

EXPLANATION_OF_BENEFITS_361_1_361_115_361_1151_361_11511

- REASON_CODE
- AMOUNT
- QUANTITY
- REASON TEXT

EXPLANATION_OF_BENEFITS_361_1_36



- PAYER_POLICY_REFERENCE

1 115 361 1151 361_ 11512







BILL/CLAIMS 399 399 041

- ❖ OCCURRENCE_CODE
- ❖ DATE
- ❖ STATE
- ❖ END_DATE

RCDPE_PARAMETER_344_71

 AUTO_POST_MED_CLAIMS_ENABLED
 AUTO_DECREASE_MED_ENABLED

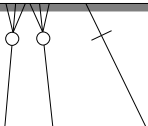
EXPLANATION_OF_I

 DATE/TIME_EE
 EEOB_MOVE/C
 MOVE/COPY/RE
 ORIGINAL_BILL
 MOVE/COPY/RE
 OTHER_CLAIM_



BENEFITS_361_1_361_1101

OB_MOVED
OPY/REMOVE_BY
EMOVE_REASON
_NUMBER
EMOVE_EVENT
_NUMBERS




SERVICE/SECTION_49

 NAME



REVENUE_SOURCE_CODE 347.3

 SOURCE_CODE

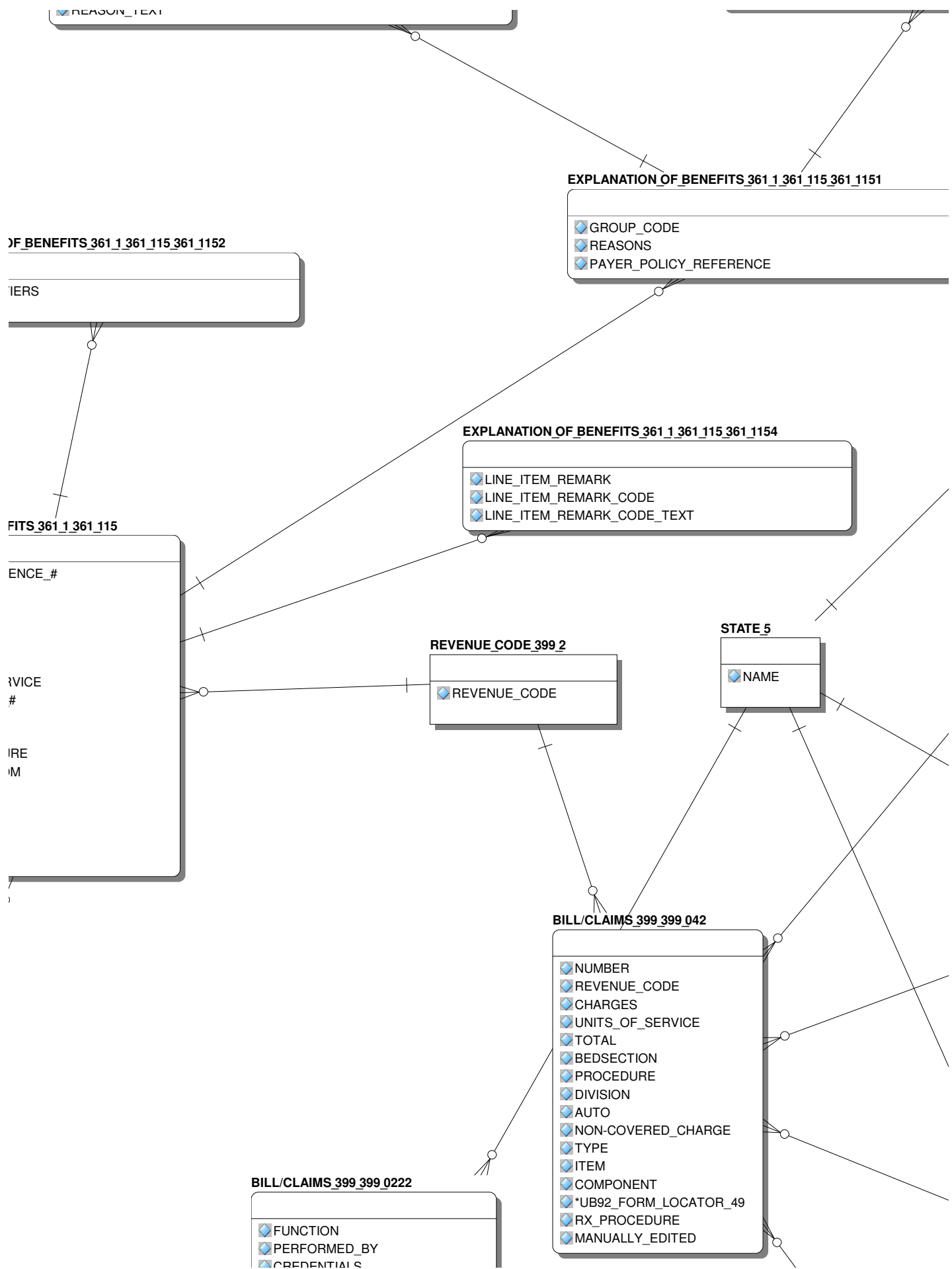


EXPLANATION_C

PAID_MODIF

EXPLANATION_OF_BENEI

- ADJUSTMENT_SEQU
- PAYER_ID_CODE
- AMOUNT_PAID
- PROCEDURE
- DESCRIPTION
- REVENUE_CODE
- PAID_UNITS_OF_SEF
- REFERENCED_LINE_
- ALLOWED_AMOUNT
- PER_DIEM_AMOUNT
- ORIGINAL_PROCEDU
- SERVICE_DATE_FRO
- SERVICE_DATE_TO
- PROCEDURE_TYPE
- ADJUSTMENTS
- PAID_MODIFIERS
- LINE_ITEM_REMARK



MCCR_UTILITY399_1

NAME

BILL/CLAIMS_399_399_047

VALUE_CODE
VALUE

BILL/CLAIMS_399_399_04

CONDITION_CODE

BILL/CLAIMS_399_399_048

OTHER_CARE
START_DATE
END_DATE

CPT_81

CPT_CODE

<div> <div></div> <div>ERROR_MESSAGES</div> </div>
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AR_PAMENT_TRANSACTIONS_344_2

<div> <div></div> <div>TRANSMISSION_DATE</div> </div> <div> <div></div> <div>TOTAL_SEQUENCES</div> </div> <div> <div></div> <div>TOTAL_DOLLARS</div> </div> <div> <div></div> <div>STATUS</div> </div> <div> <div></div> <div>STATUS_DATE</div> </div> <div> <div></div> <div>SEQUENCE</div> </div> <div> <div></div> <div>ERROR_MESSAGES</div> </div>
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AR_PAMENT_TRANSACTIONS_344_1

<div> <div></div> <div>SEQUENCE</div> </div> <div> <div></div> <div>TOTAL_TRANSACTIONAL_AMOUNT</div> </div> <div> <div></div> <div>TOTAL_DOLLARS_FY</div> </div> <div> <div></div> <div>MAIL_MESSAGE_NUM</div> </div> <div> <div></div> <div>CHECKSUM</div> </div> <div> <div></div> <div>DATA</div> </div>

ICD_OPERATION

<div> <div></div> <div>CODE_NUMB</div> </div>

TRANSPORT_REASON_CODE_353_4

<div> <div></div> <div>CODE</div> </div>
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DATA

IONS_344 2 344 21

ONS_IN_SEQUENCE
OR_SEQUENCE
MBER

PTF 45

PATIENT

IB_ERROR 350 8

NAME

RATE_TYPE 399 3

NAME

BILL_FORM_TYPE 353

NAME

BILL/CLAIMS_399 399 043

OP_VISITS_DATE(S)

PROCEDURE_80 1

ER

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
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_EDI?
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

AR_DEPOSIT_344_1_344_11

COMMENTS

AR_DEPOSIT_344_1

TICKET_#
*DATE_PRESENTED_TO_BANK
BANK_DEPOSIT_DATE
AMOUNT_OF_DEPOSIT
BANK_TRACE_NUMBER
OPENED_BY
DATE/TIME_OPENED
*DEPOSITED_BY
*DATE/TIME_DEPOSITED
CONFIRMED_BY
DATE/TIME_CONFIRMED
STATUS
BANK
AGENCY_LOCATION_CODE
*START_DATE/TIME
*END_DATE/TIME
AGENCY_TITLE
TOTAL_AMOUNT_OF_RECEIPTS
COMMENTS
TOTAL_RECEIPTS
*FMS_DOCUMENT_NUMBER

EXPLANATION_OF_BENEFITS_361_1_361_1101_361_11016

OTHER_CLAIM_NUMBERS

AR GROUP 342 1

NAME

PATIENT 2

NAME

PRCD_FUND/APPROPRIATION

FUND

EDI_LOCKBOX_DEPOSIT 344 3 344 32

ERROR_MESSAGES

AR SITE_PARAMETER 342 342 01

PATCH_POST_INIT_HISTORY
START_DATE_AND_TIME
END_DATE_AND_TIME

MAIL_GROUP 3 8

NAME

EDI_LOCKBOX_DEPOSIT 344 3

AR_DEBTOR_340

DEBTOR

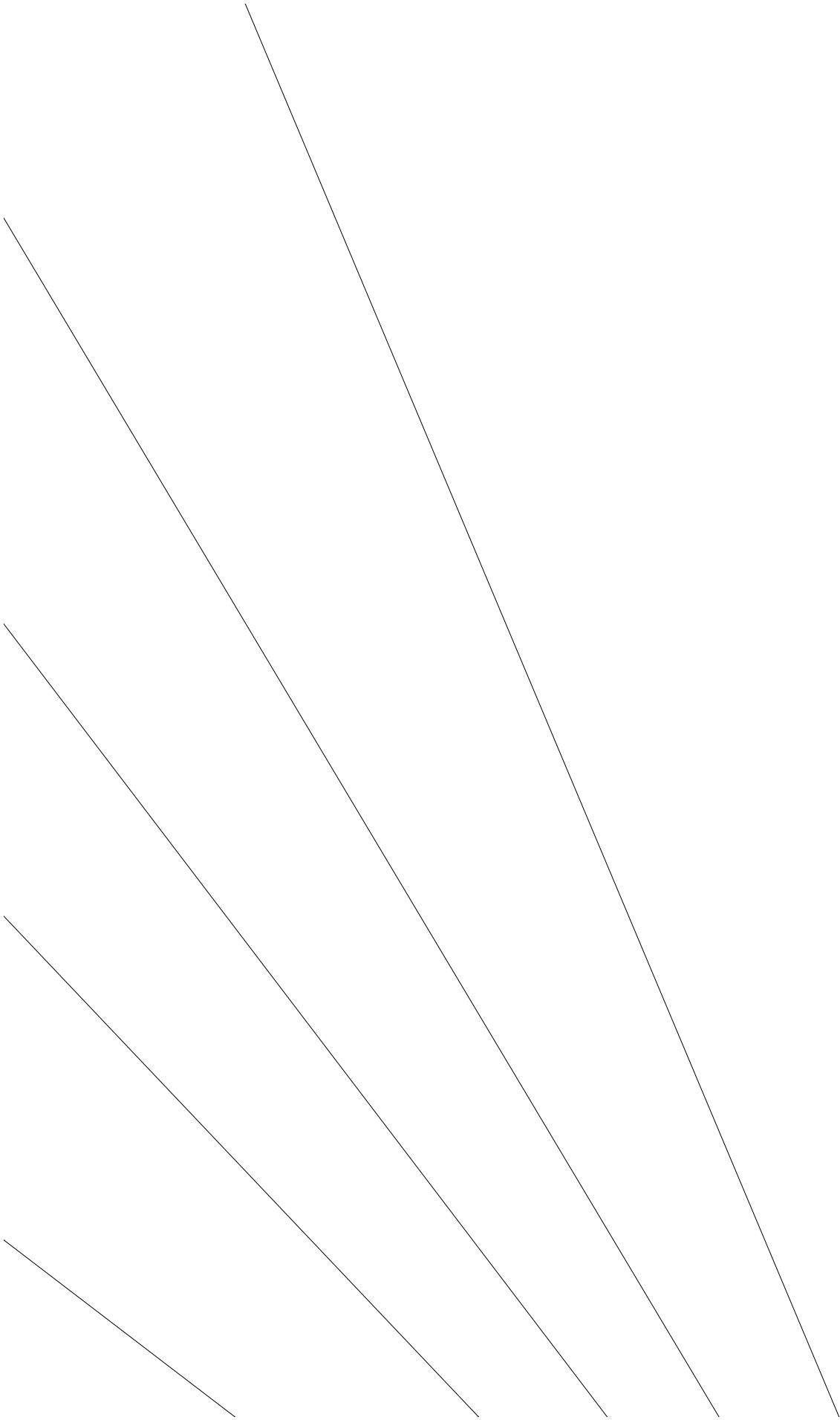
AR_DEBT_LIST_430_6

BRIEF_NAME

CODE_420_3

ACCOUNTS_RECEIVABLE_430_430_01

FISCAL_YEAR
CURR_PRIN_BAL_
PAT_REF_NO_
APPROPRIATION_SYMBOL



ACCOUNTS

- ❖ BILL_NO
- ❖ LAST_IN
- ❖ LAST_A
- ❖ LAST_P
- ❖ FISCAL
- ❖ CATEG
- ❖ ORIGIN
- ❖ GL_NO
- ❖ BILL_RE
- ❖ PATIEN
- ❖ CURRE
- ❖ DEBTO
- ❖ DATE_E
- ❖ CURRE
- ❖ SITE
- ❖ AGENT
- ❖ ACCOU
- ❖ DATE_9
- ❖ STATUS
- ❖ TYPE_C
- ❖ DATE_C
- ❖ STATUS
- ❖ APPRO
- ❖ SECON
- ❖ TERTIA
- ❖ SEGME
- ❖ HOLD_I
- ❖ HOLD_I
- ❖ HOLD_I
- ❖ DATE_F
- ❖ RETURI
- ❖ AMEND
- ❖ AMEND
- ❖ AMEND
- ❖ FISCAL
- ❖ SERVIC
- ❖ REPAYI
- ❖ DAY_OF
- ❖ REPAYI
- ❖ NUMBE
- ❖ REPAYI
- ❖ DATE_A
- ❖ LETTEF
- ❖ LETTEF
- ❖ LETTEF
- ❖ REFERI
- ❖ REFERI
- ❖ REFERI
- ❖ LAST_IN
- ❖ LETTEF
- ❖ LAST_L
- ❖ RF-RFF

3 RECEIVABLE_430

0_
INTEREST_CHARGE_DATE
ADMIN_CHARGE_DATE
PENALTY_CHARGE_DATE
_YEAR
ORY
AL_AMOUNT
-
ESULTING_FROM
T
NT_STATUS
R
BILL_PREPARED
NT_BALANCE

_CASHIER
NT_RECEIVABLE_SECTION
STATUS_UPDATED
3_REMARK
OF_CARE
CALM_DONE
3_UPDATED_BY
PRIATION_SYMBOL
DARY_INSURANCE_CARRIER
RY_INSURANCE_CARRIER
NT
_ETTER_DATE
_ETTER_REASON
_ETTER_COMMENTS
RETURNED_TO_SERVICE
NED_BY
ED_DATE
ED_BY
ED_AMOUNT
COMMENTS(RETURN)
:E_COMMENTS_(AMEND)
MENT_PLAN_DATE
F_MON_PAYMENT_DUE
MENT_AMOUNT_DUE
R_OF_PAYMENTS
MENT_DUE_DATES
ACCOUNT_ACTIVATED
11
12
13
RAL_DATE
RAL_CODE
RAL_AMOUNT
NT/ADM_CHARGE_DATE
14
ETTER_DATE
:FRAI DATE

EXPLANATION_OF_BENEFITS_361_1

❖ BILL
❖ PAYER_NAME
❖ PAYER_ID
❖ EOB_TYPE
❖ ENTRY_DATE/TIME
❖ EOB_PAID_DATE
❖ TRACE_NUMBER
❖ CROSSED_OVER_NAME

✓ CREDENTIALS
◆ STATE
◆ PRIMARY_INS_CO_ID_NUMBER
◆ SECONDARY_INS_CO_ID_NUMBER
◆ TERTIARY_INS_CO_ID_NUMBER
◆ SPECIALTY
◆ DELETE_2006__09
◆ DELETE_2006__1
◆ DELETE_2006__11
◆ PRIM_INS_PROVIDER_ID_TYPE
◆ SEC_INS_PROVIDER_ID_TYPE
◆ TERT_INS_PROVIDER_ID_TYPE
◆ TAXONOMY
◆ DELETE_2006_1_01
◆ DELETE_2006_1_02
◆ DELETE_2006_1_03

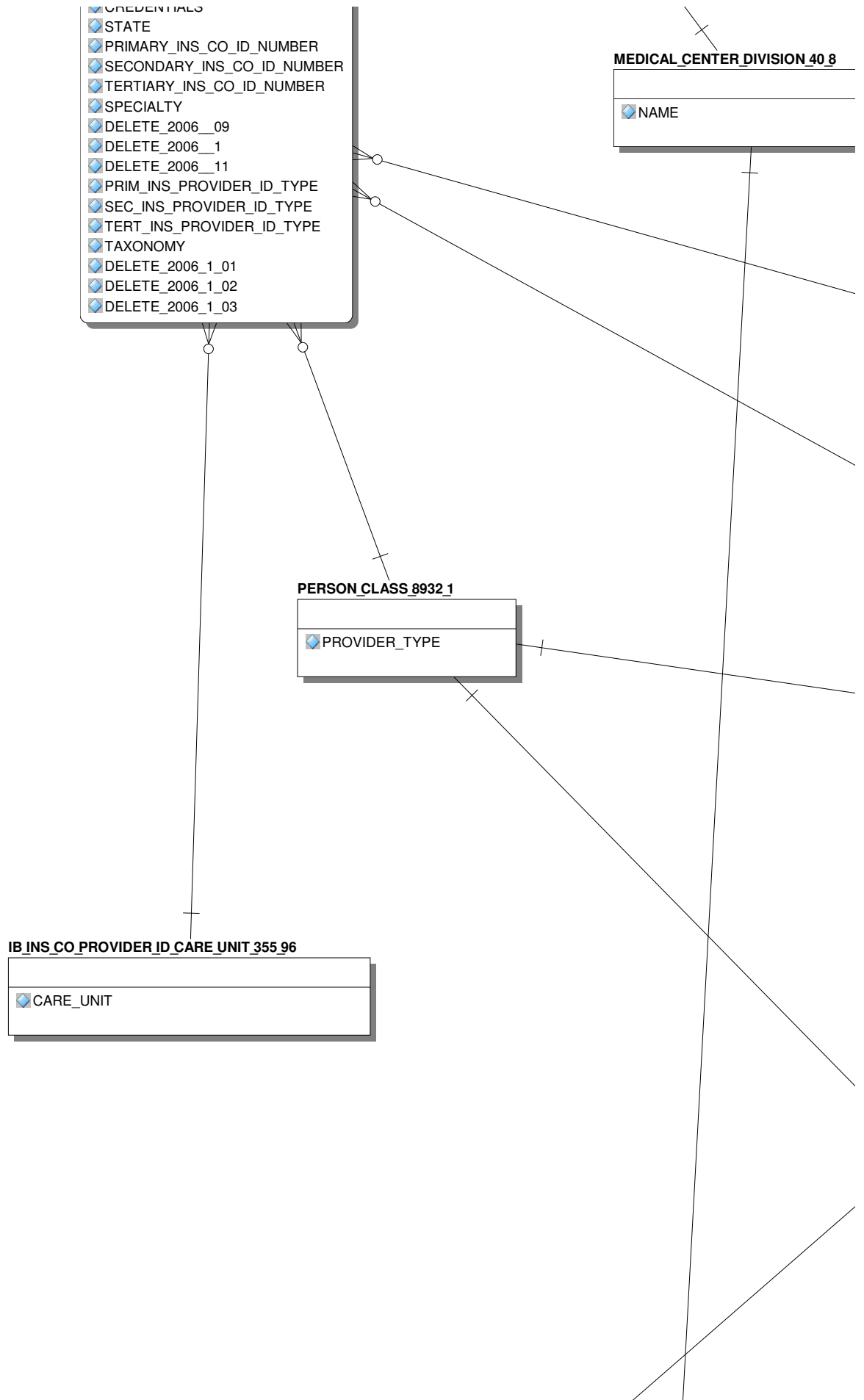
MEDICAL CENTER DIVISION 40 8
◆ NAME

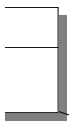
PERSON CLASS 8932 1

◆ PROVIDER_TYPE

IB_INS_CO_PROVIDER_ID_CARE_UNIT 355 96

◆ CARE_UNIT





IB_PROVIDER_ID # TYPE 355 97

 NAME

⬢ 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_CARE
⬢ *CPT_PROCEDURE_CODE_(1)
⬢ *CPT_PROCEDURE_CODE_(2)
⬢ *CPT_PROCEDURE_CODE_(3)
⬢ *ICD_PROCEDURE_CODE_(1)
⬢ *ICD_PROCEDURE_CODE_(2)
⬢ *ICD_PROCEDURE_CODE_(3)
⬢ *HCFA_PROCEDURE_CODE_(1)
⬢ *HCFA_PROCEDURE_CODE_(2)
⬢ *HCFA_PROCEDURE_CODE_(3)
⬢ OUTPATIENT_DIAGNOSIS
⬢ *PROCEDURE_DATE_(1)
⬢ *PROCEDURE_DATE_(2)
⬢ *PROCEDURE_DATE_(3)
⬢ *ICD_DIAGNOSIS_CODE_(2)
⬢ *ICD_DIAGNOSIS_CODE_(3)
⬢ *ICD_DIAGNOSIS_CODE_(4)
⬢ *ICD_DIAGNOSIS_CODE_(5)
⬢ MRA_REQUEST_CLAIM_COMMENTS
⬢ EOB_CLAIM_COMMENTS
⬢ PRIMARY_INSURANCE_CARRIER
⬢ SECONDARY_INSURANCE_CARRIER
⬢ TERTIARY_INSURANCE_CARRIER
⬢ MAILING_ADDRESS_NAME
⬢ MAILING_ADDRESS_STREET
⬢ MAILING_ADDRESS_STREET2
⬢ MAILING_ADDRESS_CITY
⬢ MAILING_ADDRESS_STATE
⬢ MAILING_ADDRESS_ZIP_CODE
⬢ *PATIENT_SHORT_MAILING_ADDRESS
⬢ RESPONSIBLE_INSTITUTION
⬢ PRIMARY_INSURANCE_POLICY
⬢ SECONDARY_INSURANCE_POLICY
⬢ TERTIARY_INSURANCE_POLICY
⬢ MAILING_ADDRESS_STREET3
⬢ PRIMARY_PROVIDER_#
⬢ SECONDARY_PROVIDER_#
⬢ TERTIARY_PROVIDER_#
⬢ PRIMARY_BILL_#
⬢ SECONDARY_BILL_#
⬢ TERTIARY_BILL_#
⬢ PRIMARY_ID_QUALIFIER
⬢ SECONDARY_ID_QUALIFIER
⬢ TERTIARY_ID_QUALIFIER
⬢ BILL_PAYER_CARRIER
⬢ BILL_PAYER_POLICY
⬢ STATEMENT_COVERS_FROM
⬢ STATEMENT_COVERS_TO
⬢ POWER_OF_ATTORNEY_COMPLETED?
⬢ WHOSE_EMPLOYMENT_INFO_?
⬢ IS_THIS_A_SENSITIVE_RECORD?
⬢ ASSIGNMENT_OF_BENEFITS
⬢ R_O_I_FORM(S)_COMPLETED?
⬢ TYPE_OF_ADMISSION
⬢ SOURCE_OF_ADMISSION
⬢ NON-PTF_ADMISSION_HOUR
⬢ ACCIDENT_HOUR
⬢ DISCHARGE_BEDSECTION



BILL/CLAIMS 399 399 077 399 0771

◆ COMMENTS

BILL/CLAIMS 399 399 077

◆ COMMENT_ENTERED_DATE
◆ COMMENT_ENTERED_BY
◆ COMMENTS

BILL/CLAIMS 399 399 046

◆ LOG_DATE/TIME
◆ USER
◆ RETURNED_COMMENTS
◆ RETURN_TO_A/R?

EDIT

- ◆ EF
- ◆ P/
- ◆ P/
- ◆ TF

NUMBER
FILE_DATE/TIME
AR_DEPOSIT_RECORD
MAIL_MESSAGE
DEPOSIT_NUMBER
DEPOSIT_DATE
TOTAL_DEPOSIT_AMOUNT
EFT_CHECKSUM
CHECKSUM_ERROR
DATE_POSTED
AMOUNT_POSTED_TO_DEPOSIT
DATE/TIME_ADDED
TOTAL_AMOUNT_MATCHED
ERROR_MESSAGES

AR_SITE_PARAMETER_342_342_04

RATE_EFFECTIVE_DATE
ANNUAL_INTEREST_RATE
MONTHLY_ADMIN_CHARGE
ANNUAL_PENALTY_RATE
LITIGATION_REFERRAL_FEE

EDI_THIRD_PARTYEFT_DETAIL_344_31_344_312

ERROR_MESSAGES

AR_SITE_PARAMETER_342

SITE
SUPPRESS_RIGHTS_&_OBLIGATIONS
LAST_BILL_NUMBER
UB_PRINTER
PHARMACY_COPAY_STATEMENT_INFO
LAST_EVENT_NUMBER
ALC_(DEPOSITS)
REPORT_PRINTER
SUPPRESS_ZERO_BALANCE
DATE/TIME_SYSTEM_LAST_UPDATED
SITE_STATEMENT_DAY
LOCAL_CCPC_STATEMENTS
CCPC_START-UP_DATE
STATEMENT_COMMENT_1
STATEMENT_COMMENT_2
DATE_OF_MASTER_IRS_OFFSET
DATE_OF_IRS_OFFSET_LETTER
IRS_OFFSET_AMOUNT
RESPONSIBLE_FOR_IRS_CODESHEETS
TOP_STATION_CODE
RATE_EFFECTIVE_DATE
BURSTER_MACHINE_CODE
INTEGRATED_SITE
NUMBER_OF_DAYS_EFT_UNMATCHED
NUMBER_OF_DAYS_ERA_UNMATCHED
#_OF_DAYS_FOR_RD_ELIG_CHG_RPT
NUMBER_OF_DAYS_FOR_DMC_REPORTS
PATCH_POST_INIT_HISTORY
VITRIA_STANDARD_DIRECTORY
MAIL_GROUP
DATE_OF_LAST_TRANSMISSION
CBO_STATUS
MAXIMUM_NUMBER_RECORDS
SYSTEM_TYPE
LEGACY_SITE?
PRIMARY_DOMAIN
EXTRACT_RUNNING?
EMERGENCY_RESPONSE_BEGIN_DATE
EMERGENCY_RESPONSE_END_DATE

HIRD_PARTYEFT_DETAIL_344_31

FT_TRANSACTION
AYER_NAME
AYER_ID
RACE_#

- ALD_CODE
- CALM_CODE_DONE
- FY_ORIGINAL_AMOUNT

ACCOUNTS_F

COMMENT

AR_BATCH_PAWMENT_344_344_01

- TRANSACTION
- CONFIRMATION_#
- ACCOUNT
- PAYMENT_AMOUNT
- AMOUNT_PROCESSED
- DATE_OF_PAYMENT
- CHECK_#
- CHECK_BANK/ROUTING_#
- PATIENT_NAME_OR_BILL_NUMBER
- DATE_OF_CHECK
- CREDIT_CARD_#
- ENTERED_BY
- CHECK_ACCOUNT_#
- EDITED_BY
- ACCOUNT_LOOKUP
- BATCH_NUMBER
- SEQUENCE_NUMBER
- PAYMENT_TYPE
- UNAPPLIED_DEPOSIT_NUMBER
- CLEAR_SUSPENSE_FMS_DOC_ID#
- ERA_WORKLIST_SEQUENCE
- AUTO_DECREASE_ADJUSTMENT
- POSTING_ERROR
- COMMENT

AR_BATCH_PAWMENT_344

- RECEIPT_#
- OPENED_BY
- DATE_OPENED
- TYPE_OF_PAYMENT
- *QUEUED_TO_POST
- DEPOSIT_TICKET
- PROCESSED_BY
- DATE/TIME_PROCESSED
- *START_DATE/TIME
- *END_DATE/TIME
- LAST_EDITED_BY
- DATE/TIME_LAST_EDIT
- STATUS
- TOTAL_AMOUNT_OF_RECEIPTS
- LOCKBOX_ACH_NUMBER
- EFT_RECORD
- ERA_REFERENCE
- TRANSACTION
- *PROGRESS
- NUMBER_OF_TRANSACTIONS
- FMS_DOCUMENT_NUMBER
- CR_DOCUMENT_ENTERED_ON_LINE

AR_EVENT_TYPE_341_1

NAME

RECEIVABLE_430_430_098

ITS

R_FMS_DOCUMENT_347

NUMBER
TYPE
STATUS
DATE_LAST_UPDATED
IDENTIFIER
AR_BILL_NUMBER
AR_TRANSACTION
FMS_DOCUMENT_NUMBER
FMS_BATCH_NUMBER
FUND
AMOUNT
RECEIPT_#
FMS_TRANSMISSION_DATE

AR_FMS_DOCUMENT_TYPE_347_1

NAME

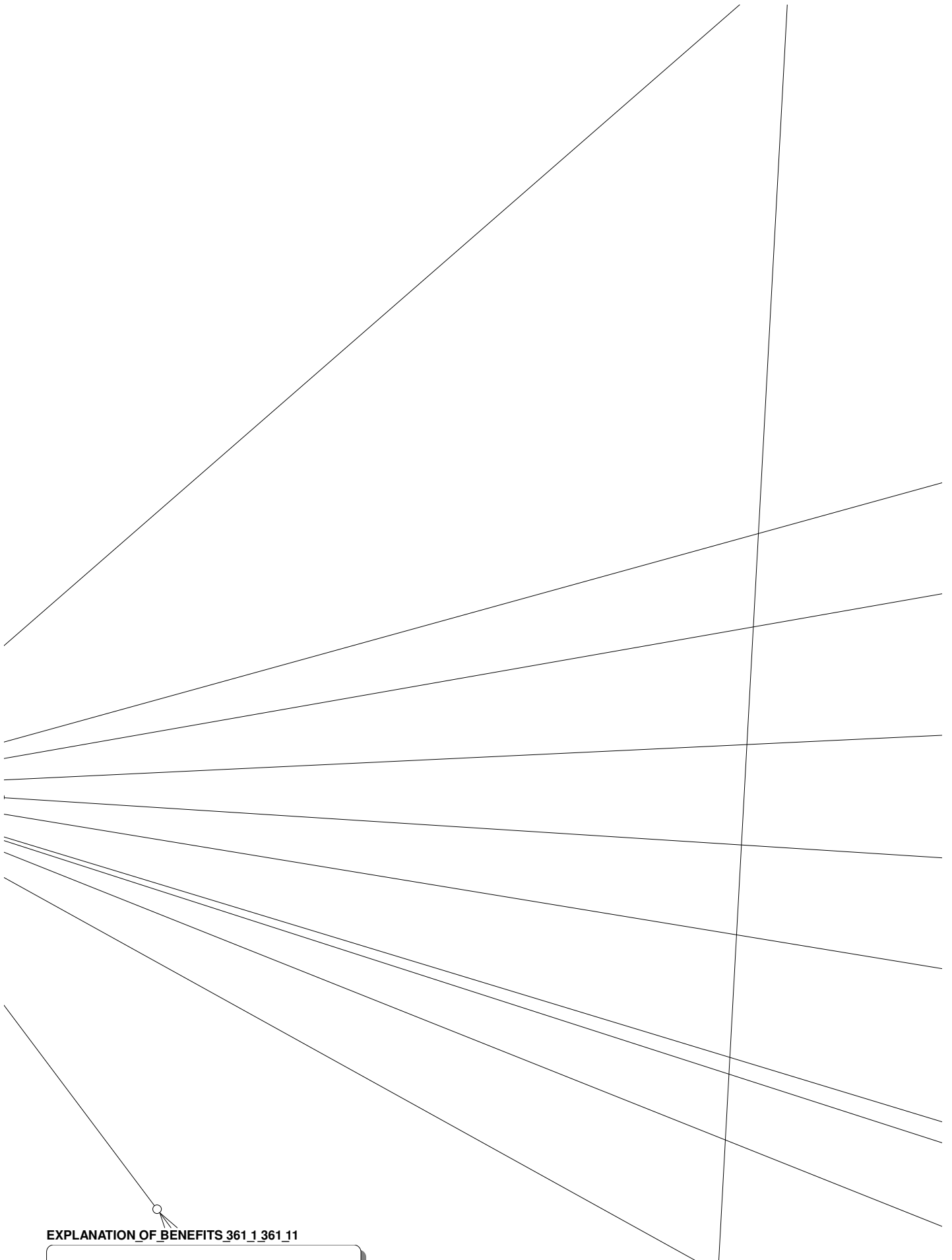
ACCOUNTS_RECEIVABLE_CATEGORY430_2

CATEGORY

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IRS_OF
DATE_F
IRS_PR
IRS_INT
IRS_AD
ORIGIN
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IRS_LO
CREDIT
CREDIT
CREDIT
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DATE_6

ED_DATE_BY_RC/DOJ
RAL_DATE_TO_COWC
RED_AMOUNT_TO_COWC
FSET_LETTER
FORWARDED_TO_IRS
INCIPAL_BALANCE
TEREST_BALANCE
MIN_BALANCE
AL_IRS_LETTER_AMOUNT
AL_IRS_OFFSET_AMOUNT
RAL_REASON_CODE
RAL_COMMENT
LETTER3
IQUENT_DAYS
PAL_BALANCE
ST_BALANCE
STRATIVE_COST_BALANCE
AL_FEE
_COST
_PAID_PRINCIPAL
_PAID_INTEREST
_PAID_ADMINISTRATIVE_COST
_PAID_MARSHAL_FEE
ANDING_PB
ANDING_IB
ANDING_AB
ANDING_MF
ANDING_CC
S_PAYMENT_AMOUNT
DED_AMOUNT
DED_DATE
_PAID_COURT_COST
DED_BY
CATION_COST
_REP_COST
OCATION_COST
OCATION_CHECK
MER_REP_AGENCY_COST
L_LOCATION_COST
O_PAY
O_LOCATE
L_LOC_DATE_SENT
L_LOC_DATE_RECEIVED
LE_TO_LOCATE
C_DATE_SENT
C_DATE_RECEIVED
_REP_ABLE_TO_PAY
_REPT_DATE_SENT
_REP_DATE_RECEIVED
T_FOLDER_REVIEWED
OLDER_REVIEWED
VED_BY_(FISCAL)
ELECTRONIC_SIGNATURE
TE_SIGNED
PR_OFFICIAL_S_TITLE
VED_BY_(BILLING)
IUS_STATUS
VED_DATE_(SERVICE)
SSED_BY_(SERVICE)
ENTS
TYPE
E
ER_NUMBER
IPTION
I_AGENCY
Y_LOCATION_CODE_(ALC)
IENT_NUMBER
VING_OFFICIAL_(SERVICE)
RONIC_SIGNATURE
SIGNED (APPROVED)

❖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
❖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



EXPLANATION_OF_BENEFITS_361_1_361_12

MESSAGE_STORAGE_ERRORS

EXPLANATION_OF_BENEFITS_361_1_361_18

BILL_#
AMOUNT
BILL_REFERENCE

EDI_TRANSMISSION_BATCH_364_1

BATCH_NUMBER

EDI_TRANSMIT_BILL_364

BILL_NUMBER

BILL/CLAIMS_399_399_1

LINE_FUNCTION
LINE_PERFORMED
CREDENTIALS
STATE
PRIMARY_INS_CO
SECONDARY_INS_
TERTIARY_INS_CC
SPECIALTY
PRIM_INS_PROVIE
SEC_INS_PROVIDI
TERT_INS_PROVII
LINE_TAXONOMY

IB_NON/OTHER_VA_BILLING_PROVIDER_355_93

 NAME

0304 399 0404

BY

IB_ID_NUMBER
CO_ID_NUMBER
IB_ID_NUMBER

IBER_ID_TYPE
ER_ID_TYPE
IBER_ID_TYPE

AMBULANCE_CONDITION_INDICATORS_353_5

 CODE

BILL/CLAIMS_399_399_0292

AMBULANCE_CONDITION_INDICATOR

BILL/CLAIMS_399_399_045

REASON(S)_DISAPPROVED-SECOND

DRG_80_2

NAME

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
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

- PF
- TA
- AM
- M/
- RE
- EF
- EF
- D/
- D/
- TF
- AC
- M/
- U\$
- D/
- EF
- EF

BILL/CLAIMS_399_399_078_399_0781


COMMENTS

BILL/CLAIMS_399_399_078

EOB_CLAIM_COMMENTS
COMMENT_ENTERED_BY
COMMENTS

PROVIDER_TAX_ID_SENT
TX_ID_CORRECTION
AMOUNT_OF_PAYMENT
ATCH_STATUS
ECEIPT_#
RA_RECORD
FT_RECORDED_AT_SITE
ATE_CLAIMS_PAID
ATE_RECEIVED
RANSACTION_#
CH_TRACE#
ANUAL_TR_DOCUMENT
SER_WHO_REMOVED_EFT
ATE/TIME_DUPLICATE_REMOVED
FT_REMOVAL_REASON
ROR_MESSAGES

INSTITUTION 4

 NAME

ELECTRONIC_REMITTANCE_ADVICE_344 4 344 48

OTHER_RECEIPT_NUMBER

AR TRANSACTION 433

TRANSACTION_NUMBER
FISCAL_YEAR
BILL_NUMBER
CALM_CODE_DONE
TRANSACTION_STATUS
DATE_CALM_DONE
BRIEF_COMMENT
FOLLOW-UP_DATE

ACCOUNTS_RECEIVABLE_430_430_051

REPAYMENT_DUE_DATES
PAYMENT_RECEIVED
SEND_STATEMENT
PAYMENT_DATA
DATE_SENT_PAYMENT_STATEMENT

ACCOUNTS_RECEIVABLE_430_430_02

DATE_OF_CHARGES
DESCRIPTION_OF_CHARGES
QUANTITY_(UNITS)
UNIT_COST
UNIT
TOTAL_AMOUNT
ORDER_NO_

ACCOUNTS_RECEIVABLE_TRANS_TYPE_430_3

NAME

UNIT OF ISSUE_420_5

NAME

AR TRANSACTION_433_433_061

DATE_C
APPR_
DATE_ε
DMC_PI
DMC_IN
DMC_AI
DMC_Di
DMC_Di
DMC_Di
MEDICA
MEDICA
DATE_E
TOP_RE
TOP_TF
TOP_RE
RECEIV
TYPE_C
BEGINN
ENDING
FUND
ADMIN_
ORGAN
FCP/PR
INSURE
INSURE
PT_REL
CERT_ε
GROUP
GROUP
EMPLO'
EMPLO'
EMPLO'
EMPLO'
EMPLO'
EMPLO'
CONTR
COST_(
SUB_CC
BOC_(S
SUB_BC
REVENI
RSC_(C
SUB-RE
STATIO
FEDER/
REFUNI
SAT_ST
JOB_NL
XPROG
REPOR
FMS_LII
VENDO
FMS_TF

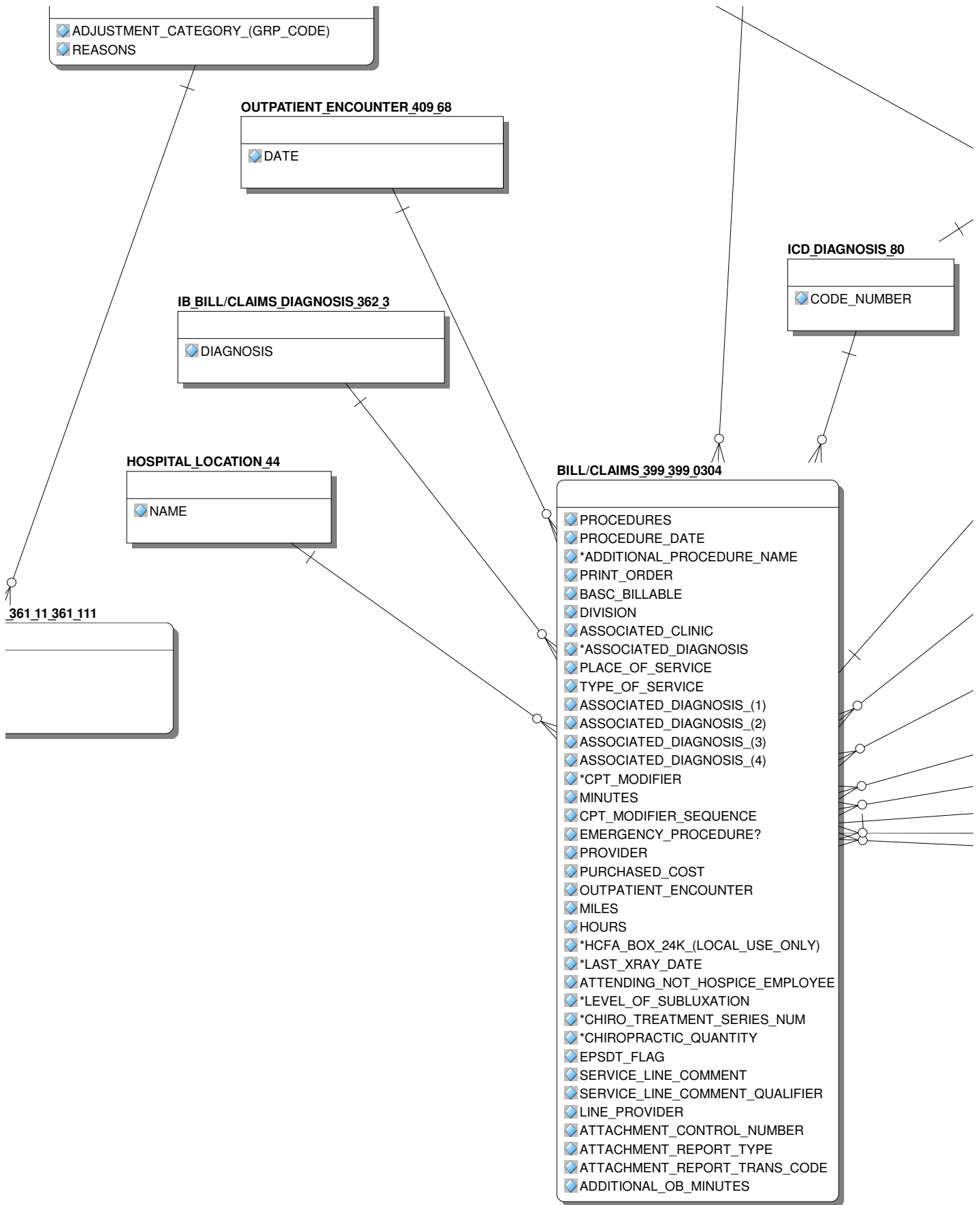
SIGNED_(APPROVED)
_OFFICIAL_S_TITLE
SENT_TO_DMC
RINCIPAL_BALANCE
ITEREST_BALANCE
DMIN_BALANCE
ebt_Valid
ebt_Valid_Edited_By
ebt_Valid_Edited_Date
ARE_CONT__ADJUSTMENT
ARE_UNREIMBURSABLE
BILL_REFERRED_TO_TOP
EFUND_STATUS
RACE_NUMBER
EFUND_YEAR
'ABLE_CODE
OF_BILL
JING_BUDGET_FY
s_BUDGET_FY

_OFFICE
IIZATIONAL_CTRL_POINT
IOJ
:D_NAME
:D_SEX
_ATIONSHIP
SSN_HIC_ID_NO_
'_NAME
'_NUMBER
YEE_INFORMATION_DATA
YMENT_STATUS_CODE
YER_NAME
YEE_ID_NUMBER
YER_LOCATION
OL_POINT
CENTER
OST_CENTER
SUB_ACCOUNT)
OC
UE_SOURCE
:ALC_FOR_ACCRUED_BILLS)
:V_SOURCE
'N
AL/NON-FEDERAL/EMPLOYEE
D/REIBURSMET
'ATION
JMBER
AM
TING_CATEGORY
NE_NUMBER
R_ID
RANSMISSION_DATE

- 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/REMOVE_HISTORY
- EEOB_REMOVED

EXPLANATION_OF_BENEFITS_3611

- REASON_CODE
- AMOUNT
- QUANTITY
- REASON_TEXT



PLACE_OF_SERVICE_353_1

CODE

IB_ATTACHMENT_REPORT_TYPE_353_3

ATTACHMENT_REPORT_TYPE_CODE

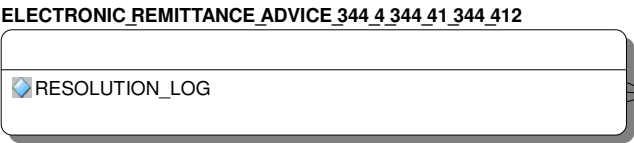
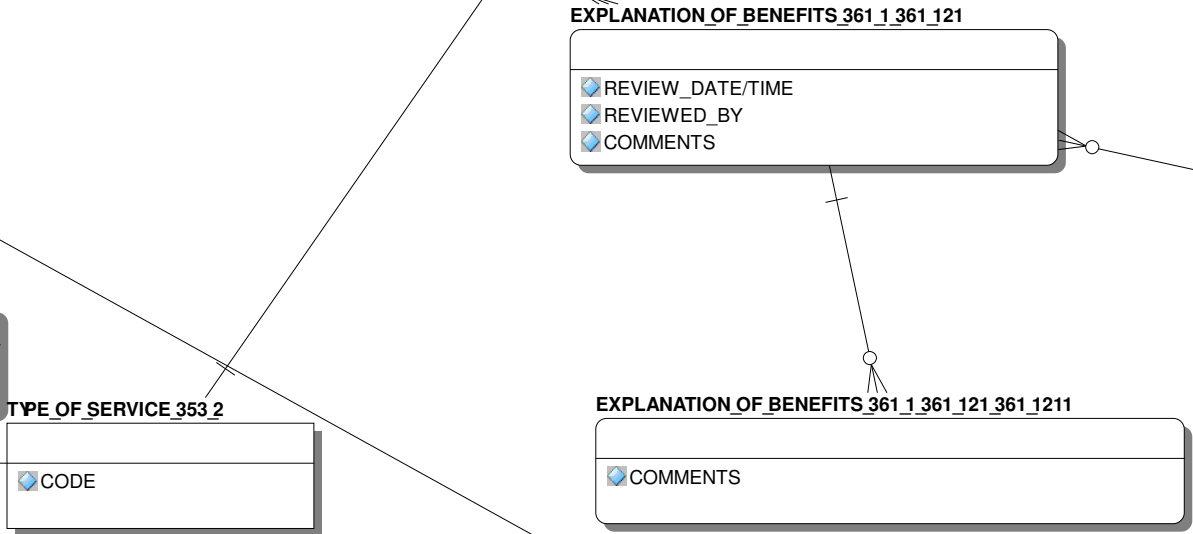
CPT_MODIFIER_81_3

MODIFIER

BILL/CLAIMS_399_399_0304_399_30416

CPT_MODIFIER_SEQUENCE

CPT_MODIFIER



INCONSISTENT_DATA_ELEMENTS_399_4

IE

BILL/CLAIMS_399_399_044

REASON(S)_DISAPPROVED-INITIAL

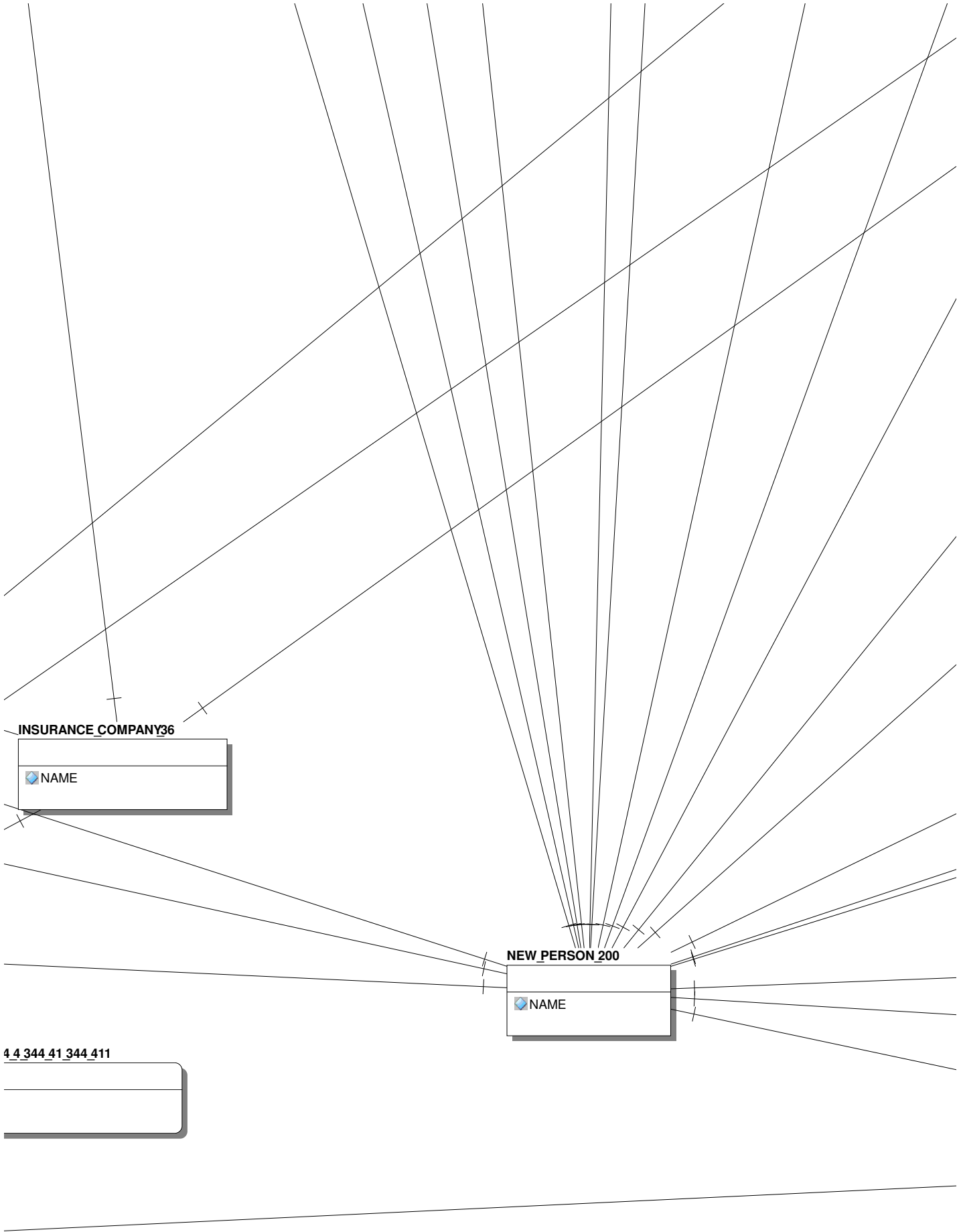
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- AMBULANCE_P/U_ZIP
- AMBULANCE_D/O_LOCATION
- AMBULANCE_D/O_ADDRESS_1
- AMBULANCE_D/O_ADDRESS_2
- AMBULANCE_D/O_CITY
- AMBULANCE_D/O_STATE
- AMBULANCE_D/O_ZIP
- ASSUMED_CARE_DATE
- RELINQUISHED_CARE_DATE
- ATTACHMENT_CONTROL_NUMBER
- ATTACHMENT_REPORT_TYPE
- 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

ELECTRONIC_REMITTANCE_ADVICE_344_4_344_41

SEQUENCE #
DETAIL
AMOUNT_PAID
ORIGINATION_COMPANY_ON_BILL
VALID_BILL_NUMBER
CATEGORY
SPECIFIC_ERROR
TRANSFERRED_OUT_MSG_#
TRANSFER_STATUS
TRANSFERRED_TO_SITE
TRANSFERRED_DATE
CATEGORY_STATUS
FISCAL
TEXT_PATIENT_NAME
TRANSFER_RECEIVED_OTHER_SITE

ELECTRONIC_REMITTANCE_ADVICE_344_4_344_41

RAW_DATA



RCDPE_AUTO_PAYEXCLUSION_34

- ◆ PAYER_NAME
- ◆ PAYER_ID
- ◆ DATE_ADDED
- ◆ UPDATED_BY
- ◆ DATE_LAST_UPDATED
- ◆ EXCLUDE_MED_CLAIMS_POS
- ◆ EXCLUDE_MED_CLAIMS_DEC
- ◆ AUTO_POST_COMMENT
- ◆ AUTO_DECREASE_COMMENT

RC_TESTING_USER_PREFERENCE

- ◆ USER
- ◆ UPDATED
- ◆ PAYER_ID_DEFAULT
- ◆ PAYMENT_METHOD_CODE

RC_MESSAGE_TEXT_OBJECT_344_81

- ◆ NUMBER
- ◆ NAME
- ◆ CREATOR
- ◆ CREATED
- ◆ LAST_UPDATED
- ◆ DESCRIPTION
- ◆ TYPE
- ◆ OBJECT_STATUS
- ◆ OBJECT_TEXT

46
STING
CREASE
T
NCES 344 82
DE

RC MESSAGE TEXT OBJECT 344 81 344 812

OBJECT_TEXT

ELECTRONIC REMITTANCE ADVICE 344 4 344 42

REFERENCE_NUMBER
ADJUSTMENT_CODE
ADJUSTMENT_AMOUNT
ADJUSTMENT_TEXT

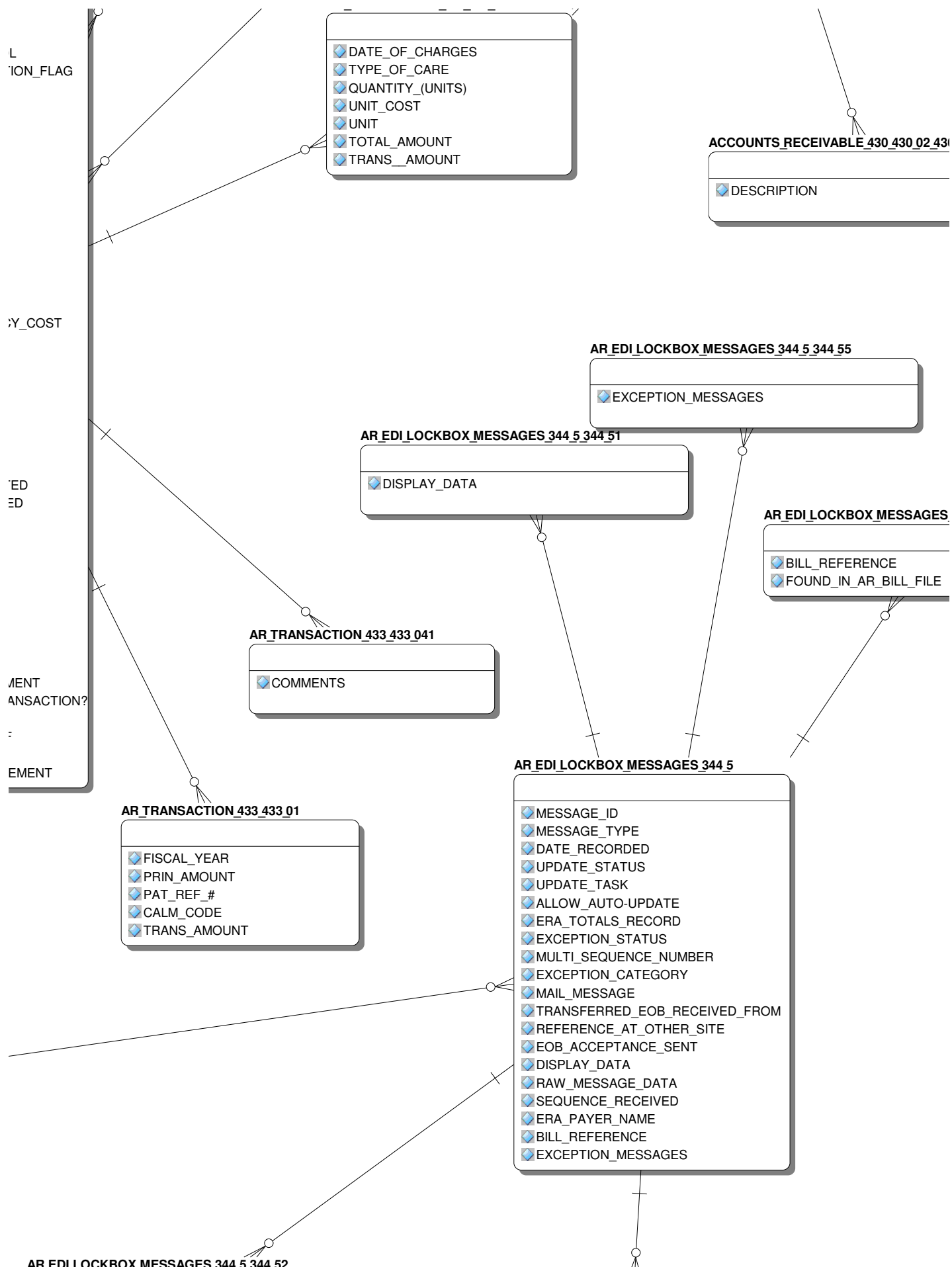
RCDPE_PARAMETER_AUDIT 344 7

TIMESTAMP

ELECTRONIC REMITTANCE ADVICE 344 4

ENTRY
TRACE_NUMBER
INSURANCE_CO_ID
ERA_DATE
TOTAL_AMOUNT_PAID
PAYMENT_FROM
FILE_DATE/TIME
RECEIPT
EFT_MATCH_STATUS
ERA_TYPE
INDIVIDUAL_EOB_COUNT
MAIL_MESSAGE
CHECK_#
DETAIL_POST_STATUS
EXPECTED_PAYMENT_METHOD_CODE
REMOVED_BY
REMOVED_DATE
REMOVE_REASON
ERA_DETAIL
ERA_LEVEL_ADJUSTMENTS
CONTACT_NAME
CONTACT_NUMBER_1
CONTACT_TYPE_1
CONTACT_NUMBER_2
CONTACT_TYPE_2
CONTACT_NUMBER_3
CONTACT_TYPE_3


















SEGMENT
RC_DOJ_CODE
APPROPRIATION_SYMB
INCOMPLETE_TRANSACT
TRANSACTION_DATE
TRANSACTION_TYPE
RECEIPT_#
ADJUSTMENT_NUMBER
TRANS_AMOUNT
SENT_RECEIPT
TERMINATION_REASON
AMENDMENT_TYPE
DATE_ENTERED
PREPAYMT_TRANS_
IRS_LOC_COST
CREDIT_REP_COST
DMV_LOC_COST
CONSUMER_REP_AGENC
MARSHAL_FEE
COURT_COST
INT_CHARGE
ADM_CHARGE
PENALTY_CHARGE
PRIN_COLLECTED
INTEREST_COLLECTED
ADMIN_COLLECTED
MARSHAL_FEE_COLLECT
COURT_COST_COLLECTE
COMMENTS
PROCESSED_BY
EOB_CODE
DESCRIPTION
PRINCIPAL_BALANCE
INTEREST_BALANCE
ADMIN_BALANCE
TRANS_COMMENTS
EXCESS_PAYMENT
CONTRACTUAL_ADJUSTM
CO-PAY_EXEMPTION_TR
SUSPENSION_TYPE
AMOUNT_PAID_TO_MCCF
AMOUNT_PAID_TO_HSIF
HARTFORD/USAA_SETTL




0 22

344 5 344 54



-  BILL
-  BILL
-  REN
-  ENT
-  REN
-  BILL
-  REN
-  ECM
-  REC
-  RAV
-  FOR
-  RES
-  AUT
-  MAF
-  AUT
-  AUT
-  BILL

._NUMBER_FROM_PAYER
ING_PROVIDER_NPI
IDERING/SERVICING_PROV_NPI
ITY_TYPE_QUALIFIER
IDERING/SERVICING_PROV_NAME
ING_PROV_COMMENT
I_PROV_COMMENT
ME_#
EIPT
V_DATA
IMATTED_MESSAGE_DATA
OLUTION_LOG
OPOST_REJECTION_REASON
K_FOR_AUTOPOST
O_DECREASE_INDICATOR
O_DECREASE_AMOUNT
_REFERENCE_NUMBER

- 
- MODIFIED_IEN
 - CHANGED_BY
 - CHANGED_FIELD
 - MODIFIED_FILE
 - NEW_VALUE
 - OLD_VALUE
 - COMMENT

- CONTACT_TYPE_S
- AUTOPOST_DATE
- AUTOPOST_STATUS
- AUTO_DECREASE_DATE
- PAYER_WEB_SITE_ADDRESS
- DATE/TIME_ERA_LINKED
- ERA_LINKED_BY
- OTHER_RECEIPT_NUMBERS
- DATE_POSTED_TO_SUSPENSE
- POSTED_TO_SUSPENSE_BY
- PAPER_EOB_ENTRY

AR EDI LOCKBOX_MESSAGES_344_5_344_53

RAW_MESSAGE_DATA

AR EDI LOCKBOX_MESSAGES_344_5_344_53

SEQUENCE_RECEIVED
LAST_SEQUENCE
DATE/TIME_RECEIVED
MAIL_MESSAGE

