

(1,1)

(1,2)

(1,3)

**BILL/CLAIMS\_399**

◆ BILL_NUMBER
◆ PATIENT_NAME
◆ EVENT_DATE
◆ LOCATION_OF_CARE
◆ BILL_CLASSIFICATION
◆ TIMEFRAME_OF_BILL
◆ RATE_TYPE
◆ PTF_ENTRY_NUMBER
◆ PROCEDURE_CODING_METHOD
◆ WHO_S_RESPONSIBLE_FOR_BILL?
◆ STATUS
◆ STATUS_DATE
◆ BILL_COPIED_FROM
◆ NON-VA_DISCHARGE_DATE
◆ PRIMARY_BILL
◆ CO AT TIME OF CARE

**DRG\_80\_**

◆ NAME
--------

(1,5)

2

RATE\_TYPE\_399\_3

NAME

EXPLANATION\_OF\_BENE

EXPLANATION\_OF\_BENEFITS\_361\_1

- ◆ BILL
- ◆ PAYER\_NAME
- ◆ PAYER\_ID

(1,7)

(2,1)



(2,2)

(2,3)

(2,4)

#### AMBULANCE\_CONDITION\_INDICATORS\_353\_5

◆ CODE

#### BILL/CLAIMS\_399\_399\_0292

◆ AMBULANCE\_CONDITION\_INDICATOR

#### TRANSPORT\_REASON\_CODE\_353\_4

◆ CODE

◆ SC\_AT\_TIME\_OF\_CARE  
◆ FORM\_TYPE  
◆ AUTO  
◆ CURRENT\_BILL\_PAYER\_SEQUENCE  
◆ DEFAULT\_DIVISION  
◆ UB-04\_LOCATION\_OF\_CARE  
◆ UB-04\_BILL\_CLASSIFICATION  
◆ UB-04\_TIMEFRAME\_OF\_BILL  
◆ BILL\_CHARGE\_TYPE  
◆ DATE\_ENTERED  
◆ ENTERED/EDITED\_BY  
◆ INITIAL\_REVIEW  
◆ INITIAL\_REVIEW\_DATE  
◆ INITIAL\_REVIEWER  
◆ SECONDARY\_REVIEW  
◆ MRA\_REQUESTED\_DATE  
◆ MRA\_REQUESTOR  
◆ AUTHORIZE\_BILL\_GENERATION?  
◆ AUTHORIZATION\_DATE  
◆ AUTHORIZER  
◆ DATE\_FIRST\_PRINTED  
◆ FIRST\_PRINTED\_BY  
◆ DATE\_LAST\_PRINTED  
◆ LAST\_PRINTED\_BY  
◆ CANCEL\_BILL?  
◆ DATE\_BILL\_CANCELLED  
◆ BILL\_CANCELLED\_BY  
◆ REASON\_CANCELLED  
◆ LAST\_AUSTIN\_CONFIRM\_DATE  
◆ LAST\_ELECTRONIC\_EXTRACT\_DATE  
◆ MRA\_RECORDED\_DATE  
◆ CLAIM\_MRA\_STATUS  
◆ REQUEST\_AN\_MRA?  
◆ PRINTED\_VIA\_EDIF  
◆ FORCE\_CLAIM\_TO\_PRINT  
◆ FORCE\_PRINT\_MRA\_SECONDARY  
◆ MRA\_REVIEW\_STATUS  
◆ BILL\_CLONED\_TO  
◆ BILL\_CLONED\_FROM  
◆ DATE\_BILL\_CLONED  
◆ BILL\_CLONED\_BY  
◆ REASON\_CLONED  
◆ AUTO\_PROCESSED\_FROM\_CLAIM  
◆ AUTO\_PROCESS  
◆ AUTO\_PROCESS\_REASON  
◆ REMOVED\_FROM\_WORKLIST\_BY  
◆ REMOVED\_FROM\_WORKLIST\_HOW  
◆ REMOVED\_FROM\_WORKLIST\_DATE  
◆ CONDITION\_CODE  
◆ OCCURRENCE\_CODE  
◆ REVENUE\_CODE  
◆ OP\_VISITS\_DATE(S)  
◆ REASON(S)\_DISAPPROVED-INITIAL  
◆ REASON(S)\_DISAPPROVED-SECOND  
◆ RETURNED\_LOG\_DATE/TIME  
◆ VALUE\_CODE  
◆ OTHER CARF

(2,5)

ADJUSTMENT\_CATEG  
REASONS

PTF\_45

PATIENT

EXPLANATION\_OF\_BENEFITS\_361\_1\_361\_12

MESSAGE\_STORAGE\_ERRORS

EDI\_TRANSMISSION\_BATCH\_364\_1

BATCH\_NUMBER

EDI\_TRANSMIT\_BILL\_364

BILL\_NUMBER

ICD\_OPERATION/PROCEDURE\_80\_1

CODE\_NUMBER

GORY\_(GRP\_CODE)

◆ PAYER\_ID  
◆ EOB\_TYPE  
◆ ENTRY\_DATE/TIME  
◆ EOB\_PAID\_DATE  
◆ TRACE\_NUMBER  
◆ CROSSED\_OVER\_NAME  
◆ CROSSED\_OVER\_ID  
◆ DRG\_CODE\_USED  
◆ DRG\_WEIGHT\_USED  
◆ DISCHARGE\_FRACTION  
◆ CLAIM\_STATUS  
◆ ICN  
◆ INSURANCE\_SEQUENCE  
◆ REVIEW\_STATUS  
◆ MANUAL\_ENTRY?  
◆ MANUALLY\_ENTERED\_BY  
◆ TRANSMIT\_BILL  
◆ FINAL\_REVIEW\_ACTION  
◆ CLAIM\_STATUS\_CODE  
◆ PAYER\_PAID\_AMT  
PATIENT\_RESPONSIBILITY\_AMT  
◆ COVERED\_AMT  
◆ DISCOUNT\_AMT  
◆ PER\_DAY\_LIMIT\_AMT  
◆ INTEREST\_AMT  
◆ TAX\_AMT  
◆ TOTAL\_BEFORE\_TAXES\_AMT  
◆ STATEMENT\_START\_DATE  
◆ STATEMENT\_END\_DATE  
◆ CLAIM\_RECEIVED\_DATE  
COVERAGE\_EXPIRATION\_DATE  
◆ CORRECTED\_PRIORITY\_PAYER\_NAME  
◆ CORRECTED\_PRIORITY\_PAYER\_TYPE  
◆ CORRECTED\_PRIORITY\_PAYER\_ID  
◆ OTHER\_SUBSCRIBER\_NAME  
◆ TOTAL\_ALLOWED\_AMT  
◆ TOTAL\_SUBMITTED\_CHARGES  
◆ NEGATIVE\_REIMBURSEMENT\_AMT  
◆ M-CARE\_OUTP\_REIMBURS\_RATE  
◆ M-CARE\_OUTP\_HCPCS\_PAYMNT\_AMT  
M-CARE\_OUTP\_REMARKS\_CODE-1  
◆ M-CARE\_OUTP\_REMARKS\_CODE-2  
◆ M-CARE\_OUTP\_REMARKS\_CODE-3  
◆ M-CARE\_OUTP\_REMARKS\_CODE-4  
◆ M-CARE\_OUTP\_REMARKS\_CODE-5  
◆ M-CARE\_ESRD\_PAID\_AMT  
◆ M-CARE\_NON-PAYABLE\_PROF\_COMP  
◆ M-CARE\_INP\_COV\_DAYS/VISIT\_CT  
◆ M-CARE\_INP\_LIFETM\_PSYCH\_DY\_CT  
◆ M-CARE\_INP\_CLAIM\_DRG\_AMT  
◆ M-CARE\_INP\_CAP\_EXCEPTION\_AMT  
◆ M-CARE\_INP\_DISPROP\_SHARE\_AMT  
◆ M-CARE\_INP\_MSP\_PASS\_THRU\_AMT  
◆ M-CARE\_INP\_PPS\_CAPITAL\_AMT  
◆ M-CARE\_INP\_PPS\_CAP\_FSP-DRG\_AMT  
◆ M-CARE\_INP\_PPS\_CAP\_HSP-DRG\_AMT  
◆ M-CARE\_INP\_PPS\_CAP\_DSH-DRG\_AMT

(2,7)

(3,1)

**BILL/CLAIMS\_399\_399\_0304\_3**

- ◆ LINE\_FUNCTION
- ◆ LINE\_PERFORMED\_BY
- ◆ CREDENTIALS
- ◆ STATE
- ◆ PRIMARY\_INS\_CO\_ID\_NUM
- ◆ SECONDARY\_INS\_CO\_ID\_I
- ◆ TERTIARY\_INS\_CO\_ID\_NUI
- ◆ SPECIALTY
- ◆ PRIM\_INS\_PROVIDER\_ID\_1
- ◆ SEC\_INS\_PROVIDER\_ID\_T
- ◆ TERT\_INS\_PROVIDER\_ID\_
- ◆ LINE\_TAXONOMY

**PERSON\_CLASS\_8932**

(3,2)

99\_0404

IBER  
NUMBER  
MBER

TYPE  
YPE  
TYPE

IB\_PROVIDER\_ID\_#\_TYPE\_355\_!

NAME

1



(3,3)

NAME

BILL/CLAIMS\_399\_399\_045

REASON(S)\_DISAPPROVED-SECOND

BILL/CLAIMS

REASON

IB\_ERROR\_350\_8

NAME

INSTITUTION\_4

NAME

IB\_NON/OTHER\_VA\_BILLING\_PROVIDER\_355\_93

NAME

EXPLANATION\_OF\_BENEFITS\_361\_1\_361\_1101\_361\_11016

OTHER\_CLAIM\_NUMBERS

97



(3,5)

**EXPLANATION\_OF\_BENEFITS\_361\_1\_361\_18**

◆ BILL\_#  
◆ AMOUNT  
◆ BILL\_REFERENCE

**INSURANCE\_COMPANY\_36**

◆ NAME

**PATIENT\_2**

◆ NAME

(3,6)

- ◆ M-CARE\_INP\_OLD\_CAPITAL\_AMT
- ◆ M-CARE\_INP\_PPS\_CAPITAL\_IME\_AMT
- ◆ M-CARE\_INP\_PPS\_OP\_HOS\_DRG\_AMT
- ◆ M-CARE\_INP\_COST\_REPORT\_DAY\_CT
- ◆ M-CARE\_INP\_PPS\_OP\_FED\_DRG\_AMT
- ◆ M-CARE\_INP\_PPS\_CAP\_OUTLIER\_AMT
- ◆ M-CARE\_INP\_INDIRECT\_TEACH\_AMT
- ◆ M-CARE\_INP\_NON-PAY\_PROF\_COMP
- ◆ MEDICARE\_NON-COVERED\_DAYS
- ◆ M-CARE\_INP\_PYMNT\_REMARK\_CODE-1
- ◆ REMARK\_CODE-1\_SHORT\_TEXT
- ◆ M-CARE\_INP\_PYMNT\_REMARK\_CODE-2
- ◆ REMARK\_CODE-2\_SHORT\_TEXT
- ◆ M-CARE\_INP\_PYMNT\_REMARK\_CODE-3
- ◆ REMARK\_CODE-3\_SHORT\_TEXT
- ◆ M-CARE\_INP\_PYMNT\_REMARK\_CODE-4
- ◆ REMARK\_CODE-4\_SHORT\_TEXT
- ◆ M-CARE\_INP\_PYMNT\_REMARK\_CODE-5
- ◆ REMARK\_CODE-5\_SHORT\_TEXT
- ◆ NEW\_PATIENT\_NAME
- ◆ NEW\_PATIENT\_ID
- ◆ CORRECTED\_DATA\_MESSAGE
- ◆ TRANSFERRED\_IN
- ◆ AR\_AMOUNTS\_DISTRIBUTION
- ◆ 835\_CLAIM\_LEVEL\_ADJUSTMENTS
- ◆ 835\_LINE\_LEVEL\_ADJUSTMENTS
- ◆ MESSAGE\_STORAGE\_ERRORS
- ◆ REVIEW\_DATE/TIME
- ◆ PAYER\_CONTACT\_NAME
- ◆ CONTACT\_NUMBER\_1
- ◆ CONTACT\_TYPE\_1
- ◆ CONTACT\_NUMBER\_2
- ◆ CONTACT\_TYPE\_2
- ◆ CONTACT\_NUMBER\_3
- ◆ CONTACT\_TYPE\_3
- ◆ AUTO\_BILL\_MESSAGE
- ◆ AUTO\_BILL\_MESSAGE\_DATE/TIME
- ◆ ORIGINAL\_06\_RECORD\_DATA
- ◆ MAILMAN\_HEADER\_INFORMATION
- ◆ BATCH\_NUMBER
- ◆ RETURN\_MESSAGE\_ID
- ◆ LAST\_EDITED\_BY
- ◆ LAST\_EDITED\_DATE
- ◆ MESSAGE\_CHECKSUM
- ◆ MOVE/COPY\_HISTORY

BIL

(3,7)

**EXPLANATION\_OF\_BENEFITS\_361\_1\_361\_121**

◆ REVIEW\_DATE/TIME  
◆ REVIEWED\_BY  
◆ COMMENTS

**.L/CLAIMS\_399\_399\_077\_399\_0771**

COMMENTS

**BILL/CLAIMS\_399\_399\_077**

◆ COMMENT\_ENTERED\_DATE  
◆ COMMENT\_ENTERED\_BY  
◆ COMMENTS

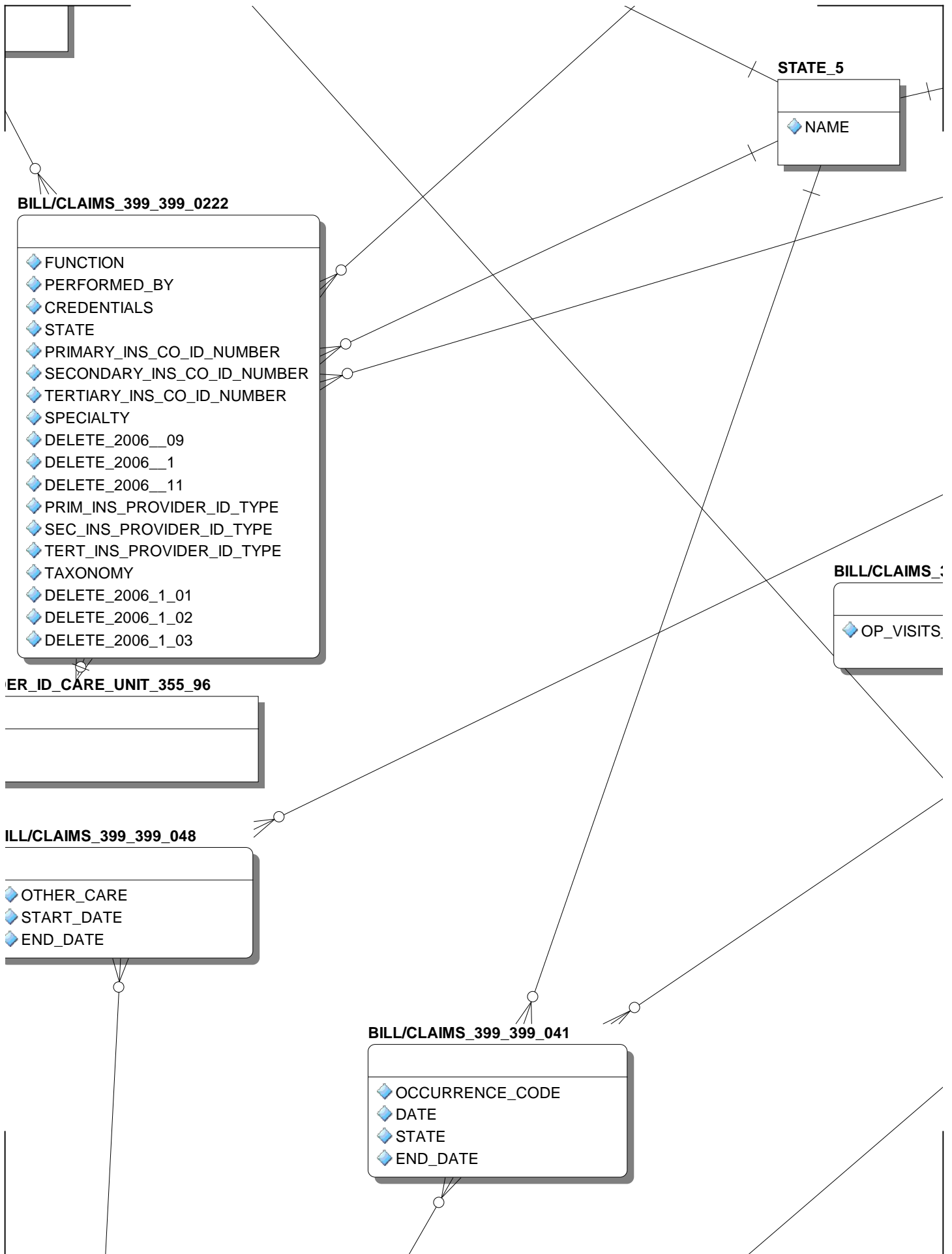
(4,1)

PROVIDER\_TYPE

IB\_INS\_CO\_PROVID

CARE\_UNIT

B



(4,3)

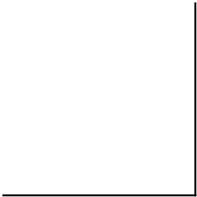
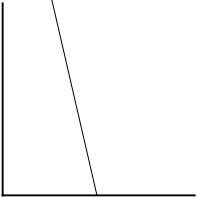
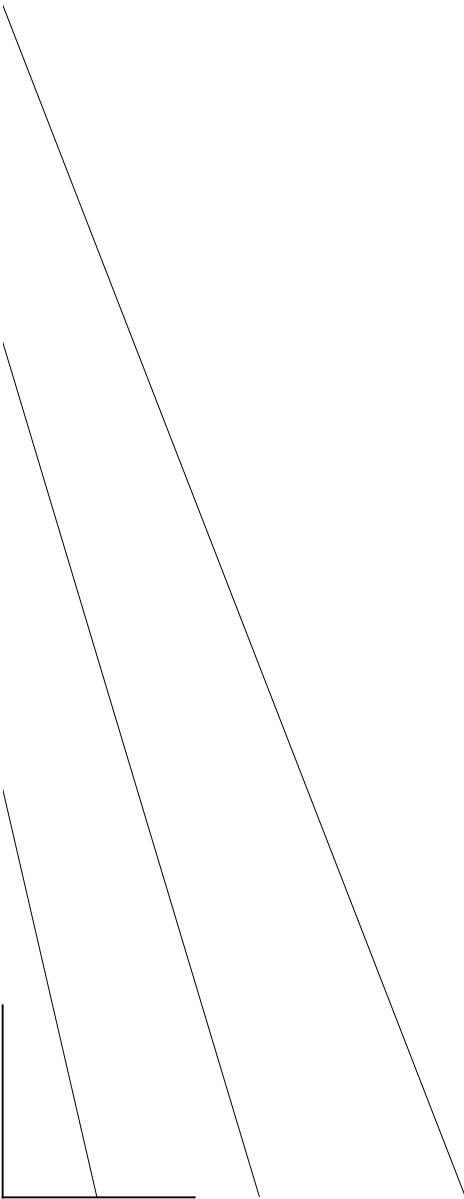
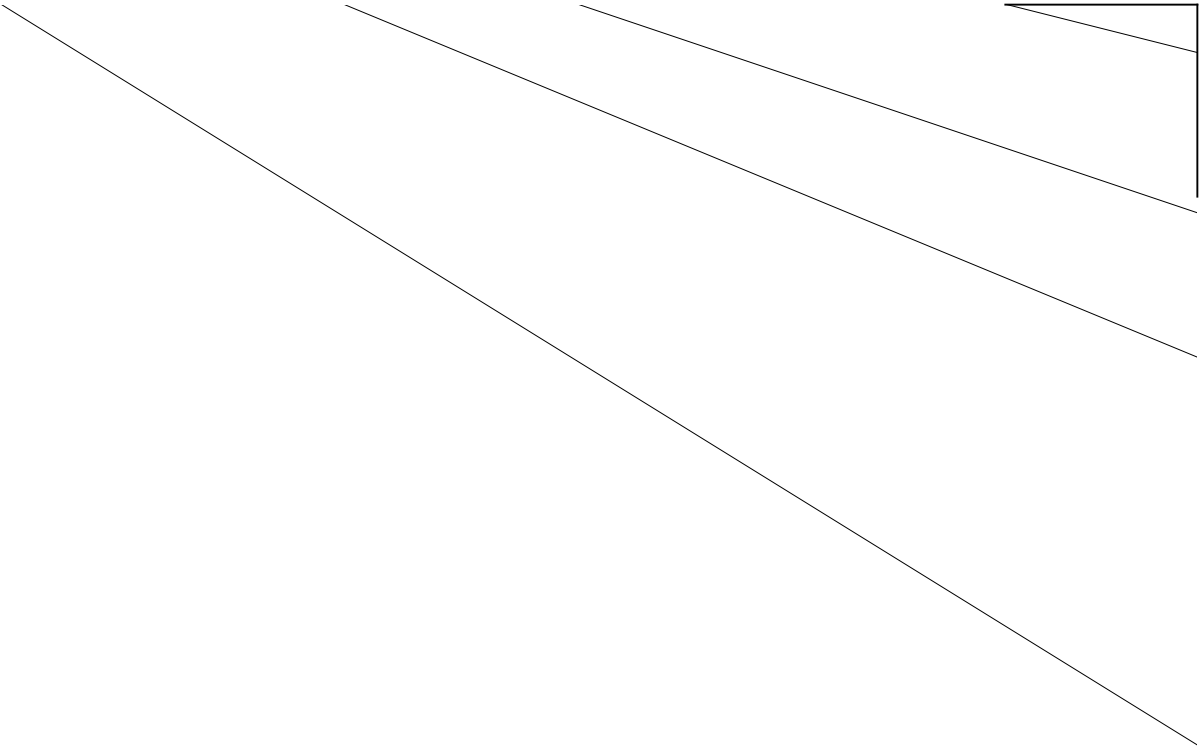
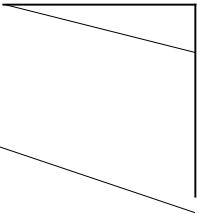
399\_399\_043

\_DATE(S)



(4,4)

◆ DISCHARGE\_BEDSECTION  
◆ DISCHARGE\_STATUS  
◆ TREATMENT\_AUTHORIZATION\_CODE  
◆ BC/BS\_PROVIDER\_#  
◆ LENGTH\_OF\_STAY  
◆ UNABLE\_TO\_WORK\_FROM  
◆ UNABLE\_TO\_WORK\_TO  
◆ \*PLACE\_OF\_SERVICE  
◆ \*TYPE\_OF\_SERVICE  
◆ PPS  
◆ TOTAL\_CHARGES  
◆ OFFSET\_AMOUNT  
◆ OFFSET\_DESCRIPTION  
◆ \*UB82\_FORM\_LOCATOR\_2  
◆ \*FORM\_LOCATOR\_9  
◆ \*FORM\_LOCATOR\_27  
◆ \*FORM\_LOCATOR\_45  
◆ \*BILL\_COMMENT  
◆ \*FISCAL\_YEAR\_1  
◆ \*FY\_1\_CHARGES  
◆ \*FISCAL\_YEAR\_2  
◆ \*FY\_2\_CHARGES  
◆ \*FORM\_LOCATOR\_92  
◆ \*FORM\_LOCATOR\_93  
◆ ADMITTING\_DIAGNOSIS  
◆ COVERED\_DAYS  
◆ NON-COVERED\_DAYS  
◆ PRIMARY\_PRIOR\_PAYMENT  
◆ SECONDARY\_PRIOR\_PAYMENT  
◆ TERTIARY\_PRIOR\_PAYMENT  
◆ CO-INSURANCE\_DAYS  
◆ PROVIDER  
◆ SECONDARY\_AUTHORIZATION\_CODE  
◆ TERTIARY\_AUTHORIZATION\_CODE  
◆ NON-VA\_FACILITY  
◆ NON-VA\_CARE\_TYPE  
◆ NON-VA\_CARE\_ID\_#  
◆ LAB\_CLIA\_NUMBER  
◆ HOMEBOUND  
◆ DATE\_LAST\_SEEN  
◆ SPECIAL\_PROGRAM\_INDICATOR  
◆ PRIMARY EMC\_ID\_CARE\_UNIT  
◆ SECONDARY EMC\_ID\_CARE\_UNIT  
◆ TERTIARY EMC\_ID\_CARE\_UNIT  
◆ MAMMOGRAPHY\_CERT\_NUMBER  
◆ SERVICE\_FACILITY\_TAXONOMY  
◆ NON-VA\_FACILITY\_TAXONOMY  
◆ LAST\_XRAY\_DATE  
◆ DATE\_OF\_INITIAL\_TREATMENT  
◆ DATE\_OF\_ACUTE\_MANIFESTATION  
◆ PATIENT\_CONDITION\_CODE  
◆ PRV\_DIAGNOSIS\_(1)  
◆ PRV\_DIAGNOSIS\_(2)  
◆ PRV\_DIAGNOSIS\_(3)  
◆ BILLING\_PROVIDER\_TAXONOMY  
◆ PRIMARY\_REFERRAL\_NUMBER  
◆ SECONDARY\_REFERRAL\_NUMBER



(4,6)

**EXPLANATION\_OF\_BENEFIT**

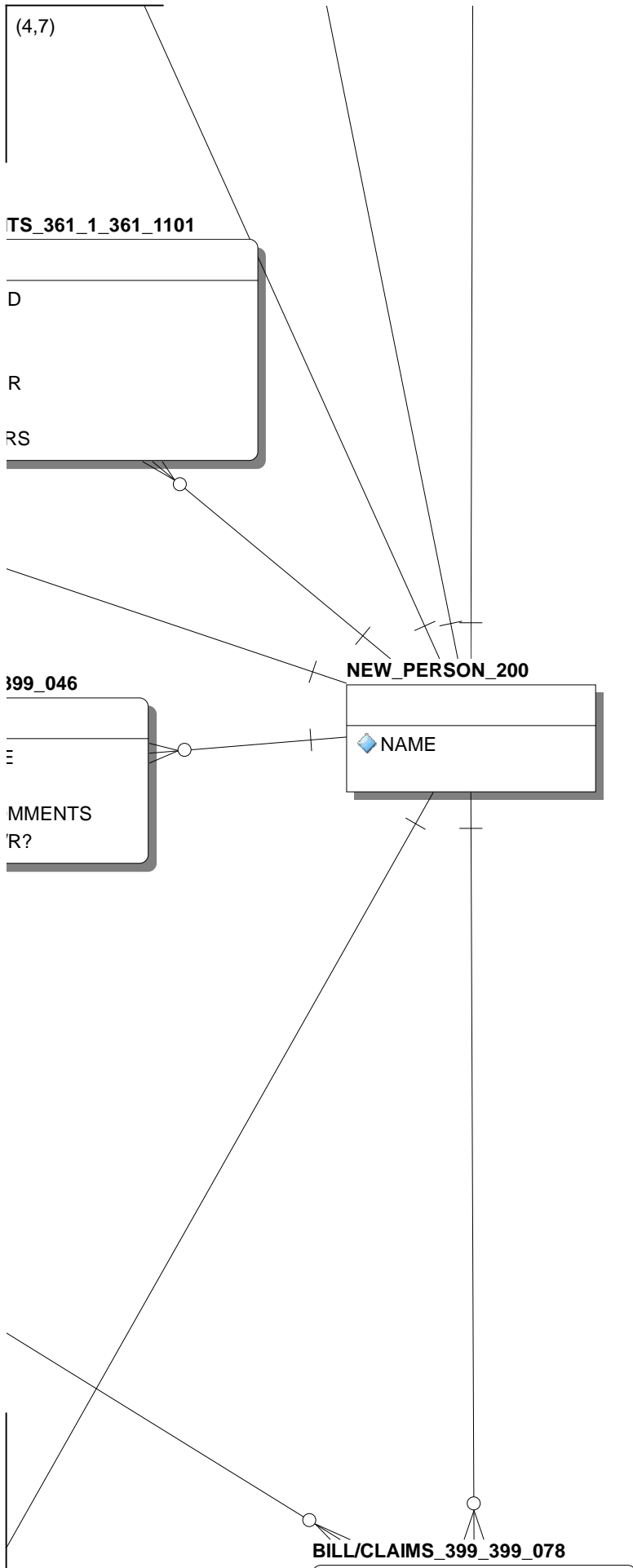
- ◆ DATE/TIME\_EOB\_MOVE
- ◆ EOB\_MOVE/COPY\_BY
- ◆ MOVE/COPY\_REASON
- ◆ ORIGINAL\_BILL\_NUMBE
- ◆ MOVE/COPY\_EVENT
- ◆ OTHER\_CLAIM\_NUMBE

**BILL/CLAIMS\_399\_3**

- ◆ LOG\_DATE/TIME
- ◆ USER
- ◆ RETURNED\_CO
- ◆ RETURN\_TO\_A/

**EXPLANATION\_OF\_BENEFITS\_361\_1\_361\_115**

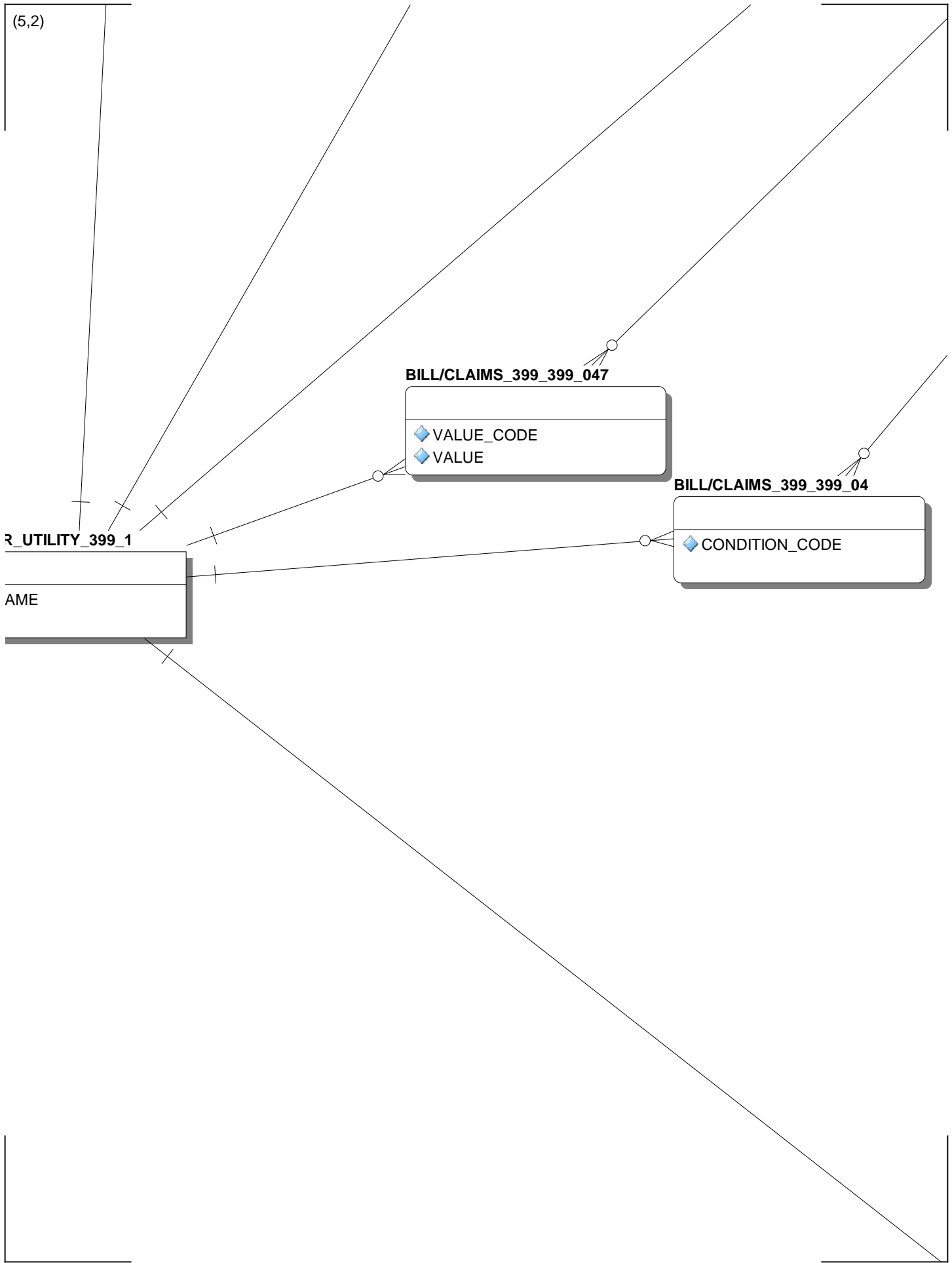
- ◆ ADJUSTMENT\_SEQUENCE\_#
- ◆ PAYER\_ID\_CODE
- ◆ AMOUNT\_PAID
- ◆ PROCEDURE
- ◆ DESCRIPTION
- ◆ REVENUE\_CODE

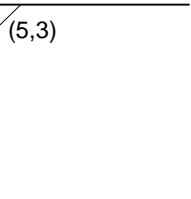


(5,1)

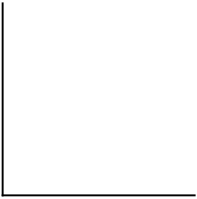
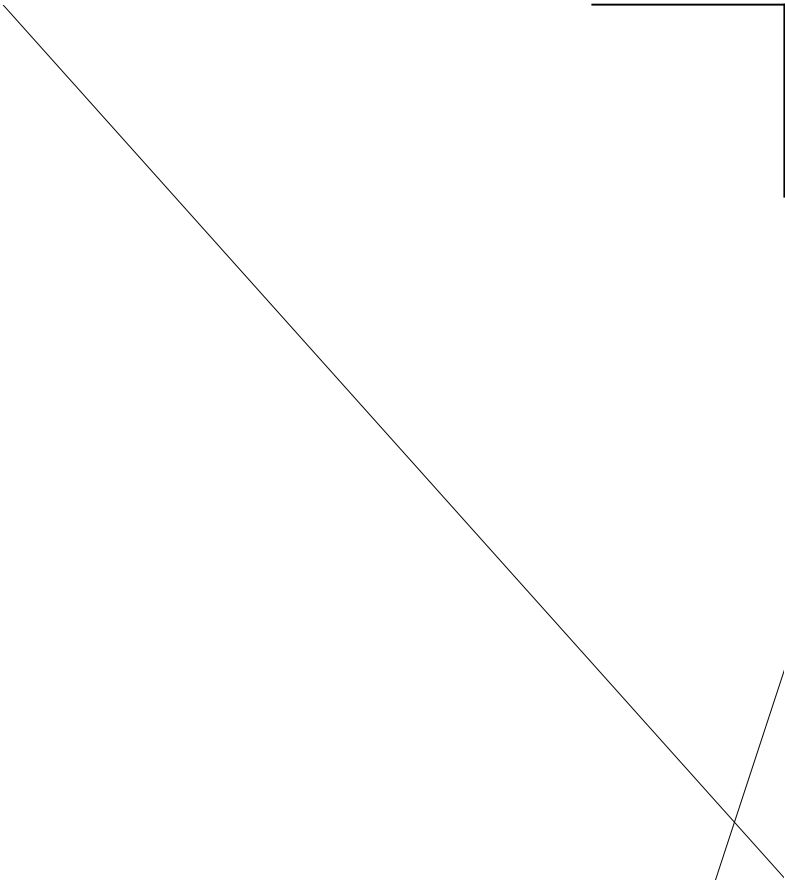
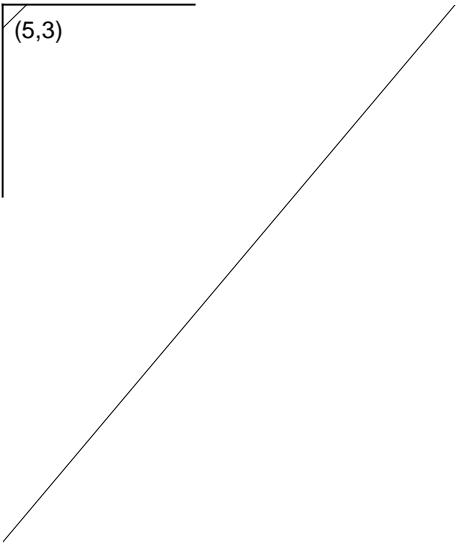
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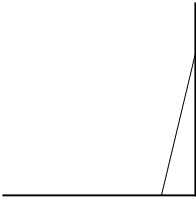




(5,3)



CPT\_81



(5,4)

- ◆ SECONDARY\_REFERRAL\_NUMBER
- ◆ TERTIARY\_REFERRAL\_NUMBER
- ◆ COB\_TOTAL\_NON-COVERED\_AMOUNT
- ◆ PROPERTY/CASUALTY\_CLAIM\_NUMBER
- ◆ PROP/CAS\_DATE\_OF\_1ST\_CONTACT
- ◆ DISABILITY\_START\_DATE
- ◆ DISABILITY\_END\_DATE
- ◆ PRIMARY\_SURGICAL\_PROC\_CODE
- ◆ SECONDARY\_SURGICAL\_PROC\_CODE
- ◆ PROPERTY/CASUALTY\_CONTACT\_NAME
- ◆ PROP/CAS\_COMMUNICATION\_NUMBER
- ◆ PROP/CAS\_EXTENSION\_NUMBER
- ◆ AMBULANCE\_P/U\_ADDRESS\_1
- ◆ AMBULANCE\_P/U\_ADDRESS\_2
- ◆ AMBULANCE\_P/U\_CITY
- ◆ AMBULANCE\_P/U\_STATE
- ◆ AMBULANCE\_P/U\_ZIP
- ◆ AMBULANCE\_D/O\_LOCATION
- ◆ AMBULANCE\_D/O\_ADDRESS\_1
- ◆ AMBULANCE\_D/O\_ADDRESS\_2
- ◆ AMBULANCE\_D/O\_CITY
- ◆ AMBULANCE\_D/O\_STATE
- ◆ AMBULANCE\_D/O\_ZIP
- ◆ ASSUMED\_CARE\_DATE
- ◆ RELINQUISHED\_CARE\_DATE
- ◆ ATTACHMENT\_CONTROL\_NUMBER
- ◆ ATTACHMENT\_REPORT\_TYPE
- ◆ ATTACHMENT\_REPORT\_TRANS\_CODE
- ◆ PATIENT\_WEIGHT\_(LB)
- ◆ TRANSPORT\_REASON\_CODE
- ◆ AMBULANCE\_TRANSPORT\_DISTANCE
- ◆ ROUND\_TRIP\_PURPOSE\_DESCRIPTION
- ◆ STRETCHER\_PURPOSE\_DESCRIPTION
- ◆ AMBULANCE\_CONDITION\_INDICATOR
- ◆ PRIMARY\_NODE
- ◆ SECONDARY\_NODE
- ◆ TERTIARY\_NODE
- ◆ PROCEDURES
- ◆ BLOCK\_31
- ◆ BILL\_REMARKS
- ◆ FORM\_LOCATOR\_64A
- ◆ FORM\_LOCATOR\_64B
- ◆ FORM\_LOCATOR\_64C
- ◆ \*FORM\_LOCATOR\_57
- ◆ \*FORM\_LOCATOR\_78
- ◆ FORM\_LOC\_19-UNSPECIFIED\_DATA
- ◆ ECME\_NUMBER
- ◆ ECME\_APPROVAL
- ◆ LAST\_HOSP\_DATE\_ANYWHERE



(5,5)

PLACE\_OF\_SERVICE\_353\_1

◆ CODE

IB\_ATTACHMENT\_REPORT\_TYPE\_353\_3

◆ ATTACHMENT\_REPORT\_TYPE\_CODE

(5,6)

- PAID\_UNITS\_OF\_SERVICE
- REFERENCED\_LINE\_#
- ALLOWED\_AMOUNT
- PER\_DIEM\_AMOUNT
- ORIGINAL\_PROCEDURE
- SERVICE\_DATE\_FROM
- SERVICE\_DATE\_TO
- PROCEDURE\_TYPE
- ADJUSTMENTS
- PAID\_MODIFIERS
- LINE\_ITEM\_REMARK

BILL/C

CC

(5,7)

EOB\_CLAIM\_COMMENTS  
COMMENT\_ENTERED\_BY  
COMMENTS

CLAIMS\_399\_399\_078\_399\_0781

COMMENTS

(6,1)

(6,2)

(6,3)

**BILL/CLAIMS\_399\_399\_042**

- ◆ NUMBER
- ◆ REVENUE\_CODE
- ◆ CHARGES
- ◆ UNITS\_OF\_SERVICE
- ◆ TOTAL
- ◆ BEDSECTION
- ◆ PROCEDURE
- ◆ DIVISION
- ◆ AUTO
- ◆ NON-COVERED\_CHARGE
- ◆ TYPE
- ◆ ITEM
- ◆ COMPONENT
- ◆ \*UB92\_FORM\_LOCATOR\_49
- ◆ RX\_PROCEDURE
- ◆ MANUALLY\_EDITED

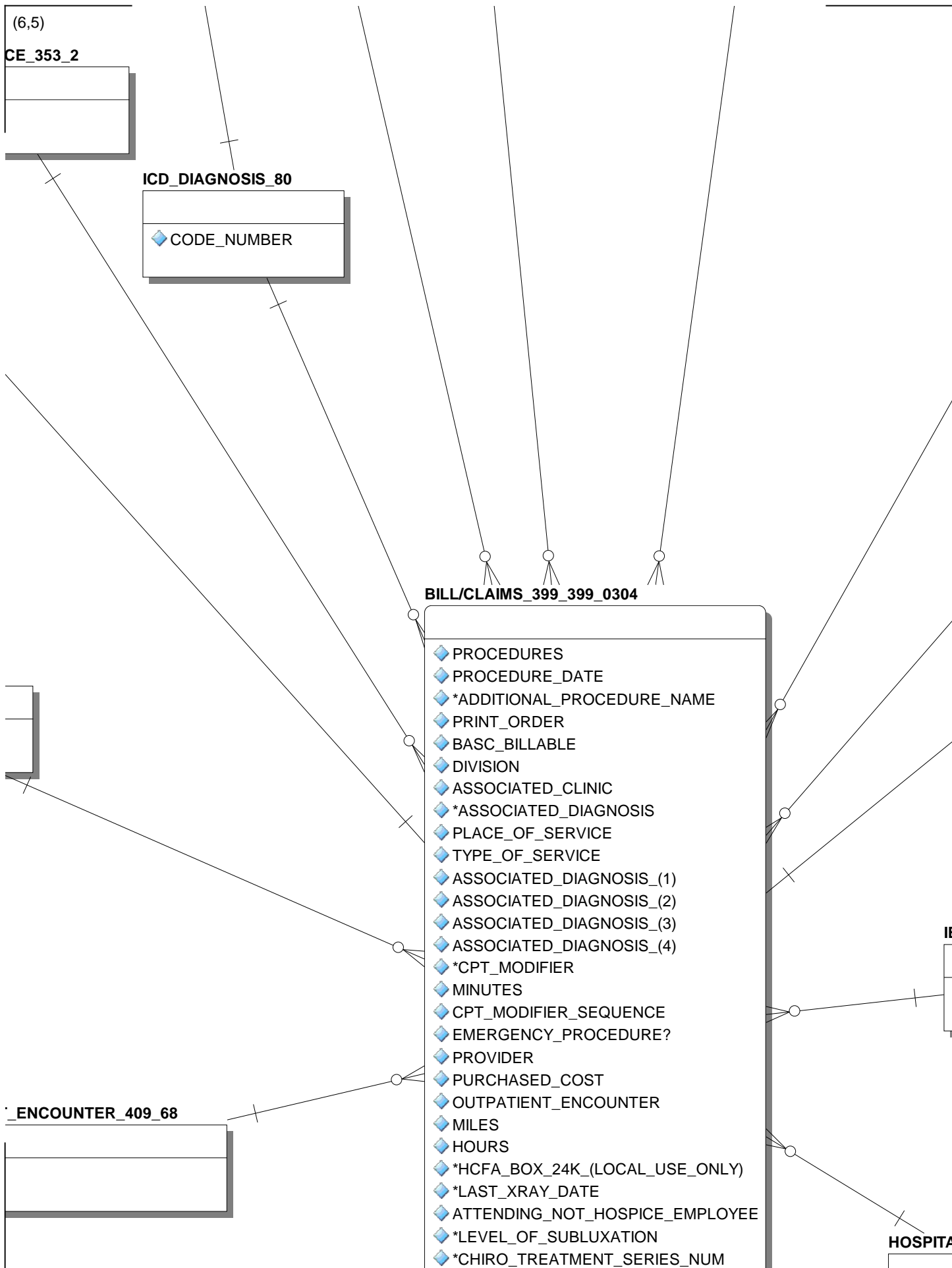
(6,4)

TYPE_OF_SERVICE
CODE

REVENUE_CODE_399_2
REVENUE_CODE

MEDICAL_CENTER_DIVISION_40_8
NAME

OUTPATIENT
DATE





(6,6)

**BILL/CLAIMS\_399\_399\_0304\_399\_30416**

◆ CPT\_MODIFIER\_SEQUENCE  
◆ CPT\_MODIFIER

**CPT\_MODIFIER\_81\_3**

◆ MODIFIER

**3\_BILL/CLAIMS\_DIAGNOSIS\_362\_3**

◆ DIAGNOSIS

**AL\_LOCATION\_44**

(6,7)

(7,1)

(7,2)

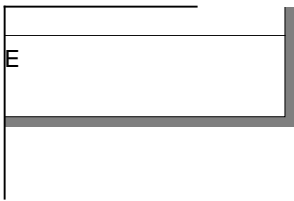
(7,3)

(7,4)

(7,5)

- ◆ \*CHIROPRACTIC\_QUANTITY
- ◆ EPSDT\_FLAG
- ◆ SERVICE\_LINE\_COMMENT
- ◆ SERVICE\_LINE\_COMMENT\_QUALIFIER
- ◆ LINE\_PROVIDER
- ◆ ATTACHMENT\_CONTROL\_NUMBER
- ◆ ATTACHMENT\_REPORT\_TYPE
- ◆ ATTACHMENT\_REPORT\_TRANS\_CODE
- ◆ ADDITIONAL\_OB\_MINUTES

◆ NAM





(7,7)