

ECS National Standard Format Specifications

Record Type: DA0 Record Name: Primary Insurance Information 3/01

Record is: Required for every submission

Field Number	Positions From	Positions To	Field Length	Required Field	Field Name, Description & Edits
05	24	24	01	R	<p>Source of Payment - A national code identifying the payment source of this claim for the indicated payer. Valid codes are as follows:</p> <p>A - Self Pay B - Worker's Compensation C - Medicare D - Medicaid E - Other Federal Program F - Commercial Insurance G - Blue Shield H - CHAMPUS I - HMO K - Central Certification L - Self Administered M - Family or Friends N - Managed Care - Non HMO T - Title V V - Veteran Administration Plan Z - Other</p>
06	25	26	02	O	<p>Insurance Type Code -Identifies the type of insurance (policy). CODE VALUES: MG=Medigap Policy SP=Supplemental Policy IP =Individual Policy PP=Personal Payment (Cash-No Insurance) GP=Group Policy LT=Litigation AP=Auto Insurance Policy LD=Long Term Policy OT=Other (If Blank, Code b)</p>
07	27	31	05	C	<p>Payer Organization Identification – If DA0, Field 5 is 'G', then this field is required. For MSBCBS Subscribers, use 00943 which is MSBCBS' Plan Code preceded by two zeros. For Blue Cross Blue Shield Out-of-Area (ITS) Subscribers, enter the Plan Code from the Subscriber's ID Card preceded by two zeros. If the Plan Code is unknown, enter all zeros.</p>
08	32	35	04	O	<p>Payer Claim Office Number - The identification number for the payer's claim office. (If Blank, Code b) (Left Justify, Space Fill)</p>