

California Medical Bill Data List

Medical Data Elements for WCIS Sorted by Data Element Number	
California Data Element Name	
5	JURISDICTION CLAIM NUMBER
6	INSURER FEIN
7	INSURER NAME
15	CLAIM ADMINISTRATOR CLAIM NUMBER
31	DATE OF INJURY
42	EMPLOYEE SOCIAL SECURITY NUMBER
43	EMPLOYEE LAST NAME
44	EMPLOYEE FIRST NAME
45	EMPLOYEE MIDDLE NAME/INITIAL
98	SENDER ID
99	RECEIVER ID
100	DATE TRANSMISSION SENT
101	TIME TRANSMISSION SENT
102	ORIGINAL TRANSMISSION DATE
103	ORIGINAL TRANSMISSION TIME
104	TEST/PRODUCTION INDICATOR
105	INTERCHANGE VERSION ID
108	DATE PROCESSED
109	TIME PROCESSED
110	ACKNOWLEDGMENT TRANSACTION SET ID
111	APPLICATION ACKNOWLEDGMENT CODE
115	ELEMENT NUMBER
116	ELEMENT ERROR NUMBER
152	EMPLOYEE EMPLOYMENT VISA
153	EMPLOYEE GREEN CARD
156	EMPLOYEE PASSPORT NUMBER
187	CLAIM ADMINISTRATOR FEIN
188	CLAIM ADMINISTRATOR NAME
208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER
209	MANAGED CARE ORGANIZATION NAME
266	TRANSACTION TRACKING NUMBER
500	UNIQUE BILL ID NUMBER
501	TOTAL CHARGE PER BILL
502	BILLING TYPE CODE
503	BILLING FORMAT CODE
504	FACILITY CODE
507	PROVIDER AGREEMENT CODE
508	BILL SUBMISSION REASON CODE
509	SERVICE BILL DATE(S) RANGE
510	DATE OF BILL

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511	DATE INSURER RECEIVED BILL
512	DATE INSURER PAID BILL
513	ADMISSION DATE
514	DISCHARGE DATE
515	CONTRACT TYPE CODE
516	TOTAL AMOUNT PAID PER BILL
518	DRG CODE
521	PRINCIPLE DIAGNOSIS CODE
522	ICD-9 CM DIAGNOSIS CODE
523	BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER
524	PROCEDURE DATE
525	ICD_9 CM PRINCIPLE PROCEDURE CODE
526	RELEASE OF INFORMATION CODE
527	PRESCRIPTION BILL DATE
528	BILLING PROVIDER LAST/GROUP NAME
532	BATCH CONTROL NUMBER
535	ADMITTING DIAGNOSIS CODE
537	BILLING PROVIDER PRIMARY SPECIALTY CODE
542	BILLING PROVIDER POSTAL CODE
543	BILL ADJUSTMENT GROUP CODE
544	BILL ADJUSTMENT REASON CODE
545	BILL ADJUSTMENT AMOUNT
546	BILL ADJUSTMENT UNITS
547	LINE NUMBER
550	PRINCIPLE PROCEDURE DATE
552	TOTAL CHARGE PER LINE -OTHER
553	DAYS/UNITS CODE
554	DAYS/UNITS BILLED
555	PLACE OF SERVICE BILL CODE
557	DIAGNOSIS POINTER
559	REVENUE BILLED CODE
561	PRESCRIPTION LINE NUMBER
562	DISPENSE AS WRITTEN CODE
563	DRUG NAME
564	BASIS OF COST DETERMINATION CODE
565	TOTAL CHARGE PER LINE - RENTAL
566	TOTAL CHARGE PER LINE - PURCHASE
567	DME BILLING FREQUENCY CODE
570	DRUGS/SUPPLIES QUANTITY DISPENSED
571	DRUGS/SUPPLIES NUMBER OF DAYS

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572	DRUGS/SUPPLIES BILLED AMOUNT
574	TOTAL AMOUNT PAID PER LINE
576	REVENUE PAID CODE
579	DRUGS/SUPPLIES DISPENSING FEE
586	RENDERING LINE PROVIDER FEIN
589	RENDERING LINE PROVIDER LAST/GROUP NAME
592	RENDERING LINE PROVIDER NATIONAL ID
593	RENDERING LINE PROVIDER POSTAL CODE
595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE
599	RENDERING LINE PROVIDER STATE LICENSE NUMBER
600	PLACE OF SERVICE LINE CODE
604	PRESCRIPTION LINE DATE
605	SERVICE LINE DATE(S) RANGE
615	REPORTING PERIOD
626	HCPCS PRINCIPLE PROCEDURE BILLED CODE
629	BILLING PROVIDER FEIN
630	BILLING PROVIDER STATE LICENSE NUMBER
638	RENDERING BILL PROVIDER LAST/GROUP NAME
642	RENDERING BILL PROVIDER FEIN
643	RENDERING BILL PROVIDER STATE LICENSE NUMBER
649	RENDERING BILL PROVIDER SPECIALTY LICENSE NUMBER
651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE
656	RENDERING BILL PROVIDER POSTAL CODE
678	FACILITY NAME
679	FACILITY FEIN
680	FACILITY STATE LICENSE NUMBER
681	FACILITY MEDICARE NUMBER
688	FACILITY POSTAL CODE
704	MANAGED CARE ORGANIZATION FEIN
712	MANAGED CARE ORGANIZATION POSTAL CODE
714	HCPCS LINE PROCEDURE BILLED CODE
715	JURISDICTION PROCEDURE BILLED CODE
717	HCPCS MODIFIER BILLED CODE
718	JURISDICTION MODIFIER BILLED CODE
721	NDC BILLED CODE
726	HCPCS LINE PROCEDURE PAID CODE
727	HCPCS MODIFIER PAID CODE
728	NDC PAID CODE
729	JURISDICTION PROCEDURE PAID CODE
730	JURISDICTION MODIFIER PAID CODE

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731	SERVICE ADJUSTMENT GROUP CODE
732	SERVICE ADJUSTMENT REASON CODE
733	SERVICE ADJUSTMENT AMOUNT
736	ICD_9 CM PROCEDURE CODE
737	HCPCS BILL PROCEDURE CODE