***DATA SUBMISSION TEMPLATE***

OMB # 0938-1251/Expiration Date: XX/2020

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| **Date Submitted** |  |  |
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| **Partner Name** |  |  |
|  |  |  |
| **Contact Information** |  |  |
| Submitter Name |  |  |
| Submitter Address |  |  |
| Submitter Email Address |  |  |
| Submitter Telephone Number |  |  |
|  |  |  |
| **Submission Information** | **Default Response (change as needed)** | **Alternatives** |
| Media | Portal upload | Encrypted CD/DVD/Hard drive |
| Frequency | Monthly | Quarterly, Semi-annual |
| Estimated date of initial submission |  |  |
| File format | Pipe-delimited CSV format | See Instructions |
| Data element differences | No | If Yes, enter on next sheet |
| Member/beneficiary identification type | Full SSN | See Instructions |

# 11/23/2016 8:18 AM

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|  | **TTP DEFAULT FORMATS FOR PROFESSIONAL CLAIMS** |
| **Seq** | **Professional Data Elements** | **Data Element Description** | **Data Type Format** | **Expected Values** |
| 1 | **Payer Name** | *Name of entity Providing source data*  | *VARCHAR(40)* |  |
| 2 | **File Type** | *The type of file being reported. (i.e. professional; Institutional; Pharmacy, Dental)* | *CHAR(2)* | *Professional=P**Institutional-I Pharmacy =RX**Dental=D* |
| 3 | **Line of Business** | *Payer Identifier and Line of Business*  | *VARCHAR(40)* | *e.g., Medicare, Medicaid, Private,* *P&C* |
| 4 | **Claim Number** | *A unique number assigned by the payment system that identifies an original claim or an adjusted claim.* | *VARCHAR(20)* |  |
| 5 | **Claim Line Number** | *Line number on the claim* | *INTEGER(3)* |  |
| 6 | **Member ID** | *A unique identification number for the member.*  | *VARCHAR(20)* |  |
| 7 | **Member Social** **Security Number** | *Member's social security number (full 9 or last 4 numbers).* | *INTEGER* |  |
| 8 | **Member Sex** | *The sex of the member* | *CHAR(1)* | *Male= M**Female=F**Unidentified=U* |
| 9 | **Member Date of Birth** | *Member’s Date of Birth.*  | *DATE* | *MM/DD/YYYY* |
| 10 | **Member State** | *Member’s state*  | *CHAR(2)* | *State Abbreviation* |
| 11 | **Member Zip Code** | *Member’s zip code*  | *INTEGER(5)* |  |
| 12 | **Member DOD** | *Member’s Date of Death.* | *DATE* | *MM/DD/YYYY* |
| 13 | **Rendering Provider** **Legal Business Name** | *Official name of rendering provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE*  | *VARCHAR(100)* |  |
| 14 | **Rendering Provider** **Doing Business As** **Name** | *Name provider renders services under or is known to public by for organizations or* *if individual, in format LAST SUFFIX, FIRST MIDDLE*  | *VARCHAR(100)* |  |
| 15 | **Rendering Provider** **NPI** | *The NPI for the provider who treated the member (as opposed to the provider “billing” for the service).* | *INTEGER(10)* |  |
| 16 | **Rendering Provider** **TIN** | *Taxpayer Identification Number for provider who treated the member*  | *INTEGER(10)* |  |
| 17 | **Rendering Provider** **EIN** | *The EIN for the provider who treated the* *member* | *INTEGER(10)* |  |
| 18 | **Rendering Provider** **Taxonomy** |  *The taxonomy code for the provider who treated the member (as opposed to the provider “billing” for the service).* | *VARCHAR(10)* |  |
| 19 | **Rendering Provider** **Specialty** | *Code that describes the area of specialty for the provider treating the member* | *VARCHAR* | *Please provide your specialty code definitions* |

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| **Seq** | **Professional Data Elements** | **Data Element Description** | **Data Type Format** | **Expected Values** |
| 20 | **Rendering Provider** **Practice Address Line** **1** | *US Address line 1 at which provider renders service*  | *VARCHAR(100)* |  |
| 21 | **Rendering Provider** **Practice Address Line** **2** | *US Address line 2 at which provider renders service*  | *VARCHAR(50)* |  |
| 22 | **Rendering Provider** **Practice City** | *US City in which provider renders service*  | *VARCHAR(50)* |  |
| 23 | **Rendering Provider** **Practice State** | *US State in which provider renders service*  | *CHAR(2)* | *State Abbreviation* |
| 24 | **Rendering Provider** **Practice Zip** | *USPS Zip Code in which provider renders service*  | *INTEGER(5)* |  |
| 25 | **Billing Provider Legal** **Business Name** | *Official name of billing provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE*  | *VARCHAR(100)* |  |
| 26 | **Billing Provider Doing** **Business As Name** | *Name billing provider is known to public* *by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE*  | *VARCHAR(100)* |  |
| 27 | **Billing Provider TIN** | *Billing Provider Taxpayer Identification* *Number*  | *INTEGER(10)* |  |
| 28 | **Billing Provider** **Address Line 1** | *US Address line 1 that represents the entity billing address*  | *VARCHAR(100)* |  |
| 29 | **Billing Provider** **Address Line 2** | *US Address line 2 that represents the entity billing address*  | *VARCHAR(50)* |  |
| 30 | **Billing Provider City** | *US City for billing entity*  | *VARCHAR(50)* |  |
| 31 | **Billing Provider State** | *US State for billing entity*  | *CHAR(2)* | *State Abbreviation* |
| 32 | **Billing Provider Zip** | *USPS Zip Code for billing entity*  | *INTEGER(5)* |  |
| 33 | **Referring Provider** **Legal Business Name** | *Official name of referring provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE*  | *VARCHAR(100)* |  |
| 34 | **Referring Provider** **Doing Business As** **Name** | *Name referring provider provides services under or is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE*  | *VARCHAR(100)* |  |
| 35 | **Referring Provider NPI** | *NPI of Referring provider*  | *INTEGER(10)* |  |
| 36 | **Referring Provider TIN** | *Referring Taxpayer Identification* *Number*  | *INTEGER(10)* |  |
| 37 | **Referring Provider EIN** | *The EIN for the provider who referred the* *member* | *INTEGER(10)* |  |
| 38 | **Referring Provider** **Practice Address Line** **1** | *US Address line 1 at which provider referred service*  | *VARCHAR(100)* |  |
| 39 | **Referring Provider** **Practice Address Line** **2** | *US Address line 2 at which provider referred service*  | *VARCHAR(50)* |  |
| 40 | **Referring Provider** **Practice City** | *US City in which provider referred service*  | *VARCHAR(50)* |  |
| 41 | **Referring Provider** **Practice State** | *US State in which provider referred service*  | *CHAR(2)* | *State Abbreviation* |

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| **Seq** | **Professional Data Elements** | **Data Element Description** | **Data Type Format** | **Expected Values** |
| 42 | **Referring Provider** **Practice Zip** | *USPS Zip Code in which provider referred service*  | *INTEGER(5)* |  |
| 43 | **Service/Procedure** **Code** | *The code per CPT, HCPCS* ***or NDC*** *used to indicate the service provided during the period covered by this claim.* | *VARCHAR(11)* |  |
| 44 | **Service/Procedure** **Code Modifier**  | *The modifier for the service code on this claim record. Modifier can be used to* *enhance the Service Code* | *VARCHAR(2)* |  |
| 45 | **Modifier (2)** | *The 2nd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code*  | *VARCHAR(2)* |  |
| 46 | **Modifier (3)** | *The 3rd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code*  | *VARCHAR(2)* |  |
| 47 | **Modifier (4)** | *The 4th modifier for the service code on this claim record. Modifier can be used to enhance the Service Code*  | *VARCHAR(2)* |  |
| 48 | **Total Units/Quantity of Service** | *The number of units of service received by the recipient or units dispensed as shown on the claim record.* | *DECIMAL (5,2)* |  |
| 49 | **Diagnosis Code 1** | *The ICD-9-CM/ ICD-10 code for the primary principal diagnosis for this claim. The principal diagnosis is the condition established after study to be chiefly responsible for the admission.* | *VARCHAR(8)* |  |
| 50 | **Diagnosis Code 2** | *Second ICD-9-CM/ ICD-10-CM code found on the claim.* | *VARCHAR(8)* |  |
| 51 | **Diagnosis Code 3** | *The third ICD-9-CM/ ICD-10 -CM codes that appear on the claim.* | *VARCHAR(8)* |  |
| 52 | **Diagnosis Code 4** | *The fourth ICD-9-CM/ ICD-10-CM codes that appear on the claim.* | *VARCHAR(8)* |  |
| 53 | **Diagnosis Type Code** | *Indicates if diagnosis code is ICD9-CM or* *ICD-10-CM* | *VARCHAR(8)* | *ICD9-CM or ICD10-CM* |
| 54 | **Place of Service** | *Code indicating where the service was performed*  | *VARCHAR* |  |
| 55 | **Beginning Date of** **Service** | *The first date of services received during an encounter with a provider, the date the service covered by this claim was received.*  | *DATE* | *MM/DD/YYYY* |
| 56 | **Ending Date of Service** | *The last date of services received during an encounter with a provider, the date the service covered by this claim was received.*  | *DATE* | *MM/DD/YYYY* |
| 57 | **Type of Service** | *A code indicating the type of service being billed. (if available-i.e.* *Transportation Services; Hospice, PCS etc. represented by a code)* | *VARCHAR* | *Please provide code definitions* |
| 58 | **Charged Amount** | *The total charge for this claim as submitted by the provider.* | *INTEGER* |  |

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| **Seq** | **Professional Data Elements** | **Data Element Description** | **Data Type Format** | **Expected Values** |
| 59 | **Amount Paid** | *The amount paid on this claim or adjustment.* | *INTEGER* |  |
| 60 | **COB Amount** | *Coordination of Benefits amounts paid*  | *INTEGER* |  |
| 61 | **Claim Submission** **Date** | *The date on which the claim was submitted for payment*  | *DATE* | *MM/DD/YYYY* |
| 62 | **Payment Adjudication** **Date** | *The date on which the payment status of the claim was paid*  | *DATE* | *MM/DD/YYYY* |
| 63 | **Adjustment Indicator** | *Code indicating the type of adjustment record claim represented. (i.e. original claim, void, resubmittal, credit adjustment, debit adjustment, gross adjustment)*  | *VARCHAR* | *Please provide code definitions* |

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| **Seq** | **Professional Data Element** | **Data Element Description** | **Format** | **Expected Values** | **Source** |
| 1 | Payer Name | Name of entity Providing source data | VARCHAR(40) |  | Data call |
| 2 | File Type | The type of file being reported. (i.e. professional; Institutional; Pharmacy, Dental) | CHAR(2) | Professional=PInstitutional-IPharmacy =RXDental=D |  |
| 3 | Line of Business | Payer Identifier and Line of Business | VARCHAR(40) | e.g., Medicare, Medicaid, Private, P&C |
| 4 | Claim Number | A unique number assigned by the payment system that identifies an original claim or an adjusted claim. | VARCHAR(20) |  |
| 5 | Claim Line Number | Line number on the claim | INTEGER(3) |  |
| 6 | Member ID | A unique identification number for the member. | VARCHAR(20) |  |
| 7 | Member Social Security Number | Member's social security number (full 9 or last 4 numbers). | INTEGER |  |
| 8 | Member Sex | The sex of the member | CHAR(1) | Male= MFemale=FUnidentified=U |
| 9 | Member Date of Birth | Member’s Date of Birth. | DATE | MM/DD/YYYY |
| 10 | Member State | Member’s state | CHAR(2) | State Abbreviation |
| 11 | Member Zip Code | Member’s zip code | INTEGER(5) |  |
| 12 | Member DOD | Member’s Date of Death. | DATE | MM/DD/YYYY |
| 13 | Rendering Provider Legal Business Name | Official name of rendering provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE | VARCHAR(100) | Example:Smith, John Allan for an individual |
| 14 | Rendering Provider Doing Business As Name | Name provider renders services under or is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE | VARCHAR(100) | Example:Smith, John Allan for an individual |
| 15 | Rendering Provider NPI | The NPI for the provider who treated the member (as opposed to the provider “billing” for the service). | INTEGER(10) |  |
| 16 | Rendering Provider TIN | Taxpayer Identification Number for provider who treated the member | INTEGER(10) |  |
| 17 | Rendering Provider EIN | The EIN for the provider who treated the member | INTEGER(10) |  |
| 18 | Rendering Provider Taxonomy |  The taxonomy code for the provider who treated the member (as opposed to the provider “billing” for the service). | VARCHAR(10) |  |
| 19 | Rendering Provider Specialty | Code that describes the area of specialty for the provider treating the member | VARCHAR | Please provide your specialty code definitions |

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| **Seq** | **Professional Data Element** | **Data Element Description** | **Format** | **Expected Values** | **Source** |
| 20 | Rendering Provider Practice Address Line 1 | US Address line 1 at which provider renders service | VARCHAR(100) |  |  |
| 21 | Rendering Provider Practice Address Line 2 | US Address line 2 at which provider renders service | VARCHAR(50) |  |
| 22 | Rendering Provider Practice City | US City in which provider renders service | VARCHAR(50) |  |
| 23 | Rendering Provider Practice State | US State in which provider renders service | CHAR(2) | State Abbreviation |
| 24 | Rendering Provider Practice Zip | USPS Zip Code in which provider renders service | INTEGER(5) |  |
| 25 | Billing Provider Legal Business Name | Official name of billing provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE | VARCHAR(100) |  Example:Smith, John Allan for an individual |
| 26 | Billing Provider Doing Business As Name | Name billing provider is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE | VARCHAR(100) |  |
| 27 | Billing Provider TIN | Billing Provider Taxpayer Identification Number | INTEGER(10) |  |
| 28 | Billing Provider Address Line 1 | US Address line 1 that represents the entity billing address | VARCHAR(100) |  |
| 29 | Billing Provider Address Line 2 | US Address line 2 that represents the entity billing address | VARCHAR(50) |  |
| 30 | Billing Provider City | US City for billing entity | VARCHAR(50) |  |
| 31 | Billing Provider State | US State for billing entity | CHAR(2) | State Abbreviation |
| 32 | Billing Provider Zip | USPS Zip Code for billing entity | INTEGER(5) |  |
| 33 | Referring Provider Legal Business Name | Official name of referring provider organization or if individual, in format LAST SUFFIX, FIRST MIDDLE | VARCHAR(100) |  Example:Smith, John Allan for an individual |
| 34 | Referring Provider Doing Business As Name | Name referring provider provides services under or is known to public by for organizations or if individual, in format LAST SUFFIX, FIRST MIDDLE | VARCHAR(100) |  Example:Smith, John Allan for an individual |
| 35 | Referring Provider NPI | NPI of Referring provider | INTEGER(10) |  |
| 36 | Referring Provider TIN | Referring Taxpayer Identification Number | INTEGER(10) |  |
| 37 | Referring Provider EIN | The EIN for the provider who referred the member | INTEGER(10) |  |
| 38 | Referring Provider Practice Address Line 1 | US Address line 1 at which provider referred service | VARCHAR(100) |  |
| 39 | Referring Provider Practice Address Line 2 | US Address line 2 at which provider referred service | VARCHAR(50) |  |

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| **Seq** | **Professional Data Element** | **Data Element Description** | **Format** | **Expected Values** | **Source** |
| 40 | Referring Provider Practice City | US City in which provider referred service | VARCHAR(50) |  |  |
| 41 | Referring Provider Practice State | US State in which provider referred service | CHAR(2) | State Abbreviation |
| 42 | Referring Provider Practice Zip | USPS Zip Code in which provider referred service | INTEGER(5) |  |
| 43 | Service/Procedure Code | The code per CPT, HCPCS or NDC used to indicate the service provided during the period covered by this claim. | VARCHAR(11) |  |
| 44 | Service/Procedure Code Modifier | The modifier for the service code on this claim record. Modifier can be used to enhance the Service Code | VARCHAR(2) |  |
| 45 | Modifier (2) | The 2nd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code | VARCHAR(2) |  |
| 46 | Modifier (3) | The 3rd modifier for the service code on this claim record. Modifier can be used to enhance the Service Code | VARCHAR(2) |  |
| 47 | Modifier (4) | The 4th modifier for the service code on this claim record. Modifier can be used to enhance the Service Code | VARCHAR(2) |  |
| 48 | Total Units/Quantity of Service | The number of units of service received by the recipient or units dispensed as shown on the claim record. | DECIMAL (5,2) |  |
| 49 | Diagnosis Code 1 | The ICD-9-CM/ ICD-10 code for the primary principal diagnosis for this claim. The principal diagnosis is the condition established after study to be chiefly responsible for the admission. | VARCHAR(8) |  |
| 50 | Diagnosis Code 2 | Second ICD-9-CM/ ICD-10-CM code found on the claim. | VARCHAR(8) |  |
| 51 | Diagnosis Code 3 | The third ICD-9-CM/ ICD10 -CM codes that appear on the claim. | VARCHAR(8) |  |
| 52 | Diagnosis Code 4 | The fourth ICD-9-CM/ ICD10-CM codes that appear on the claim. | VARCHAR(8) |  |
| 53 | Diagnosis Type Code | Indicates if diagnosis code is ICD9-CM or ICD-10-CM | VARCHAR(8) | ICD9-CM or ICD10-CM |
| 54 | Place of Service | Code indicating where the service was performed | VARCHAR |  |
| 55 | Beginning Date of Service | The first date of services received during an encounter with a provider, the date the service covered by this claim was received.  | DATE | MM/DD/YYYY |

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| **Seq** | **Professional Data Element** | **Data Element Description** | **Format** | **Expected Values** | **Source** |
| 56 | Ending Date of Service | The last date of services received during an encounter with a provider, the date the service covered by this claim was received.  | DATE | MM/DD/YYYY |  |
| 57 | Type of Service | A code indicating the type of service being billed. (if available-i.e. Transportation Services; Hospice, PCS etc. represented by a code) | VARCHAR | Please provide code definitions |
| 58 | Charged Amount | The total charge for this claim as submitted by the provider. | INTEGER |  |
| 59 | Amount Paid | The amount paid on this claim or adjustment. | INTEGER |  |
| 60 | COB Amount | Coordination of Benefits amounts paid | INTEGER |  |
| 61 | Claim Submission Date | The date on which the claim was submitted for payment | DATE | MM/DD/YYYY |
| 62 | Payment Adjudication Date | The date on which the payment status of the claim was paid | DATE | MM/DD/YYYY |
| 63 | Adjustment Indicator | Code indicating the type of adjustment record claim represented. (i.e. original claim, void, resubmittal, credit adjustment, debit adjustment, gross adjustment) | VARCHAR | Please provide code definitions |

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