

Data Field Descriptions

HEADER FIELDS
TPAClaimPrefix
TPAClaimNumber
TPAClaimExtension
ProviderName
ProviderTypeDescription
BeginServiceDate
EndServiceDate
BillType
PrimaryProcedure
PrimaryDiagnosis
DiagnosisCode2
DiagnosisCode3
DiagnosisCode4
DiagnosisCode5
DiagnosisCode6
DRG
Facility_Institution
AdmitDate
ProcedureCode2
ProcedureCode3
ProcedureCode4
ProcedureCode5
ProcedureCode6
DiagnosisCode7
DiagnosisCode8
DiagnosisCode9
PatientDischargeStatus
DischargeHour
AdmitDiagnosisCode
PickupZipCode
CDC#PH
ProviderNPI
InvoiceAmount
ContractedVendorName
RecordAmountPaid
CrossReferenceID

LINE FIELDS
TPAClaimPrefix
TPAClaimNumber
TPAClaimExtension
BeginServiceDate
EndServiceDate
CPT_HCPCSCode
CPT_HCPCSPcedureModifier1
CPT_HCPCSPcedureModifier2
CPT_HCPCSPcedureModifier3
CPT_HCPCSPcedureModifier4
ProcedureDescription
Units
AnesthesiaMinutes
ProcedurePaid
ProcedureBilled
UBRevenueCode
UBRevenueCodeDescription
Coverage Code
CoverageDescription
PlaceofService
APCCode
MedicareAllowableAmount
UnitsExtendedPrecision
Facility_Institution

Cross reference id beginning with a number indicates claim adjudicated by Provider Network.

Cross reference id beginning with a letter indicates adjudicated/adjusted by TPA.

Derive claim type by place of service and bill type.

Place of service codes with Description

POS Code	POS Description
0	Unknown
11	Office
15	Mobile Unit
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
41	Ambulance-Land
42	Ambulance-Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
54	Intermediate Care Facility
61	Comprehensive Inpatient Rehab Facility
62	Comprehensive Outpatient Rehab Facility
65	End State Renal Disease Treatment Facility
72	Rural Health Clinic
81	Independent Laboratory
9	Prison-Correctional Facility
99	Other Place of Service