

California Medical Bill Data List

<b>Medical Data Elements for WCIS Sorted by Data Element Name</b>	
<b>California Data Element Name</b>	
110	ACKNOWLEDGMENT TRANSACTION SET ID
513	ADMISSION DATE
535	ADMITTING DIAGNOSIS CODE
111	APPLICATION ACKNOWLEDGMENT CODE
564	BASIS OF COST DETERMINATION CODE
532	BATCH CONTROL NUMBER
545	BILL ADJUSTMENT AMOUNT
543	BILL ADJUSTMENT GROUP CODE
544	BILL ADJUSTMENT REASON CODE
546	BILL ADJUSTMENT UNITS
508	BILL SUBMISSION REASON CODE
503	BILLING FORMAT CODE
629	BILLING PROVIDER FEIN
528	BILLING PROVIDER LAST/GROUP NAME
542	BILLING PROVIDER POSTAL CODE
537	BILLING PROVIDER PRIMARY SPECIALTY CODE
630	BILLING PROVIDER STATE LICENSE NUMBER
523	BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER
502	BILLING TYPE CODE
15	CLAIM ADMINISTRATOR CLAIM NUMBER
187	CLAIM ADMINISTRATOR FEIN
188	CLAIM ADMINISTRATOR NAME
515	CONTRACT TYPE CODE
512	DATE INSURER PAID BILL
511	DATE INSURER RECEIVED BILL
510	DATE OF BILL
31	DATE OF INJURY
108	DATE PROCESSED
100	DATE TRANSMISSION SENT
554	DAYS/UNITS BILLED
553	DAYS/UNITS CODE
557	DIAGNOSIS POINTER
514	DISCHARGE DATE
562	DISPENSE AS WRITTEN CODE
567	DME BILLING FREQUENCY CODE
518	DRG CODE
563	DRUG NAME
572	DRUGS/SUPPLIES BILLED AMOUNT
579	DRUGS/SUPPLIES DISPENSING FEE
571	DRUGS/SUPPLIES NUMBER OF DAYS
570	DRUGS/SUPPLIES QUANTITY DISPENSED

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<b>California Data Element Name</b>	
116	ELEMENT ERROR NUMBER
115	ELEMENT NUMBER
152	EMPLOYEE EMPLOYMENT VISA
44	EMPLOYEE FIRST NAME
43	EMPLOYEE LAST NAME
45	EMPLOYEE MIDDLE NAME/INITIAL
153	EMPLOYEE GREEN CARD
156	EMPLOYEE PASSPORT NUMBER
42	EMPLOYEE SOCIAL SECURITY NUMBER
504	FACILITY CODE
679	FACILITY FEIN
681	FACILITY MEDICARE NUMBER
678	FACILITY NAME
688	FACILITY POSTAL CODE
680	FACILITY STATE LICENSE NUMBER
737	HCPCS BILL PROCEDURE CODE
714	HCPCS LINE PROCEDURE BILLED CODE
726	HCPCS LINE PROCEDURE PAID CODE
717	HCPCS MODIFIER BILLED CODE
727	HCPCS MODIFIER PAID CODE
626	HCPCS PRINCIPLE PROCEDURE BILLED CODE
522	ICD-9 CM DIAGNOSIS CODE
736	ICD-9 CM PROCEDURE CODE
525	ICD_9 CM PRINCIPLE PROCEDURE CODE
6	INSURER FEIN
7	INSURER NAME
105	INTERCHANGE VERSION ID
5	JURISDICTION CLAIM NUMBER
718	JURISDICTION MODIFIER BILLED CODE
730	JURISDICTION MODIFIER PAID CODE
715	JURISDICTION PROCEDURE BILLED CODE
729	JURISDICTION PROCEDURE PAID CODE
547	LINE NUMBER
704	MANAGED CARE ORGANIZATION FEIN
208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER
209	MANAGED CARE ORGANIZATION NAME
712	MANAGED CARE ORGANIZATION POSTAL CODE
721	NDC BILLED CODE
728	NDC PAID CODE
102	ORIGINAL TRANSMISSION DATE

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103	ORIGINAL TRANSMISSION TIME
555	PLACE OF SERVICE BILL CODE
600	PLACE OF SERVICE LINE CODE
527	PRESCRIPTION BILL DATE
604	PRESCRIPTION LINE DATE
561	PRESCRIPTION LINE NUMBER
521	PRINCIPLE DIAGNOSIS CODE
550	PRINCIPLE PROCEDURE DATE
524	PROCEDURE DATE
507	PROVIDER AGREEMENT CODE
99	RECEIVER ID
526	RELEASE OF INFORMATION CODE
642	RENDERING BILL PROVIDER FEIN
638	RENDERING BILL PROVIDER LAST/GROUP NAME
656	RENDERING BILL PROVIDER POSTAL CODE
651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE
649	RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER
643	RENDERING BILL PROVIDER STATE LICENSE NUMBER
592	RENDERING LINE PROVIDER NATIONAL ID
586	RENDERING LINE PROVIDER FEIN
589	RENDERING LINE PROVIDER LAST/GROUP NAME
593	RENDERING LINE PROVIDER POSTAL CODE
595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE
599	RENDERING LINE PROVIDER STATE LICENSE NUMBER
615	REPORTING PERIOD
559	REVENUE BILLED CODE
576	REVENUE PAID CODE
98	SENDER ID
733	SERVICE ADJUSTMENT AMOUNT
731	SERVICE ADJUSTMENT GROUP CODE
732	SERVICE ADJUSTMENT REASON CODE
509	SERVICE BILL DATE(S) RANGE
605	SERVICE LINE DATE(S) RANGE
104	TEST/PRODUCTION INDICATOR
109	TIME PROCESSED
101	TIME TRANSMISSION SENT
516	TOTAL AMOUNT PAID PER BILL
574	TOTAL AMOUNT PAID PER LINE
501	TOTAL CHARGE PER BILL
566	TOTAL CHARGE PER LINE - PURCHASE

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565	TOTAL CHARGE PER LINE – RENTAL
552	TOTAL CHARGE PER LINE -OTHER
266	TRANSACTION TRACKING NUMBER
500	UNIQUE BILL ID NUMBER