

SCC PPS Medical Claims Flat File Specifications

DSRIP Partner Message Processing

January 31, 2017, V0107



Acronyms and Meanings

Acronyms

Below is a list of acronyms and meanings used within this document.

Acronym	Definition
ABC	Advance Billing Concept
CPT	Current Procedure Terminology
Dx	Diagnosis
EDI	Electronic Data Interchange
NDC	National Drug Code
HCPCS	Healthcare Common Procedural Coding System
HIPPS	Health Insurance Prospective Payment System
HPID	Health Plan Identifier
ID	Identification

Acronym	Definition
MPM	Master Person Matching
MRN	Medical Record Number
NPI	National Provider Identifier
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claim Committee
OID	Object Identifier
POS	Point of Service
WPC	Washington Publishing Company

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Introduction

This document represents the initial version of the Flat File Claims Specification for the Suffolk Care Collaborative (SCC) Performing Provider System (PPS). The document objective is to provide our DSRIP partners with the required Flat File claims formats that are supported by the **SCC Population Health Platform**. It is expected that ongoing revisions may be made to the document as feedback is received from our DSRIP partners; To this point, your feedback is greatly appreciated and encouraged. Additionally this specification will be updated as a result of any changes to the DSRIP requirements that are mandated by the DOH Medicaid Reform Team (MRT). Your IT contacts, identified during the technical on-boarding process, will be notified of any changes or further refinements to this flat file specification.

Usage of this Document

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Claim Flat Files

The Claim flat file consists of two files that represent medical claims. This specification can be used for either professional or institutional medical claims and was based on the EDI 837 5010 specifications. The Claim Header file is considered the parent file and contains claim header level data. The Claim Detail file is considered the child file and contains claim service line level data. Records in the Claim Detail (child) are joined to the Claim Header (parent) during processing time to re-create the complete claim.

Notes:

- Both files are pipe delimited (“|”).
- The first record in each file is a header record. It is important that each field's header value appears exactly as defined by this specification. The header record is validated before processing occurs and the validation is case-sensitive.

Claim Header (FILE_1)

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
0	DeleteInd	Required	1 indicates the entity was deleted in the source system. Any other value or absence of a value indicates the entity was not deleted (that is, it was updated).	1	
1	TenantID	Conditionally Required	The unique ID used to identify the tenant that owns the clinical item in the source system. This field is typically used when the source system contains multiple tenants and you want to maintain that structure in HealthIntent.		
2	ClaimID	Required	The ID used by the source of the extract file to uniquely identify the claim. If the provider is the source, this is typically the same as the value sent in the ProviderClaimNumber field. If the payer is the source, this is typically the same as the PayerClaimNumber. This ID identifies the claim to update when new versions are sent. It is also used to join the service detail records to the header record.	0019520131197	
3	Version	Required	The version of the entity in the source system. The version must be lexicographically comparable. Typically, this is an epoch (long) or a string representation of the last updated date time. This is used to determine whether this version of the entity is newer than the version currently in the receiving system. If not specified, 0 is used.	20121026010000 1	
4	PersonID	Required	The unique ID used to identify the person within the context of the tenant in the source system. The PersonID can be the internal ID from the source system or an alias, such as MRN, as long as it identifies the person within the tenant. It must match the PersonID used in all clinical item flat files used to identify the person. Note: If claims are from a different source system than the EHR system, a person demographics file will also need to be provided.	12345 MRN12345_1.2.3.4.5.6	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
5	ProviderClaimNumber	Conditionally Required	The provider assigned unique identifier of the claim. All claims must have either a ProviderClaimNumber or PayerClaimNumber.	556696763	
6	PayerClaimNumber	Conditionally Required	The provider assigned unique identifier of the claim. All claims must have either a ProviderClaimNumber or PayerClaimNumber.	0019520131197	
7	ProviderPriorClaimNumber	Optional	The provider assigned claim identifier representing a previous claim to be replaced or voided by this claim. Used only if you are replacing or voiding a prior claim sent by the provider when the prior claim had a different ClaimID than the claim it replaces or voids. Use the FrequencyCode field to indicate that a claim is a Replacement (7) or Void (8) of a prior claim.	556556122	
8	PayerPriorClaimNumber	Conditionally Required	The payer assigned claim identifier representing a previous claim to be canceled by this claim. Required when PayerAdjustmentType is "C" (cancellation) and the claim to cancel has a different PayerClaimNumber than the cancellation claim. Should not be specified if PayerAdjustmentType is "O" (original) or "A" (adjustment).	0019520131100	
9	PayerAdjustmentType	Optional	Indicates whether this claims is an original, cancellation or adjustment. If it is a cancellation, PayerPriorClaimNumber must be populated and is used to locate the original or adjustment claim to cancel. Possible values: O = Original C = Cancellation A = Adjustment		
10	ClaimType	Required	Indicates the type of claim. Possible values: I = Institutional P = Professional	I P	
11	ClaimStatus	Optional	Indicates the status of the claim as a result of the payer's adjudication. Only applicable for adjudicated claims. Possible values: A = Approved D = Denied (Payer will not pay) R = Rejected (Payer determines there is an error in the claim)	A D R	
12	StatementFromDate	Conditionally Required	The earliest date of any service included on the claim. Required for institutional claims. Expected format: YYYY-MM-DD	2010-03-26	
13	StatementToDate	Conditionally Required	The latest date of any service included on the claim. Required for institutional claims. Expected format: YYYY-MM-DD	2010-03-28	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
14	PaidDate	Optional	The date the claim was paid. Only applicable for adjudicated claims. Expected format: YYYY-MM-DD	2010-05-02	
15	ReceivedDate	Optional	The date that the claim was received by the payer. Only applicable for adjudicated claims. Expected format: YYYY-MM-DD	2010-05-01	
16	AdmissionDate	Conditionally Required	The date the patient was admitted to the hospital. Required on claims for inpatient services. Expected format: YYYY-MM-DD	2010-03-26	
17	DischargeDate	Conditionally Required	The date that the patient was discharged from the hospital. Required on claims for inpatient services when the patient has been discharged. Expected format: YYYY-MM-DD	2010-03-29	
18	TypeOfBill	Required	The three digit NUBC type of bill for institutional claims.		
19	FacilityType	Required	The two digit NUBC facility type for institutional claims. Since the facility type is the first two digits of the three digit type of bill, this field should only be used if TypeOfBill is not used.		
20	PlaceOfService	Required	The two digit CMS Place of Service code for professional claims identifying where the service took place. For reference only, see CMS Place of Service Codes .	11	
21	FrequencyCode	Required	The one digit NUBC frequency code, used for both professional and institutional claims. Since frequency code is the third digit of the type of bill, this field should only be used if TypeOfBill is not used.	7	
22	DiagnosisRelatedGroupCodeID	Optional	The Diagnosis-related group or DRG for institutional claims only. If specified, the DiagnosisRelatedGroupCodeSystemID must be specified too.	454	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
23	DiagnosisRelatedGroupCodeSystemID	Conditionally Required	The coding system from which the DRG code in DiagnosisRelatedGroupCodeID originated. If DiagnosisRelatedGroupCodeID populated, then DiagnosisRelatedGroupCodeSystemID is required. Recommended Coding Systems: Medicare DRG (MS-DRG & CMS-DRG): urn:cerner:codingsystem:drg:msdrg Refined DRGs (R-DRG): urn:cerner:codingsystem:drg:rpdr All Patient DRGs (AP-DRG): urn:cerner:codingsystem:drg:apdr Severity DRGs (S-DRG): urn:cerner:codingsystem:drg:sdr All Patient, Severity-Adjusted DRGs (APS-DRG): urn:cerner:codingsystem:drg:apsdr All Patient Refined DRGs (APR-DRG): urn:cerner:codingsystem:drg:aprdr International-Refined DRGs (IR-DRG): urn:cerner:codingsystem:drg:irdr Unknown DRG (used when the coding system is unknown): urn:cerner:codingsystem:drg:unkdr For more information on supported OIDs, see the Standard Code Systems List .		
24	BillingProviderReferenceID	Optional	An identifier used to find the provider in a companion reference file.		
25	BillingProviderNPI	Required	The 10 digit National Provider Identifier (NPI) of the billing provider for the claim. The Cerner standard is to always populate this field for all claims.	9292929292	
26	BillingProviderEntityType	Optional	Indicates the entity type of the billing provider for the claim. Possible values: PERSON ORGANIZATION	ORGANIZATION PERSON	
27	BillingProviderTaxonomyCodeID	Optional	The taxonomy or specialty code that identifies the billing provider's specialty. If BillingProviderTaxonomyCodeID is populated, then either BillingProviderTaxonomyCodeSystemID or BillingProviderTaxonomyDisplay must be populated.	282N0000X	
28	BillingProviderTaxonomyCodeSystemID	Conditionally Required	Required if the code is from an industry standard coding system. Values are the OIDs representing the coding system. For a list of supported OIDs, see the Standard Code Systems List . If the code is from a proprietary coding system, then can be left empty. Recommended Code Systems: For reference only, see NUCC Provider Taxonomy : 2.16.840.1.113883.6.101	2.16.840.1.113883.6.101	
29	BillingProviderTaxonomyDisplay	Conditionally Required	The display of the billing provider's taxonomy or specialty code. This field only needs to be populated if the code is proprietary and not from an industry standard coding system like NUCC Provider Taxonomy.	General Acute Care Hospital	
30	BillingProviderLastNameOrOrganizationName	Conditionally Required	The last name or organization name of the billing provider, depending on whether the BillingProviderEntityType is PERSON or ORGANIZATION.	Greater Metropolitan Hospital	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
31	BillingProviderFirstName	Conditionally Required	The first name of the billing provider, if applicable.		
32	BillingProviderMiddleName	Optional	The middle name of the billing provider, if applicable.		
33	BillingProviderFullName	Conditionally Required	The full name of the billing provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
34	BillingProviderAddress1	Optional	The first line of the billing provider's street address.	3800 Washington Avenue	
35	BillingProviderAddress2	Optional	The second line of the billing provider's street address, if applicable.		
36	BillingProviderCity	Optional	The city of the billing provider's address.	Big City	
37	BillingProviderStateOrProvinceCodeID	Optional	The state or province code of the billing provider's address. If BillingProviderStateOrProvinceCodeID is populated, either BillingProviderStateOrProvinceCodeSystemID or BillingProviderStateOrProvinceDisplay must be populated.	TX	
38	BillingProviderStateOrProvinceCodeSystemID	Conditionally Required	Required if the code is from an industry standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List . If the code is from a proprietary coding system, this field can be empty.	2.16.840.1.113883.6.92	
39	BillingProviderStateOrProvinceDisplay	Conditionally Required	The display of the state or province of the billing provider's address.		
40	BillingProviderPostalCode	Optional	The postal code of the billing provider's address	73333	
41	BillingProviderCountryCodeID	Optional	The country code of the billing provider's address. If BillingProviderCountryCodeID is populated, then BillingProviderCountryCodeSystemID must be populated.	USA	
42	BillingProviderCountryCodeSystemID	Conditionally Required	Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List . Recommended code systems: ISO 3166, numeric: 1.0.3166.1.2.1 ISO 3166, alpha-2: 1.0.3166.1.2.2 ISO 3166, alpha-3: 1.0.3166.1.2.3	1.0.3166.1.2.3	
43	BillingProviderPhoneNumber	Optional	Billing Provider workplace telephone number. Preferred format is #####-####	999-111-2211	
44	AttendingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the attending provider for the claim. Typically, only institutional claims specify an attending provider.	1234567890	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
45	AttendingProviderTaxonomyCodeID	Optional	The taxonomy or specialty code that identifies the attending provider's specialty. If AttendingProviderTaxonomyCodeID is populated, either AttendingProviderTaxonomyCodeSystemID or AttendingProviderTaxonomyDisplay must be populated.	207RC0000X	
46	AttendingProviderTaxonomyCodeSystemID	Conditionally Required	Required if the code is from an industry standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List . If the code is from a proprietary coding system, this field can be empty. Recommended Code Systems: For reference only, see NUCC Provider Taxonomy : 2.16.840.1.113883.6.101.	2.16.840.1.113883.6.101	
47	AttendingProviderTaxonomyDisplay	Conditionally Required	The display of the attending provider's taxonomy or specialty code. This field only needs to be populated if the code is proprietary and not from an industry standard coding system like NUCC Provider Taxonomy.	Cardiovascular Disease	
48	AttendingProviderLastName	Conditionally Required	The last name of the attending provider.	Wilson	
49	AttendingProviderFirstName	Conditionally Required	The first name of the attending provider.	Susan	
50	AttendingProviderMiddleName	Optional	The middle name of the attending provider.		
51	AttendingProviderFullName	Optional	The full name of the attending provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
52	RenderingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the rendering provider for the claim.	7777567890	
53	RenderingProviderEntityType	Optional	Indicates the entity type of the rendering provider for the claim. Possible values: PERSON ORGANIZATION	PERSON	
54	RenderingProviderTaxonomyCodeID	Optional	The taxonomy or specialty code that identifies the rendering provider's specialty. If RenderingProviderTaxonomyCodeID is populated, either RenderingProviderTaxonomyCodeSystemID or RenderingProviderTaxonomyDisplay must be populated.	207RC0000X	
55	RenderingProviderTaxonomyCodeSystemID	Conditionally Required	Required if the code is from an industry standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List . If the code is from a proprietary coding system, this field can be empty. Recommended Code Systems: For reference only, see NUCC Provider Taxonomy : 2.16.840.1.113883.6.101.	2.16.840.1.113883.6.101	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
56	RenderingProviderTaxonomyDisplay	Conditionally Required	The display of the rendering provider's taxonomy or specialty code. This field needs to be populated only if the code is proprietary and not from an industry standard coding system like NUCC Provider Taxonomy.	Cardiovascular Disease	
57	RenderingProviderLastNameOrOrgName	Conditionally Required	The last name or organization name of the rendering provider, depending on whether the RenderingProviderEntityType is PERSON or ORGANIZATION.	Black	
58	RenderingProviderFirstName	Conditionally Required	The first name of the rendering provider, if applicable.	Howard	
59	RenderingProviderMiddleName	Optional	The middle name of the rendering provider, if applicable.		
60	RenderingProviderFullName	Conditionally Required	The full name of the rendering provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
61	SupervisingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the supervising provider for the claim. Typically only professional claims specify a supervising provider.		
62	SupervisingProviderLastName	Conditionally Required	The last name of the supervising provider.		
63	SupervisingProviderFirstName	Conditionally Required	The first name of the supervising provider.		
64	SupervisingProviderMiddleName	Optional	The middle name of the supervising provider.		
65	SupervisingProviderFullName	Optional	The full name of the supervising provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
66	OperatingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the operating provider for the claim. Typically only institutional claims specify an operating provider.	8888888888	
67	OperatingProviderLastName	Conditionally Required	The last name of the operating provider.	Long	
68	OperatingProviderFirstName	Conditionally Required	The first name of the operating provider.	Kari	
69	OperatingProviderMiddleName	Optional	The middle name of the operating provider.		
70	OperatingProviderFullName	Optional	The full name of the operating provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
71	OtherOperatingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the other operating provider for the claim. Typically only institutional claims specify another operating provider when a surgical procedure is included on the claim for which another operating provider was involved.	2222227890	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
72	OtherOperatingProviderLastName	Conditionally Required	The last name of the other operating provider.	Riley	
73	OtherOperatingProviderFirstName	Conditionally Required	The first name of the other operating provider.	David	
74	OtherOperatingProviderMiddleName	Optional	The middle name of the other operating provider.		
75	OtherOperatingProviderFullName	Optional	The full name of the other operating provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
76	ReferringProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the referring provider for the claim. Typically, institutional claims specify a referring provider for outpatient visits when the attending provider was different than the referring. Also, professional claims specify a referring provider when the claim involves a referral.	1010101010	
77	ReferringProviderLastName	Conditionally Required	The last name of the referring provider.	Young	
78	ReferringProviderFirstName	Conditionally Required	The first name of the referring provider.	Ned	
79	ReferringProviderMiddleName	Optional	The middle name of the referring provider.		
80	ReferringProviderFullName	Optional	The full name of the referring provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
81	ServiceFacilityNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the service facility location of health care service. Only specify a service facility if different than the billing provider and the entity is external. For example, a reference lab.		
82	ServiceFacilityOrgName	Required	The name of the service facility location of the health care service.		
83	PatientMemberID	Required	The patient's health care benefit or insurance member ID. If member ID is available, it should be sent in this field even if the same value is used and sent in the PersonID field.	1100 22441 01	
84	PatientMemberIDAssigningAuthority	Optional	The assigning authority of the value in the PatientMemberID field, if known. To use the member ID in Master Person Matching (MPM) algorithms, an assigning authority must be specified. Typically the assigning authority is an OID, but can be any identifier that uniquely identifies the pool the identifier was issued from.	2.16.840.1.113883.999.1 2.66.11.1.1.7	
85	PatientMRN	Required	The MRN of the patient in the context of the encounter billed on the claim.	DD1555-234-1	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
86	PatientMRNAssigningAuthority	Optional	The assigning authority of the value in the PatientMRN field, if known. To use the MRN in Master Person Matching (MPM) algorithms, an assigning authority must be specified. Typically the assigning authority is an OID, but can be any identifier that uniquely identifies the pool that the identifier was issued from.	2.16.840.1.113883.123.4 4.1.1.12	
87	PayerName	Required	The name of the payer for the claim.	Payer XYZ	
88	PayerPlanName	Optional	The name of the plan for the claim.	Payer XYZ EPO	
89	PayerPlanID	Optional	The ID used to uniquely identify the payer and plan combination, within the context of the data source. It can be the internal identifier from the source system or an alias, such as EDI payer Id or the HIPAA National Plan Identifier when it becomes available. If EDI payer ID is used, the SourceOfPaymentType field must be valued.	722	
90	PayerPlanIDType	Conditionally Required	The type of payer plan ID. If PayerPlanID is populated, then PayerPlanIDType is required. Possible Values: EDI HPID		
91	PayerPlanReferenceID	Optional	An ID used to look up the payer plan information from a payer plan reference source.		
92	SourceOfPaymentType	Conditionally Required	The code indicating payer type typology from the PHDSC Source of Payment Typology.	514	
93	PolicyOrGroupNumber	Optional	The policy or group number associated with coverage.		
94	PolicyOrGroupName	Optional	The policy or group name associated with coverage.		
95	DiagnosisCodeSystemID	Required	The coding system the values in the claim-level diagnosis fields are from. For industry standard coding systems, an OID is typically specified. Recommended coding systems: ICD-9 Dx: 2.16.840.1.113883.6.103 ICD-10 Dx: 2.16.840.1.113883.6.90 For more information on supported OIDs, see the Standard Code Systems List .	2.16.840.1.113883.6.103	
96	AdmittingDiagnosisCodeID	Required	The admitting diagnosis code for an inpatient visit billed on an institutional claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
97	PrincipalDiagnosisCodeID	Required	The principal diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
98	PrincipalDiagnosisPOA	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
99	OtherDiagnosisCodeID1	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
100	OtherDiagnosisPOA1	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
101	OtherDiagnosisCodeID2	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
102	OtherDiagnosisPOA2	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
103	OtherDiagnosisCodeID3	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
104	OtherDiagnosisPOA3	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
105	OtherDiagnosisCodeID4	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
106	OtherDiagnosisPOA4	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
107	OtherDiagnosisCodeID5	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
108	OtherDiagnosisPOA5	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
109	OtherDiagnosisCodeID6	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
110	OtherDiagnosisPOA6	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
111	OtherDiagnosisCodeID7	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
112	OtherDiagnosisPOA7	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
113	OtherDiagnosisCodeID8	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
114	OtherDiagnosisPOA8	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
115	OtherDiagnosisCodeID9	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
116	OtherDiagnosisPOA9	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
117	OtherDiagnosisCodeID10	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
118	OtherDiagnosisPOA10	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
119	OtherDiagnosisCodeID11	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
120	OtherDiagnosisPOA11	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
121	OtherDiagnosisCodeID12	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
122	OtherDiagnosisPOA12	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
123	OtherDiagnosisCodeID13	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
124	OtherDiagnosisPOA13	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
125	OtherDiagnosisCodeID14	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
126	OtherDiagnosisPOA14	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
127	OtherDiagnosisCodeID15	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
128	OtherDiagnosisPOA15	Conditionally Required I	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
129	OtherDiagnosisCodeID16	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
130	OtherDiagnosisPOA16	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
131	OtherDiagnosisCodeID17	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
132	OtherDiagnosisPOA17	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
133	OtherDiagnosisCodeID18	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
134	OtherDiagnosisPOA18	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
135	OtherDiagnosisCodeID19	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
136	OtherDiagnosisPOA19	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
137	OtherDiagnosisCodeID20	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
138	OtherDiagnosisPOA20	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
139	OtherDiagnosisCodeID21	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
140	OtherDiagnosisPOA21	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
141	OtherDiagnosisCodeID22	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
142	OtherDiagnosisPOA22	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
143	OtherDiagnosisCodeID23	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
144	OtherDiagnosisPOA23	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
145	OtherDiagnosisCodeID24	Conditionally Required	Additional diagnosis code associated with the claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
146	OtherDiagnosisPOA24	Conditionally Required	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
147	ProcedureCodeSystemID	Conditionally Required	The coding system the values in the claim-level procedure fields are from. For industry standard coding systems, an OID is typically specified. Recommended coding systems: ICD-9 Proc: 2.16.840.1.113883.6.104 ICD-10 Proc: 2.16.840.1.113883.6.4 For more information on supported OIDs, see the Standard Code Systems List .	2.16.840.1.113883.6.104	
148	PrincipalProcedureCodeID	Required	The principal procedure code associated with the claim. Expected on inpatient Institutional claims when a procedure was performed. The code must come from the coding system specified in the ProcedureCodeSystemID field.	37.22	
149	PrincipalProcedureDate	Required	The date the principal procedure was performed. Expected format: YYYY-MM-DD	2010-03-26	
150	OtherProcedureCodeID1	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.	37.25	
151	OtherProcedureDate1	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD	2010-03-27	
152	OtherProcedureCodeID2	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
153	OtherProcedureDate2	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
154	OtherProcedureCodeID3	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
155	OtherProcedureDate3	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
156	OtherProcedureCodeID4	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
157	OtherProcedureDate4	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
158	OtherProcedureCodeID5	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
159	OtherProcedureDate5	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
160	OtherProcedureCodeID6	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
161	OtherProcedureDate6	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
162	OtherProcedureCodeID7	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
163	OtherProcedureDate7	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
164	OtherProcedureCodeID8	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
165	OtherProcedureDate8	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
166	OtherProcedureCodeID9	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
167	OtherProcedureDate9	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
168	OtherProcedureCodeID10	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
169	OtherProcedureDate10	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
170	OtherProcedureCodeID11	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
171	OtherProcedureDate11	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
172	OtherProcedureCodeID12	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
173	OtherProcedureDate12	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
174	OtherProcedureCodeID13	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
175	OtherProcedureDate13	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
176	OtherProcedureCodeID14	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
177	OtherProcedureDate14	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
178	OtherProcedureCodeID15	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
179	OtherProcedureDate15	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
180	OtherProcedureCodeID16	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
181	OtherProcedureDate16	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
182	OtherProcedureCodeID17	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
183	OtherProcedureDate17	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
184	OtherProcedureCodeID18	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
185	OtherProcedureDate18	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
186	OtherProcedureCodeID19	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
187	OtherProcedureDate19	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
188	OtherProcedureCodeID20	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
189	OtherProcedureDate20	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
190	OtherProcedureCodeID21	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
191	OtherProcedureDate21	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
192	OtherProcedureCodeID22	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
193	OtherProcedureDate22	Optional	The date of the additional procedure. Expected format: YYYY-MM-DD		
194	OtherProcedureCodeID23	Optional	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
195	OtherProcedureDate23	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
196	OtherProcedureCodeID24	Conditionally Required	An additional procedure code associated with the claim. The code must come from the coding system specified in the ProcedureCodeSystemID field.		
197	OtherProcedureDate24	Conditionally Required	The date of the additional procedure. Expected format: YYYY-MM-DD		
198	PrincipalAnesthesiaProcedureCodeID	Optional	The principal anesthesia related procedure code. Typically required on professional claims involving anesthesia services and the payer requires these codes to adjudicate the claim. The code must be a HCPCS code.		
199	OtherAnesthesiaProcedureCodeID	Optional	An additional anesthesia related procedure code. Typically required on professional claims involving anesthesia services and the payer requires these codes to adjudicate the claim. The code must be HCPCS code.		
200	ExternalCauseOfInjuryCodeID1	Optional	A diagnosis code describing an injury, poisoning or adverse affect related to the institutional claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
201	ExternalCauseOfInjuryPOA1	Optional	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
202	ExternalCauseOfInjuryCodeID2	Optional	A diagnosis code describing an injury, poisoning or adverse affect related to the institutional claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
203	ExternalCauseOfInjuryPOA2	Optional	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
204	ExternalCauseOfInjuryCodeID3	Optional	A diagnosis code describing an injury, poisoning or adverse affect related to the institutional claim. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
205	ExternalCauseOfInjuryPOA3	Optional	Optional code indicating whether the diagnosis was present on admission. Possible Values: N = No U = Unknown W = Not Applicable Y = Yes		
206	BilledAmount	Required	The total numeric amount billed by the provider for the entire claim.		
207	PaidAmount	Optional	The total numeric amount paid by the payer for the entire claim.		

NOTE:

- If a Person Demographics file is **not** provided for the system from which the Claims data is extracted, the following demographics data must be included in the Claims file.
- If a Person Demographics file is provided for the system from which the Claims data is extracted, the following demographic data can be skipped in the Claims file.

208	MRN	Required	The MRN of the person. If MRN is populated, then MRNAssigningAuthority must be populated.	12345	
209	MRNAssigningAuthority	Conditionally Required	The assigning authority of the MRN. Generally this is an OID specific to the tenant organization and the type of alias, but can be any identifier that uniquely identifies the authority that issued the MRN.	1.2.3.4.5.6	
210	SSN	Optional	The Social Security Number (SSN) of the person.	123-45-6789	
211	LastName	Required	The last name of the person.	Doe	
212	FirstName	Required	The first name of the person.	John	
213	MiddleName	Optional	The middle name or initial of the person.	P	
214	BirthDate	Required	The date of birth of the person, represented in ISO 8601 basic or extended format with no time component (for example, YYYY-MM-DD, YYYY-MM, YYYYMMDD, YYYYMM, YYYY).	39142	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
215	GenderCodeID	Required	The industry standard or proprietary code that identifies the gender for the person. Without the gender code, it is unlikely that the person's record is of much value. If GenderCodeID is populated, then either GenderCodeSystemID or GenderDisplay must be populated.	248152002 , F	
216	GenderCodeSystemID	Conditionally Required	Required if the code is from an industry-standard coding system. Values are the OIDs that represent the coding system. For more information on supported OIDs, see the Standard Code Systems List. If the code is from a proprietary coding system, this can be empty.	2.16.840.1.113883.6.96,2 .16.840.1.113883.5.1	
217	GenderDisplay	Required	How the gender is displayed.	Female	
218	RaceCodeID	Conditionally Required	The industry-standard or proprietary code that identifies the race of the person. If RaceCodeID is populated, then either RaceCodeSystemID or RaceDisplay must be populated.	2106-3	
219	RaceCodeSystemID	Conditionally Required	Required if the code is from an industry-standard coding system. Values are the OIDs that represent the coding system. For more information on supported OIDs, see the Standard Code Systems List. If the code is from a proprietary coding system, this can be empty.	2.16.840.1.113883.12.5	
220	RaceDisplay	Conditionally Required	How the race is displayed.	White	
221	EthnicityCodeID	Required	The industry-standard or proprietary code that identifies the person's ethnicity. If EthnicityCodeID is populated, then either EthnicityCodeSystemID or EthnicityDisplay must be populated.	2135-2	
222	EthnicityCodeSystemID	Conditionally Required	Required if the code is from an industry-standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List. If the code is from a proprietary coding system, this can be empty.	2.16.840.1.113883.6.238	
223	EthnicityDisplay	Conditionally Required	How ethnicity is displayed.	Hispanic or Latino	
224	MaritalStatusCodeID	Optional	The industry-standard or proprietary code that identifies the marital status of the person. If MaritalStatusCodeID is populated, then either MaritalStatusCodeSystemID or MaritalStatusDisplay must be populated.	M	
225	MaritalStatusCodeSystemID	Conditionally Required	Required if the code is from an industry-standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List. If the code is from a proprietary coding system, this can be empty.	2.16.840.1.113883.5.2	
226	MaritalStatusDisplay	Conditionally Required	How the marital status is displayed.	Married, Single	
227	ReligionCodeID	Optional	The industry-standard or proprietary code that identifies the religion of the person. If ReligionCodeID is populated, then either ReligionCodeSystemID or ReligionDisplay must be populated.	1041	
228	ReligionCodeSystemID	Conditionally Required	Required if the code is from an industry-standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List. If the code is from a proprietary coding system, this can be empty.	2.16.840.1.113883.5.107 6	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
229	ReligionDisplay	Conditionally Required	How the religion is displayed.	Roman Catholic	
230	PrimaryLanguageCodeID	Conditionally Required	The industry-standard or proprietary code that identifies the primary language of the person. If PrimaryLanguageCodeID is populated, then either PrimaryLanguageCodeSystemID or PrimaryLanguageDisplay must be populated.	ENG	
231	PrimaryLanguageCodeSystemID	Conditionally Required	Required if the code is from an industry-standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List. If the code is from a proprietary coding system, this can be empty.		
232	PrimaryLanguageDisplay	Conditionally Required	How the primary language is displayed.	English	
233	StreetAddress1	Required	The street portion of the person's primary address.	2800 Rockcreek Parkway	
234	StreetAddress2	Conditionally Required	The street portion of the person's primary address.		
235	City	Required	The city portion of the person's primary address.	Kansas City	
236	LocalityCodeID	Required	The industry-standard or proprietary code that identifies the locality (for example, state) portion of the person's primary address. If LocalityCodeID is populated, then either LocalityCodeSystemID or LocalityDisplay must be populated	MO	
237	LocalityCodeSystemID	Conditionally Required	Required if the code is from an industry standard-coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List. If the code is from a proprietary coding system, this can be empty.		
238	LocalityDisplay	Conditionally Required	How the locality is displayed.	Missouri	
239	PostalCode	Required	The postal code (for example, zip code) portion of the person's primary address	64177	
245	PrimaryPhoneNumber	Optional	The primary phone number of the person, for contact purposes.	816-123-4567	
246	EmailAddress	Optional	The email address for the person.	person@mail.com	

Claim Detail File Specifications (FILE_2)

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
0	ClaimID	Required	This field is used to join claim service line records to their corresponding claim header records.	0019520131197	
1	LineNumber	Required	A number that uniquely identifies a service line within the context of a single claim.		
2	ServiceFromDate	Conditionally Required	The begin date for the service. Required for professional services and some institutional services. Expected format: YYYY-MM-DD		
3	ServiceToDate	Conditionally Required	The end date for the service. Required when the end date is different than the service begin date. Expected format: YYYY-MM-DD		
4	PlaceOfService	Conditionally Required	The two-digit CMS Place of Service code for professional claims identifying the location where the service took place. For reference only, see CMS POS Codes . Required if the service's POS is different than the claim-level POS.		
5	BilledRevenueCode	Conditionally Required	The NUBC Revenue Code representing the billed revenue code used by the provider when submitting the claim to the payer. Required on un-adjudicated institutional claims, although can be included on adjudicated claims as well.	0403	
6	AdjudicatedRevenueCode	Optional	The NUBC Revenue Code used to adjudicate the claim. Applies only to adjudicated institutional claims.	0403	
7	BilledProcedureCodeSystemID	Conditionally Required	The coding system the values in the service-level billed procedure fields are from. For industry standard coding systems, an OID is typically specified. If any of the BilledProcedure* fields are populated, then BilledProcedureCodeSystemID is required. Recommended coding systems: HCPCS Level 1 (CPT): 2.16.840.1.113883.6.12 HCPCS Level 2: 2.16.840.1.113883.6.285 HCPCS (use if level is unknown): 2.16.840.1.113883.6.14 HIPPS: 2.16.840.1.113883.15.4 ABC (Advance Billing Concept): urn:cerner:codingsystem:edi:837:5010:advancedbillingconcepts For more information on supported OIDs, see the Standard Code Systems List .	2.16.840.1.113883.6.14	
8	BilledProcedureCodeID	Conditionally Required	The procedure code representing the billed procedure code used by the provider when submitting the claim to the payer. Required on un-adjudicated claims when a procedure is billed on the claim, although can be included on adjudicated claims as well. The code must come from the coding system specified in the BilledProcedureCodeSystemID field.		
9	BilledProcedureModifier1	Conditionally Required	The first procedure code modifier that further qualifies the procedure contained in BilledProcedureCodeID. The code must be a HCPCS Level 2 code.		
10	BilledProcedureModifier2	Conditionally Required	The second procedure code modifier that further qualifies the procedure contained in BilledProcedureCodeID. The code must be a HCPCS Level 2 code.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
11	BilledProcedureModifier3	Conditionally Required	The third procedure code modifier that further qualifies the procedure contained in BilledProcedureCodeID. The code must be a HCPCS Level 2 code.		
12	BilledProcedureModifier4	Conditionally Required	The fourth procedure code modifier that further qualifies the procedure contained in BilledProcedureCodeID. The code must be a HCPCS Level 2 code.		
13	AdjudicatedProcedureCodeSystemID	Conditionally Required	The coding system the values in the service-level adjudicated procedure fields are from. For industry standard coding systems, an OID is typically specified. Recommended coding systems: HCPCS Level 1 (CPT): 2.16.840.1.113883.6.12 HCPCS Level 2: 2.16.840.1.113883.6.285 HCPCS (use if level is unknown): 2.16.840.1.113883.6.14 HIPPS: 2.16.840.1.113883.15.4 ABC (Advance Billing Concept): urn:cerner:codingsystem:edi:837:5010:advancedbillingconcepts For more information on supported OIDs, see the Standard Code Systems List .	2.16.840.1.113883.6.14	
14	AdjudicatedProcedureCodeID	Conditionally Required	The procedure code used by the payer to adjudicate the service. The code must come from the coding system specified in the AdjudicatedProcedureCodeSystemID field.	77052	
15	AdjudicatedProcedureModifier1	Optional	The first procedure code modifier that further qualifies the procedure contained in AdjudicatedProcedureCodeID. The code must be a HCPCS Level 2 code.		
16	AdjudicatedProcedureModifier2	Optional	The second procedure code modifier that further qualifies the procedure contained in AdjudicatedProcedureCodeID. The code must be a HCPCS Level 2 code.		
17	AdjudicatedProcedureModifier3	Optional	The third procedure code modifier that further qualifies the procedure contained in AdjudicatedProcedureCodeID. The code must be an HCPCS Level 2 code.		
18	AdjudicatedProcedureModifier4	Optional	The fourth procedure code modifier that further qualifies the procedure contained in AdjudicatedProcedureCodeID. The code must be a HCPCS Level 2 code.		
19	DiagnosisCodeSystemID	Conditionally Required	The coding system the values in the service-level diagnosis fields are from. For industry standard coding systems, an OID is typically specified. If any of the service-level diagnosis fields are populated, then DiagnosisCodeSystemID is required. Recommended coding systems: ICD-9 Dx: 2.16.840.1.113883.6.103 ICD-10 Dx: 2.16.840.1.113883.6.90 For more information on supported OIDs, see the Standard Code Systems List .		
20	PrimaryDiagnosisCodeID	Conditionally Required	The primary diagnosis code associated with the service. Required for professional claim services. The code must come from the coding system specified in the DiagnosisCodeSystemID field.	719.42	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
21	OtherDiagnosisCodeID1	Conditionally Optional	An additional diagnosis code associated with the service. Applicable for professional claim services. The code must come from the coding system specified in the DiagnosisCodeSystemID field.	726.2	
22	OtherDiagnosisCodeID2	Conditionally Optional	An additional diagnosis code associated with the service. Applicable for professional claim services. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
23	OtherDiagnosisCodeID3	Conditionally Optional	An additional diagnosis code associated with the service. Applicable for professional claim services. The code must come from the coding system specified in the DiagnosisCodeSystemID field.		
24	DrugNDC	Conditionally Optional	The 11 digit National Drug Code (NDC) of a drug involved in providing the service.	00409379549	
25	DrugQuantity	Conditionally Optional	The numeric quantity or unit count of the drug involved in providing the service.	2	
26	DrugUnitOfMeasure	Optional	The two character code indicating the unit or basis for measurement of the drug involved in providing the service. Possible values: F2: International Unit GR: Gram ME: Milligram ML: Milliliter UN: Unit	UN	
27	PharmacyPrescriptionNumber	Optional	The prescription number associated with the drug involved in providing the service.	00000102	
28	RenderingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the rendering provider for the service. Rendering provider is required when it differs from claim-level rendering provider.		
29	RenderingProviderEntityType	Optional	Indicates the entity type of the rendering provider for the service. Possible values: PERSON ORGANIZATION		
30	RenderingProviderTaxonomyCodeID	Optional	The taxonomy or specialty code that identifies the rendering provider's specialty. If RenderingProviderTaxonomyCodeID is populated, either RenderingProviderTaxonomyCodeSystemID or RenderingProviderTaxonomyDisplay must be populated.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
31	RenderingProviderTaxonomyCodeSystemID	Conditionally Required	Required if the code is from an industry standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List . If the code is from a proprietary coding system, this field can be empty. For reference only see NUCC Provider Taxonomy : 2.16.840.1.113883.6.101.		
32	RenderingProviderTaxonomyDisplay	Conditionally Required	The display of the rendering provider's taxonomy or specialty code. This field only needs to be populated if the code is proprietary and not from an industry standard coding system like NUCC Provider Taxonomy.		
33	RenderingProviderLastNameOrOrgName	Conditionally Required	The last name or organization name of the rendering provider, depending on whether the RenderingProviderEntityType is PERSON or ORGANIZATION.		
34	RenderingProviderFirstName	Conditionally Required	The first name of the rendering provider, if applicable.		
35	RenderingProviderMiddleName	Optional	The middle name of the rendering provider, if applicable.		
36	RenderingProviderFullName	Conditionally Required	The full name of the rendering provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
37	SupervisingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the supervising provider for the service. Typically only professional claims specify a supervising provider. Required only when the service-level supervising provider differs from the claim-level supervising provider.		
38	SupervisingProviderLastName	Conditionally Required	The last name of the supervising provider.		
39	SupervisingProviderFirstName	Conditionally Required	The first name of the supervising provider.		
40	SupervisingProviderMiddleName	Optional	The middle name of the supervising provider.		
41	SupervisingProviderFullName	Optional	The full name of the supervising provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
42	OperatingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the operating provider for the service. Typically only institutional claims specify an operating provider. Required only when the service-level operating provider differs from the claim-level operating provider.		
43	OperatingProviderLastName	Conditionally Required	The last name of the operating provider.		
44	OperatingProviderFirstName	Conditionally Required	The first name of the operating provider.		
45	OperatingProviderMiddleName	Optional	The middle name of the operating provider.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
46	OperatingProviderFullName	Optional	The full name of the operating provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
47	OtherOperatingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the other operating provider for the service. Typically only institutional claims specify another operating provider when a surgical procedure is included on the claim for which another operating provider was involved. Required only when the service-level other operating provider differs from the claim-level other operating provider.		
48	OtherOperatingProviderLastName	Conditionally Required	The last name of the other operating provider.		
49	OtherOperatingProviderFirstName	Conditionally Required	The first name of the other operating provider.		
50	OtherOperatingProviderMiddleName	Optional	The middle name of the other operating provider.		
51	OtherOperatingProviderFullName	Optional	The full name of the other operating provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
52	ReferringProviderNPI	Required	The 10 digit National Provider Identifier (NPI) of the referring provider for the claim. Typically, institutional claims specify a referring provider for outpatient visits when the attending provider was different than the referring. Also, professional claims specify a referring provider when the claim involves a referral. Required only when the service-level referring provider differs from the claim-level referring provider.		
53	ReferringProviderLastName	Conditionally Required	The last name of the referring provider.		
54	ReferringProviderFirstName	Conditionally Required	The first name of the referring provider.		
55	ReferringProviderMiddleName	Optional	The middle name of the referring provider.		
56	ReferringProviderFullName	Optional	The full name of the referring provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
57	OrderingProviderNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the ordering provider for the service. Typically, professional claims specify an ordering provider when the ordering provider differs from the service-level rendering provider.		
58	OrderingProviderLastName	Conditionally Required	The last name of the ordering provider.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
59	OrderingProviderFirstName	Conditionally Required	The first name of the ordering provider.		
60	OrderingProviderMiddleName	Optional	The middle name of the ordering provider.		
61	OrderingProviderFullName	Optional	The full name of the ordering provider. The Cerner standard is to fill out the discrete provider name (that is first, middle, last) if available. If discrete names are not available, but the full name is, use this field.		
62	ServiceFacilityNPI	Conditionally Required	The 10 digit National Provider Identifier (NPI) of the service facility location of health care service. Only specify a service facility at the service level if different than the billing provider and different than the claim level service facility and the entity is external. For example a reference lab.		
63	ServiceFacilityOrgName	Optional	The name of the service facility location of the health care service.		
64	BilledUnits	Required	The number of units billed by the provider to the payer for the service. Applies to both institutional and professional claim services and may contain decimal values.		
65	BilledDays	Required	The number of days billed by the provider to the payer for the service. Typically applies to institutional claim services involving an inpatient visit.		
66	BilledAnesthesiaMinutes	Optional	The number of minutes billed by the provider to the payer for anesthesia services. Typically applies to professional claim services.		
67	AdjudicatedUnits	Optional	The number of units adjudicated by the payer for the service. Applies to both institutional and professional claim services and may contain decimal values.		
68	AdjudicatedDays	Optional	The number of days adjudicated by the payer for the service. Typically applies to institutional claim services involving an inpatient visit.		
69	AdjudicatedAnesthesiaMinutes	Optional	The number of minutes adjudicated by the payer for anesthesia services. Typically applies to professional claim services.		
70	BilledAmount	Required	The dollar amount billed by the provider for the service.		
71	PaidAmount	Optional	The dollar amount paid by the health benefit payer/plan for the service. Only applies to adjudicated claims.		
72	CoPayAmount	Optional	The dollar amount representing the member or patient's co-pay responsibility resulting in an adjustment to the amount paid for the service. Only applies to adjudicated claims.		
73	CoInsuranceAmount	Optional	The dollar amount representing the member/patient's co-insurance responsibility resulting in an adjustment to the amount paid for the service. Only applies to adjudicated claims.		
74	DeductibleAmount	Optional	The dollar amount representing the member/patient's deductible responsibility resulting in an adjustment to the amount paid for the service. Only applies to adjudicated claims.		

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
75	DiscountAmount	Optional	The dollar amount representing the provider's network discount resulting in an adjustment to the amount paid for the service. Only applies to adjudicated claims. Use this field to represent the "131" claim-specific negotiated discount adjustment reason code only. For reference only, see WPC Adjustment Reason .		
76	DeniedAmount	Optional	The dollar amount representing what the payer denied resulting in an adjustment to the amount paid for the service. Only applies to adjudicated claims. Use this field to represent the "A1" denied adjustment reason code only. For reference only, see WPC Adjustment Reason .		
77	OtherAdjustmentAmount	Optional	The dollar amount representing an adjustment made by the payer to the amount paid for the service. Must be used in conjunction with OtherAdjustmentReasonCode.		
78	OtherAdjustmentReasonCode	Optional	The WPC Adjustment Reason code indicating why the payer adjustment the amount paid for the service. Must be used in conjunction with OtherAdjustmentAmount.		
79	Prior Authorization	Conditionally Required	If the provider is billing for a service that requires Prior Approval/Prior Authorization, enter the 11-digit prior approval number assigned for this service by the appropriate agency of the New York State Department of Health.		
80	Resubmission Code	Conditionally Required	This is used to list the original reference number for resubmitted/corrected claims. When resubmitting a claim, enter the appropriate bill frequency code left justified in the left-hand side of the field.		
81	ServiceFacilityAddress1	Required	The first line of the service facility address or place of service address.	123 Main Street	
82	ServiceFacilityAddress2	Optional	The second line of the service facility address or place of service address, if applicable.		
83	ServiceFacilityCity	Required	The city of the service facility address or place of service address.	Stony Brook	
84	ServiceFacilityStateOrProvinceCode	Required	The state or province of the service facility address or place of service address.	NY	
85	ServiceFacilityStateOrProvinceCodeSystemID	Conditionally Required	Required if the code is from an industry standard coding system. Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List . If the code is from a proprietary coding system, this field can be empty.	2.16.840.1.113883.6.92	
86	ServiceFacilityStateOrProvinceDisplay	Conditionally Required	The display of the state or province of the service facility address or place of service address.		
87	ServiceFacilityPostalCode	Required	The postal code of the service facility address or place of service address.	11780	
88	ServiceFacilityCountryCodeID	Optional	The country code of service facility address or place of service address.	USA	

Index	Field Name	Required, Conditionally Required, or Optional	Description	Examples	Is this Data Available? Yes or No
89	ServiceFacilityCountryCodeSystemID	Conditionally Required	<p>Values are the OIDs representing the coding system. For more information on supported OIDs, see the Standard Code Systems List.</p> <p>Recommended code systems:</p> <p>ISO 3166, numeric: 1.0.3166.1.2.1 ISO 3166, alpha-2: 1.0.3166.1.2.2 ISO 3166, alpha-3: 1.0.3166.1.2.3</p>	1.0.3166.1.2.3	