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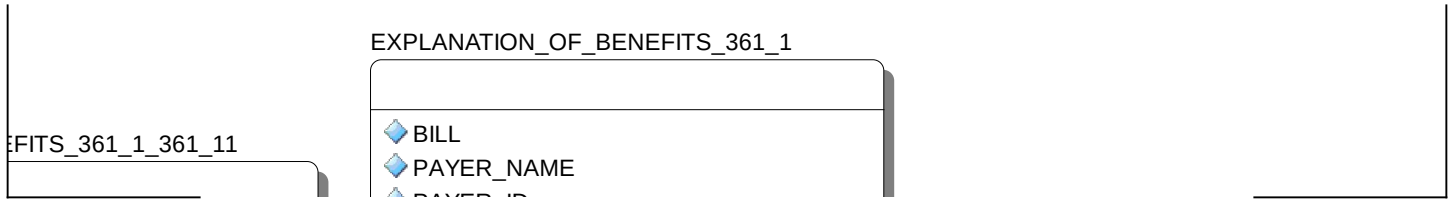

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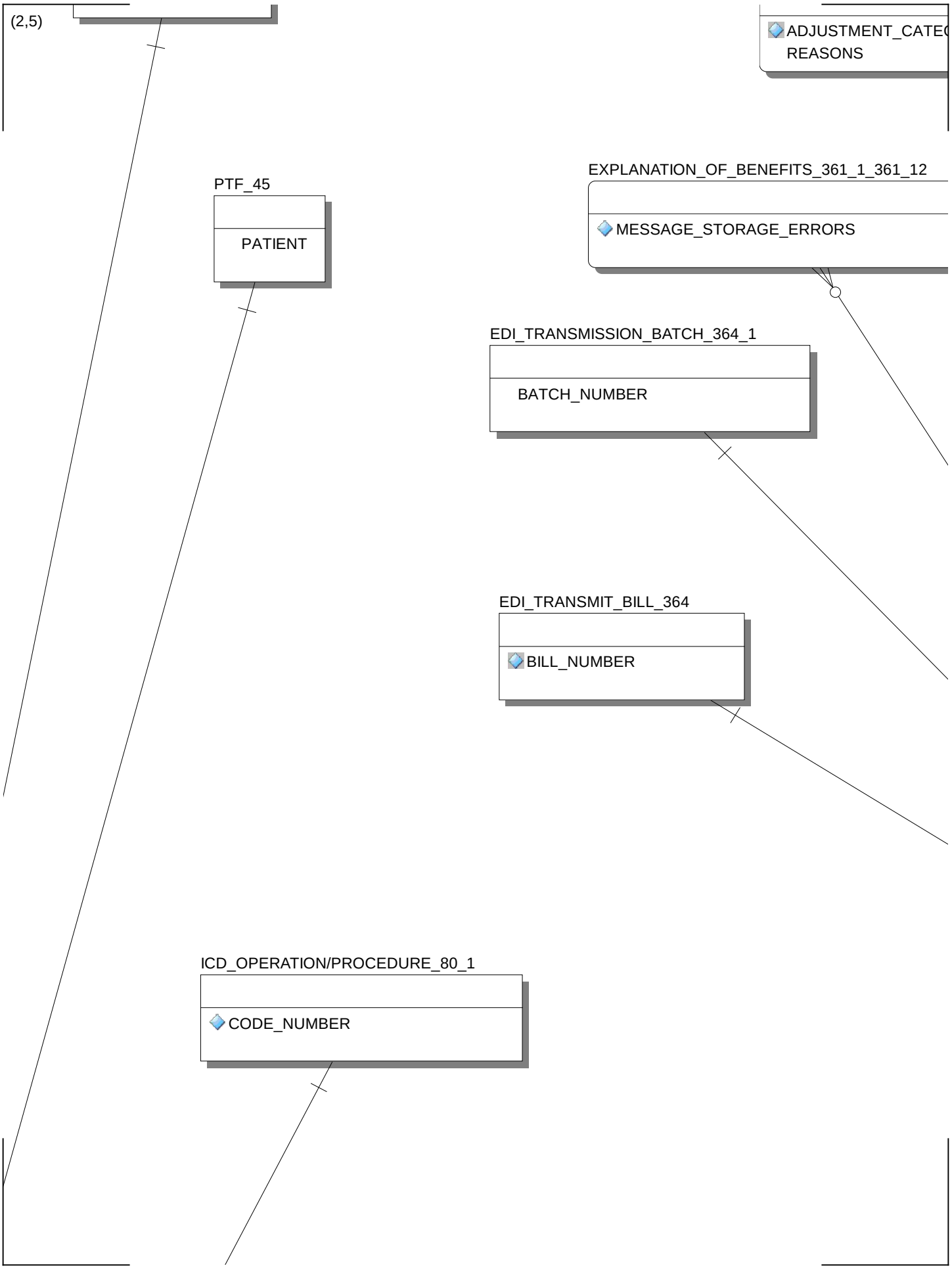
(2,1)


(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

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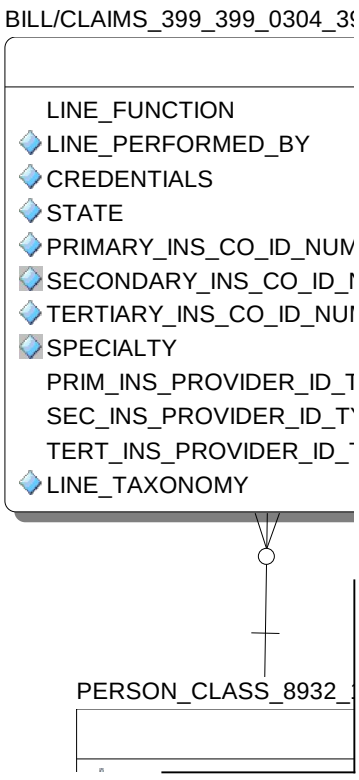
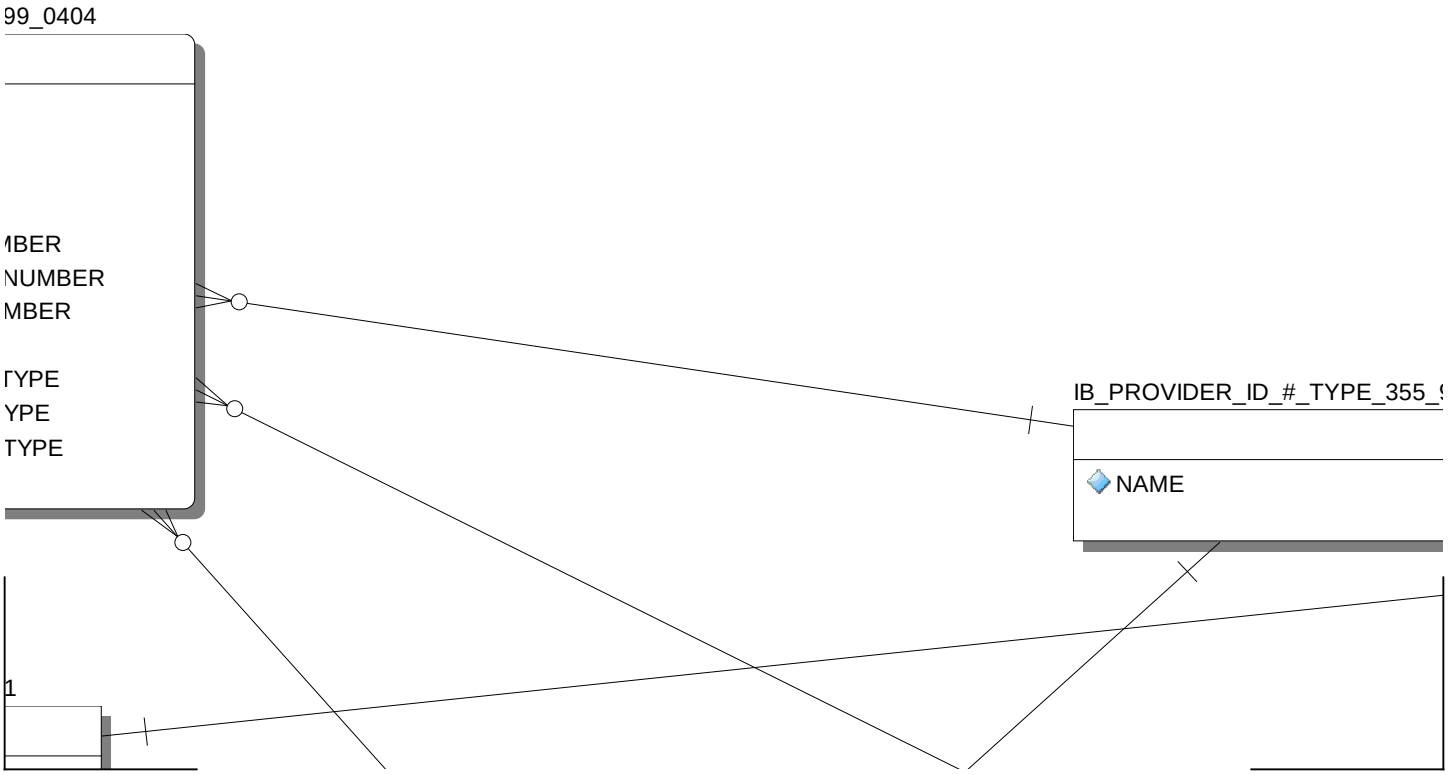
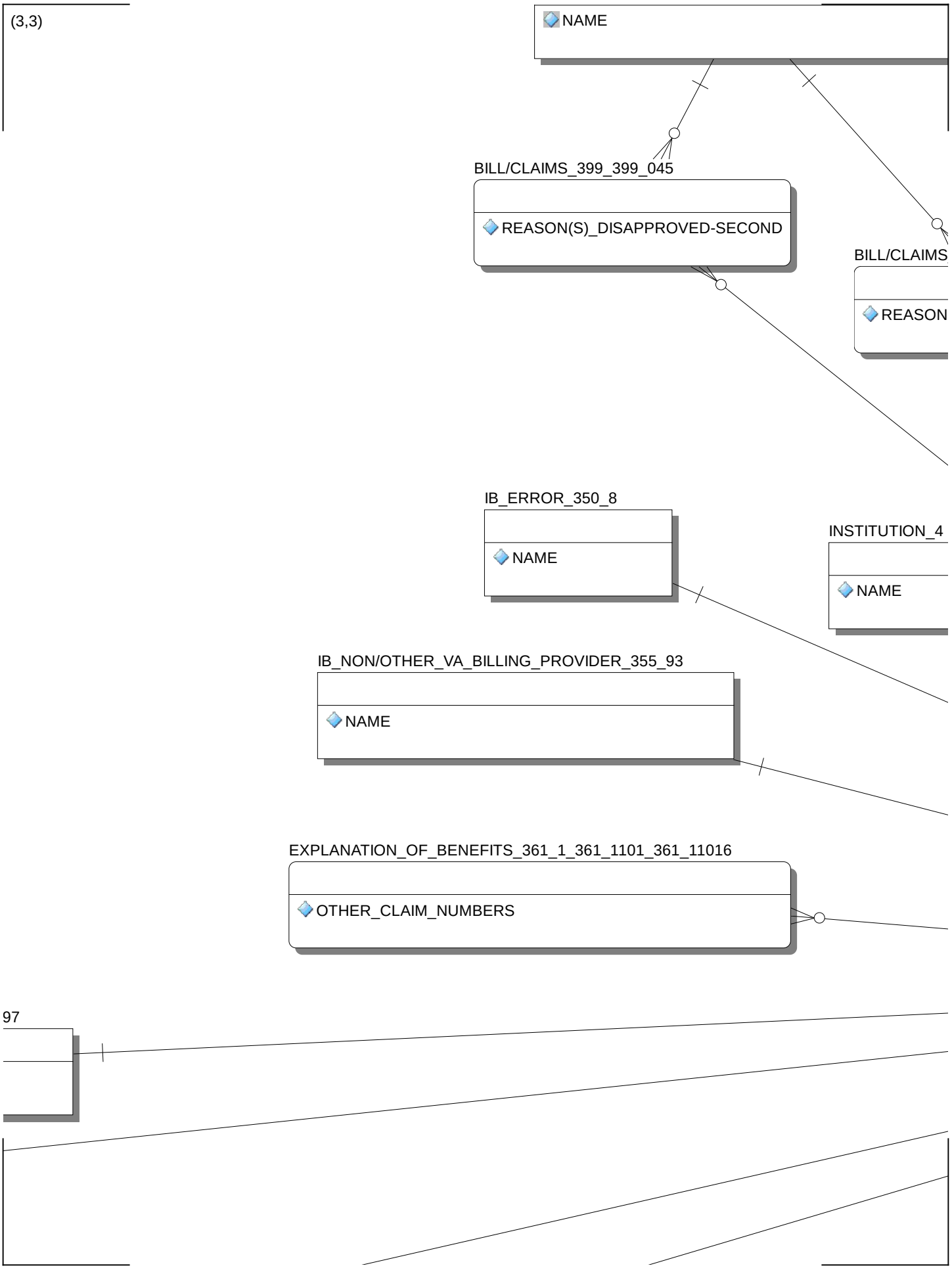
(3,1)

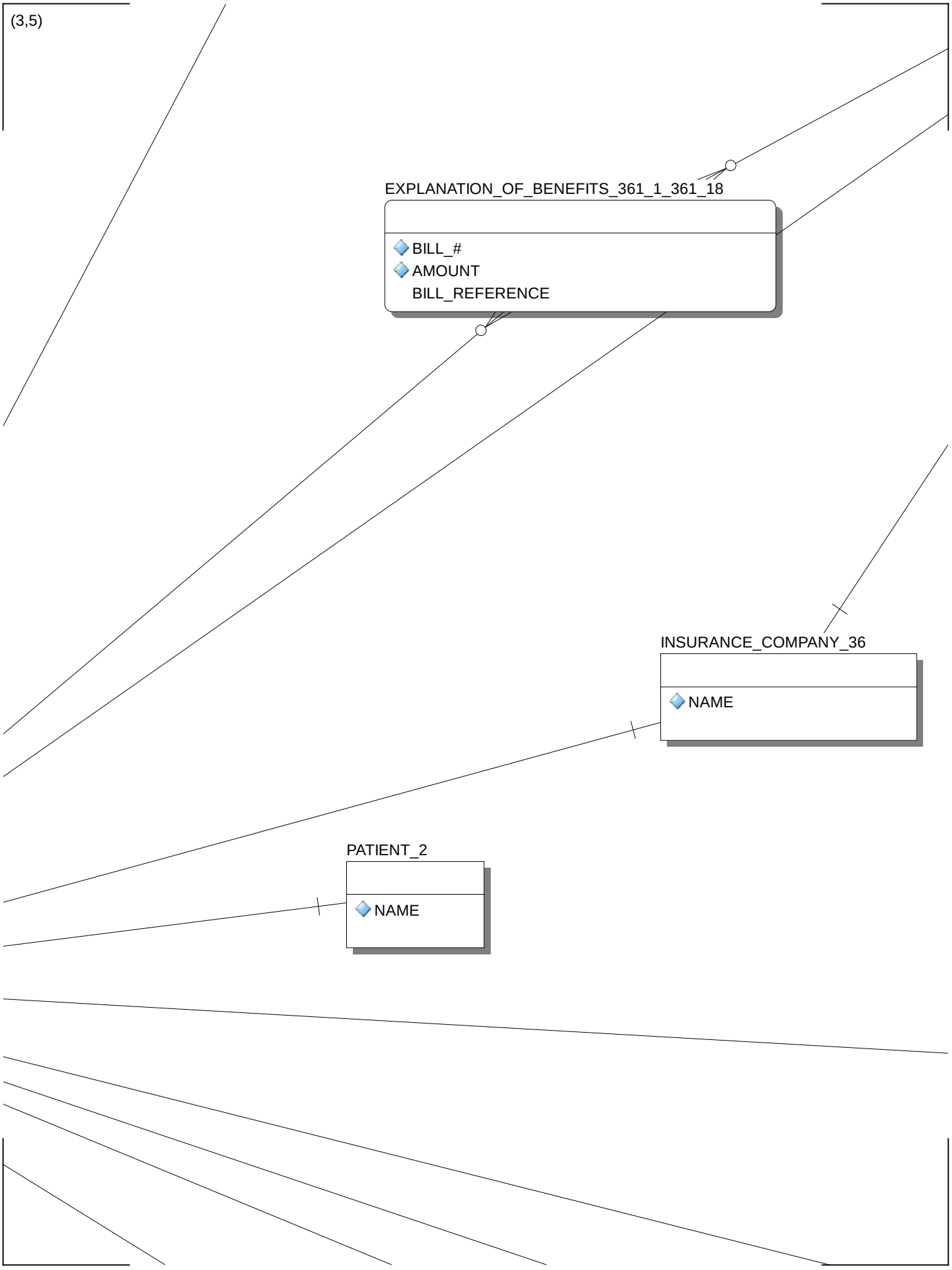

BILL/CLAIMS_399_399_0304_3
LINE_FUNCTION
LINE_PERFORMED_BY
CREDENTIALS
STATE
PRIMARY_INS_CO_ID_NUM
SECONDARY_INS_CO_ID_N
TERTIARY_INS_CO_ID_NUI
SPECIALTY
PRIM_INS_PROVIDER_ID_T
SEC_INS_PROVIDER_ID_T
TERT_INS_PROVIDER_ID_
LINE_TAXONOMY
PERSON_CLASS_8932_

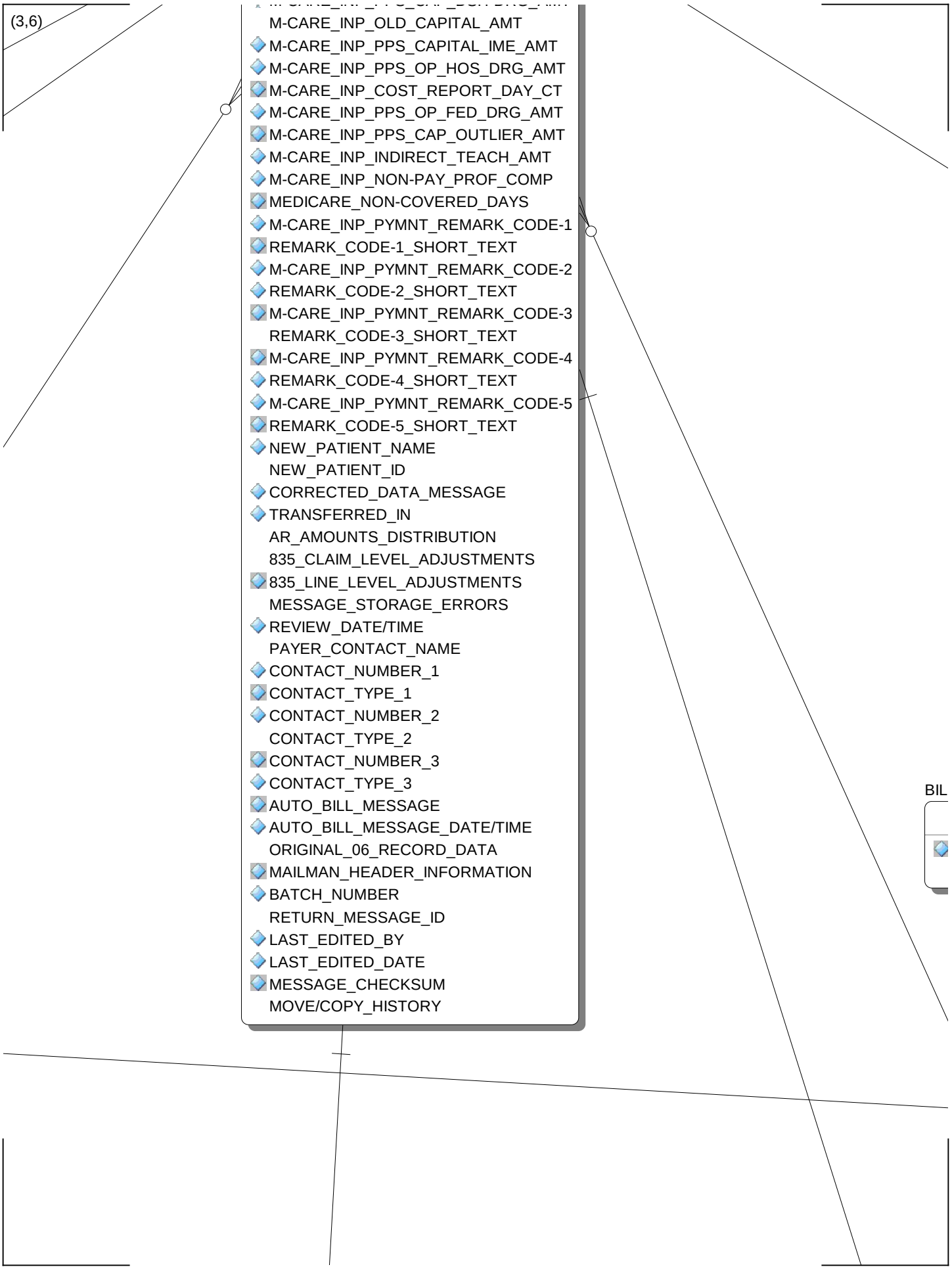
(3,2)


99_0404
MBER
NUMBER
MBER
TYPE
YPE
TYPE
IB_PROVIDER_ID_#_TYPE_355_
NAME
1

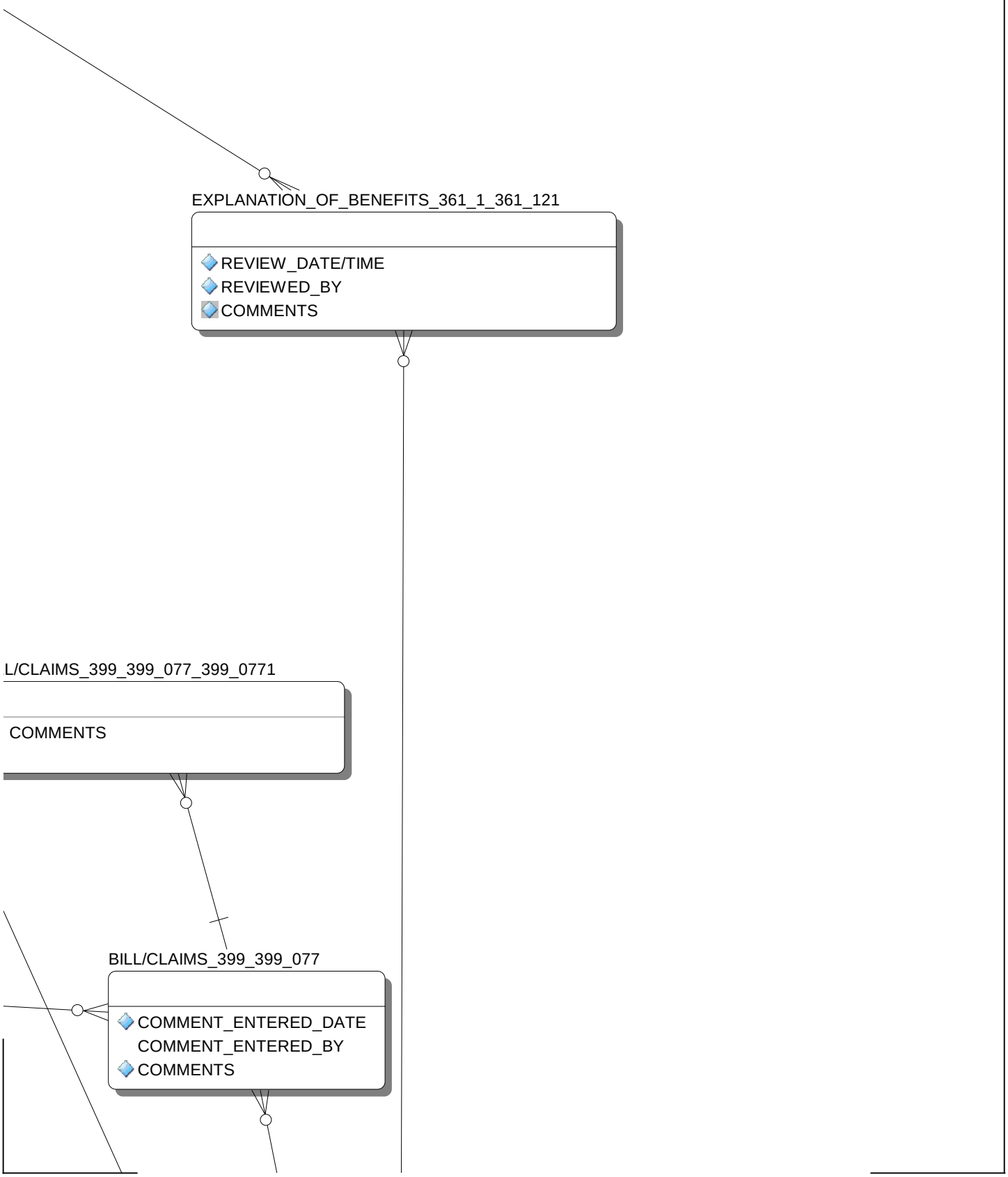

(3,3)
NAME
BILL/CLAIMS_399_399_045
REASON(S)_DISAPPROVED-SECOND
BILL/CLAIMS
REASON
IB_ERROR_350_8
NAME
INSTITUTION_4
NAME
IB_NON/OTHER_VA_BILLING_PROVIDER_355_93
NAME
EXPLANATION_OF_BENEFITS_361_1_361_1101_361_11016
OTHER_CLAIM_NUMBERS
97

(3,4)
BILL_FORM_TYPE_353
NAME
_399_399_044
(S)_DISAPPROVED-INITIAL
*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
*PROCDEDURE_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

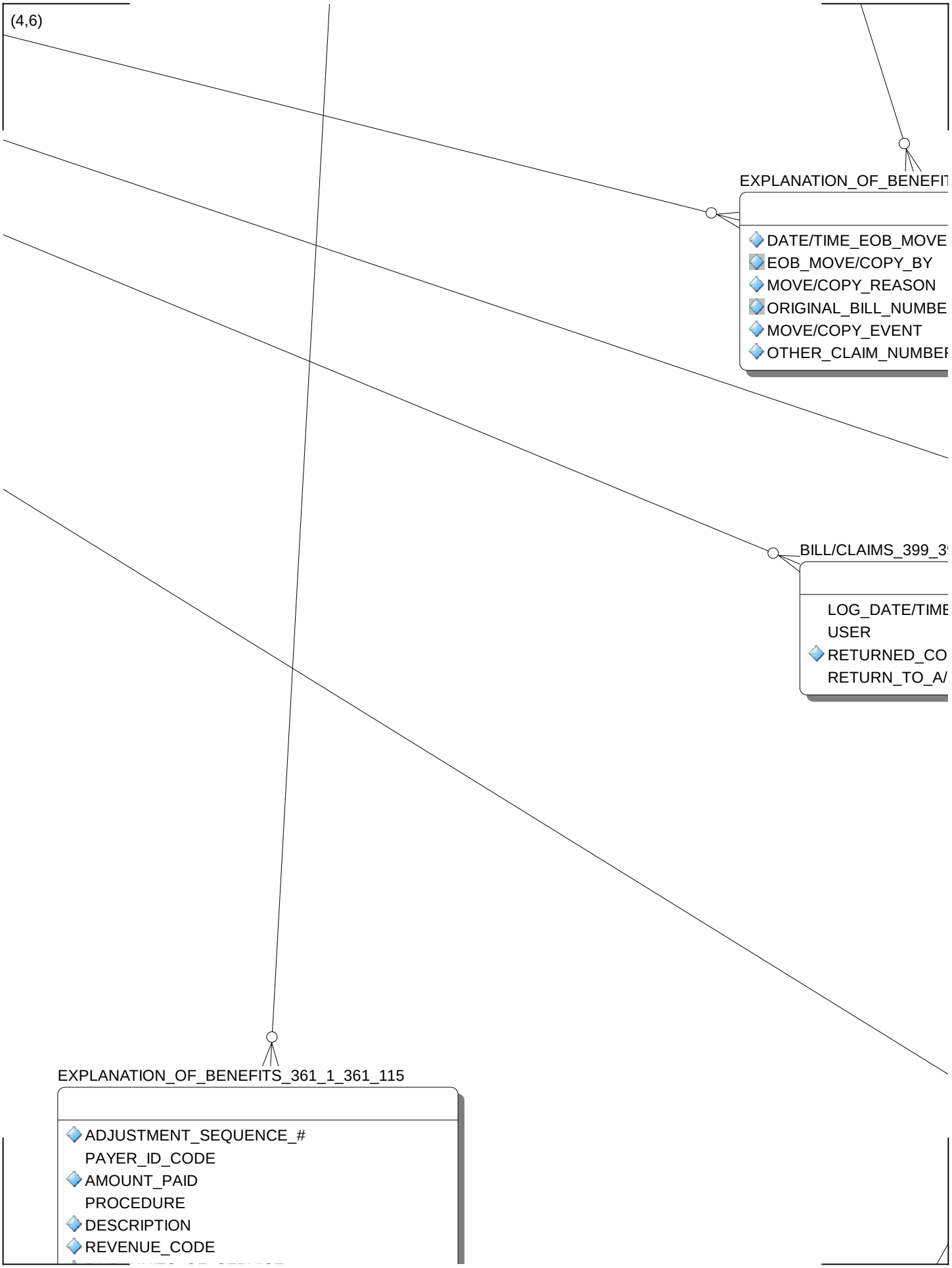

(3,5)
EXPLANATION_OF_BENEFITS_361_1_361_18
BILL_#
AMOUNT
BILL_REFERENCE
INSURANCE_COMPANY_36
NAME
PATIENT_2
NAME

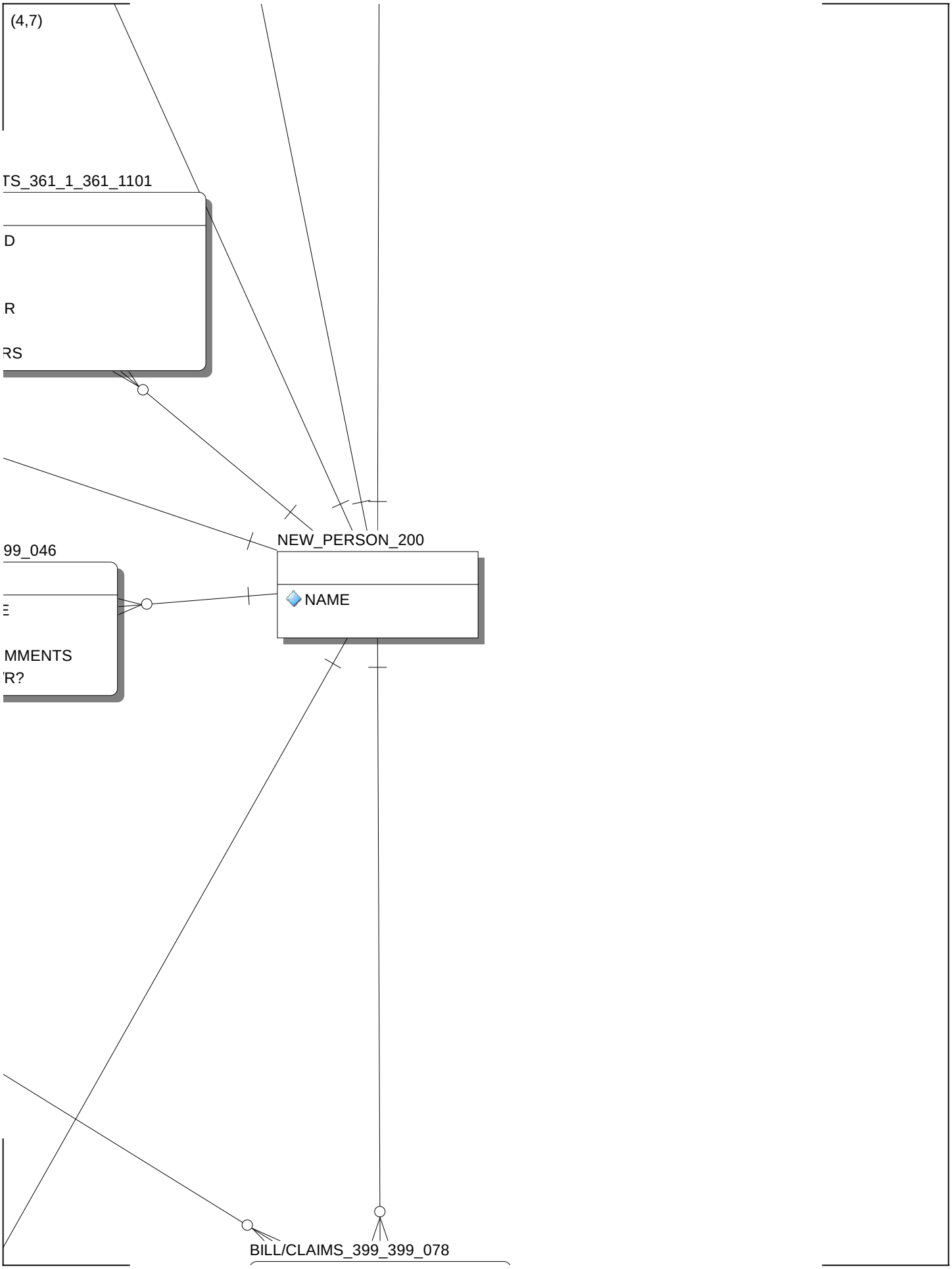

(3,6)
M-CARE_INP_OLD_CAPITAL_AMT
M-CARE_INP_PPS_CAPITAL_IME_AMT
M-CARE_INP_PPS_OP_HOS_DRG_AMT
M-CARE_INP_COST_REPORT_DAY_CT
M-CARE_INP_PPS_OP_FED_DRG_AMT
M-CARE_INP_PPS_CAP_OUTLIER_AMT
M-CARE_INP_INDIRECT_TEACH_AMT
M-CARE_INP_NON-PAY_PROF_COMP
MEDICARE_NON-COVERED_DAYS
M-CARE_INP_PYMNT_REMARK_CODE-1
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)

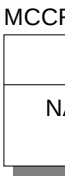

EXPLANATION_OF_BENEFITS_361_1_361_121
REVIEW_DATE/TIME
REVIEWED_BY
COMMENTS
L/CLAIMS_399_399_077_399_0771
COMMENTS
BILL/CLAIMS_399_399_077
COMMENT_ENTERED_DATE
COMMENT_ENTERED_BY
COMMENTS

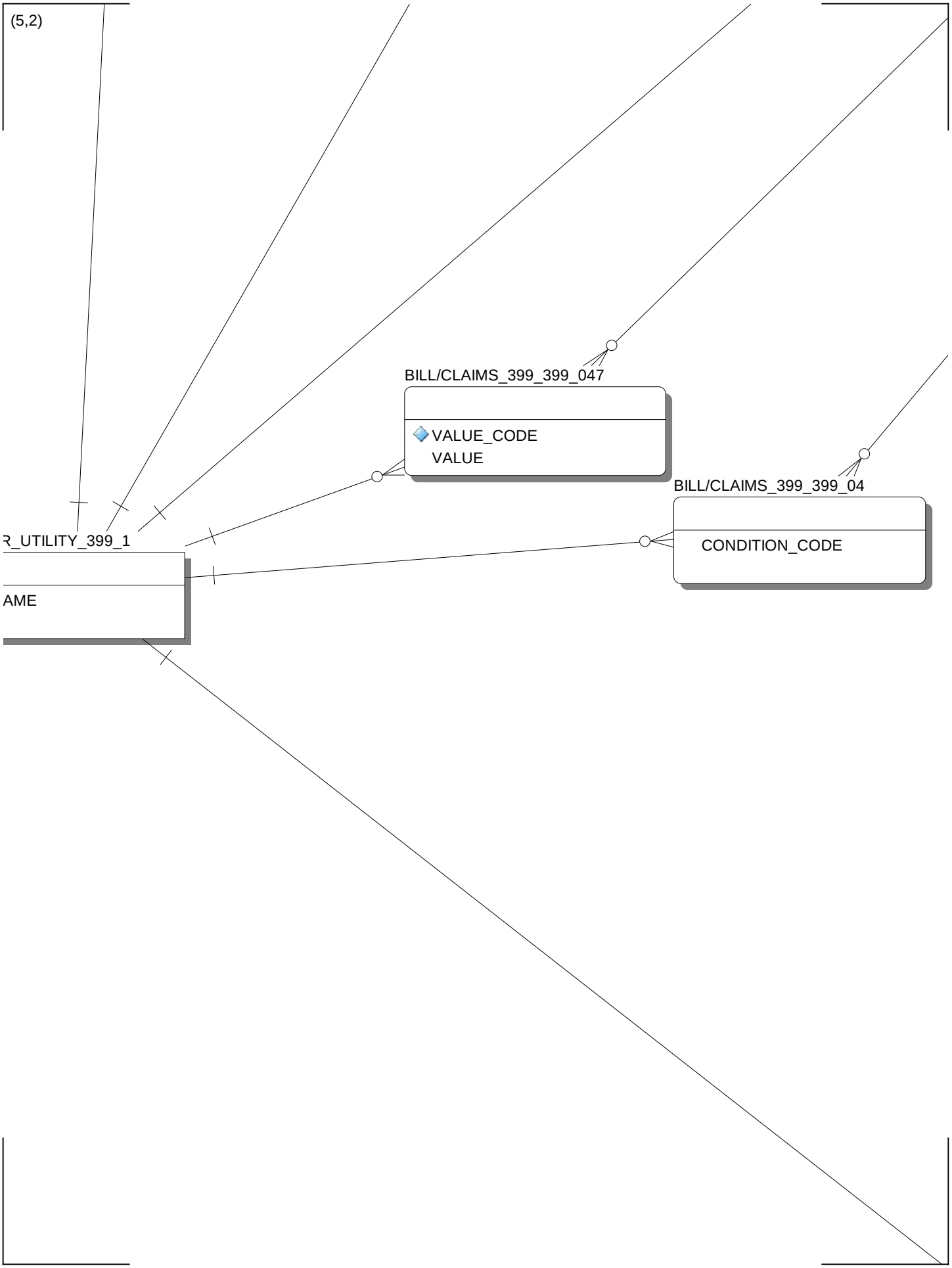
(4,4)
DISCHARGE_BEDSECTION
DISCHARGE_STATUS
TREATMENT_AUTHORIZATION_CODE
BC/BS_PROVIDER_#
LENGTH_OF_STAY
UNABLE_TO_WORK_FROM
UNABLE_TO_WORK_TO
*PLACE_OF_SERVICE
*TYPE_OF_SERVICE
PPS
TOTAL_CHARGES
OFFSET_AMOUNT
OFFSET_DESCRIPTION
*UB82_FORM_LOCATOR_2
*FORM_LOCATOR_9
*FORM_LOCATOR_27
*FORM_LOCATOR_45
*BILL_COMMENT
*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


(4,6)
EXPLANATION_OF_BENEFIT
DATE/TIME_EOB_MOVE
EOB_MOVE/COPY_BY
MOVE/COPY_REASON
ORIGINAL_BILL_NUMBE
MOVE/COPY_EVENT
OTHER_CLAIM_NUMBER
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


(4,7)
TS_361_1_361_1101
D
R
RS
99_046
E
MMENTS
R?
NEW_PERSON_200
NAME
BILL/CLAIMS_399_399_078

(5,1)




(5,2)
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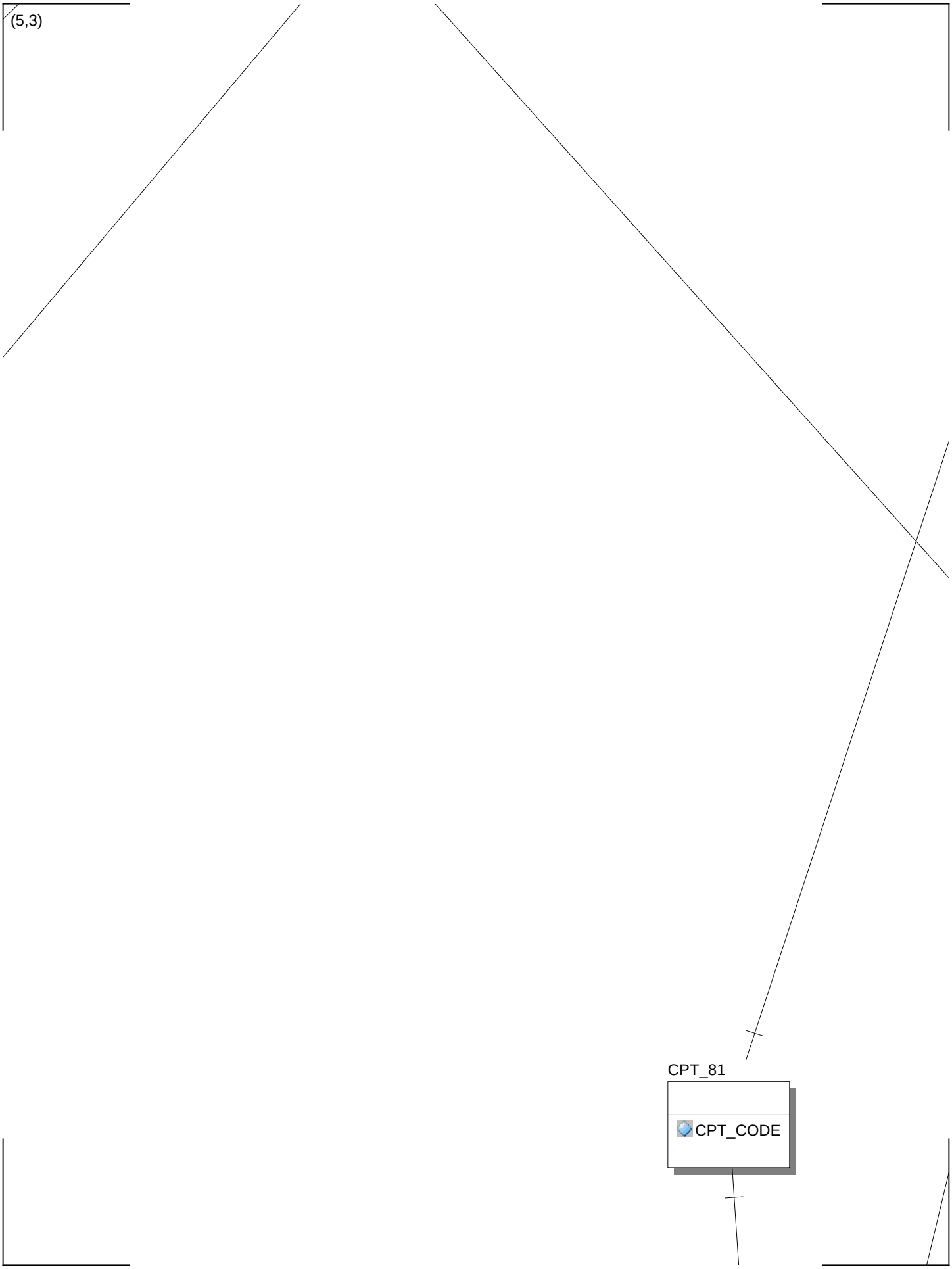
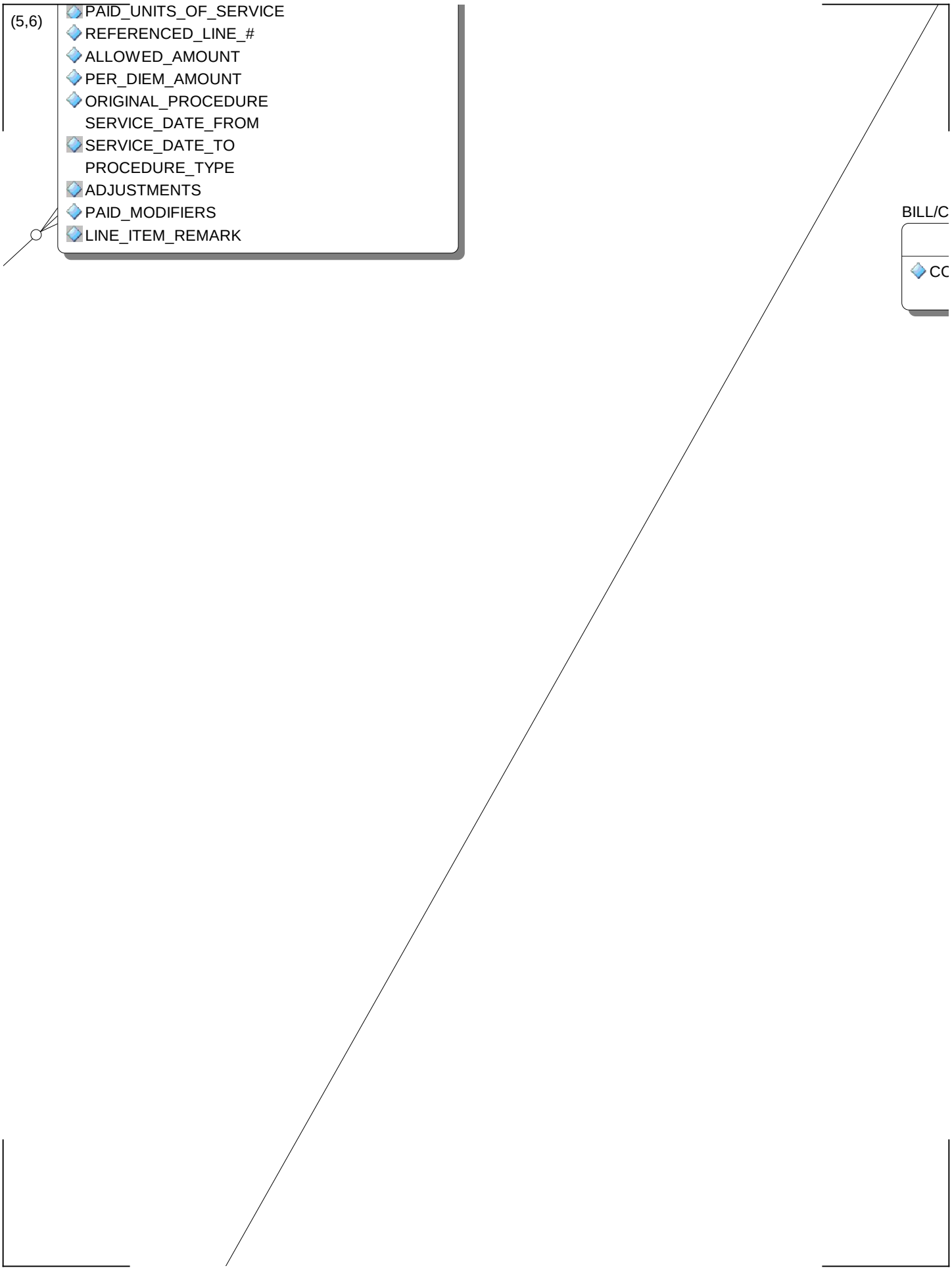
VALUE_CODE
VALUE
BILL/CLAIMS_399_399_04
CONDITION_CODE
R_UTILITY_399_1
AME

(5,3)

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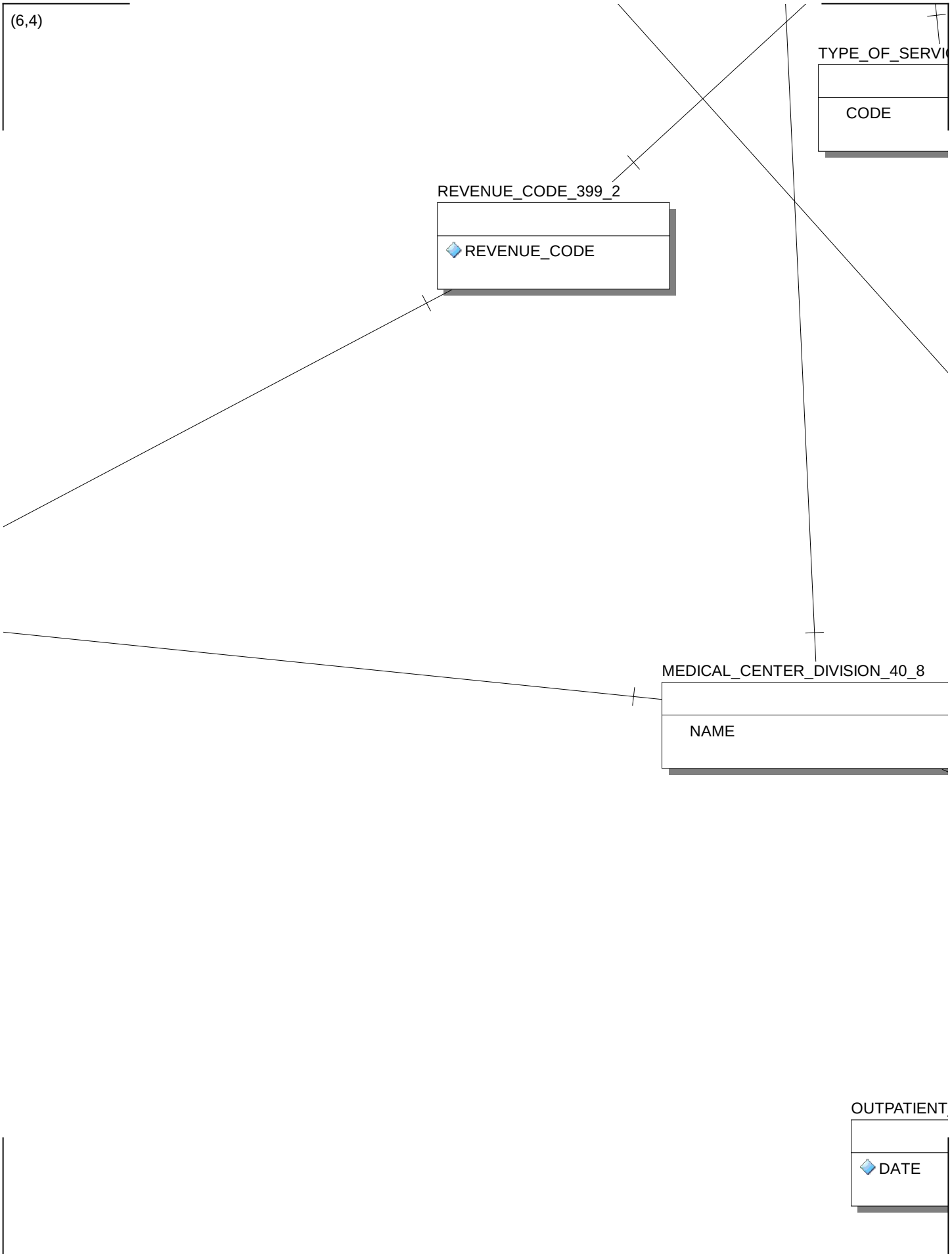
PAID_UNITS_OF_SERVICE
REFERENCED_LINE_#
ALLOWED_AMOUNT
PER_DIEM_AMOUNT
ORIGINAL_PROCEDURE
SERVICE_DATE_FROM
SERVICE_DATE_TO
PROCEDURE_TYPE
ADJUSTMENTS
PAID_MODIFIERS
LINE_ITEM_REMARK
BILL/C
CC

(6,2)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TYPE_OF_SERVI
CODE
REVENUE_CODE_399_2
REVENUE_CODE
MEDICAL_CENTER_DIVISION_40_8
NAME
OUTPATIENT
DATE

(7,4)

E

(7,7)