

## ECS National Standard Format Specifications

Record Type: BA1 Record Name: Batch Header Record "Provider Data 2" 2/01

Record is: Required for every submission.

Field Number	Positions From To	Field Length	Required Field	Field Name, Description & Edits
12	126 135	10	R	<b><u>Provider's Service Telephone Number</u></b> - The telephone number, including area code at which the provider can be contacted (where services were rendered)
13	136 165	30	R	<b><u>Provider's Pay - To Address 1</u></b> - The current street mailing address of the billing provider. <b>(Left Justify, Space Fill)</b> <b>(If Blank, Code b)</b>
14	166 195	30	C	<b><u>Provider's Pay - To Address 2</u></b> - The current street mailing address of the billing provider. Enter if more than three line address is required. <b>(Left Justify, Space Fill)</b>
15	196 215	20	R	<b><u>Provider's Pay - To City</u></b> - The current city of the billing provider. <b>(Left Justify, Space Fill)</b>
16	216 217	02	R	<b><u>Provider's Pay - To State</u></b> - The current state of the billing provider.
17	218 226	09	R	<b><u>Provider's Pay - To Zip</u></b> - The current zip code of the billing provider. <b>(Left Justify, Space Fill)</b>
18	227 236	10	O	<b><u>Provider's Pay - To Telephone Number</u></b> The telephone number including area code at which the provider can be contacted (where services are rendered).
19	237 278	42	N	<b><u>Filler - National</u></b> <b>(Left Justify, Space Fill)</b>
20	279 320	42	N	<b><u>Filler - Local</u></b> <b>(Left Justify, Space Fill)</b>

## ECS National Standard Format Specifications

Record Type: DA0 Record Name: Primary Insurance Information 2/01

Record is: Required for every submission.

Field Number	Positions From	To	Field Length	Required Field	Field Name, Description & Edits
09	36	68	33	R	<b><u>Primary Insurance Company Name</u></b> - (Known as Payer Name) Provide the name of the payer organization from which reimbursement is expected. <b>(Left Justify, Space Fill)</b> <b>(Claim Level Rejection)</b>
10	69	88	20	R	<b><u>Group Number</u></b> - The identification number assigned by the payer to the group or plan through which insurance is provided. Report the group number as reflected on the ID card. May be alpha-numeric. <b>If unknown, default to zeros.</b> <b>(Left Justify - Space Fill)</b>
11	89	121	33	O	<b><u>Group Name</u></b> - The name of the group or plan through which insurance is being provided. <b>(If Blank, Code b)</b> <b>(Left Justify, Space Fill)</b>
12	122	122	01	N	<b><u>Filler - Local</u></b> <b>(If Blank, Code b)</b>
13	123	137	15	O	<b><u>Preferred Provider Organization Identification (PPO ID)</u></b> - The identification number assigned to the preferred provider organization by the payer. <b>(If Blank, Code b)</b> <b>(Left Justify, Space Fill)</b>

NSF Version 00200  
Record DA0 - Secondary Insurance Information

**ECS National Standard Format Specifications**

Record Type: DA0 Record Name: Secondary Insurance Information 2/01

**Record is: Required when MSBCBS is Secondary Payer**

Field Number	Positions From	To	Field Length	Required Field	Field Name, Description & Edits
01	01	03	03	R	<b><u>Record Identifier</u></b> - Field used to identify the "Secondary Insurance Information Record - Payer Data." CODE VALUE: DA0
02	04	05	02	R	<b><u>Sequence Number</u></b> - Numeric value of "02" to indicate secondary payer information. CODE VALUE: 02
03	06	22	17	R	<b><u>Patient Control Number</u></b> - Same as field number '3' in previous CA0 record. <b>(Left Justify, Space Fill)</b> <b>(Claim Level Rejection)</b>
04	23	68	46	N	<b><u>Reserved Record Space</u></b>
05	69	88	20	R	<b><u>Group Number</u></b> - The identification number assigned by the payer to the group or plan through which insurance is provided. May be alpha-numeric. <b>If unknown, default to zeros.</b> <b>(Left Justify, Space Fill)</b>
06	89	152	64	N	<b><u>Reserved Record Space</u></b>
07	153	153	01	R	<b><u>Assignment of Benefits</u></b> - Required for secondary claim. Indicates whether or not the provider has obtained a signed form authorizing the payer to pay the provider. CODE VALUES: Y = Yes, benefits are assigned N = No, benefits are not assigned <b>(If Blank, Code b)</b>
08	154	154	01	N	<b><u>Reserved Record Space</u></b>

## ECS National Standard Format Specifications

Record Type: FA0 Record Name: Service Line Detail Record 2/01

Record is: Required for every submission

Field Number	Positions From To	Field Length	Required Field	Field Name, Description & Edits
44	207 209	03	O	<b><u>Patient Weight</u></b> - Patient's current weight in kilograms. (If Blank, Code b) (Right Justify, Zero Fill)
45	210 212	03	O	<b><u>Epoetin Dosage</u></b> - Epoetin starting dosage in units per kilograms. (If Blank, Code b) (Right Justify, Zero Fill)
46	213 220	08	O	<b><u>Serum Creatine Date</u></b> - Date of the most recent serum creatine. Date format is 'CCYYMMDD'. (If Blank, Code b)
47	221 223	03	O	<b><u>Creatine Result</u></b> - Results of the creatine to the nearest tenths. (If Blank, Zero Fill) (Right Justify, Zero Fill)
48	224 230	07	O	<b><u>Obligated Accept Amount (\$)</u></b> The amount the provider agreed to accept as payment in full under the provisions of the contract. May not be blank filled. If not entering an amount then zero fill. (Right Justify, Zero Fill)
49	231 237	07	O	<b><u>Drug Discount Amount (\$)</u></b> Discount drug amount (HCPCS "J" codes) that the provider received. (Right Justify, Zero Fill)

## ECS National Standard Format Specifications

Record Type: XA0 Record Name: Claim Trailer Record 2/01

Record is: Required with every submission.

Field Number	Positions From To	Field Length	Required Field	Field Name, Description & Edits
20	134 140	07	O	<b><u>Total Purchase Service Charges (\$)</u></b> The sum of all purchase service charges associated with this claim. <b>(Right Justify, Zero Fill)</b>
21	141 156	16	O	<b><u>Provider Discount Information</u></b> - Details on a prompt payment discount program offered by the provider. <b>(Left Justify, Space Fill)</b> <b>(If Blank, Code b)</b>
22	157 259	103	O	<b><u>Remarks</u></b> - A free form area designed to be used in those situations where supplementary data would be helpful in processing this claim. <b>(Left Justify, Space Fill)</b> <b>(If Blank, Code b)</b>
23	260 290	31	N	<b><u>Filler - National</u></b> <b>(If Blank, Code b)</b>
24	291 320	30	N	<b><u>Filler - Local</u></b> <b>(If Blank, Code b)</b>