

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

ADA PROCEDURE BILLED CODE – DN719

Definition: ADA (American Dental Association) code identifying dental procedure billed.  
Revised: 09/26/98  
Business Need: Monitor medical charges, quality of medical care and utilization.  
Source: HCFA 1500 Field 24D  
Format: ANSI A/N 1/48 IAIABC ID 5  
Values: See Appendix – A135

ADA PROCEDURE PAID CODE – DN722

Definition: ADA (American Dental Association) code identifying dental procedure paid.  
Revised: 09/26/98  
Business Need: Monitor medical charges, quality of medical care and utilization.  
Source: Payor  
Format: ANSI A/N 1/48 IAIABC ID 5  
Values: See Appendix - A135

**ADMISSION DATE – DN513**

**Definition: Inpatient/Outpatient hospital admission date.**  
**Revised: 09/26/98**  
**Business Need: Verify date(s) of service and length of stay.**  
**Source: UB92 Field 17**  
**Format: ANSI A/N 1/35 IAIABC DATE 8**

ADMISSION HOUR – DN622

Definition: The hour the claimant was admitted to hospital.  
Revised: 09/26/98  
Business Need: Determine length of stay; monitor less than 24-hour admission.  
Source: UB92 Field 18  
Format: ANSI A/N 1/35 IAIABC ID 2  
Values: See Appendix – B1  
Imp Note: While not required on form UB92 according to federal guidelines, it may be required by jurisdiction.

ADMISSION TYPE CODE – DN577

Definition: Code indicating admission priority.  
Revised: 09/26/98  
Business Need: Identifies potential reimbursement formulas and pre-authorization of services.  
Source: UB92 Field 19 Type of Admission  
Format: ANSI ID 1/1 IAIABC ID 1  
Values: 1 = Emergency  
2 = Urgent  
3 = Elective  
9 = Information not available

**ADMITTING DIAGNOSIS CODE – DN535**

**Definition: Code indicating admitting diagnosis.**  
**Revised: 09/26/98**  
**Business Need: Monitor quality of medical care.**  
**Source: UB92 Field 76**  
**Format: ANSI A/N 1/30 IAIABC ID6**  
**Values: See Appendix – A131**  
**Imp Note: Used when Code List Qualifier – ANSI DE 1270 = BJ. Decimal point is required.**

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## **BASIS OF COST DETERMINATION – DN564**

**Definition:** Method by which drug cost was calculated.

**Revised:** 09/26/98

**Business Need:** Statistical analysis and cost comparison. **Source:** Payor

**Format:** ANSI ID 1/2 IAIABC ID 2

**Values:** 0 = Not Specified

1 = Average Wholesale Price (AWP)

2 = Local Wholesaler

3 = Direct

4 = Estimated Acquisition Cost

5 = Acquisition Cost

6 = Maximum Allowable Cost (MAC)

7 = Usual, Customary and Reasonable (UCR)

8 = Unit Dose

9 = Brand Medically Necessary

## **BILL ADJUSTMENT AMOUNT – DN545**

**Definition:** The amount of the adjustment identified by the Bill Adjustment Reason Code (DN544) at the bill level.

**Revised:** 03/21/99

**Business Need:** Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.

**Source:** Payor

**Format:** ANSI R 1/18 IAIABC \$9.2

**Values:** See Appendix – A139

**Max Occur:** 3

## **BILL ADJUSTMENT GROUP CODE – DN543**

**Definition:** Codes indicating general category of payment adjustment at the bill level.

**Revised:** 09/26/98

**Business Need:** Identifies potential litigation; tracking medical costs; used for statistical analysis.

**Source:** Payor

**Format:** ANSI ID 1/2 IAIABC ID 2

**Values:** CO = Contractual Obligations

MA = Medicare (Jurisdictional Regulatory Requirement)

OA = Other Adjustments

PI = Payor initiated reductions

PR = Patient Responsibility

## **BILL ADJUSTMENT REASON CODE – DN544**

**Definition:** Codes indicating detailed reason an adjustment was made at the bill level.

**Revised:** 09/26/98

**Business Need:** Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.

**Source:** Payor

**Format:** ANSI ID 1/5 IAIABC ID 3

**Values:** See Appendix – A139

**Max Occur:** 3

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**BILL ADJUSTMENT UNITS – DN546**

**Definition:** The number of units applicable to the Bill Adjustment Amount (DN545) at the bill level.

**Revised:** 03/21/99

**Business Need:** Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.

**Source:** Payor

**Format:** ANSI R 1/15 IAIABC N7

**Max Occur:** 3

**BILL FREQUENCY TYPE CODE – DN505**

**Definition:** Code indicating claim billing status.

**Revised:** 09/26/98

**Business Need:** Statistical analysis and audit information.

**Source:** UB92 Field 4 – 3<sup>rd</sup> digit

**Format:** ANSI ID 1/1 IAIABC ID 1

**Values:** 0 = Non Payment/Zero Payment

1 = Admit through Discharge Claim

2 = Interim – First Claim

3 = Interim – Continuing Claim

4 = Interim – Last Claim

5 = Late Charge(s) Only Claim

6 = Adjustment of Prior Claim

7 = Replacement of Prior Claim

8 = Void/Cancel of Prior Claim

**BILL SUBMISSION REASON CODE – DN508**

**Definition:** Code indicating bill submission/re-submission type.

**Revised:** 09/26/98

**Business Need:** Determine status and reason for submission; monitors medical costs.

**Source:** Payor

**Format:** ANSI ID 2/2 IAIABC ID 2

**Values:** Claim Submission Reason – ANSI DE1383

**00 = Original**

This is the first time a medical bill is submitted to the jurisdiction, including the re-submission of a medical bill that was rejected due to a critical error.

**01 = Cancellation**

The original bill was sent in error. This transaction cancels the original (00)

**02 = Corrected and verified original claim (bill)**

This corrected data element value is transmitted in response to an acknowledgment containing non-critical errors (TE – Transaction accepted with errors)

**05 = Replace**

This is a complete or partial replacement of a medical bill that was previously sent. MUST have a “00” or “09” on file. A complete or partial replacement will be determined in the trading partner table.

**09 = Encounter**

This is a submission of data within a pre-paid managed care context.

**Imp Note:** If value is 09 = Encounter, billing or reimbursement information may not be sent.

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**BILLING FORMAT CODE – DN503**

**Definition:** Code indicating if data is from a UB92 or HCFA 1500.

**Revised:** 09/26/98

**Business Need:** Identifies source document billing data.

**Source:** Payor

**Format:** ANSI ID 1/2 IAIABC ID 2

**Values:** A = UB92

**B = HCFA 1500**

**Imp Note:** If the bill is not a UB92 or HCFA 1500, use “B” as the default.

**BILLING PROVIDER ANESTHESIA LICENSE NUMBER – DN633**

**Definition:** The unique number issued by a jurisdiction to a billing provider who is licensed to administer anesthesia.

**Revised:** 08/01/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**BILLING PROVIDER CITY – DN540**

**Definition:** The name of the city of the billing provider’s mailing address.

**Revised:** 09/26/98

**Business Need:** Identify provider’s location; reimbursement determination.

**Source:** HCFA Field 33 UB92 Field 1

**Format:** ANSI A/N 2/30 IAIABC A/N 30

**BILLING PROVIDER COUNTRY CODE – DN569**

**Definition:** Code indicating country of the billing provider’s mailing address.

**Revised:** 09/26/98

**Business Need:** Identify provider’s location; reimbursement determination.

**Source:** HCFA Field 33 UB92 Field 1

**Format:** ANSI ID 2/3 IAIABC ID 3

**Values:** See Appendix – B6

**BILLING PROVIDER FEIN – DN629**

**Definition:** Federal Tax ID number of the billing provider.

**Revised:** 09/26/98

**Business Need:** Identification of health care provider; monitor provider’s compliance with treatment guidelines.

**Source:** HCFA Field 25 UB92 Field 5

**Format:** ANSI A/N 2/80 IAIABC A/N 9

**Imp Note:** If billing provider does not have an assigned FEIN, submit an assigned Social Security Number.

**BILLING PROVIDER FIRST NAME – DN529**

**Definition:** First name of the billing provider.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with the treatment guidelines.

**Source:** HCFA Field 33 UB92 Field 1

**Format:** ANSI A/N 1/25 IAIABC A/N 15

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**BILLING PROVIDER LAST/GROUP NAME – DN528**

**Definition:** This is the person or organization receiving payment. It is assumed to be the rendering provider for all services unless a specific rendering provider is identified at the bill or service line levels. If the billing provider is a non-person, a specific individual rendering provider may be required by a jurisdiction.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor provider's compliance with treatment guidelines.

**Source:** HCFA Field 33 UB92 Field 1

**Format:** ANSI A/N 1/35 IAIABC A/N 40

**BILLING PROVIDER LAST NAME SUFFIX – DN531**

**Definition:** The legally recognized last name suffix of the billing provider, which is used on legal documents (Jr, Sr, II, III, etc).

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor provider's compliance with treatment guidelines.

**Source:** HCFA Field 33 UB92 Field 1

**Format:** ANSI A/N 1/10 IAIABC A/N 4

**Imp Note:** Not used for professional designation.

**BILLING PROVIDER MEDICARE NUMBER – DN632**

**Definition:** The specific number issued to the billing provider by the Medicare Program.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** UB92 Field 51

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**Imp Note:** Jurisdiction specific requirement.

**BILLING PROVIDER MIDDLE NAME/INITIAL – DN530**

**Definition:** Middle name or initial of the billing provider.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor compliance of health care providers for fee and treatment guidelines.

**Source:** HCFA Field 33 UB92 Field 1

**Format:** ANSI A/N 1/25 IAIABC A/N 15

**BILLING PROVIDER NATIONAL PROVIDER ID – DN634**

**Definition:** Unique National Provider ID of the billing provider.

**Revised:** 08/13/96

**Business Need:** Track provider-billing information.

**Source:** UB92 Field 82,83

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**BILLING PROVIDER POSTAL CODE – DN542**

**Definition:** Postal code of provider's mailing address of the billing provider.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** HCFA Field 33 UB92 Field 1

**Format:** ANSI ID 3/15 IAIABC A/N 9

**Values:** See Appendix – A51

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**BILLING PROVIDER PRIMARY ADDRESS – DN538**

Definition: First line of provider's address of the billing provider.

Revised: 09/26/98

Business Need: Identify provider location; reimbursement determination.

Source: HCFA Field 33 UB92 Field 1

Format: ANSI A/N 1/55 IAIABC A/N 40

Imp Note: Corresponding to additional physical location or mailing address.

**BILLING PROVIDER PRIMARY SPECIALTY CODE – DN537**

**Definition: Code indicating primary medical specialty of billing provider.**

**Revised: 09/26/98**

**Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment.**

**Source: Health Care Provider and/or Payor**

**Format: ANSI A/N 1/30 IAIABC ID 10**

**Values: See Appendix – B2**

**BILLING PROVIDER SECONDARY ADDRESS – DN539**

Definition: Second line of provider's address of the billing provider.

Revised: 09/26/98

Business Need: Identify provider location; reimbursement determination.

Source: HCFA Field 33 UB92 Field 1

Format: ANSI A/N 1/55 IAIABC A/N 40

**BILLING PROVIDER SPECIALTY LICENSE NUMBER – DN636**

Definition: The specific license number issued by a jurisdiction to the billing provider that denotes the specialty of the billing provider.

Revised: 08/13/96

Business Need: Identification; reimbursement determination.

Source: Jurisdictional Licensing Board

Format: ANSI A/N 1/30 IAIABC A/N 30

**BILLING PROVIDER STATE CODE – DN541**

Definition: State code of provider's mailing address of the billing provider.

Revised: 09/26/98

Business Need: Identify provider's location; reimbursement determination.

Source: HCFA Field 33 UB92 Field 1

Format: ANSI ID 2/2 IAIABC ID 2

Values: See Appendix – B3

**BILLING PROVIDER STATE LICENSE NUMBER – DN630**

**Definition: The specific license number issued by a jurisdiction to billing provider that licenses the provider to practice in that jurisdiction.**

**Revised: 09/26/98**

**Business Need: Identification of provider; monitor compliance of health care providers for compliance with fee and treatment guidelines.**

**Source: Jurisdictional Licensing Board**

**Format: ANSI A/N 1/30 IAIABC A/N 30**

**BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER – DN523**

**Definition: The unique number assigned by the billing provider to a specific bill within a batch of bills that are being sent to the payor.**

**Revised: 09/25/98**

**Business Need: Track billing provider information.**

**Source: Health Care Provider**

**Format: ANSI A/N 1/38 IAIABC A/N 30**

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**BILLING TYPE CODE – DN502**

**Definition:** Code indicating type of bill.

**Revised:** 09/26/98

**Business Need:** Statistical analysis and audit information, tracing medical costs.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI ID 1/2 IAIABC ID 2

**Values:** Non-Institutional Claim Type Code – ANSI DE 1343:

**DM = Durable Medical**

**MO = Mail Order Drug**

**RX = Pharmacy or Drug**

**CLAIM ADMINISTRATOR CLAIM NUMBER – DN15**

**Definition:** An identifier, which distinguishes a specific, claim within a claim administrator's claims processing system.

**Revised:** 09/25/98

**Business Need:** Used to identify a specific claim throughout the life of the claim.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/30 IAIABC A/N 25

**CLAIM ADMINISTRATOR FEIN – DN187**

**Definition:** The FEIN of the entity licensed or allowed by a jurisdiction to adjust a claim.

**Revised:** 07/01/97

**Business Need:** Used to identify a specific claim administrator throughout the life of the claim.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 9

**Imp Note** As there exists a one-to-one relationship between a Claim Administrator State ID and the Claim Administrator FEIN, this will replace Claim Administrator State ID. If a state utilizes a unique Claim Administrator State ID, they must build a crosswalk table prior to testing/implementation.

**CLAIM ADMINISTRATOR MAILING POSTAL CODE – DN14**

**Definition:** The mailing postal code of the claim administrator's processing facility.

**Revised:** 09/26/98

**Business Need:** Identifies specific claim administrator office.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI ID 3/15 IAIABC A/N 9

**Values:** See Appendix A51

**CLAIM ADMINISTRATOR NAME – DN188**

**Definition:** The entity licensed or allowed by a jurisdiction to adjust a claim that is:

- Designated to answer inquiries and resolve issues
- Performing but may have subcontracted portion(s) of the adjusting process
- Submitting or contracting jurisdiction reporting.

**Revised:** 07/01/97

**Business Need:** Identifies specific claim administrator.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/35 & 1/60 IAIABC A/N 40

**Imp Note:** For ANSI, a combination of segments NM1 and N2. NM103 contains the first 35 characters and if necessary N2 contains the remaining characters.

**Imp Note:** Always required. May match Insurer Name. May be determined respectively when Insurer/Claim Administrator is/is not the same.

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CONTRACT LINE TYPE CODE – DN741

Definition: Code indicating the line level contractual arrangement for provider reimbursement.

Revised: 09/26/98

Business Need: Statistical analysis for various reimbursement arrangements.

Source: Health Care Provider and/or Payor

Format: ANSI ID 2/2 IAIABC ID 2

Values: Contract Type Code – ANSI DE 1166

01 = Diagnosis Related Group

02 = Per Diem

03 = Variable per diem

04 = Flat – fee for service

05 = Capitate

06 = Percent

09 = Other

**CONTRACT TYPE CODE – DN515**

**Definition: Code indicating the bill level contractual arrangement for provider reimbursement.**

**Revised: 09/26/98**

**Business Need: Statistical analysis for various reimbursement arrangements.**

**Source: Health Care Provider and/or Payor**

**Format: ANSI ID 2/2 IAIABC ID 2**

**Values: Contract Type Code – ANSI DE 1166**

**01 = Diagnosis Related Group**

**02 = Per Diem**

**03 = Variable per diem**

**04 = Flat – fee for service**

**05 = Capitate**

**06 = Percent**

**09 = Other**

CRNA SUPERVISION INDICATOR – DN568

Definition: Indicator, which denotes whether Certified Registered Nurse Anesthetist (CRNA) was supervised.

Revised: 09/26/98

Business Need: For auditing information.

Source: Health Care Provider

Format: ANSI ID 1/1 IAIABC ID 1

Values: Y = Yes

N = No

DATE INSURER PAID BILL – DN512

Definition: Date insurer or financially responsible party paid bill or received credit from provider.

Revised: 09/26/98

Business Need: Measure carrier/adjuster performance and determine timeliness of payment.

Source: Payor

Format: ANSI A/N 1/35 IAIABC DATE 8

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**DATE INSURER PAID BILL – DN512**

**Definition:** Date insurer or financially responsible party paid bill or received credit from provider.

**Revised:** 09/26/98

**Business Need:** Measure carrier/adjuster performance and determine timeliness of payment.

**Source:** Payor

**Format:** ANSI A/N 1/35 IAIABC DATE 8

**DATE INSURER RECEIVED BILL – DN511**

**Definition:** Date insurer received bill from provider.

**Revised:** 09/26/98

**Business Need:** Determine timeliness of payment.

**Source:** Payor

**Format:** ANSI A/N 1/35 IAIABC DATE 8

**DATE OF BILL – DN510**

**Definition:** Provider's bill date.

**Revised:** 09/26/98

**Business Need:** External audit information and timeliness of submission.

**Source:** HCFA Field 31 UB92 Field 86

**Format:** ANSI A/N 1/35 IAIABC DATE 8

**DATE OF INJURY – DN31**

**Definition:** For traumatic injury, the date on which the accident occurred. For occupational disease or cumulative injury, the date of injury is the date of last injurious exposure to the cause or substance creating the condition, unless otherwise defined by statute.

**Revised:** 03/11/94; 07/01/97

**Business Need:** To determine compensability.

**Source:** HCFA Field 14 UB92 Field 2

**Format:** ANSI A/N 1/35 IAIABC DATE 8

**DAY(S)/UNIT(S) BILLED – DN554**

**Definition:** Number of services billed per line item in days or units.

**Revised:** 09/26/98

**Business Need:** Statistical analysis and measurement of cost/treatment codes.

**Source:** HCFA Field 24G UB92 Field 46

**Format:** ANSI R 1/15 IAIABC N7

**DAY(S)/UNIT(S) CODE – DN553**

**Definition:** Code indicating days/units paid or billed.

**Revised:** 09/26/98

**Business Need:** Internal/external analysis.

**Source:** Health Care Provider

**Format:** ANSI ID 2/2 IAIABC ID2

**Values:** DA = Days

**MJ = Minutes**

**UN = Units**

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DAY(S)/UNIT(S) PAID – DN580

Definition: Number of services paid per line item in day or units.

Revised: 03/05/96

Business Need: Statistical analysis of payments and charge amounts.

Source: Payor

Format: ANSI R 1/15 IAIABC N7

Imp Note: Unit can be minutes, 15 minute segments, 30 minute segments, etc., as specified by jurisdictional requirements.

**DIAGNOSIS POINTER – DN557**

**Definition: Points to all diagnosis code(s) for which the medical services were rendered.**

**Revised: 09/26/98**

**Business Need: Measure cost trends; monitor quality of medical care.**

**Source: HCFA Field 24E**

**Format: ANSI N0 1/2 IAIABC A/N 1**

**Values: 1-4**

**Max Occur: 4**

**Imp Note: Applicable only for HCFA 1500. The Diagnosis Pointers references the ICD-9 CM Diagnosis Codes that relate to the line item.**

**DISCHARGE DATE – DN514**

**Definition: The date the claimant was discharged from the facility.**

**Revised: 09/26/98**

**Business Need: Measure medical outcomes; cost trends.**

**Source: UB92 Field 33 through any one of 34, 35, or 36 with the Occurrence code of 42.**

**Format: ANSI A/N 1/35 IAIABC DATE 8**

**Imp Note: If the Statement Covers Period Through date in box 6 is not equal to the discharge date, then the occurrence code in field 33, 34, 35, or 36 must equal 42.**

DISCHARGE HOUR – DN623

Definition: The time claimant was discharged from the facility.

Revised: 09/26/98

Business Need: Determine length of stay.

Source: UB92 Field 21

Format: ANSI A/N 1/35 IAIABC ID 2

Values: See Appendix – B1

Imp Note: While not required on form UB92 according to federal guidelines, it may be required by jurisdiction.

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**DISPENSE AS WRITTEN CODE – DN562**

**Definition:** A code denoting methodology utilized in dispensing medication.  
**Revised:** 09/26/98  
**Business Need:** Measuring medical cost trends; managed care certification, impact of medical treatment guidelines.  
**Source:** Health Care Provider  
**Format:** ANSI ID 1/1 IAIABC ID 1  
**Values:** Dispense as Written Code – ANSI DE 1329  
0 = Not dispense as written  
1 = Physician dispense as written  
2 = Patient dispense as written  
3 = Pharmacy dispense as written  
4 = No generic available  
5 = Brand dispensed as generic  
6 = Override  
7 = Substitution not allowed – brand name drug mandated by law  
8 = Substitution not allowed – generic not available in marketplace  
9 = Other

**DME BILLING FREQUENCY CODE – DN567**

**Definition:** Code indicating frequency of billing Durable Medical Equipment (DME).  
**Revised:** 09/26/98  
**Business Need:** Measure cost trends and impact of managed care; monitoring compliance with fee schedules.  
**Source:** Health Care Provider  
**Format:** ANSI ID 1/1 IAIABC ID 1  
**Values:** Frequency Code – ANSI DE 594  
1 = Weekly  
4 = Monthly  
6 = Daily

**DRG CODE – DN518**

**Definition:** Code indicating the diagnostic related group.  
**Revised:** 09/26/98  
**Business Need:** Monitor utilization of medical expenses.  
**Source:** Health Care Provider  
**Format:** ANSI A/N 1/30 IAIABC ID 5  
**Values:** See Appendix – A229

**DRUG NAME – DN563**

**Definition:** Name of the dispensed drug.  
**Revised:** 09/26/98  
**Business Need:** Monitor medical cost trends.  
**Source:** Health Care Provider  
**Format:** ANSI A/N 1/80 IAIABC A/N 40

**DRUGS/SUPPLIES BILLED AMOUNT – DN572**

**Definition:** Amount billed for drugs/supplies.  
**Revised:** 09/26/98  
**Business Need:** Monitor medical cost trends; utilization review.  
**Source:** Health Care Provider  
**Format:** ANSI R 1/18 IAIABC \$9.2

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## **DRUGS/SUPPLIES DISPENSING FEE – DN579**

**Definition:** Amount billed for dispensing drugs/supplies.

**Revised:** 09/26/98

**Business Need:** Monitor medical cost trends; utilization review.

**Source:** Health Care Provider

**Format:** ANSI R 1/18 IAIABC \$9.2

## **DRUGS/SUPPLIES NUMBER OF DAYS – DN571**

**Definition:** Number of units of drugs/supplies.

**Revised:** 09/26/98

**Business Need:** Monitor medical cost trends; utilization review.

**Source:** Health Care Provider

**Format:** ANSI R 1/15 IAIABC N4

## **DRUGS/SUPPLIES QUANTITY DISPENSED – DN570**

**Definition:** Number of units of drugs/supplies dispensed.

**Revised:** 09/26/98

**Business Need:** Monitor medical cost trends.

**Source:** Health Care Provider

**Format:** ANSI R 1/15 IAIABC N4

## **EMPLOYEE DATE OF BIRTH – DN52**

**Definition:** The date the employee was born.

**Revised:** 06/07/95; 07/01/97

**Business Need:** Identification of employee in jurisdiction's system.

**Source:** HCFA Field 3 UB92 Field 14

**Format:** ANSI A/N 1/35 IAIABC DATE 8

## **EMPLOYEE EMPLOYMENT VISA – DN152**

**Definition:** The number assigned to an endorsement to a passport, by the proper authority, to note examination of the passport, and authorization of the bearer to proceed.

**Revised:** 07/01/97

**Business Need:** Identification of employee in jurisdiction's system.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 15

## **EMPLOYEE FIRST NAME – DN44**

**Definition:** The employee's legally recognized first name.

**Revised:** 06/07/95; 07/01/97

**Business Need:** Identification of employee in jurisdiction's system.

**Source:** HCFA Field 2 UB92 Field 12

**Format:** ANSI A/N 1/25 IAIABC A/N 15

## **EMPLOYEE GENDER CODE – DN53**

**Definition:** The code which indicates the sex of the employee.

**Revised:** 03/11/94; 07/01/97

**Business Need:** Utilized for statistical analysis.

**Source:** HCFA Field 3 UB92 Field 15

**Format:** ANSI ID 1/1 IAIABC ID 1

**Values:** Gender Code – ANSI DE 1068

M = Male

F = Female

U = Unknown

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## **EMPLOYEE GREEN CARD – DN153**

**Definition:** The number assigned by the United State Government and issued on an Official Document to foreign nationals permitting them to work in the United States. (Alien identification number)

**Revised:** 07/01/97

**Business Need:** Identification of employee in jurisdiction's system.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 15

## EMPLOYEE ID ASSIGNED BY JURISDICTION – DN154

**Definition:** A number assigned to the employee by the jurisdiction in the absence of the preferred identifier.

**Revised:** 07/01/97

**Business Need:** Identification of employee in jurisdiction's system.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 15

**Imp Note:** When a specific ID cannot be determined, the jurisdiction will define an appropriate method for creating a temporary ID until such time the specific ID can be determined.

## **EMPLOYEE LAST NAME – DN43**

**Definition:** The employee's legally recognized last name.

**Revised:** 06/07/95; 07/01/97

**Business Need:** Identification of employee in jurisdiction's system.

**Source:** HCFA Field 2 UB92 Field 12

**Format:** ANSI A/N 1/35 IAIABC A/N 40

**Imp Note:** Last name will not include suffix.

## EMPLOYEE LAST NAME SUFFIX – DN255

**Definition:** The legally recognized last name suffix, which is used on legal documents (Jr, Sr, II, III etc.).

**Revised:** 09/26/98

**Business Need:** Further identification of employee in jurisdiction's system.

**Source:** HCFA Field 2 UB92 Field 12

**Format:** ANSI A/N 1/10 IAIABC A/N 4

**Imp Note:** Not used for profession designation.

## EMPLOYEE MAILING CITY – DN48

**Definition:** The name of the city of the employee's mailing address.

**Revised:** 06/07/95; 07/01/97

**Business Need:** To provide employee's mailing address.

**Source:** HCFA Field 5 UB92 Field 13

**Format:** ANSI A/N 2/30 IAIABC A/N 30

## EMPLOYEE MAILING COUNTRY CODE – DN155

**Definition:** Code indicating the country of employee's mailing address.

**Revised:** 06/07/95; 07/01/97

**Business Need:** To provide the employee's mailing address.

**Source:** HCFA Field 5 UB92 Field 13

**Format:** ANSI ID 2/3 IAIABC ID 3

**Values:** See Appendix – B6

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

EMPLOYEE MAILING POSTAL CODE – DN50

Definition: The postal code of the injured worker's mailing address.  
Revised: 06/07/95  
Business Need: To provide the employee's mailing address.  
Source: HCFA Field 5 UB92 Field 13  
Format: ANSI ID 3/15 IAIABC A/N 9  
Values: See Appendix – A51

EMPLOYEE MAILING PRIMARY ADDRESS – DN46

Definition: The mailing address of the employee.  
Revised: 06/07/95; 07/01/97  
Business Need: To provide the employee's mailing address.  
Source: HCFA Field 5 UB92 Field 13  
Format: ANSI A/N 1/55 IAIABC A/N 40

EMPLOYEE MAILING SECONDARY ADDRESS – DN47

Definition: The secondary mailing address of the employee.  
Revised: 06/07/95; 07/01/97  
Business Need: To provide the employee's mailing address.  
Source: HCFA Field 5 UB92 Field 13  
Format: ANSI A/N 1/55 IAIABC A/N 40

EMPLOYEE MAILING STATE CODE – DN49

Definition: The state code of the employee.  
Revised: 06/07/95  
Business Need: To provide the employee's mailing address.  
Source: HCFA Field 5 UB92 Field 13  
Format: ANSI ID 2/2 IAIABC ID 2  
Values: See Appendix – B3

EMPLOYEE MARITAL STATUS CODE – DN54

Definition: The code which indicates the marital status of the employee.  
Revised: 06/07/95  
Business Need: Utilized for statistical analysis.  
Source: HCFA Field 8 UB92 Field 16  
Format: ANSI ID 1/1 IAIABC ID1  
Values: I = Single  
K = Unknown  
M = Married  
S = Separated  
U = Widowed

**EMPLOYEE MIDDLE NAME/INITIAL – DN45**

**Definition: The employee's legally recognized middle name or initial.**  
**Revised: 09/26/98**  
**Business Need: Identification of employee in jurisdiction system.**  
**Source: HCFA Field 2 IAIABC Field 12**  
**Format: ANSI A/N 1/25 IAIABC A/N 15**

# IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY

Version 1

## **EMPLOYEE PASSPORT NUMBER – DN156**

**Definition:** The number assigned to an officially recognized passport by a country's government, to one of its citizens, that authenticates the bearer's identity citizenship right to protection while abroad, and right to re-enter his or her native country.

**Revised:** 07/01/97

**Business Need:** Identification of employee to establish key in jurisdiction's system.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 15

## EMPLOYEE PHONE NUMBER – DN51

**Definition:** The phone number where the employee can be reached.

**Revised:** 06/07/95; 07/01/97

**Business Need:** To contact employee when questions arise.

**Source:** HCFA Field 5

**Format:** ANSI A/N 1/80 IAIABC A/N 15

## **EMPLOYEE SSN – DN42**

**Definition:** An identification number, issued by the Social Security Administration, used to record an individual's reported wages or self-employment income.

**Revised:** 06/07/95; 07/01/97

**Business Need:** Identification of employee in jurisdiction's system.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 15

## EMPLOYER CONTACT BUSINESS PHONE NUMBER – DN159

**Definition:** Telephone number where the employer can be reached.

**Revised:** 08/13/96

**Business Need:** To contact the employer when questions arise.

**Source:** HCFA Field 7

**Format:** ANSI A/N 1/80 IAIABC A/N 15

## EMPLOYER FEIN – DN16

**Definition:** The FEIN of the employer where the employee was employed at the time of the injury.

**Revised:** 07/01/97; 09/26/98

**Business Need:** Used to identify a specific employer throughout the life of the claim.

**Source:** Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 9

## EMPLOYER NAME – DN18

**Definition:** The legal name of the business entity that hired the employee and provided direction and remuneration to the employee at the time of injury; or as jurisdictionally defined for volunteers and other non-paid classes of employees. In leasing situation, this would be the lessor.

**Revised:** 09/26/98

**Business Need:** Identification of employer in jurisdiction system.

**Source:** HCFA Field 11B UB92 Field 65

**Format:** ANSI A/N 1/35 & 1/60 IAIABC A/N 40

**Imp Note:** For ANSI, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and, if necessary, N201 contains the remaining characters.

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

EMPLOYER PHYSICAL CITY – DN21

Definition: The city of the employer's facility where the employee was employed at the time of the injury.

Revised: 06/07/95; 07/01/97

Business Need: Identification of employer in jurisdiction system.

Source: HCFA Field 7 UB92 Field 66

Format: ANSI A/N 2/30 IAIABC A/N 30

EMPLOYER PHYSICAL COUNTRY CODE – DN164

Definition: Code indicating the country of the employer's mailing address.

Revised: 06/07/95; 07/01/97

Business Need: Identification of employer in jurisdiction system.

Source: HCFA Field 7 UB92 Field 66

Format: ANSI 2/3 IAIABC ID 3

Values: See Appendix – B6

EMPLOYER PHYSICAL POSTAL CODE – DN23

Definition: The postal code of the employer's facility where the employee was employed at the time of the injury.

Revised: 06/07/95; 07/01/97

Business Need: Identification of employer in jurisdiction system.

Source: HCFA Field 7 UB92 Field 66

Format: ANSI 3/15 IAIABC A/N 9

Values: See Appendix – A51

EMPLOYER PHYSICAL PRIMARY ADDRESS – DN19

Definition: The address of the employer's facility where the employee was employed at the time of the injury.

Revised: 06/07/95; 07/01/97

Business Need: Identification of employer in jurisdiction system.

Source: HCFA Field 7 UB92 Field 66

Format: ANSI A/N 1/55 IAIABC A/N 40

EMPLOYER PHYSICAL SECONDARY ADDRESS – DN20

Definition: The address of the employer's facility where the employee was employed at the time of the injury.

Revised: 06/07/95; 07/01/97

Business Need: Identification of employer in jurisdiction system.

Source: HCFA Field 7 UB92 Field 66

Format: ANSI A/N 1/55 IAIABC A/N 40

EMPLOYER PHYSICAL STATE CODE – DN22

Definition: The state code of the employer's facility where the employee was employed at the time of the injury.

Revised: 06/07/95; 07/01/97

Business Need: Identification of employer in jurisdiction system.

Source: HCFA Field 7 UB92 Field 66

Format: ANSI ID 2/2 IAIABC ID 2

Values: See Appendix - B3

FACILITY CITY – DN686

Definition: City of the facility's address.

Revised: 09/26/98

Business Need: Identify the provider's location.

Source: HCFA Field 32 UB92 Field 1

Format: ANSI A/N 2/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**FACILITY CODE – DN504**

**Definition:** Code indicating type of facility where treatment was rendered.

**Revised:** 09/26/98

**Business Need:** Utilization review, audit, statistical analysis.

**Source:** UB92 Field 4 – First and second position

**Format:** ANSI A/N 1/2 IAIABC ID 2

**Values:** See Appendix – B4

**FACILITY COUNTRY CODE – DN689**

**Definition:** Code indicating country of facility's mailing address.

**Revised:** 09/26/98

**Business Need:** Identify the provider's location.

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI ID 2/3 IAIABC ID 3

**Values:** See Appendix – B6

**FACILITY FEIN – DN679**

**Definition:** Federal Tax ID number of facility.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor of health care providers for compliance with fee guidelines.

**Source:** Health Care Provider

**Format:** ANSI A/N 2/80 IAIABC A/N 9

**FACILITY MEDICARE NUMBER – DN681**

**Definition:** The unique number assigned to a facility by the Medicare Program.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitors of health care providers for compliance with fee guidelines.

**Source:** Health Care Provider

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**FACILITY NAME – DN678**

**Definition:** Name of the facility where the medical service(s) was rendered.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor of health care providers for compliance with fee guidelines.

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI A/N 1/35 & 1/60 IAIABC A/N 40

**Imp Note:** For ANSI, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and, if necessary, N201 contains the remaining characters.

**FACILITY NATIONAL PROVIDER ID – DN682**

**Identification:** Unique national provider ID of a facility.

**Revised:** 09/26/98

**Business Need:** Track facility provider billing information.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**FACILITY POSTAL CODE – DN688**

**Definition:** Postal code of facility's mailing address.

**Revised:** 09/26/98

**Business Need:** Identification of providers; monitor health care providers for compliance with fee guidelines.

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI ID 3/15 IAIABC A/N 9

**Values:** See Appendix – A51

**FACILITY PRIMARY ADDRESS – DN684**

**Definition:** First line for facility's address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI A/N 1/55 IAIABC A/N 40

**Imp Note:** Corresponds to additional facility location mailing address.

**FACILITY SECONDARY ADDRESS – DN685**

**Definition:** Second line of facility's address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI A/N 1/55 IAIABC A/N 40

**FACILITY STATE CODE – DN687**

**Definition:** State code of the facility's address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI ID 2/2 IAIABC ID 2

**Values:** See Appendix – B3

**FACILITY STATE LICENSE NUMBER – DN680**

**Definition:** The unique number assigned by the jurisdiction to identify the facility.

**Revised:** 09/26/98

**Business Need:** Identification of provider, monitor health care providers for compliance with fee guidelines.

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**GATEKEEPER INDICATOR – DN534**

**Definition:** Code indicating that the provider is the gatekeeper for the work-related injury of a specific claimant.

**Revised:** 09/26/98

**Business Need:** Monitor managed care arrangements.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI ID 2/3 IAIABC ID 1

**Values:** ANSI = GP IAIABC = Y – Yes; N – No

**Imp Note:** Only one gatekeeper code is permitted per billing. There may be only one gatekeeper per bill. Gatekeeper can be defined at either the bill level or line level, but not both.

# IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY

Version 1

## **HCPCS BILL PROCEDURE CODE – DN737**

**Definition:** HCPCS (Health Care Financing Administration's Common Procedure Coding System) code billed that identifies treatment rendered.

**Revised:** 09/26/98

**Business Need:** Auditing medical charges; determination of reimbursements.

**Source:** HCFA Field 24D UB92 Fields 81-85 A, B, C, D, E

**Format:** ANSI A/N 1/30 IAIABC ID 6

**Values:** See Appendix – A130

**Max Occur:** 5

**Imp Note:** HCPCS codes include Level 1 CPT (Physician's Current Procedural Terminology).

## **HCPCS LINE PROCEDURE BILLED CODE – DN714**

**Definition:** HCPCS (Health Care Financing Administration's Common Procedure Coding System) code billed that identifies treatment rendered.

**Revised:** 09/26/98

**Business Need:** Auditing medical charges; determination of reimbursements.

**Source:** HCFA Field 24D UB92 Field 44

**Format:** ANSI A/N 1/30 IAIABC ID 6

**Values:** See Appendix – A130

**Imp Note:** HCPCS codes include Level 1 CPT (Physician's Current Procedural Terminology) procedure codes.

## **HCPCS LINE PROCEDURE PAID CODE – DN726**

**Definition:** HCPCS (Health Care Financing Administration's Common Procedure Coding System) code paid for specific treatment rendered.

**Revised:** 09/26/98

**Business Need:** Monitoring medical charges quality of medical care and utilization.

**Source:** Payor

**Format:** ANSI A/N 1/30 IAIABC ID 6

**Values:** See Appendix – A130

## **HCPCS MODIFIER BILLED CODE – DN717**

**Definition:** HCPCS (Health Care Financing Administration's Common Procedure Coding System) code identifying special circumstances related to procedure billed.

**Revised:** 09/26/98

**Business Need:** Monitor cost trends and adjustment factors.

**Source:** HCFA Field 24D UB92 Field 44

**Format:** ANSI A/N 2/2 IAIABC ID 2

**Values:** See Appendix – A130

**Max Occur:** 2

## **HCPCS MODIFIER PAID CODE – DN727**

**Definition:** HCPCS (Health Care Financing Administration's Common Procedure Coding System) code identifying special circumstances related to procedure paid.

**Revised:** 09/26/98

**Business Need:** Monitor cost trends and adjustment factors.

**Source:** Payer

**Format:** ANSI A/N 2/2 IAIABC ID 2

**Values:** See Appendix – A130

**Max Occur:** 2

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**HCPCS PRINCIPAL PROCEDURE BILLED CODE – DN626**

**Definition:** HCPCS (Health Care Financing Administration's Common Procedure Coding System) code indicating the principal procedure billed.

**Revised:** 09/26/98

**Business Need:** Monitor cost trends and compliance with state regulators.

**Source:** UB92 Field 80

**Format:** ANSI A/N 1/30 IAIABC ID 6

**Values:** See Appendix – A130

**ICD-9 CM PROCEDURE CODE – DN736**

**Definition:** ICD-9 CM (International Classification of Diseases, 9<sup>th</sup> Edition, Clinical Modification) code identifying a procedure (other than principal procedure).

**Revised:** 09/26/98

**Business Need:** Monitor cost trends and compliance with state regulators.

**Source:** UB92 Field 81 A, B, C, D, E

**Format:** ANSI A/N 1/30 IAIABC ID 6

**Values:** See Appendix – A131

**Max Occur:** 5

**ICD-9 CM DIAGNOSIS CODE – DN522**

**Definition:** ICD-9 CM (International Classification Diseases, 9<sup>th</sup> Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.

**Revised:** 09/26/98

**Business Need:** To determine reimbursements, measure impact of managed care and measure medical outcomes.

**Source:** HCFA Field 21 1-4 UB92 Field 68-75

**Format:** ANSI A/N 1/30 IAIABC ID 6

**Values:** See Appendix – A131

**Max Occur:** 4 – HCFA

9 – UB92

**Imp Note:** For UB92 – Used when Code List Qualifier (ANSI DE 1270) = BK for first occurrence, BF for occurrences 2-9. Decimal point required.

**For HCFA Field 21, 1 must be primary diagnosis.**

**ICD-9 CM PRINCIPAL PROCEDURE CODE – DN525**

**Definition:** ICD-9 CM (International Classification of Diseases, 9<sup>th</sup> Edition, Clinical Modification) code indicating the principal procedure rendered.

**Revised:** 09/26/98

**Business Need:** Monitor cost trends and compliance with state regulations.

**Source:** UB92 Field 80

**Format:** ANSI A/N 1/30 IAIABC ID 6

**Values:** See Appendix – A131

**INITIAL AMOUNT PAID – DN624**

**Definition:** Portion of charged amount initially paid by insurer/financially responsible party.

**Revised:** 09/26/98

**Business Need:** Monitor reimbursement compliance; track medical costs.

**Source:** Payor

**Format:** ANSI R 1/18 IAIABC \$9.2

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**INSURER FEIN – DN6**

**Definition:** The Federal Employment Identification Number (FEIN) of the carrier or self-insured assuming responsibility for workers' compensation claims.

**Revised:** 09/26/98

**Business Need:** To identify the insurer to the jurisdiction system.

**Source:** Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 9

**Imp Note:** As there exists a one to one relationship between an Insurer State ID and the Insurer FEIN, this will replace Insurer State ID. If a state utilizes a unique Insurer State ID, they must build a crosswalk table prior to testing/implementation.

**INSURER NAME – DN7**

**Definition:** The name of the carrier or self-insured assuming the employee's financial responsibility for workers' compensation claims.

**Revised:** 06/07/95

**Business Need:** To identify the insurer to the jurisdiction system.

**Source:** UB92 Field 50

**Format:** ANSI A/N 1/35 & 1/60 IAIABC A/N 40

**Imp Note:** For ANSI, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and, if necessary, N201 contains the remaining characters.

**INSURER POSTAL CODE – DN616**

**Definition:** Postal code of the insurer.

**Revised:** 08/14/96

**Business Need:** The suffix to insurer FEIN or Insurer State ID to identify a carrier or self-insured's specific business site.

**Source:** Payor

**Format:** ANSI ID 3/15 IAIABC A/N 9

**Values:** Appendix - A 51

**JURISDICTION CLAIM NUMBER – DN5**

**Definition:** A number assigned by the jurisdiction to identify a specific claim. It is assigned at time of the first report.

**Revised:** 03/11/94; 07/01/97

**Business Need:** To provide tracking mechanism for jurisdiction system.

**Source:** Payor

**Format:** ANSI A/N 1/30 IAIABC A/N 25

**Imp Note:** This number may be changed during the life of the claim by the jurisdiction.

**JURISDICTION MODIFIER BILLED CODE – DN718**

**Definition:** Jurisdictional code identifying special circumstances related to jurisdiction procedure billed.

**Revised:** 09/26/98

**Business Need:** Monitor cost trends and adjustment factors.

**Source:** HCFA Field 24D

**Format:** ANSI A/N 2/2 IAIABC ID 2

**Values:** Jurisdiction Specific Codes as defined in Trading Partner Agreement

**Max Occur:** 2

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**JURISDICTION MODIFIER PAID CODE – DN730**

**Definition:** Jurisdictional code identifying special circumstances related to jurisdiction procedure paid.

**Revised:** 09/26/98

**Business Need:** Monitor cost trends and adjustment factors.

**Source:** Payor

**Format:** ANSI A/N 2/2 IAIABC ID 2

**Values:** Jurisdiction Specific Code as defined in Trading Partner Agreement.

**Max Occur:** 2

**JURISDICTION PROCEDURE BILLED CODE – DN715**

**Definition:** Jurisdictional special code identifying a procedure, service or product billed that is not currently identified by a HCPCS code.

**Revised:** 09/26/98

**Business Need:** Monitoring medical charges, quality of medical care, and utilization.

**Source:** Payor

**Format:** ANSI A/N 1/48 IAIABC ID 6

**Values:** Jurisdiction Specific Code as defined in Trading Partner Agreement.

**JURISDICTION PROCEDURE PAID CODE – DN729**

**Definition:** Jurisdictional special code identifying a procedure, service or product paid that is not currently identified by HCPCS code.

**Revised:** 09/26/98

**Business Need:** Monitoring medical charges, quality of medical care, and utilization.

**Source:** Payor

**Format:** ANSI A/N 1/48 IAIABC ID 6

**Values:** Jurisdiction Specific Code as defined in Trading Partner Agreement.

**LINE NUMBER – DN547**

**Definition:** Bill sequential line item number.

**Revised:** 09/26/98

**Business Need:** Linking information for auditing and analysis purposes.

**Source:** Payor

**Format:** ANSI N0 1/6 IAIABC N 6

**MANAGED CARE ORGANIZATION CITY – DN710**

**Definition:** City of managed care organization.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/30 IAIABC A/N 30

**MANAGED CARE ORGANIZATION COUNTRY CODE – DN713**

**Definition:** Code indicating country of managed care provider's mailing address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI ID 2/3 IAIABC ID 3

**Value:** See Appendix – B6

# IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY

Version 1

## **MANAGED CARE ORGANIZATION FEIN – DN704**

**Definition:** The Federal Tax Identification number for the managed care organization.

**Revised:** 09/26/98

**Business Need:** Identification of provider, monitor the quality of medical care and monitor costs.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 2/80 IAIABC A/N 9

## **MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER – DN208**

**Definition:** The jurisdiction assigned number that corresponds to and uniquely identifies the managed care organization involved in the claim.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor the quality of medical care and costs.

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 9

## **MANAGED CARE ORGANIZATION NAME – DN209**

**Definition:** The legal name of the managed care organization involved in the claim.

**Revised:** 07/01/97

**Business Need:** Identification of provider; monitor both the quality of medical care and costs.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/35 & 1/60 IAIABC A/N 40

**Imp Note:** For ANSI, a combination of Segment NM1 and N2. NM103 contains the first 35 characters and N201 contains the remaining 60 characters.

## **MANAGED CARE ORGANIZATION POSTAL CODE – DN712**

**Definition:** Postal code of managed care mailing address.

**Revised:** 09/26/98

**Business Need:** Identifying provider location.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI ID 3/15 IAIABC A/N 9

**Values:** See Appendix – A51

## **MANAGED CARE ORGANIZATION PRIMARY ADDRESS – DN708**

**Definition:** First line of managed care organization's address

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/55 IAIABC A/N 40

**Imp Note:** Corresponds to additional managed care location or mailing address.

## **MANAGED CARE ORGANIZATION SECONDARY ADDRESS – DN709**

**Definition:** Second line of managed care organization's address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/55 IAIABC A/N 40

# IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY

Version 1

## MANAGED CARE ORGANIZATION STATE CODE – DN711

Definition: State code of the managed care organization's mailing address.

Revised: 09/26/98

Business Need: Determine reimbursement.

Source: Health Care Provider and/or Payor

Format: ANSI ID 2/2 IAIABC ID 2

Values: See Appendix – B3

## NDC BILLED CODE – DN721

Definition: NDC (National Drug Code) identifying drugs or pharmaceuticals billed.

Revised: 09/26/98

Business Need: Monitoring medical charges, quality of medical care, and utilization.

Source: Health Care Provider

Format: ANSI A/N 1/48 IAIABC ID 11

Values: See Appendix – A134

## NDC PAID CODE – DN728

Definition: NDC (National Drug Code) identifying drugs and pharmaceuticals paid.

Revised: 09/26/98

Business Need: Monitoring medical charges, quality of medical care, and utilizations.

Source: Payor

Format: ANSI A/N 1/48 IAIABC ID 11

Values: See Appendix – A134

## PATIENT ACCOUNT NUMBER – DN517

Definition: Unique number assigned by the provider to identify the claimant.

Revised: 09/26/98

Business Need: Link medical information to patient/claimant.

Source: HCFA Field 26 UB92 Field 3

Format: ANSI A/N 1/30 IAIABC A/N 30

## PLACE OF SERVICE BILL CODE – DN555

Definition: Code indicating the place of service at the bill level.

Revised: 09/26/98

Business Need: Utilization review, monitor cost trends.

Source: Health Care Provider

Format: ANSI A/N 1/2 IAIABC ID 2

Values: See Appendix – B4

## PLACE OF SERVICE LINE CODE – DN600

Definition: Code indicating the place of service at line level.

Revised: 09/26/98

Business Need: Utilization review, monitor cost trends.

Source: HCFA Field 24B

Format: ANSI A/N 1/2 IAIABC ID 2

Values: See Appendix – B4

## POLICY NUMBER – DN28

Definition: The number identifying the coverage policy in effect for the claim.

Revised: 03/11/94; 07/01/97

Business Need: To track activity for a specific coverage policy.

Source: HCFA Field 11

Format: ANSI A/N 1/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**PRESCRIPTION BILL DATE – DN527**

Description: The date that the prescription was filled by the pharmacist at the bill level.

Revised: 07/16/97

Business Need: Link information to patient/claimant.

Source: Health Care Provider

Format: ANSI A/N 1/35 IAIABC DATE 8

**PRESCRIPTION LINE DATE – DN604**

Description: The date that the prescription was filled by the pharmacist at the line level.

Revised: 07/16/97

Business Need: Link information to patient/claimant.

Source: Health Care Provider

Format: ANSI A/N 1/35 IAIABC DATE 8

**PRESCRIPTION LINE NUMBER – DN561**

Description: Unique number assigned by the dispenser to identify the prescription at the line level.

Revised: 09/26/98

Business Need: Link information to patient/claimant; required by ANSI if used.

Source: Health Care Provider

Format: ANSI A/N 1/30 IAIABC A/N 30

**PRINCIPAL DIAGNOSIS CODE – DN521**

Definition: Code indicating principal diagnosis.

Revised: 09/26/98

Business Need: Utilization review; monitor medical outcomes.

Source: UB92 Field 67

Format: ANSI A/N 1/30 IAIABC ID 6

Values: See Appendix – A131

Imp Note: Used when Code List Qualifier ANSI DE 1270 = BK. Decimal point required.

**PRINCIPAL PROCEDURE DATE – DN550**

Definition: Date the principal procedure was performed.

Revised: 10/28/96

Business Need: Utilization review, auditing.

Source: UB92 Field 80

Format: ANSI A/N 1/35 IAIABC DATE 8

**PROCEDURE DATE – DN524**

Definition: Date on which procedure was performed.

Revised: 09/26/98

Business Need: Utilization review, auditing.

Source: UB92 Field 81

Format: ANSI A/N 1/35 IAIABC DATE 8

Max Occur: ANSI = 1 IAIABC = 2

**PROCEDURE DESCRIPTION – DN551**

Definition: Free-form text description for treatment rendered.

Revised: 09/26/98

Business Need: Utilization review, auditing, measure medical outcomes.

Source: HCFA Field 24D

Format: ANSI A/N 1/80 IAIABC A/N 40

Max Occur: ANSI = 1 IAIABC = 2

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**PROVIDER AGREEMENT CODE – DN507**

**Definition:** Code indicating type of provider agreement applicable to bill.

**Revised:** 09/26/98

**Business Need:** Medical billing/payment.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI ID 1/1 IAIABC ID 1

**Values:** H = HMO Agreement

**N = No Agreement**

**P = Participation Agreement**

**Y = PPO Agreement**

**PROVIDER AGREEMENT LINE CODE – DN742**

**Definition:** Code indicating type of provider agreement applicable to the line item.

**Revised:** 10/31/00

**Business Need:** Medical billing/payment.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI ID1/1 IAIABC ID 1

**Values:** H = HMO Agreement

**N = No Agreement**

**P = Participation Agreement**

**Y = PPO Agreement**

**PROVIDER SIGNATURE ON FILE INDICATOR – DN506**

**Definition:** Indicates whether the signature of the provider is on file.

**Revised:** 09/26/98

**Business Need:** Legal standing to meet statutory requirements.

**Source:** HCFA Field 31

**Format:** ANSI ID 1/1 IAIABC ID 1

**Values:** Y = Yes

**N = No**

**REFERRING PROVIDER ANESTHESIA LICENSE NUMBER – DN698**

**Definition:** The unique number issued by a jurisdiction to a referring provider that is permitted to administer anesthesia.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment. guidelines

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 1/30

**REFERRING PROVIDER FEIN – DN694**

**Definition:** Federal Taxpayer ID of the referring provider.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** HCFA Field 17A

**Format:** ANSI A/N 2/80 IAIABC A/N 9

**Imp Note:** If billing provider does not have an assigned FEIN, submit an assigned Social Security Number

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

REFERRING PROVIDER FIRST NAME – DN691

Definition: The first name of the referring provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee treatment guidelines.

Source: HCFA Field 17

Format: ANSI A/N 1/25 IAIABC A/N 15

REFERRING PROVIDER LAST NAME SUFFIX – DN693

Definition: Last name suffix of referring provider (Jr, Sr, II, III).

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee treatment guidelines.

Source: HCFA Field 17

Format: ANSI A/N 1/10 IAIABC A/N 4

REFERRING PROVIDER LAST/GROUP NAME – DN690

Definition: Provider referring claimant for care. Only used when needed to document that this bill results from care provided based on a referral from another provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee treatment guidelines.

Source: HCFA Field 17

Format: ANSI A/N 1/35 IAIABC A/N 40

REFERRING PROVIDER MEDICARE NUMBER – DN697

Definition: The specific number issued to the referring provider by the Medicare Program.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/30 IAIABC A/N 30

REFERRING PROVIDER MIDDLE NAME/INITIAL – DN692

Definition: The middle name of the referring provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: HCFA Field 17

Format: ANSI A/N 1/25 IAIABC A/N 15

REFERRING PROVIDER NATIONAL PROVIDER ID – DN699

Definition: Unique national provider ID of the referring provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: HCFA Field 33 UB92 Field 82-83

Format: ANSI A/N 1/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

REFERRING PROVIDER PRIMARY SPECIALTY LICENSE NUMBER – DN701

Definition: The specific license number issued by a state to the referring provider that denotes specialty of the referring provider.

Revised: 09/26/98

Business Need: Identification of provider, monitor health care providers for compliance with fee and treatment guidelines.

Source: Jurisdictional Licensing Board

Format: ANSI A/N 1/30 IAIABC A/N 30

REFERRING PROVIDER STATE LICENSE NUMBER – DN695

Definition: The specific license number issued by a state to a referring provider that permits the provider to practice in that state.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance of fee and treatment guidelines.

Source: Jurisdictional Licensing Board

Format: ANSI A/N 1/30 IAIABC A/N 30

**RELEASE OF INFORMATION CODE – DN526**

**Definition: A code that identifies that there is or is not authorization to release of information.**

**Revised: 07/15/97**

**Business Need: Enables entities that transmit data and receive data to determine that there is or is not authorization to release information.**

**Source: Health Care Provider**

**Format: ANSI ID 1/1 IAIABC ID 1**

**Values: A = Appropriate release of information on file at health care service provider or at a Utilization Review Organization.**

**I = Informed consent to release medical information for conditions or diagnosis regulated by Federal Statutes**

**M = The provider has a limited or restricted ability to release data related to a claim**

**N= No, Provider is not allowed to release data**

**O = On file at payor or at plan sponsor**

**Y = Yes, Provider has signed statement permitting release of medical billing data related to claim.**

RENDERING BILL PROVIDER ANESTHESIA LICENSE NUMBER - DN646

Definition: The unique number issued by a jurisdiction to a rendering bill provider that licensed to administer anesthesia.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Jurisdictional Licensing Board

Format: ANSI A/N 1/30 IAIABC A/N 30

RENDERING BILL PROVIDER CITY – DN654

Definition: City of rendering bill provider's address.

Revised: 09/26/98

Business Need: Identify provider license.

Source: HCFA Field 32 UB92 Field 1

Format: ANSI A/N 2/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

RENDERING BILL PROVIDER COUNTRY CODE – DN657

Definition: Code indicating country of rendering bill provider's mailing address.

Revised: 09/26/98

Business Need: Identification of provider's country; monitor health care providers for compliance with fee and treatment guidelines.

Source: HCFA Field 32 UB92 Field 1

Format: ANSI ID 2/3 IAIABC ID 3

Values: See Appendix – B6

**RENDERING BILL PROVIDER FEIN – DN642**

**Definition: The Federal Tax ID number of the rendering bill provider.**

**Revised: 09/26/98**

**Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.**

**Source: HCFA Field 25**

**Format: ANSI ID 2/80 IAIABC A/N 9**

**Imp Note: If billing provider does not have an assigned FEIN submit an assigned Social Security Number.**

RENDERING BILL PROVIDER FIRST NAME – DN639

Definition: The first name of the rendering bill provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: HCFA Field 31 UB92 Field 82

Format: ANSI A/N 1/25 IAIABC A/N 15

RENDERING BILL PROVIDER LAST NAME SUFFIX – DN641

Definition: Name suffix of rendering bill provider (Jr, Sr, II, III).

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: HCFA Field 31 UB92 Field 82

Format: ANSI A/N 1/10 IAIABC A/N 4

**RENDERING BILL PROVIDER LAST/GROUP NAME – DN638**

**Definition: Individual provider actually rendering care. If not present, the billing provider is assumed to be the rendering provider for all services on this bill. If the billing provider was not an individual, a jurisdiction may require a rendering bill provider to be specified.**

**Revised: 09/26/98**

**Business Need: Identification of provider, monitor health care providers for compliance with fee and treatment guidelines.**

**Source: HCFA Field 31 UB92 Field 82**

**Format: ANSI A/N 1/35 IAIABC A/N 40**

RENDERING BILL PROVIDER MEDICARE NUMBER – DN645

Definition: The specific number issued to the rendering bill provider by the Medicare Program.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider and/or Payor

Format: ANSI A/N 1/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

RENDERING BILL PROVIDER MIDDLE NAME/INITIAL - DN640

Definition: The middle name or initial of the rendering bill provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: HCFA Field 31 UB92 Field 82

Format: ANSI A/N 1/25 IAIABC A/N 15

RENDERING BILL PROVIDER NATIONAL PROVIDER ID – DN647

Definition: Unique national provider Id of the rendering provider at the bill level.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: HCFA Field 33 UB92 Field 82-83

Health Care Provider and/or Payor

Format: ANSI A/N 1/30 IAIABC A/N 30

**RENDERING BILL PROVIDER POSTAL CODE – DN656**

**Definition: Postal Code of rendering bill provider's mailing address.**

**Revised: 09/26/98**

**Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.**

**Source: HCFA Field 32 UB92 Field 1**

**Format: ANSI A/N 3/15 IAIABC A/N 9**

**Values: See Appendix – A51**

RENDERING BILL PROVIDER PRIMARY ADDRESS – DN652

Definition: First line of rendering bill provider's address.

Revised: 09/26/98

Business Need: Identify provider location.

Source: HCFA Field 32 UB92 Field 1

Format: ANSI A/N 1/55 IAIABC A/N 40

Imp Note: Corresponds to additional physical location or mailing address

**RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE – DN651**

**Definition: Code indicating medical specialty of the rendering bill provider.**

**Revised: 09/26/98**

**Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.**

**Source: Health Care Provider and/or Payor**

**Format: ANSI A/N 1/30 IAIABC ID 10**

**Values: See Appendix – B2**

RENDERING BILL PROVIDER SECONDARY ADDRESS – DN653

Definition: Second line of rendering bill provider's address.

Revised: 09/26/98

Business Need: Identify provider location.

Source: HCFA Field 32 UB92 Field 1

Format: ANSI A/N 1/55 IAIABC A/N 40

Imp Note: Corresponds to additional physical location or mailing address.

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER – DN649**

**Definition:** The specific license number issued by the jurisdiction to the rendering bill provider that denotes the specialty of the rendering provider.

**Revised:** 09/26/99

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**RENDERING BILL PROVIDER STATE CODE – DN655**

**Definition:** State code of rendering bill provider's mailing address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI ID 2/2 IAIABC ID 2

**Values:** See Appendix – B3

**RENDERING BILL PROVIDER STATE LICENSE NUMBER – DN643**

**Definition:** The specific license number issued by a jurisdiction to a rendering bill provider that permits the provider to practice in that state.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**RENDERING LINE PROVIDER ANESTHESIA LICENSE NUMBER – DN583**

**Definition:** The unique number issued by a jurisdiction to a rendering line provider that is permitted to administer anesthesia.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**RENDERING LINE PROVIDER CITY – DN584**

**Definition:** City of the rendering line provider's address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** Health Care Provider

**Format:** ANSI A/N 2/30 IAIABC A/N 30

**RENDERING LINE PROVIDER COUNTRY CODE – DN585**

**Definition:** Code indicating country of rendering line provider's mailing address.

**Revised:** 09/26/98

**Business Need:** Identification of provider's country; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider

**Format:** ANSI ID 2/3 IAIABC ID 3

**Values:** See Appendix – B6

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
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RENDERING LINE PROVIDER FEIN – DN586

Definition: The Federal Tax ID number of the rendering line provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 2/80 IAIABC A/N 9

Imp Note: If rendering line provider does not have an assigned FEIN, submit an assigned Social Security Number.

RENDERING LINE PROVIDER FIRST NAME – DN587

Definition: The first name of the rendering line provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/25 IAIABC A/N 15

RENDERING LINE PROVIDER LAST NAME SUFFIX – DN588

Definition: Name suffix of rendering line provider (Jr, Sr, II, III).

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/10 IAIABC A/N 4

**RENDERING LINE PROVIDER LAST/GROUP NAME – DN589**

**Definition: Individual provider actually rendering care. If not present, the billing provider is assumed to be the rendering provider for all services on this bill. If the billing provider was not an individual, a jurisdiction may require a rendering line provider to be specified.**

**Revised: 09/26/98**

**Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.**

**Source: Health Care Provider**

**Format: ANSI A/N 1/35 IAIABC A/N 40**

RENDERING LINE PROVIDER MEDICARE NUMBER – DN590

Definition: The specific number issued to the rendering line provider by the Medicare Program.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider and/or Payor

Format: ANSI A/N 1/30 IAIABC A/N 30

RENDERING LINE PROVIDER MIDDLE NAME/INITIAL – DN591

Definition: The middle name of the rendering line provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/25 IAIABC A/N 15

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**RENDERING LINE PROVIDER NATIONAL PROVIDER ID – DN592**

**Definition:** Unique national provider ID of the rendering provider at the line level.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**RENDERING LINE PROVIDER POSTAL CODE – DN593**

**Definition:** Postal code of rendering line provider's mailing address.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider

**Format:** ANSI A/N 3/15 IAIABC A/N 9

**Values:** See Appendix – A51

**RENDERING LINE PROVIDER PRIMARY ADDRESS – DN594**

**Definition:** First line of the rendering line provider's address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** Health Care Provider

**Format:** ANSI A/N 1/55 IAIABC A/N 40

**Imp Note:** Corresponds to additional physical location or mailing address.

**RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE – DN595**

**Definition:** Code indicating medical specialty of the rendering line provider.

**Revised:** 09/26/98

**Business Need:** Identification of providers; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider and/or Payor

**Format:** ANSI A/N 1/30 IAIABC ID 10

**Values:** See Appendix – B2

**RENDERING LINE PROVIDER SECONDARY ADDRESS – DN596**

**Definition:** Second line of the rendering line provider's address.

**Revised:** 09/26/98

**Business Need:** Identify provider location.

**Source:** Health Care Provider

**Format:** ANSI A/N 1/55 IAIABC A/N 40

**Imp Note:** Corresponds to additional physical location or mailing address.

**RENDERING LINE PROVIDER SPECIALTY LICENSE NUMBER – DN597**

**Definition:** The specific license number issued by jurisdiction to the rendering line provider that denotes the specialty of the rendering line provider.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Jurisdictional Licensing Board

**Format:** ANSI A/N 1/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**RENDERING LINE PROVIDER STATE CODE – DN598**

Definition: State code of rendering line provider's mailing address.

Revised: 09/26/98

Business Need: Identify provider location.

Source: Health Care Provider

Format: ANSI ID 2/2 IAIABC ID 2

Values: See Appendix – B3

**RENDERING LINE PROVIDER STATE LICENSE NUMBER - DN599**

Definition: The specific license number issued by a jurisdiction to a rendering line provider that permits the provider to practice in that state.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Jurisdictional Licensing Board

Format: ANSI A/N 1/30 IAIABC A/N 30

**REPORTING PERIOD – DN615**

Definition: Date or date range during which the information included in the transaction was processed.

Revised: 08/13/96

Business Need: For periodic reporting to the jurisdiction when required.

Source: Payor

Format: ANSI A/N 1/35 IAIABC PERIOD 16

**REVENUE BILLED CODE – DN559**

Definition: Code indicating specific cost center billed.

Revised: 09/26/98

Business Need: Determines reimbursement and treatment provided.

Source: UB92 Field 42

Format: ANSI A/N 1/48 IAIABC ID 4

Values: See Appendix – B5

**REVENUE PAID CODE – DN576**

Definition: Code indicating specific cost center paid.

Revised: 09/26/98

Business Need: Determines reimbursement and treatment provided.

Source: Payor

Format: ANSI A/N 1/48 IAIABC ID 4

Values: See Appendix – B5

**REVENUE UNIT RATE – DN560**

Definition: Rate per unit of associated revenue code for hospital accommodation.

Revised: 09/26/98

Business Need: Specifies claim service detail for institutions.

Source: UB92 Field 44

Format: ANSI R 1/10 IAIABC \$9.2

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
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**SERVICE ADJUSTMENT AMOUNT – DN733**

**Definition:** Code indicating general category or adjustment made per service line.  
**Revised:** 03/21/99  
**Business Need:** Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.  
**Source:** Payor  
**Format:** ANSI R 1/18 IAIABC \$9.2  
**Max Occur:** 5  
**Values:** See Appendix – A139

**SERVICE ADJUSTMENT GROUP CODE – DN731**

**Definition:** Code indicating general category of adjustment made per service line.  
**Revised:** 09/26/98  
**Business Need:** Identifies potential litigation.  
**Source:** Payor  
**Format:** ANSI ID 1/2 IAIABC ID 2  
**Values:** CO = Contractual Obligations  
OA = Other Adjustments  
PI = Payor initiated reductions  
PR = Patient Responsibility

**SERVICE ADJUSTMENT REASON CODE – DN732**

**Definition:** Code indicating detailed reason and adjustment that was made per service line.  
**Revised:** 09/26/98  
**Business Need:** Required by ANSI. Identifies potential litigation; tracks patterns and practices of adjustments.  
**Source:** Payor  
**Format:** ANSI ID 1/5 IAIABC ID 3  
**Max Occur:** 5  
**Values:** See Appendix – A139

**SERVICE ADJUSTMENT UNITS – DN734**

**Definition:** The number of units applicable to the Service Adjustment Amount (DN733) at the line level.  
**Revised:** 03/21/99  
**Business Need:** Required in order to access the appropriateness of the adjustment or the basis of the adjustment being made.  
**Source:** Payor  
**Format:** ANSI R 1/15 IAIABC N7  
**Max Occur:** 5

**SERVICE BILL DATE(S) RANGE – DN509**

**Definition:** Starting date and ending date on which service(s) were performed at the bill level.  
**Revised:** 09/26/98  
**Business Need:** Utilization review and auditing purposes.  
**Source:** HCFA Field 18 UB92 Field 6  
**Format:** ANSI A/N 1/35 IAIABC PERIOD 16  
**Imp Note:** If data submitted, both starting date and ending date must be submitted. If starting and ending date are the same, repeat.

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
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**SERVICE LINE DATE(S) RANGE – DN605**

**Definition:** Starting date and ending date on which service(s) were performed at the line level.

**Revised:** 09/26/98

**Business Need:** Utilization review and auditing purposes.

**Source:** HCFA Field 24A UB92 Field 45

**Format:** ANSI AN 1/35 IAIABC PERIOD 16

**Imp Note:** If data submitted, both starting date and ending date must be submitted. If starting and ending dates are the same, repeat.

**SUPERVISING PROVIDER ANESTHESIA LICENSE NUMBER – DN666**

**Definition:** The unique number issued by a jurisdiction to a supervising provider that is permitted to administer anesthesia.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor compliance health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider

**Format:** ANSI A/N 1/30 IAIABC A/N 30

**SUPERVISING PROVIDER CITY – DN674**

**Definition:** City of supervising provider's address.

**Revised:** 09/26/98

**Business Need:** Identify provider license

**Source:** HCFA Field 32 UB92 Field 1

**Format:** ANSI A/N 2/30 IAIABC A/N 30

**SUPERVISING PROVIDER COUNTRY CODE – DN677**

**Definition:** Code indicating country of supervising provider's mailing address.

**Revised:** 09/26/98

**Business Need:** Identification of providers; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider

**Format:** ANSI ID 2/3 IAIABC ID 3

**Values:** See Appendix – B6

**SUPERVISING PROVIDER FEIN – DN662**

**Definition:** Federal Tax ID number of the supervising provider.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider

**Format:** ANSI A/N 2/80 IAIABC A/N 9

**Imp Note:** If supervising provider does not have an assigned FEIN, submit an assigned Social Security Number.

**SUPERVISING PROVIDER FIRST NAME – DN659**

**Definition:** The first name of the supervising provider.

**Revised:** 09/26/98

**Business Need:** Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

**Source:** Health Care Provider

**Format:** ANSI A/N 1/25 IAIABC A/N 15

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**SUPERVISING PROVIDER LAST NAME SUFFIX – DN661**

Definition: Name suffix of supervising provider (Sr, Jr, II, III).

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/10 IAIABC A/N 4

**SUPERVISING PROVIDER LAST/GROUP NAME – DN658**

Definition: Provider directing/supervising the rendering provider. Only needed in situations where it is necessary to indicate that the rendering provider (non-licensed) is being directed/supervised by another (licensed) provider. The supervising provider must be an individual.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/35 IAIABC A/N 40

**SUPERVISING PROVIDER MEDICARE NUMBER – DN665**

Definition: The specific number issued to the supervising provider by Medicare Program.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/30 IAIABC A/N 30

**SUPERVISING PROVIDER MIDDLE NAME/INITIAL – DN660**

Definition: The middle name or initial of the supervising provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/25 IAIABC A/N 15

**SUPERVISING PROVIDER NATIONAL PROVIDER ID – DN667**

Definition: Unique national provider ID of the supervising provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/30 IAIABC A/N 30

**SUPERVISING PROVIDER POSTAL CODE – DN676**

Definition: Postal code of the supervising provider's mailing address.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 3/15 IAIABC A/N 9

Values: See Appendix – A51

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
Version 1

**SUPERVISING PROVIDER PRIMARY ADDRESS – DN672**

Definition: First line of the supervising provider's address.

Revised: 09/26/98

Business Need: Identify provider location.

Source: Health Care Provider

Format: ANSI A/N 1/55 IAIABC A/N 40

**SUPERVISING PROVIDER PRIMARY SPECIALTY CODE – DN671**

Definition: Code indicating medical specialty of the supervising provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care providers for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/30 IAIABC ID 10

Values: See Appendix – B2

**SUPERVISING PROVIDER SECONDARY ADDRESS – DN673**

Definition: Second line of the supervising provider's address.

Revised: 09/26/98

Business Need: Identify provider's location.

Source: Health Care Provider

Format: ANSI A/N 1/55 IAIABC A/N 40

**SUPERVISING PROVIDER SPECIALTY LICENSE NUMBER – DN669**

Definition: The specific license number issued by a jurisdiction to the supervising provider that denotes the specialty of the supervising provider.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care provider for compliance with fee and treatment guidelines.

Source: Jurisdictional Licensing Board

Format: ANSI A/N 1/30 IAIABC A/N 30

**SUPERVISING PROVIDER STATE CODE – DN675**

Definition: State code of supervising provider's mailing address.

Revised: 09/26/98

Business Need: Determine reimbursement.

Source: Health Care Provider

Format: ANSI ID 2/2 IAIABC ID 2

Values: See Appendix – B3

**SUPERVISING PROVIDER STATE LICENSE NUMBER – DN663**

Definition: The specific license number issued by a jurisdiction to a supervising provider that permits the provider to practice in that jurisdiction.

Revised: 09/26/98

Business Need: Identification of provider; monitor health care provider for compliance with fee and treatment guidelines.

Source: Health Care Provider

Format: ANSI A/N 1/30 IAIABC A/N 30

IAIABC MEDICAL BILL PAYMENT RECORDS DICTIONARY  
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**TOTAL AMOUNT PAID PER BILL – DN516**

**Definition:** Total amount paid or credited for a submitted bill by payor after adjustments.

**Revised:** 09/26/98

**Business Need:** Medical billing and payment.

**Source:** UB92 Field 47

**Format:** ANSI R 1/18 IAIABC \$9.2

**TOTAL AMOUNT PAID PER LINE – DN574**

**Definition:** Total amount paid or credited per line item.

**Revised:** 09/26/98

**Business Need:** Medical billing and payment.

**Source:** UB92 Field 47

**Format:** ANSI R 1/18 IAIABC \$9.2

**TOTAL CHARGE PER BILL – DN501**

**Definition:** Cumulative charge amount of all line items per bill.

**Revised:** 09/26/98

**Business Need:** Medical billing and payment.

**Source:** HCFA Field 28 UB92 Field 47

**Format:** ANSI R 1/18 IAIABC \$9.2

**TOTAL CHARGE PER LINE – DN552**

**Definition:** Service charge per line item.

**Revised:** 09/26/98

**Business Need:** Medical billing and payment.

**Source:** HCFA Field 24F UB92 Field 47

**Format:** ANSI R 1/18 IAIABC \$9.2

**TOTAL CHARGE PER LINE – PURCHASE – DN566**

**Definition:** Purchase price of DME (durable medical equipment)

**Revised:** 09/26/98

**Business Need:** Medical billing and payment

**Source:** HCFA Field 24F

**Format:** ANSI R 1/18 IAIABC \$9.2

**TOTAL CHARGE PER LINE – RENTAL – DN565**

**Definition:** Rental price of DME (durable medical equipment).

**Revised:** 09/26/98

**Business Need:** Medical billing and payment.

**Source:** HCFA Field 24F

**Format:** ANSI R 1/18 IAIABC \$9.2

**TREATMENT AUTHORIZATION NUMBER – DN581**

**Definition:** Service authorization reference number at the bill level.

**Revised:** 09/26/98

**Business Need:** Number assigned by carrier to identify pre-authorized or pre-certified treatment plans.

**Source:** HCFA Field 23 UB92 Field 63

**Format:** ANSI A/N 1/30 IAIABC A/N 30

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**TREATMENT LINE AUTHORIZATION NUMBER – DN738**

Definition: Service authorization reference number at the line level.

Revised: 03/05/99

Business Need: Number assigned by carrier to identify pre-authorized or pre-certified treatment plans.

Source: UB92 Field 63

Format: ANSI A/N 1/30 IAIABC A/N 30

Imp Note: Value defaults to Treatment Authorization Number DN581 unless this date element is transmitted. If date is transmitted in this field, it will replace the default value.

**UNIQUE BILL ID NUMBER – DN500**

Definition: Unique number assigned by the insurer to individual bills/invoices.

Revised: 09/26/98

Business Need: Internal and external control; acknowledgment match up.

Format: ANSI A/N 1/30 IAIABC A/N 30

**ACKNOWLEDGMENT TRANSACTION SET ID – DN110**

Definition: Identifies the type of transaction being acknowledged.

Revised: 09/26/98

Source: IAIABC

Format: ANSI ID 3/3 IAIABC ID 3

Values: 837 = Medical Transactions

**APPLICATION ACKNOWLEDGMENT CODE – DN111**

Definition: A code used to identify the accepted/rejected status of the transaction being acknowledged.

Revised: 08/09/95, 0701/97

Source: IAIABC

Format: ANSI ID2 IAIABC ID 2

Values: BA = Batch Accepted

BR = Batch Rejected

TA = Transaction Accepted

TE = Transaction Accepted with Error

TR = Transaction Rejected

**BATCH CONTROL NUMBER – DN532**

Definition: The inventory number of the transmission which is assigned by the sender's system.

Revised: 05/15/98

Business Need: Identifies the exact inventory number within the sender's system to aid tracking

Source: Sender

Format: ANSI A/N 1/30 IAIABC N/A

**DATE PROCESSED – DN108**

Definition: The date that the receiver processed the detail transaction. Together with the time processed and a record sequence number, it will uniquely identify a specific acknowledgment detail record.

Revised: 08/09/95

Source: IAIABC

Format: ANSI DT 8/8 IAIABC DATE 8

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**DATE TRANSMISSION SENT – DN100**

Definition: Actual date the batch of data was sent.

Revised: 06/07/95, 07/01/97

Source: IAIABC

Format: ANSI DT 8/8 IAIABC DATE 8

**ELEMENT ERROR NUMBER – DN116**

Definition: A number to uniquely identify the edit performed on an element and is part of the error code.

Revised: 07/21/93, 07/01/97

Source: IAIABC Edit Matrix

Format: ANSI A/N 1/30 IAIABC ID 3

**ELEMENT NUMBER – DN115**

Definition: A unique number assigned to each data element and is part of the error code. Abbreviation used “DN”.

Revised: 08/18/94

Source: IAIABC Edit Matrix

Format: ANSI N0 1/4 IAIABC ID 4

**ORIGINAL TRANSMISSION DATE – DN102**

Definition: The value obtained from the Date Transmission Sent of the Header Record of the originating batch.

Revised: 08/19/94, 07/01/97

Business Need: To allow a receiving party the ability to match back to the original batch file for reconciliation purposes. Used in conjunction with the Original Transmission Time field in the acknowledgment process.

Source: IAIABC

Format: ANSI DT 8/8 IAIABC DATE 8

**ORIGINAL TRANSMISSION TIME – DN103**

Definition: The value obtained from the Time Transmission Sent field of the Transmission Header Record of the originating batch.

Revised: 08/19/94, 07/01/97

Business Need: To allow a receiving party the ability to match back to the original batch file for reconciliation purposes. Used in conjunction with the Original Transmission Date field in the acknowledgment process

Source: IAIABC

Format: ANSI TM4/8 IAIABC TIME 6

**RECEIVER ID – DN99**

Definition: A composite or group level made up of Receiver FEIN (Primary FEIN of the receiving party), Filler and Receiver Postal Code (Primary Postal code of the receiving party).

Revised: 08/18/94,07/01/97

Source: IAIABC

Format: Receiver FEIN ANSI A/N 2/80 IAIABC – A/N 9

Filler ANSI N/A IAIABC – A/N 7

Receiver Postal Code ANSI ID 3/15 IAIABC A/N 9

Imp Note: ANSI does not combine their fields. NM1 carries the FEIN and N4 carries the postal code in the header section.

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**SENDER ID – DN98**

**Definition:** Composition or group level made up of Sender FEIN (Primary FEIN of the sending party), Filler, and Sender Postal Code (Primary Postal Code of the sending party).

**Revised:** 08/18/94

**Source:** IAIABC

**Format:** Sender FEIN ANSI A/N 2/80 IAIABC A/N 9

**Filler ANSI N/A IAIABC A/N 7**

**Sender Postal Code ANSI ID 3/15 IAIABC A/N 9**

**Imp Note:** ANSI does not combine their fields. NM1 carries the FEIN and N4 carries the postal code.

**TEST/PRODUCTION INDICATOR – DN104**

**Definition:** Reflects an EDI participation status for a specific transaction. It indicates whether the transaction being sent is being targeted to a receiver's "production" or "test" system. Transactions performed while under "parallel" status should have the "test" indicator set.

**Revised:** 08/18/94, 07/01/97

**Source:** IAIABC

**Format:** ANSI N/A IAIABC ID 1

**Values:** P = Production

T = Test (Pilot parallel or Test)

**Imp Note:** This data element is applicable to the IAIABC Medical Flat File only.

**Tech Note:** This flag is set at the batch header level in the HD1. Therefore, all transactions within a batch must be at the same test/production level

**TIME PROCESSED – DN109**

**Definition:** The time the receiver processed the detail transaction. Together with date processed and a record sequence number it will uniquely identify a specific acknowledgment detail record.

**Revised:** 08/09/95, 07/01/97

**Source:** IAIABC

**Format:** ANSI TM 4/8 IAIABC TIME 6

**TIME TRANSMISSION SENT – DN101**

**Definition:** The time the sender prepared the batch file for transmission. Together with the Date Transmission Sent will uniquely identify a specific transmission batch.

**Revised:** 08/09/95, 07/01/97

**Source:** IAIABC

**Format:** ANSI TM 4/8 IAIABC TIME 6

**TRANSACTION TRACKING NUMBER – DN266**

**Definition:** Unique number assigned to the transaction by the sender (organization actually sending data to the jurisdiction).

**Revised:** 07/01/97

**Business Need:** To match incoming acknowledgment transaction to the appropriate original transaction.

**Source:** IAIABC

**Format:** ANSI A/N 1/30 IAIABC A/N 9