

Chapter 2 Clean Claim Instructions – Paper Billing Forms

Paper Billing Forms

Division billing and reimbursement rules, included in Chapter 133, General Medical Provisions, address the paper medical billing and reimbursement process. The purpose of this chapter is to identify the paper medical billing forms prescribed by the Division and to provide instructions for completing these forms.

The paper medical billing forms, and associated forms, referenced in this chapter are identified below.

Form	Purpose	Services
CMS-1500 (08-05 version)	Paper billing form for professional services.	Services such as physician, therapy, or durable medical equipment for example.
UB-04	Paper billing form from institutional services.	Services such as inpatient and outpatient hospital services, and home health care.
DWC-066	Statement of Pharmacy Services	Services such as prescriptions provided by pharmacies.
ADA J515	Paper billing form for dental services.	Services such as tooth repair.
DWC-62	Explanation of Benefits (EOB).	All

Usage

Usage designators identify when an element is Required (R), Situational (S), Optional (O), or Not Used (N). Current instructions align usage designators with the national standard electronic format usage designators. Previous usage designator Mandatory (M) is the equivalent of the current usage designator Required (R), which indicates that an element must be submitted on the paper billing form for the bill to be considered complete. Previous usage designator Conditional (C) is the equivalent of the current usage designator Situational (S), which indicates that when defined criteria are met, the element must be submitted on the paper billing form.

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

CMS-1500

The Centers for Medicare and Medicaid Services (CMS) professional paper billing form, the CMS-1500 (08-05) is required for health claims (bills) submitted on or after July 1, 2007. While the National Provider Identification number (NPI) is not “required” in every NPI field on a paper claim, the Division encourages health care providers to use the appropriate NPI number to help ensure timely processing of claims and prompt payment.

The instructions for completing the CMS-1500 (08-05) are in the table below.

2007 CMS-1500 Box #	Description	Usage	Comments
1a	Injured employee's ID (if SSN not available, use driver's license # & jurisdiction, green card # + "ZY", visa # + "TA", or passport # + "ZZ")	R	
2	Injured employee's name (last name, first name, MI)	R	
3	Injured employee's birth date and gender	R	
4	Insured employer's local name (employer at time of injury)	R	
5	Injured employee's address, city, state, zip code & phone, if known	R	
6	Patient relationship to insured	R	
7	Insured employer's current business address, city, state, zip code & phone, if known	R	
8	Injured employee's marital status	O	
9	Not used	O	
10	Indicate what the employee's condition is related to: (check a, b or c)	R	
10d	Rendering Bill Provider Taxonomy Code	S	Required when the rendering provider NPI is not submitted on the paper claim or when required by CMS policy.
11	Workers' Compensation Insurance Carrier claim number, if known	S	If known.
11b	Employer's Name or School Name	S	Employer Department/Division, if available.
11c	Insurance Plan Name or Program Name	R	Insurance Carrier Name.
12	Not used	O	
13	Not used	O	
14	Date of injury or occupational illness	R	
15	Date provider first rendered services for this injury	O	
16	Not used	O	
17	Name of referring or supervising doctor (if different from #31) or ASC surgeon	S	Populate if different than provider in box #31 or ASC surgeon if bill is submitted by ASC.
17a	Professional license type, number, and jurisdiction of health care provider listed in #17	S	Required if box #17 populated. Populate a three character country code as the jurisdiction if provider is a non-US provider.
17b	NPI of health care provider listed in #17	S	Required for claims submitted on

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2007 CMS- 1500 Box #	Description	Usage	Comments
			and after May 23, 2008 if box #17 populated and the doctor is eligible for an NPI.
18	Dates of related hospitalization	O	
19	Additional dates / narrative / information (refer to CMS instructions)	S	If required by CMS instructions. When present, the order should be attachment control number followed by other information; separated by commas.
20	Use when billing for diagnostic tests (refer to CMS instructions)	S	
21	Diagnosis or nature of illness or injury coded to the highest level of specificity (up to 4 codes)	R	
22	Resubmission Code	S	Required when the bill is a resubmission.
23	Preauthorization, concurrent review, and/or voluntary certification number; refer to CMS instructions for CLIA/IDE or ZIP code for ambulance point of pick up	S	Required if preauthorization, concurrent review or voluntary certification received.
24a	Dates of service: if service begins and ends on the same date enter the date in both the "from" and "to" blocks	R	
24b	24b. Place of service code (see CMS code list / definitions)	R	
24d	HCPCS procedure code, service or supply code(s) (R) and if applicable, modifier(s) that may include both CMS & DWC modifiers (up to four modifiers, refer to CMS instructions)	R	
24e	Diagnosis code item # (relate item numbers 1, 2, 3, and/or 4 from box #21) related to the procedure, service or supply code(s)	R	
24f	Charges for each procedure, service or supply	R	
24g	Number of days or units for each procedure, service or supply	R	
24i	State license qualifier	S	Required when rendering line provider is different than provider listed in box #31.
24j	State license number of the rendering provider for service line	S	Required when rendering line provider is different than provider listed in box #31. Populate a three character country code as the jurisdiction if provider is a non-US provider.
24i	NPI qualifier	O	Qualifier is pre-populated on bill.
24j	NPI of the rendering provider for the service line	S	Required for claims submitted on and after May 23, 2008 if the rendering provider is a licensed health care provider eligible for a

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2007 CMS- 1500 Box #	Description	Usage	Comments
			NPI and the provider is different than the provider listed in box #33.
25	Federal tax I.D., Social Security number or country's unique ID# of the entity listed in box #33, and check appropriate box	R	
26	Not used	O	
28	Total charge for this bill	R	
31	Signature of Physician or Supplier, including degrees or credentials, and date	R	
32	Name, address, city, state, and ZIP code of the location where the health care was rendered or services were provided	R	
32a	NPI of provider/location where the health care was rendered or services were provided	O	
32b	State license of provider/location where the health care was rendered or services were provided	S	Required if entity populated in box #32 is a licensed health care provider. Populate a three character country code as the jurisdiction if provider is a non-US provider.
33	Billing name of provider/supplier or billing service; address, city, state, ZIP code, and telephone #	R	
33a	NPI of the individual health care provider who rendered the health care or supervised an unlicensed individual providing the health care. If the service being billed for is an interdisciplinary program as defined in the medical fee guideline, enter the information referenced above for the approved supervisor.	R	Required for claims submitted on and after May 23, 2008 if the health care provider is eligible for a NPI.
33b	State license type code, professional license number, and jurisdiction (no spaces or hyphens e.g., MDG1440TX, PT146484OK, ASC255606TX) of the individual health care provider who rendered the health care or supervised an unlicensed individual providing the health care. If the service being billed for is an interdisciplinary program as defined in the medical fee guideline, enter the information referenced above for the approved supervisor.	S	Required if billing entity is a licensed health care provider.

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

UB-04

The Centers for Medicare and Medicaid Services (CMS) institutional paper billing form, the UB-04 is required for health claims (bills) submitted on or after May 23, 2007. While the National Provider Identification number (NPI) is not “required” in every NPI field on a paper claim, the Division encourages health care providers to use the appropriate NPI number to help ensure timely processing of claims and prompt payment.

The instructions for completing the UB-04 are in the table below.

UB-04 Box #	Description	Usage	Comments
1	Name of provider submitting bill, complete mailing address to which the provider wishes payment sent, and provider telephone number.	R	
2	Name of provider receiving payment (pay to provider) if different than billing provider in box 1, pay to provider complete mailing address to which the provider wishes payment sent, and pay to provider telephone number.	S	Required if the entity receiving payment is different than the billing provider.
3a	Injured employee account number/Injured employee control number.	R	
3b	Injured employee medical record number/medical record control number.	O	
4	The 3-digit National Uniform Billing Committee (NUBC) code for Type of Bill.	R	
5	United States Federal tax number or other country's unique ID.	R	
6	Beginning and ending service dates of the period included on this bill (from MMDDYY through MMDDYY).	R	
7	Resubmission Code	S	Populate one of the following codes when the bill is a resubmission: 07 Duplicate Bill or 31 Appeal/Reconsideration Request to Insurance Carrier.
8a	Injured employee first name, middle name if applicable.	R	
8b	Injured employee last name.	R	
9a	Injured employee mailing address.	R	
9b	Injured employee city.	R	
9c	Injured employee state.	R	
9d	Injured employee zip code.	R	
9e	Injured employee country code, if located outside of the United States.	S	Required if injured employee lives outside of US.
10	Injured employee's date of birth (MMDDYY).	R	
11	Injured employee gender.	R	
12	Admission date. The date admitted for inpatient care, first date of outpatient service or start of care (MMDDYY).	R	

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

UB-04 Box #	Description	Usage	Comments
13	Admission hour. The hour the injured employee was admitted for inpatient or outpatient care (NUBC).	R	Required for admissions, observation stays, and emergency room care.
14	Admission type. The code indicating the priority of the admission (NUBC).	R	Required for admissions.
15	Admission source.	O	
18-28	Condition codes (NUBC).	S	Required if the CMS UB-04 manual contains a condition code appropriate to the patient's condition.
31	NUBC occurrence code 04 (accident-employment related), and date of injury or occupational illness (MMDDYY).	R	
35	Occurrence code and date span (from MMDDYY through MMDDYY).	S	
38	Workers' compensation insurance carrier name and mailing address city, state, and zip code.	R	
42	NUBC revenue code identifying each specific accommodation, ancillary service or billing calculation. And Total Charged-0001 required as last entry of revenue code.	R	
43	Narrative description of the related revenue categories included on this bill.	R	
44	HCPCS/Rate/HIPPS Code	S	Required if services meet the CMS UB-04 manual instructions (e.g., certain outpatient services require HCPCS codes).
45	Service date. Required for outpatient bills, optional for inpatient bills.	S	Required for outpatient bills.
46	Units of service.	R	
47	Total Charges	R	
No #	Page number, enter the page number of the specific page of the bill and total number of pages included in the bill (i.e. 1 of 4).	R	
No #	Creation date, the date the bill was generated.	R	
No #	Totals, total dollar amount for each page of the bill and for the entire bill on the last page.	R	
50	Payer name. Not used.	O	
51	Health Plan ID. Not used.	O	
56	Billing provider NPI.	S	Required for claims submitted on and after May 23, 2008 if the billing provider is a health care provider eligible for a NPI.
57	Billing Provider State License Number	S	Required if state license is issued to the billing provider.
58	Insured's Name. Not used.	O	
59	Patient relationship to the insured.	R	

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

UB-04 Box #	Description	Usage	Comments
60A	Injured Worker ID (if SSN not available, use driver's license # and jurisdiction, green card # + "ZY" visa # + "TA", or passport # + "ZZ").	R	
61	Not used.	N	
62	Insurance Carrier Claim Number	O	Populate if known.
63	Preauthorization number, if the service provided requires preauthorization per Workers' Compensation Rule 134.600.	S	Required if preauthorization, concurrent review or voluntary certification received.
64a	Document Identification Code	S	Required if submitting a resubmission/reconsideration.
64b	Report Type Code, Report Submission Code, and Attachment Control Number.	S	Required if submitting documentation associated with the bill
64c	Original Reference Number (ICN/DCN)	S	Required if submitting a resubmission/reconsideration.
65a	Name of the employer providing workers' compensation insurance coverage.	R	
65b	Employer's business address.	R	
65c	Employer's city, state and zip code.	R	
67	Full ICD-9-CM code describing the principal diagnosis responsible for the admission of the injured employee.	S	Required for hospital services as directed by CMS policy.
67A-Q	Full ICD-9-CM diagnosis codes corresponding to additional conditions that coexist at the time of admission, or develop subsequently, or that affect the treatment received and/or the length of stay.	S	Required if there are other diagnoses other than the primary diagnosis.
69	Admitting diagnosis code. Full ICD-9-CM diagnosis code, including the 4th and 5th digits, provided at the time of admission as stated by the physician.	S	Required for inpatient admissions.
70	The Patient Reason for Visit Diagnosis. Required for outpatient bills, not populated for inpatient bills.	S	Required for outpatient bills.
72	E code	O	
73	Diagnosis Related Grouping Code	S	Required for inpatient admissions.
74	Principal procedure code/date. ICD-9-CM code that identifies the principal procedure performed during the period covered by this bill and the date that the principal procedure was performed (MMDDYY).	S	Required on inpatient claims when a procedure was performed. Not used on outpatient claims.
74a-74e	Other procedure codes/dates. Required when significant ICD-9-CM procedures are performed and the dates performed (MMDDYY).	S	Required on inpatient claims when additional procedures must be reported. Not used on outpatient claims.
76	Attending physician NPI.	S	Required for claims submitted on and after May 23, 2008 if claim includes any services other than nonscheduled transportation services. For home health claims,

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

UB-04 Box #	Description	Usage	Comments
			this will be the NPI of the referring physician.
76	Attending physician state license qualifier/state license, and jurisdiction.	S	Required when claim includes any services other than nonscheduled transportation services. For home health claims, this will be the NPI of the referring physician.
76	Attending physician last name, first name.	S	Required when claim includes any services other than nonscheduled transportation services. For home health claims, this will be the NPI of the referring physician.
77	Operating physician NPI.	S	Required for claims submitted on and after May 23, 2008 if a surgical procedure code is listed on the claim (e.g., surgical services provided).
77	Operating physician state license qualifier/state license and jurisdiction.	S	Required when surgical services provided.
77	Operating physician last name, first name.	S	Required when surgical services provided.
78	Other physician NPI.	O	
78	Other physician state license qualifier/state license and jurisdiction.	S	Required when physician other than attending/operating provides service.
78	Other physician last name, first name.	S	Required when physician other than attending/operating provides service.
79	Other physician NPI.	O	
79	Other physician state license qualifier/state license and jurisdiction.	S	Required when physician other than attending/operating provides service.
79	Other physician last name, first name.	S	Mandatory when physician other than attending/operating, or provider in box #78 provides service.
80	Remarks	O	
81a	Attending physician taxonomy code.	S	Required when the attending physician NPI is not submitted on the paper claim or when required per CMS policy.
81b	Operating physician taxonomy code.	S	Required when the operating physician NPI is not submitted on the paper claim or when required per CMS policy.
81c	Other physician taxonomy code.	S	Required when the other physician

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

UB-04 Box #	Description	Usage	Comments
			(field 78) NPI is not submitted on the paper claim or required per CMS policy.
81d	Other physician taxonomy code.	S	Required when the other physician (field 79) NPI is not submitted on the paper claim or when required per CMS policy.

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

DWC-066

The Division Statement of Pharmacy Services (DWC-066) form is required for health claims (bills) submitted by pharmacists and pharmacy processing agents. The dispensing pharmacy NCPDP number and the prescribing physician DEA number may be used on paper claims until May 23, 2008. After that date, the Division requires the use of the NPI.

The instructions for completing the DWC-066 are in the table below.

DWC-066 Field #	Description	Usage	Comments
1	Pharmacy's name, address, city, state, ZIP code, and phone number.	R	
2	Date of Billing	R	Enter the date the bill was sent to the insurance carrier.
3	Pharmacy's NCPDP #	R	Note: The NPI number is required on and after May 23, 2008.
4	Remit Payment To	S	Required if the payment will be made to someone other than the dispensing pharmacy. Include name and address.
5	Invoice Number	R	Unique bill identification number assigned by the pharmacy or pharmacy processing agent.
6	Payee's FEIN (Federal Tax Identification Number)	R	FEIN of the party receiving payment.
7	Carrier's Name and Address	R	Workers' Compensation insurance carrier's name, address, city, state, and ZIP code.
8	Employer's Name, Address, and Phone Number	R	Employer's name, address, city, state, and ZIP code (include phone number, if known).
9	Injured Employee's Name, Address, and Phone Number	R	
10	Injured Employee's Identification	R	Provide the identification number, jurisdiction, and the type of identification.
11	Date of Injury	R	
12	Injured Employee's Date of Birth	R	
13	DWC Claim Number	O	Enter the DWC claim number, if known.
14	Carrier Claim Number	O	Enter the carrier's claim number, if known.
15	Prescribing Doctor's Name, Address, and Phone Number	R	Enter the prescribing doctor's name, address, city, state, and ZIP code (include phone number, if known).
16	Prescribing Doctor's DEA Number	R	Note: The NPI number is required on and after May 23, 2008.
17	Generic or Brand Name Indicator	R	Indicate if the drug dispensed was a generic or name brand drug.
18	Generic Available Indicator	S	Required if brand name drug dispensed.
19	Dispensed as Written Indicator	S	Required if brand name drug dispensed.

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

DWC-066 Field #	Description	Usage	Comments
20	Date filled	R	Date the prescription was filled.
21	Generic NDC Code	S	Required if generic NDC code for the dispensed drug is available. This includes when a name brand drug has been dispensed per the prescription.
22	Name Brand NDC Code	S	Required when name brand drug dispensed.
23	Quantity	R	
24	Days Supply	R	Provide the number of days the prescription drug should last based on the prescription.
25	Refills Remaining	R	Indicate the number of refills remaining.
26	Paid by Employee	S	Provide the amount paid by the injured employee when the employee chooses to pay the difference between the generic and the name brand drug.
27	Drug Name and Strength	R	
28	Rx Number	R	Provide the prescription number.
29	Amount Billed	R	Provide the amount billed for the prescription.

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

ADA J515

The American Dental Association (ADA) dental paper billing form ADA-J515 is the current paper billing form for dental services. Dentists that provide and bill for professional medical services (non-ADA codes) must use the CMS-1500 to bill for the professional medical services rendered. While the National Provider Identification number (NPI) is not “required” in every NPI field on a paper claim, the Division encourages health care providers to use the appropriate NPI number to help ensure timely processing of claims and prompt payment.

The instructions for completing the ADA-J515 are in the table below.

ADA J515 Box #	Description	Usage	Comments
1	1. Leave blank.	O	
2	Preauthorization or voluntary certification number.	S	Required if preauthorization, concurrent review or voluntary certification received.
3	Workers' compensation insurance carrier name and address.	R	
4-11	Leave blank.	O	
12	12. Local insured employer's current business address, city, state, zip code, and phone number, if known.	R	
13	Leave blank.	O	
14	Leave blank.	O	
15	15. Workers' Compensation insurance carrier claim number, if known.	S	If known.
16-17	Leave blank.	O	
18	Patient Relationship to Primary Subscriber, populate "Other" for workers' compensation.	O	
19	Leave blank.	O	
20	Injured worker's name address, city, state, zip code, and phone number, if known.	R	
21	Injured worker's date of birth.	R	
22	Injured worker's gender.	R	
23	Injured worker's ID (if SSN not available, use driver's license # & jurisdiction, green card # plus "ZY", visa # plus "TA", or passport # plus "ZZ") NOTE: Do not use dental record or account number.	R	
24	Date of Service	R	
25	Designate the tooth number or letter when a procedure code directly involves a tooth. Use "Area of Oral Cavity" code set from ANSI/ADA/ISO Specification No. 3950 'Designation System for Teeth and Areas of the Oral Cavity'.	S	When applicable.

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

ADA J515 Box #	Description	Usage	Comments
26	Enter the applicable ANSI ASC X12 code list qualifier: Use "JP" when designating teeth using the ADA's Universal/National Tooth Designation System. Use "JO" when using the ANSI/ADA/ISO Specification No. 3950.	S	When applicable.
27	Designate the tooth number when the procedure code reported directly involves a tooth. If a range of teeth are being reported, use a hyphen ('-') to separate the first and last tooth in the range. Commas are used to separate individual tooth numbers or ranges applicable to the procedure code reported.	S	When applicable.
28	Designate tooth surface(s) when the procedure code reported directly involves one or more tooth surfaces. Enter up to five of the following codes, without spaces: B = Buccal; D = Distal; F = Facial; L = Lingual; M = Mesial; and O = Occlusal.	S	When applicable.
29	Use the appropriate dental procedure code from the current version of the Code on Dental Procedures and Nomenclature.	R	
30	Description of the service provided.	R	
31	Dentist's full charge for the dental procedure reported.	R	
32	Leave blank.	O	
33	Total of all charges listed on the claim form.	R	
34	Report missing teeth on each claim submission.	S	When applicable.
35	Use "Remarks" space for additional information such as 'reports' for '999' codes or multiple supernumerary teeth.	S	When applicable.
36-37	36-37. Leave blank.	O	
38	Indicate the place of service. (ECF is the acronym for Extended Care Facility (e.g., nursing home).	R	
39	Indicate the number of enclosures to the claim form.	S	When applicable.
40	Check "No" and skip to block 45.	R	
45	Check "Occupational illness/injury."	R	
46	Date of injury or occupational illness.	R	
47	Auto Accident State.	O	
48	Name, address, city, state, and zip code of the individual dentist's name or the name of the group practice/corporation responsible for billing and other pertinent information where the health (dental) care was rendered or services were provided. This information should appear on any payments or correspondence that will be remitted to the billing dentist.	R	
49	Billing Dentist or Dental Entity NPI.	S	Required for claims submitted on and after May 23, 2008 if billing entity is a licensed health care provider eligible for a NPI.

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

ADA J515 Box #	Description	Usage	Comments
50	Billing Dentist or Dental Entity professional license type code, license number, and jurisdiction (no spaces or hyphens e.g. DS12345TX).	S	Required if billing entity is a licensed health care provider.
51	Federal tax I.D., Social Security number or country's unique ID# of the entity listed in box 48.	R	
52	Phone number of the entity listed in box 48.	R	
52A	Additional Provider ID	S	Populate Provider Taxonomy Code if the NPI number is not provided in Field 49.
53	The treating, or rendering, dentist's signature and date the claim form was signed.	R	
54	Treating (rendering) dentist National Provider Identification Number.	R	Required for claims submitted on and after May 23, 2008.
55	Professional license type code, license number, and jurisdiction (no spaces or hyphens, e.g. DS12345TX) of the individual dentist who rendered the health care.	R	
56	Full address, including city, state, and zip code, where the treatment was performed by the treating (rendering) dentist.	R	
56A	Provider Specialty Code	S	Populate Provider Taxonomy Code if required by CMS policy.
57	Treating Provider Phone number	S	Required if different than the entity listed in box 52.
58	Additional Provider ID	O	

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

DWC-62

The DWC-62 is the paper Explanation of Benefits (EOB) form used by Insurance Carriers to communicate reimbursement to a Health Care Provider when a payment or denial is made or to acknowledge receipt of a refund from a Health Care Provider.

Box #	Description	Usage	Comments
Top Right	Claim #	S	DWC Claim Number, if known.
Top Right	Carrier Claim #	R	
1	Injured Employee's Name (Last, First, M.I.)	R	
2	Injured Employee's Social Security Number	R	
3	Date of Injury	R	
4	Injured Employee's Mailing Address (Street or P.O. Box)	R	
5	Employer's Name and Address	R	
6	Health Care Provider's Name and Address	R	
7	Insurance Carrier Name and Address	R	
8	Health Care Provider's Federal Tax ID Number	R	
9	Name and Address of the Company Performing the Audit.	R	
10	Date of the Audit	R	
11	Date of Final Action	R	Date the carrier paid, denied, or acknowledged receipt of a refund.
12	Name and telephone number of the person who can be contacted about the bill reduction.	R	
13	Patient Account Number/Bill Identification Number	S	Returned when populated on paper billing form.
14	Payment Identification Number	S	Check number or Electronic Funds Transfer (EFT) transaction identification number required when payment is associated with DWC-62/Explanation of Benefits.
Line Item			
15a	Date of Service	R	
15b	Procedure Code	R	HCPCS Code required on professional bills, Revenue (and HCPCS Code when required on billing) required on hospital bills, Dental Codes required on dental bills, and NDC or jurisdiction compound code required on pharmacy bills.
15c	Type of Service	S	Required only when needed to provide

Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides (Version 2.0)

			additional description of the line level service that is paid, denied, or reduced.
15d	ICD-9 Diagnosis Code	S	Required for professional and hospital bills.
15e	Units	R	
15f	Charges	R	Total dollar amount charged per line.
15g	Amount Paid	R	Total dollar amount paid per line.
15h	Reason Code	S	Reason code (ANSI or jurisdiction) explaining the payment, denial, request for recoupment, or acknowledgment of a refund is required when the amount paid does not equal the amount charged.
15i	Text to Explain Reason for Reduction/Denial	S	Text explaining the Reason Code value(s) in box 15h.