

DATA SUBMISSION TEMPLATE
 OMB # 0938-1251/Expiration Date: XX/2020

<u>Date Submitted</u>		
<u>Partner Name</u>		
<u>Contact Information</u>		
Submitter Name		
Submitter Address		
Submitter Email Address		
Submitter Telephone Number		
<u>Submission Information</u>	<u>Default Response (change as needed)</u>	<u>Alternatives</u>
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
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11/23/2016 8:18 AM

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

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	<i>The last date of services received during an encounter with a provider, the date the service covered by this claim was received.</i>	DATE	MM/DD/YYYY
57	Type of Service	<i>A code indicating the type of service being billed. (if available-i.e. Transportation Services; Hospice, PCS etc. represented by a code)</i>	VARCHAR	<i>Please provide code definitions</i>
58	Charged Amount	<i>The total charge for this claim as submitted by the provider.</i>	INTEGER	

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

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1251. The time required to complete this information collection is estimated to average 120 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.