
027	DATA ENTRY CLERK NUMBER		003	003	079	
028	HMO PROV NUMBER REDEFINES					
	DATA ENTRY CLERK NUMBER		005	003	079	PNS
029	RECIPIENT DATA					
030	RECIPIENT CURRENT PCN		016	016	082	
031	RECIPIENT ORIGINAL PCN		016	016	098	
032	RECIPIENT CASE NUMBER		016	016	114	
033	RECIPIENT NAME					

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
034	RECIP LAST NAME		019	019	130	
035	RECIP FIRST NAME		012	012	149	
036	RECIP MIDDLE INITIAL		001	001	161	
037	RECIP COUNTY CODE		003	002	162	PNS
038	RECIP LEGAL COUNTY CODE		003	002	164	PNS
039	RECIP AID CATEGORY					
040	RECIP PROGRAM		002	002	166	
041	RECIP ME CODE		002	002	168	
042	RECIP AID CATEGORY REDEF					
043	RECIP PROGRAM		001	001	(166)	
044	RECIP AID		003	003	(167)	N
045	RECIP SEX CODE		001	001	170	
046	RECIP AUTH LEVEL CARE		001	001	171	
047	RECIP AGE		003	002	172	PNS
048	RECIP BIRTHDATE		008	005	174	PNS
049	RECIP HIB NUMBER		012	012	179	
050	FEDERAL MATCH CODE					
051	MATCH CURRENT		001	001	191	
052	MATCH PRIOR		001	001	192	
053	MATCH MEDICAL		001	001	193	
054	RECIP TPL		001	001	194	
055	ACCIDENT TYPE		001	001	195	
056	ACCIDENT DATE (CYMD)		008	005	196	PNS
057	ACCIDENT LOCATION		001	001	201	
058	ACCIDENT RELATED CODE		001	001	202	
059	JOB RELATED CODE		001	001	203	
060	THIRD PARTY INSURANCE CODE		001	001	204	
061	MEDICARE PART A STATUS		001	001	205	
062	MEDICARE PART B STATUS		001	001	206	
063	LIFETIME RESERVE STATUS		001	001	207	
064	VR DATA					
065	VR REGION NUMBER		002	002	208	
066	VR CURRENT STATUS		002	002	210	
067	VR FUND CODE		002	002	212	
068	VR COUNSELOR NUMBER		002	002	214	
069	VR SERVICE CODE		002	002	216	
070	PROVIDER DATA					
071	PROVIDER NUMBER		009	009	218	
072	PROVIDER LAST NAME		002	002	227	
073	PROVIDER SPECIALTY CODE		002	002	229	
074	PROVIDER TYPE CODE		002	002	231	

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
075	PROVIDER LOCATION CODE		002	002	233	NS
076	PROVIDER PRSO		002	002	235	N
077	PROVIDER PRSO FLAG		001	001	237	
078	PROVIDER GROUP NUMBER		009	009	238	
079	ATTENDING PHYSICIAN		009	009	247	
080	REFERRING PHYSICIAN		009	009	256	
081	UB82 SURGEON NUMBER REDF					
082	REFERRING PHYSICIAN		009	009	(256)	
083	FINANCIAL DATA					
084	TOTAL CLAIM CHARGE	2	009	005	265	PNS
085	DRUG CLAIM LED. REDEFINES					
086	TOTAL CLAIM CHARGE	2	009	005	(265)	PNS
087	TOTAL OTHER INSURANCE	2	009	005	270	PNS
088	TOTAL PATIENT LIABILITY	2	009	005	275	PNS
089	NET CLAIM CHARGE	2	009	005	280	PNS
090	TOTAL COPAY	2	009	005	285	PNS
091	REIMBURSEMENT AMT PAID	2	009	005	290	PNS
092	REIMBURSEMENT RATE	2	005	003	295	PNS
093	REIMBURSEMENT RATIO REDEF					
094	REIMBURSEMENT RATE	4	005	003	(295)	PNS
095	CLAIM PAID DATE		008	005	298	PNS
096	CLAIM CHECK NUMBER		007	004	303	PNS
097	REFERENCE DATE PAID		008	005	307	PNS
098	REFERENCE CLAIM NUMBER		015	008	312	PNS
099	REFERENCE AMOUNT	2	009	005	320	PNS
100	MEDICARE RECORD NUMBER					
101	PROV RECIP ID NO		006	006	325	
102	FILLER		011	011	331	
103	UB92 REC REDEFINES					
104	MEDICARE RECORD NUMBER					
105	UB92-PTAR-2		008	008	(325)	
106	UB92-HH-MCARE-REV-DATE		008	005	(333)	PNS
107	UB92-E-CODE-2-5		004	004	(338)	
108	REF TRANSACTION STATUS		002	002	342	
109	HEADER RELEASE CODE		003	002	344	PNS
110	UB92 PROCEDURE					
111	OCCURS 3 TIMES		005	005	346	
112	UB92-OTHER-PROVIDER-2		005	005	361	
113	HEADER SERVICE DATA					
114	PRIOR AUTH CONTROL NUMBER		010	010	366	
115	CATEGORY OF SERVICE					

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
116	MAJ CAT SERV		002	002	376	
117	INT CAT SERV		001	001	378	
118	MIN CAT SERV		002	002	379	
119	UB16 AREA					
120	BILLERS CONTROL NUMBER		012	012	381	
121	DOCUMENT NUMMBER					
122	FILLER		001	001	393	
123	VR AUTH NO		005	005	394	
124	UB82 AREA REDEF UB16 AREA					
125	PAT CTL NO		017	017	(381)	
126	UB92 E CODE 1		001	001	(398)	
127	DIAGNOSES OCCURS 6 TIMES					
128	DGCD		005	005	399	
129	TPL DIAG IND		001	001	404	
130	FAM PLAN DIAG IND		001	001	405	
131	BILLING FROM DATE (CYMD)		008	005	441	PNS
132	BILLING TO DATE (CYMD)		008	005	446	PNS
133	FIRST DAY OF SERVICE (CYMD)		008	005	451	PNS
134	LAST DAY OF SERVICE (CYMD)		008	005	456	PNS
135	AUTHORIZATION START (CYMD)		008	005	461	PNS
136	AUTHORIZATION END (CYMD)		008	005	466	PNS
137	COUNTY SIGNATURE IND		001	001	471	
138	UB82 SOURCE OF ADM REDEF					
139	COUNTY SIGNATURE IND		001	001	(471)	
140	PROVIDER SIGNATURE IND		001	001	472	
141	UB92 SURG DATE					
142	OCCURS 3 TIMES		008	005	473	PNS
143	UB92 ADMITTING DIAG CODE		005	005	488	
144	SCREENING REFERRAL DATA					
145	SCREEN REASON CODES					
146	OCCURS 6 TIMES		003	002	493	PNS
147	TREATMENT DUE TO SCR CODES		001	001	505	
148	UB82 DRG REDEFINES					
149	SCREENING REFERRAL DATA					
150	SAME DAY TRANSFER		002	002	(493)	
151	DAY COST OUTLIER		002	002	(495)	
152	MASTER DIAG CODE		002	002	(497)	
153	DRG CODE		003	002	(499)	PNS
154	BILL TYPE		003	003	(501)	
155	BLOOD NOT REPLACED		002	002	(504)	
156	**UNIQUE CLAIM TYPE DATA**		**130**	**130**	506	

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
157	INSTITUTIONAL DATA REDEFINES					
158	UNIQUE CLAIM TYPE DATA					
159	ADMISSION DATE		008	005	(506)	PNS
160	NATURE OF ADMISSION		001	001	(511)	
161	DATE OF DISCHARGE		008	005	(512)	PNS
162	DISCHARGE DESTINATION		001	001	(517)	
163	TOTAL COVERAGE CHARGE	2	009	005	(518)	PNS
164	INPATIENT DATA					
165	SURG INFO OCCURS 2 TIMES					
166	SURGERY TYPE OF SERV		001	001	(523)	
167	SURGERY PROCEDURE CD		005	005	(524)	
168	DATE OF SURGERY		008	005	(529)	PNS
169	OPERATING SURG PROV NUM		009	009	(545)	
170	ADMISSION HOUR		002	002	(554)	NS
171	TOTAL DAYS BILLED	1	005	003	(556)	PNS
172	CERTIFICATION STATUS		001	001	(559)	
173	CERTIFICATION DATE		008	005	(560)	PNS
174	DAYS CERTIFIED INITIALLY		003	002	(565)	PNS
175	EXTENSION DAYS CERTIFIED		003	002	(567)	PNS
176	TOTAL DAYS CERTIFIED		003	002	(569)	PNS
177	NUM REQUEST FOR EXTEN.		001	001	(571)	PNS
178	CERTIFICATION REV IND		001	001	(572)	
179	EXTENSION DENY IND		001	001	(573)	
180	HEAD FAMILY PLANNING IND		001	001	(574)	
181	FAMLIY PLAN FRACTION	2	003	002	(575)	PNS
182	TOTAL NON COVERED CHARGE	2	009	005	(577)	PNS
183	NURSING HOME LEVEL CARE		002	002	(582)	
184	FILLER		052	052	(584)	
185	CROSSOVER DATA REDEFINES					
186	INPATIENT DATA					
187	CROSSOVER RECORD TYPE		001	001	(523)	
188	MEDICARE CONTROL RECORD		011	011	(524)	
189	COMT DISP ATCD		002	002	(535)	
190	CASH DEDUCTIBLE	2	009	005	(537)	PNS
191	BLOOD DEDUCTIBLE	2	009	005	(542)	PNS
192	CO INSURANCE AMOUNT	2	009	005	(547)	PNS
193	TOTAL COVERED CHARGE	2	009	005	(552)	PNS
194	TOTAL NONCOVERED CHARGE	2	009	005	(557)	PNS
195	MEDICARE BILLED AMOUNT	2	009	005	(562)	PNS
196	MEDICARE PAID AMOUNT	2	009	005	(567)	PNS
197	PSYC COVERED CHARGE	2	009	005	(572)	PNS

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LRECL: 6530 **BLKSIZE:** **FIXED:** **VARIABLE:** X

ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
198	EOB ATTACHED		001	001	(577)	
199	FILLER		058	058	(578)	
200	SCREENING DATA REDEFINES					
201	UNIQUE CLAIM TYPE DATA					
202	PROBLEM CONDITIONS					
203	OCCURS 35 TIMES		001	001	(506)	
204	SCREENING TYPE		001	001	(541)	
205	SCREEN RESULTS		001	001	(542)	
206	FILLER		093	093	(543)	
207	UNIQUE DRUG DATA REDEFINES					
208	UNIQUE CLAIM TYPE DATA					
209	GENERIC CODE NUMBER		005	005	(506)	
210	FILLER		125	125	(511)	
211	DENTAL DATA REDEFINES					
212	UNIQUE CLAIM TYPE DATA					
213	PRETREATMENT IND		001	001	(506)	
214	DATE OF 1ST VISIT		008	005	(507)	PNS
215	PROSTHESIS IND		001	001	(512)	
216	PERIODONTIC IND		001	001	(513)	
217	ORTHODONTIC IND		001	001	(514)	
218	FILLER		121	121	(515)	
219	UB82 INPATIENT DATA REDEF					
220	UNIQUE CLAIM TYPE DATA					
221	UB82 ADMISSION DATE		008	005	(506)	PNS
222	UB82 TYPE OF ADMISSION		001	001	(511)	
223	UB82 DATE OF DISCHARGE		008	005	(512)	PNS
224	UB82 DISCHARGE DESTINATION		001	001	(517)	
225	UB82 TOTAL COVERED CHARGE	2	009	005	(518)	PNS
226	UB82 INPATIENT DATA					
227	UB82 SURGERY INFO					
228	OCCURS 3 TIMES					
229	UB82 SURGERY PROC CODE		005	005	(523)	
230	UB82 DATE OF SURGERY		008	005	(528)	PNS
231	UB82 CERTIFIED DAYS		003	002	(553)	PNS
232	UB82 ADMISSION HOUR		002	002	(555)	NS
233	UB82 TOTAL DAYS BILLED	1	005	003	(557)	PNS
234	UB82 PSRO APPROVED IND		001	001	(560)	
235	UB82 INSURANCE GROUP		017	017	(561)	
236	UB82 HEAD FAM PLAN IND		001	001	(578)	
237	UB82 FAM PLAN FRACTION	2	003	002	(579)	PNS
238	UB82 TOT NONCOVERED CHG	2	009	005	(581)	PNS

RECORD NAME: HISTORY NON DRUG CLAIM RECORD
COPY MEMBER: SB100MHI **BY:** TERI E.
DATE CHANGED: 04/08/98 **CHANGED BY:** TREVA BEARD
LRECL: 6530 **BLKSIZE:** **FIXED:** **VARIABLE:** X

ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
239	BASIC DRG PRICE	2	009	005	(586)	PNS
240	DAY OUTLIER COSTS	2	009	005	(591)	PNS
241	COST OUTLIER COSTS	2	009	005	(596)	PNS
242	CAPITAL COSTS	2	009	005	(601)	PNS
243	EDUCATION COSTS	2	009	005	(606)	PNS
244	INSURANCE COSTS	2	009	005	(611)	PNS
245	ALLOWED DRG PRICE	2	009	005	(616)	PNS
246	UB92 EXTRA DIAG CODES					
247	OCCURS 3 TIMES		005	005	(621)	
248	LINE ITEMS					
249	OCCURS 1 TO 45 TIMES					
250	DEPENDING ON					
251	NUMBER OF LINE ITEMS					
252	LINE ITEM ID CODE		001	001	636	
253	LINE ITEM PROCESSING CODE		001	001	637	
254	SERVICE DATA					
255	1ST PROC SERVICE DATE		008	005	638	PNS
256	DATE DISPENSED REDEF					
257	1ST PROC SERVICE DATE		008	005	(638)	PNS
258	LAST PROC SERVICE DATE		008	005	643	PNS
259	DATE PRESCRIBED REDEF					
260	LAST PROC SERVICE DATE		008	005	(643)	PNS
261	UNITS OF SERVICE	1	005	003	648	PNS
262	QUANTITY DISPENSED REDEF					
263	UNITS OF SERVICE	1	005	003	(648)	PNS
264	PLACE OF SERVICE		001	001	651	
265	DETAIL CATEGORY SERVICE					
266	DET MAJ CAT OF SVC		002	002	652	
267	DET INT CAT OF SVC		001	001	654	
268	DET MIN CAT OF SVC		002	002	655	
269	PRICING INDICATOR		001	001	657	
270	RELEASE CODE		003	002	658	PNS
271	DETAIL MATCH CODE					
272	DTL MATCH CURRENT		001	001	660	
273	DTL MATCH PRIOR		001	001	661	
274	DTL MATCH MEDICAL		001	001	662	
275	DTL PERFORM PHYSICIAN		009	009	663	
276	PRESCRIBING PHYS REDEF					
277	DTL PERFORM PHYSICIAN		009	009	(663)	
278	FAMILY PLANNING IND		001	001	672	
279	TYPE OF SERVICE		001	001	673	

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
280	UB82 DETAIL SERVICE					
281	RATE	2	007	007	674	N
282	RATE-1 REDEFINES RATE					
283	CPT4 CODE		005	005	(674)	
284	FILLER		002	002	(679)	
288	REVENUE CODE		003	003	681	
289	UB82 UNITS		003	003	684	N
290	REVENUE CODE TOTAL CHG	2	009	005	687	PNS
291	REV CODE NONCOV CHARGE	2	009	005	692	PNS
292	UB82 SERVICE CODE		001	001	697	
293	FILLER		003	003	698	
294	PROFESSIONAL SERVICE REDEF					
295	UB82 DETAIL SERVICE					
296	PROCEDURE CODE		005	005	(674)	
297	MODIFIER		002	002	(679)	
298	TOOTH NUMBER		002	002	(681)	
299	SURFACE OCCURS 4 TIMES		001	001	(683)	
300	DME PURCHASE AMT	2	009	005	(687)	PNS
301	DETAIL DIAGNOSIS		005	005	(692)	
302	DIAGNOSIS TREAT. IND		001	001	(697)	N
303	FILLER		003	003	(698)	
304	DRUG SERVICE REDEFINES					
305	UB82 DETAIL SERVICE					
306	DRUG CODE					
307	MANUFACTURE CODE		005	005	(674)	
308	DRUG NAME		004	004	(679)	
309	PACKAGE SIZE		002	002	(683)	
310	MAC WAIVER IND		001	001	(685)	
311	UNIT DOSE IND		001	001	(686)	
312	NUMBER OF REFILS		001	001	(687)	
313	PRESCRIPTION NUMBER		007	007	(688)	
314	DRUG CLASS		004	004	(695)	
315	DAYS OF SUPPLY		003	002	(699)	PNS
316	INSTITUTIONAL SVC REDEF					
317	UB82 DETAIL SERVICE					
318	SERVICE CODE		001	001	(674)	
319	NON COVERED DAYS	1	005	003	(675)	PNS
320	DETAIL COVERED CHARGE	2	009	005	(678)	PNS
321	DD ABSENT UNITS	1	003	002	(683)	PNS
322	FILLER		016	016	(685)	
323	FILLER 2		010	010	701	

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ITEM NO.	FIELD DESCRIPTION	DEC PLC	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	PNS
324	OPEN ITEM NUM REDEFINES					
325	FILLER 2					
326	OPEN ITEM NUMBER		007	007	(701)	
327	FILLER		003	003	(708)	
328	POS DRUG DATA REDEFINES					
329	FILLER 2					
330	CNTL CODE		001	001	(701)	
331	REASON CODE		001	001	(702)	
332	NO OF REFILS 2		002	002	(703)	
333	QUANTITY DISPENSED 2	1	007	004	(705)	PNS
334	FILLER		002	002	(709)	
335	PRICING DATA					
336	PRICE LEVEL USED		001	001	711	
337	SUBMITTED CHARGE	2	009	005	712	PNS
338	ALLOWED CHARGE	2	009	005	717	PNS
339	CO PAY	2	009	005	722	PNS
340	OTHER INSURANCE AMOUNT	2	009	005	727	PNS
341	PATIENT LIAB AMOUNT	2	009	005	732	PNS
342	OTHER CUTBACK	2	009	005	737	PNS
343	DETAIL PAID AMOUNT	2	009	005	742	PNS
344	DETAIL REFUND AMOUNT	2	009	005	747	PNS
345	PROFESSIONAL PRICE INFO					
346	LVL1 CUSTOMER MED CHG	2	009	005	752	PNS
347	LVL2 PRVL CHARGE	2	009	005	757	PNS
348	LVL3 ALLOWABLE CHARGE	2	009	005	762	PNS
349	ANETHESIA PRICE INFO REDEFINES PROFESSIONAL PRICE INFO					
350	BASE UNITS	2	009	005	(752)	PNS
351	ANETH COEFF	2	009	005	(757)	PNS
352	FILLER		005	005	(762)	
353	DRUG PRICE INFO REDEFINES PROFESSIONAL PRICE INFO					
354	PROFESSIONAL FEE	2	009	005	(752)	PNS
355	MAC PRICE	2	009	005	(757)	PNS
356	ACQ-WHSE-COST	2	009	005	(762)	PNS
357	INSTITUTIONAL PRICE INFOR REDEFINES PROFESSIONAL PRICE INFO					
358	NON-COVERED CHARGE	2	009	005	(752)	PNS
359	SUBMITTED RATE	2	009	005	(757)	PNS
360	PROVIDER CHG FACT	2	009	005	(762)	PNS
					767	