

BILL PAY DATA DICTIONARY

Name	START	END	FIELD TYPE	BILL HISTORY FIELD NAME	DESCRIPTION	GROUP SUBDIVISIONS DEFINITION OF LEGAL VALUES
Case Number	1	9	CHAR/9	BIL-HIS-CASE-NO	Unique Number Assigned To Each Case By The Responsible District Office	
Payee Number	10	18	CHAR/9	BIL-HIS-PAYEE-NO	Unique Identifier Assigned To Each Provider (Ssn_Or Tax Id)	
Service From	19	26	DATE/8	BIL-HIS-SVC-FR	Beginning Date Of Service	YYYYMMDD
Service To Date	27	34	DATE/8	BIL-HIS-SVC-TO	Ending Date Of Service	YYYYMMDD
Record Type	35	35	CHAR/1	BIL-HIS-RECORD-TYPE	Type Of Record	B = Normal Bill Paid By System C = Cancelled Check/Adj. D = Cash Receipt M = Manual Payment
Payee Data	36	44	CHAR/9	BIL-HIS-R-PAYEE-NO	Claimant's Id Number	
Payee Name	45	79	CHAR/35		Claimant's Name	
Filler	45	77	CHAR/33			Blank
Name Suffix	78	79	CHAR/2	BIL-HIS-PAYEE-DIR-NAME-SFX		This Data Is Available For Bills Paid Prior To 9/4/03
Payee Address	80	114	CHAR/35	BIL-HIS-PAYEE-ADD1	Payee's Address	
Payee Address	115	149	CHAR/35	BIL-HIS-PAYEE-ADD2	Payee's Address	
Payee Address	150	179	CHAR/35	BIL-HIS-PAYEE-ADD3	Payee's Address	
Payee's City	180	199	CHAR/20	BIL-HIS-PAYEE-CITY		
Payee's State	200	201	CHAR/2	BIL-HIS-PAYEE-STATE		
Payee's Zip Code	202	206	CHAR/5	BIL-HIS-PAYEE-ZIP		
4-Digit Zip Reserve	207	210	CHAR/4	BIL-HIS-PAYEE-ZIP-RESERVE		
Provider Type	211	211	CHAR/1	BIL-HIS-PROV-TYPE		F = PHARMACY H = HOSPITAL P = PHYSICIAN
Reimbursement Code	212	212	CHAR/1	BIL-HIS-REIMB-CD	Indicates Payment Made To The Claimant	Blank = Provider R = Claimant
Pharmacy Number	213	219	CHAR/7	BIL-HIS-PHARMACY-NO	Pharmacy NABP Number	
Pay Center Code	220	225	CHAR/6	BIL-HIS-PAY-CENTER-CODE	Code Used To Identify A Central Payment Center For A Pharmacy Chain	This Data Is Available For Bills Paid Prior To 9/4/03
Clearing House Id	226	228	CHAR/3	BIL-HIS-CLEAR-HOUSE-ID	Clearinghouse Id Number	This Data Is Available For Bills Paid Prior To 9/4/03
Employee Last Name	229	238	CHAR/10	BIL-HIS-EMP-LAST-NAME	Claimant's Last Name	
Employee First Initial	239	239	CHAR/1	BIL-HIS-EMP-FIRST-INIT	Claimant's First Initial	
Area Code	240	243	CHAR/4	BIL-HIS-AREA-CODE	SMSA/MSA Identifier	Per FIPS Code Table
Physician Bill Redefine Area						
Procedure Code	244	248	CHAR/5	BIL-HIS-PROC-CODE-1-5	Billed Procedure Code	Valid Cpt-4, HCPC's, Revenue Center Or

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						OWCP Procedure Code Indicating Services Provided
Modifier Code	249	250	CHAR/2	BIL-HIS-MODIFIER-CODE	Indicates Different Level Of Service	
Appeals Code	251	251	CHAR/1	BIL-HIS-APPEALS-CODE	Fee Schedule Appeal Code	B,F,G,W,1-7,Blank
Filler	252	253	CHAR/2			Blank
Rx Bills Redefine Area						
Rx Number	244	250	CHAR/7	BIL-HIS-RX-NO	Prescription Number	
Rx Appeal	251	251	CHAR/1	BIL-HIS-RX-APPEAL	Rx Appealed	
Rx Refills	252	253	CHAR/2	BIL-HIS-RX-REFILL	Number Of Refills	
Medical Bills Redefine Area						
Diagnosed Related Group Number	244	246	CHAR/3	BIL-HIS-DRG-NO	Diagnosis Related Group For Inpatient Bills	
Filler	247	250	CHAR/4			Blank
Appeal	251	251	CHAR/1	BIL-HIS-APPEAL	Medical Bill Appealed	Y = Yes N = No
Filler	252	253	CHAR/2			Blank
Fund Adjustment Redefine Area						
Transfer Indicator	244	244	CHAR/1	BIL-HIS-FUND-TRANSFER-IND	Funds Have Been Transferred	This Data Is Available For Bills Paid Prior To 9/4/03
Adjustment Indicator	245	245	CHAR/1	BIL-HIS-MAINT-ADJUD-IND	Adjustment Has Been Made	This Data Is Available For Bills Paid Prior To 9/4/03
Filler	246	253	CHAR/8			Blank
Return to All						
Category Code	254	254	CHAR/1	BIL-HIS-CATEGORY-CODE	Procedure Code Category	A = Anesthesia E = Evaluation/Management M = Medicine P = Pathology/Laboratory R = Radiology/Nuclear Med/ Diagnostic Ultrasound S = Surgery
Work Unit Value	255	257	CHAR/3	BIL-HIS-WORK-UNIT-VAL	Work Relative Value Unit	000/Refer to EXPANDED RECORD
Practice Unit Value	258	260	CHAR/3	BIL-HIS-PRACT-UNIT-VAL	Practice Expense Relative Value Unit	000/Refer to EXPANDED RECORD

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Malpractice Unit Value	261	263	CHAR/3	BIL-HIS-MALPRACT-UNIT-VAL	Malpractice Relative Value Unit	000/Refer to EXPANDED RECORD
Unit Cost	264	266	CHAR/3	BIL-HIS-UNIT-COST	Conversion Factor	000/Refer to EXPANDED RECORD
1-4, Ix Value	267	269	CHAR/3	BIL-HIS-1-4-IX-VAL	Work Geographic Adjustment Factor	000/Refer to EXPANDED RECORD
Practice Ix Value	270	272	CHAR/3	BIL-HIS-PRACT-IX-VAL	Practice Expense Geographic Adjustment Factor	000/Refer to EXPANDED RECORD
Malpractice Ix Unit	273	275	CHAR/3	BIL-HIS-MALPRACT-IX-VAL	Malpractice Expense Geographic Adjustment Factor	000/Refer to EXPANDED RECORD
Percent Modifier	276	277	CHAR/2	BIL-HIS-MODIFIER-PERCENT	Adjustment Factor For Procedure Code Modifier	00/Refer to EXPANDED RECORD
National Drug Code	278	288	CHAR/11	BIL-HIS-NDC-NO	National Drug Code	
2 Yr High Price	289	293	CHAR/5	BIL-HIS-PRICE-2YR-HIGH	Not Used	This Data Is Available For Bills Paid Prior To 9/4/03
Dispense Fee	294	295	CHAR/2	BIL-HIS-DISPENSE-RATE	Allowed Dispensing Fee For Prescription	00/Refer to EXPANDED RECORD
Allowed Fee	296	300	CHAR/5	BIL-HIS-ALLOWED-FEE-AMT	Allowable Cost For Prescription	00000/Refer to EXPANDED RECORD
Drg Amount	296	300	CHAR/5	BIL-HIS-DRG-AMT	Actual Cost, Calculated By Diagnostic Related Group For Inpatient Bills	
Servicing State	301	302	CHAR/2	BIL-HIS-SVC-STATE	State Where Service Was Performed	
Zip Code	303	307	CHAR/5	BIL-HIS-ZIP-CODE	Zip Code Where Service Was Performed	
Prompt Payment	308	308	CHAR/1	BIL-HIS-PROMPT-PMT	Prompt Payment Flag Indicating Contractual Payment Obligation	This Data Is Available For Bills Paid Prior To 9/4/03
Bill Number	309	320	CHAR/12	BIL-HIS-BILL-NO		This Data Is Available For Bills Paid Prior To 9/4/03
Invoice Type	321	321	CHAR/1	BIL-HIS-INVOICE-TYPE	Type Of Invoice	This Data Is Available For Bills Paid Prior To 9/4/03
Invoice Number	322	329	CHAR/8	BIL-HIS-INVOICE-NO	Invoice Number	This Data Is Available For Bills Paid Prior To 9/4/03
Invoice Date	322	329	GROUP (8)	BIL-HIS-INVOICE-DATE	If Invoice Type=D, Date Provider Created The Bill If Invoice Type=N, Providers Unique Id Number For The Bill	This Data Is Available For Bills Paid Prior To 9/4/03
Tcn	309	325	CHAR/17	BIL-HIS-TCN	Unique Transaction Control Number	This Data Is Unavailable For Bills Paid Prior To 9/4/03
Dispense Rate2	326	329	CHAR/4	BIL-HIS-DISP-RATE-ACS	Dispensing Rate	This Data Is Unavailable For Bills Paid Prior To 9/4/03 0000/Refer to EXPANDED RECORD
Charge Amount	330	334	CHAR/5	BIIL-HIS-CHARGE-AMT	Amount Charged By Provider	00000/Refer to EXPANDED RECORD
Ineligible Amt	335	339	CHAR/5	BIL-HIS-INEL-AMT	Amount Not Covered	00000/Refer to EXPANDED RECORD
Ineligible Code	340	340	CHAR/1	BIL-HIS-INEL-CODE	Ineligible Payment Code	

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Fee Reduction Amt	341	345	CHAR/5	BIL-HIS-FEE-REDUCTION-AMT	Amount Fee Reduced	00000/Refer to EXPANDED RECORD
Payment Amount	346	350	CHAR/5	BIL-HIS-PAYMENT-AMT	Net Amount Paid	00000/Refer to EXPANDED RECORD
Units	351	355	CHAR/5	BIL-HIS-UNITS	Service Units Billed	00000/Refer to EXPANDED RECORD
Locator Code	356	358	CHAR/3	BIL-HIS-LOCATOR-CODE	UB92 Loc 4; Code Indicates Type Of Institution	
Prescriber's Name	359	368	CHAR/10	BIL-HIS-PRESCRIBER-NAME	Physician's Name	
Date Received	369	376	CHAR/8	BIL-HIS-DATE-RCVD	Date Bill Was Received	YYYYMMDD
Date Keyed	377	384	CHAR/8	BIL-HIS-DATE-KEYED	Date Bill Was Keyed For Payment	YYYYMMDD
Date Paid	385	392	CHAR/8	BIL-HIS-DATE-OF PAY	Date Bill Was Paid (Check Date)	YYYYMMDD
Adjustment Date	393	400	CHAR/8	BIL-HIS-DATE-OF-ADJUSTMENT	Date An Adjustment Transaction Was Entered Against A Bill	YYYYMMDD
Authorizing Official	401	403	CHAR/3	BIL-HIS-AUTH-OFFICIAL	Conditional; System Generated Id	3 Character Alpha
Bypass Code	404	404	CHAR/1	BIL-HIS-BYPASS-CODE	Indicates Type Of Payment Or Adjustment	
District Office Input Code	405	406	CHAR/2	BIL-HIS-DIST-OFF-INPUT	District Office Code	
District Office Control Code	407	408	CHAR/2	BIL-HIS-DIST-OFF-CNTL	District Office Sequent Code	This Data Is Available For Bills Paid Prior To 9/4/03
Error Code	409	409	CHAR/1	BIL-HIS-ERROR-CODE	Not Used	
Batch Id Number	410	415	CHAR/6	BIL-HIS-BATCH-NO	The Batch The Bill Was Keyed With	This Data Is Available For Bills Paid Prior To 9/4/03
Operator Identifier	416	423	CHAR/8	BIL-HIS-OPERATOR-IDENT	System Generated Logon Id	This Data Is Available For Bills Paid Prior To 9/4/03
Ten To Credit	407	423	CHAR/17	BIL-HIS-TCN-TO-CREDIT	Original Case Number	This Data Is Unavailable For Bills Paid Prior To 9/4/03
Payee Case From Code	424	424	CHAR/1	BIL-HIS-PAYEE-CASE-FROM-CD	Code indicates if a change to a case number or provider id	
Payee Case From	425	433	CHAR/9	BIL-HIS-PAYEE-CASE-FROM	Original Case Number Or Provider Id	
Payee Case To Code	434	434	CHAR/1	BIL-HIS-PAYEE-CASE-TO-CD	Code Indicates If A Change To A Case Number Or Provider Id	
Payee Case To	435	443	CHAR/9	BIL-HIS-PAYEE-CASE-TO	Corrected Case Number Or Provider Id	
Bill Id Number	444	445	CHAR/2	BIL-HIS-BILL-ID-NO	Not used	000
Bill Line Number	446	448	CHAR/4	BIL-HIS-BILL-LINE-ITEM-NO	Not used	000
Record Sequence	449	450	CHAR/2	BIL-HIS-RECORD-SEQ	Not used	00
Resolver Id	451	453	CHAR/8	BIL-HIS-RESOLVER-IDENT		
Irslevy Flag	454	458	CHAR/1	BIL-HIS-IRS-LEVY-FLAG	Not used	Blank

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New Tcn	459	475	CHAR/16	BIL-HST-NEW-TCN	Not used	Blank

EXPANDED RECORD

FIELD NAME	START	END	FIELD TYPE	BILL HISTORY REC NAME	Description	Group Subdivisions Definition Of Legal Values
	476	480	CHAR/5	WORK-UNIT-VAL	Work Relative Value Unit	Numeric Value from CPT4 & HFCA Tables
	481	485	CHAR/5	PRACT-UNIT-VAL	Practice Expense Relative Value Unit	Numeric Value from CPT4 & HFCA Tables
	486	490	CHAR/5	MALPRACT-UNIT-VAL	Malpractice Relative Value Unit	Numeric Value From CPT4 & HFCA Tables
	491	495	CHAR/5	UNIT-COST	Conversion Factor	
	496	499	CHAR/4	IX-VAL	Work Geographic Adjustment Factor	
	500	503	CHAR/4	PRACT-IX-VAL	Practice Expense Geographic Adjustment Factor	
	504	507	CHAR/4	MALPRACT-IX-VAL	Malpractice Expense Geographic Adjustment Factor	
	508	510	CHAR/3	MODIFIER-PERCENT	Adjustment Factor For Procedure Code Modifier	
	511	519	CHAR/9	PRICE-2YR-HIGH		This Data Is Available For Bills Paid Prior To 9/4/03 Otherwise Blank
	520	526	CHAR/7	DISPENSE-RATE	Allowed Dispensing Fee For Prescription	
	527	534	CHAR/8	ALLOWED-FEE-AMT	Allowable Cost For Prescription	
	535	542	CHAR/8	CHARGE-AMT	Provider Charged Amount	
	543	550	CHAR/8	INEL-AMT	Amount Not Covered	
	551	558	CHAR/8	FEE-REDUCTION-AMT	Amount Fee Reduced	
	559	566	CHAR/8	PAYMENT-AMT	Net Amount Paid	
	567	574	CHAR/8	UNITS	Service Units Billed	
	575	577	CHAR/3	BILL-ID-NO	Sequential Number Of Bill Within A Batch Of Bills	
	578	581	CHAR/4	LINE-ITEM-NO	Sequential Number Of Bill Line Item	Modified Element
	582	584	CHAR/3	RECORD-SEQ		Modified Element