

ENCOUNTER HMOIS STANDARD BASED ON CALINX GUIDELINES

RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
AA0-File Header Record-Submitter				
1.0	RECORD ID "AA0"	3	R	
2.0	SUB ID	16	R	
3.0	RESERVED (AA0-03.0)	9	N	
4.0	SUBMISSION TYPE	6	R	
5.0	SUBMISSION NO	6	R	
6.0	SUB NAME	33	N	
7.0	SUB ADDRESS-1	30	N	
8.0	SUB ADDRESS-2	30	N	
9.0	SUB CITY	20	N	
10.0	SUB STATE	2	N	
11.0	SUB ZIP	9	N	
12.0	SUB REGION	5	N	
13.0	SUB CONTACT	33	N	
14.0	SUB PHONE	10	N	
15.0	CREATION DATE	8	R	
16.0	SUBMISSION TIME	6	R*	
17.0	RECEIVER ID	16	R	
18.0	RECEIVER TYPE CODE	1	N	
19.0	VERSION CODE-NATIONAL	5	R	
20.0	VERSION CODE-LOCAL	5	C	
21.0	TEST/PROD IND	4	R*	
22.0	PASSWORD	8	N	
23.0	RETRANSMISSION STATUS	1	R*	
24.0	FILLER-NATIONAL	26	N	
25.0	FILLER-LOCAL	28	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
BA0-Batch Header Record-Provider				
1.0	RECORD ID "BA0"	3	R	
2.0	EMC PROV ID	15	R	
3.0	BATCH TYPE	3	C	
4.0	BATCH NO	4	R	
5.0	BATCH ID	6	O	
6.0	PROV TAX ID	9	R*	E
7.0	RESERVED (BA0-07.0)	6	N	
8.0	PROV TAX ID TYPE	1	R*	
9.0	PROV MEDICARE NO	15	O	
10.0	PROV UPI-USIN ID	6	O	
11.0	RESERVED (BA0-11.0)	6	N	
12.0	PROV MEDICAID NO	15	O	
13.0	PROV CHAMPUS NO	15	O	
14.0	PROV BLUE SHIELD NO	15	O	
15.0	PROV COMMERICAL NO	15	O	
16.0	PROV NO 1	15	N	
17.0	PROV NO 2	15	N	
18.0	PROV ORGANIZATION NAME	33	N	E
19.0	PROV LAST NAME	20	N	
20.0	PROV FIRST NAME	12	N	
21.0	PROV MI	1	N	
22.0	PROV SPECIALTY	3	N	
23.0	SPECIALTY LICENSE NO	15	N	
24.0	STATE LICENSE NO	15	N	
25.0	DENTIST LICENSE NO	15	N	
26.0	ANESTHESIA LICENSE NO	15	N	
27.0	FILLER-NATIONAL	13	N	
28.0	FILLER-LOCAL	14	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
CA0-Claim Header Record-Patient				
1.0	RECORD ID "CA0"	3	R	
2.0	RESERVED (CA0-2.0)	2	N	
3.0	PAT CONTROL NO	17	R	E
4.0	PAT LAST NAME	20	R	E
5.0	PAT FIRST NAME	12	R	E
6.0	PAT MI	1	O	D
7.0	PAT GENERATION	3	O	
8.0	PAT DATE OF BIRTH	8	R*	E
9.0	PAT SEX	1	R	E
10.0	PAT TYPE OF RESIDENCE	1	N	
11.0	PAT ADDR1	30	O	E
12.0	PAT ADDR2	30	O	D
13.0	PAT CITY	20	O	E
14.0	PAT STATE	2	O	E
15.0	PAT ZIP	9	O	E
16.0	PAT PHONE	10	O	
17.0	PAT MARITAL STATUS	1	N	
18.0	PAT STUDENT STATUS	1	N	D
19.0	PAT EMPLOYMENT STATUS	1	N	D
20.0	PAT DEATH IND	1	O	
21.0	PAT DATE OF DEATH	8	C	
22.0	OTHER INSURANCE IND	1	R	
23.0	CLAIM EDITING IND	1	N	
24.0	TYPE OF CLAIM IND	2	O	
25.0	LEGAL REPRESENTATIVE IND	1	N	
26.0	FILLER-NATIONAL	67	N	
27.0	FILLER-LOCAL	67	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
DA0-Insurance Information Record				
1.0	RECORD ID "DA0"	3	R	
2.0	SEQUENCE NO	2	R	
3.0	PATIENT CONTROL NO	17	R	
4.0	CLAIM FILING IND	1	N	
5.0	SOURCE OF PAY	1	O	
6.0	INSURANCE TYPE CODE	2	O	D
7.0	PAYOR ORGANIZATION ID	5	C	
8.0	PAYOR CLAIM OFFICE NO	4	C	
9.0	PAYOR NAME	33	C	
10.0	GROUP NO	20	C	D
11.0	GROUP NAME	33	C	D
12.0	PPO/HMO IND	1	N	
13.0	PPO ID	15	N	
14.0	PRIOR AUTH NO	15	C	D
15.0	ASSIGN OF BENEFITS IN	1	O	
16.0	PAT SIGNATURE SOURCE	1	N	D
17.0	PAT RELATION TO INSURED	2	R	E
18.0	INSURED ID NO	25	R	E
19.0	INSURED LAST NAME	20	N	E
20.0	INSURED FIRST NAME	12	N	D
21.0	INSURED MI	1	N	D
22.0	INSURED GENERATION	3	N	
23.0	INSURED SEX	1	N	
24.0	INSURED DATE OF BIRTH	8	N	
25.0	INSURED EMPLOYMENT STATUE	1	O	
26.0	SUPPLEMENTAL INSURANCE INDICATOR	1	O	
27.0	TITLE XIX IDENTIFIER	7	O	
28.0	FILLER-NATIONAL	38	N	
29.0	FILLER-LOCAL	47	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
EA0-Claim Detail Record-Claim Level				
1.0	RECORD ID "EA0"	3	R	
2.0	RESERVED (EA0-02.0)	2	N	
3.0	PAT CONTROL NO	17	R	
4.0	EMPLOYMENT RELATED IND	1	R	C
5.0	ACCIDENT IND	1	O	C
6.0	SYMPTOM IND	1	N	
7.0	ACCIDENT/SYMPTON DATE	8	O	C
8.0	EXT CAUSE OF ACCIDENT	5	N	
9.0	RESPONSIBILITY IND	1	N	
10.0	ACCIDENT STATE	2	N	
11.0	ACCIDENT HOUR	2	N	
12.0	ABUSE IND	1	N	
13.0	RELEASE OF INFO IND	1	N	
14.0	RELEASE OF INFO DATE	8	N	
15.0	SAME/SIMILAR SYMP IND	1	N	D
16.0	SAME/SIMILAR SYMP DATE	8	N	D
17.0	DISABILITY TYPE	1	N	
18.0	DISABILITY-FROM DATE	8	N	D
19.0	DISABILITY-TO DATE	8	N	D
20.0	REFER PROV ID NO	25	C	C
21.0	RESERVED (EA0-21.0)	15	N	
22.0	REFER PROV LAST	20	C	C
23.0	REFER PROV FIRST	12	C	C
24.0	REFER PROV MI	1	O	
25.0	REFER PROV STATE	2	C	
26.0	ADMISSION DATE-1	8	C	D
27.0	DISCHARGE DATE-1	8	C	D
28.0	LAB IND	1	N	D
29.0	LAB CHARGES	7	N	D
30.0	DIAGNOSIS CODE-1	5	R	E

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
EA0-Claim Detail Record-Claim Level				
31.0	DIAGNOSIS CODE-2	5	C	C
32.0	DIAGNOSIS CODE-3	5	C	C
33.0	DIAGNOSIS CODE-4	5	C	C
34.0	PROV ASSIGN IND	1	N	D
35.0	PROV SIGNATURE ON FILE	1	N	D
36.0	PROV SIGNATURE DATE	8	N	D
37.0	FACILITY/LAB NAME	33	C	D
38.0	DOCUMENTATION IND	1	N	D
39.0	TYPE OF DOCUMENTATION	1	N	
40.0	FUNCTIONAL STATUS CODE	2	N	
41.0	SPECIAL PROGRAM IND	2	N	
42.0	CHAMPUS NONAVAIL IND	1	N	
43.0	SUPV PROV IND	1	N	
44.0	RESUBMISSION CODE	2	C	
45.0	RESUB REFERENCE NO	15	C	
46.0	DATE LAST SEEN	8	N	
47.0	FILLER-NATIONAL	19	N	
48.0	FILLER-LOCAL	27	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
FA0-Service Line Detail Record				
1.0	RECORD ID "FA0"	3	R	
2.0	SEQUENCE NO	2	R	
3.0	PAT CONTROL NO	17	R	
4.0	LINE ITEM CONTROL NO	17	O	
5.0	SVC FROM DATE	8	R	E
6.0	SVC TO DATE	8	R	E
7.0	PLACE OF SVC	2	R	E
8.0	TYPE OF SVC CODE	2	N	D
9.0	HCPCS PROCEDURE CODE	5	R	E
10.0	HCPCS MODIFIER 1	2	C	C
11.0	HCPCS MODIFIER 2	2	C	D
12.0	HCPCS MODIFIER 3	2	C	D
13.0	LINE CHARGES	7	R	C
14.0	DIAG CODE POINTER 1	1	R	E
15.0	DIAG CODE POINTER 2	1	C	C
16.0	DIAG CODE POINTER 3	1	C	C
17.0	DIAG CODE POINTER 4	1	C	C
18.0	UNIT OF SVC	4	C	E
19.0	ANESTHESIA/OXYGEN MINUTES	4	C	
20.0	EMERGENCY IND	1	O	D
21.0	COB IND	1	N	D
22.0	HMSA IND	1	N	
23.0	RENDERING PROV ID	15	C	E
24.0	REFERRING PROV ID	15	C	C
25.0	REFERRING PROV STATE	2	C	
26.0	PUR SVC IND	1	R*	
27.0	DISALLOW COST CONTAIN	7	N	
28.0	DISALLOWED OTHER	7	N	
29.0	REVIEW BY CODE IND	1	N	
30.0	MULTI PROCEDURE IND	1	N	
31.0	MAMMOGRAPHY CERTIFICATION NUMBER	10	O	
32.0	CLASS FINDINGS	9	N	
33.0	SYSTEMATIC CONDITION	3	N	
34.0	FILLER-NATIONAL	67	N	
35.0	FILLER-LOCAL	90	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
FB0-Service Line Detail Record-Medicair				
1.0	RECORD ID "FB0"	3	R	
2.0	SEQUENCE NO	2	R	
3.0	PAT CONTROL NO	17	R	
4.0	LINE ITEM CONTROL NO	17	O	
5.0	PUR SVC CHARGE	7	N	
6.0	ALLOWED AMOUNT 7	7	N	
7.0	DEDUCTIBLE AMOUNT	7	N	
8.0	COINSURANCE AMOUNT	7	N	
9.0	ORDERING PROV ID	15	N	
10.0	ORDERING PROV STATE	2	N	
11.0	PUR SVC PROV ID	15	C	
12.0	PUR SVC STATE	2	C	
13.0	PEN GRAMS OF PROTEIN	4	N	
14.0	PEN CALORIES	4	N	
15.0	NATIONAL DRUG CODE	11	O	
16.0	NATIONAL DRUG UNITS	7	O	
17.0	PRESCRIPTION NO	15	O	
18.0	PRESCRIPTION DATE	8	O	
19.0	PRESCRIPTION NO OF MONTHS	2	O	
20.0	SPEC PRICING IND	1	N	
21.0	COPAY STATUS IND	1	N	
22.0	EPSDT IND	1	O	D
23.0	FAMILY PLANNING IND	1	O	
24.0	DME CHARGE IND	1	N	
25.0	HMSA FACILITY ID	15	N	
26.0	HMSA FACILITY ZIP	9	N	
27.0	PUR SVC NAME	33	C	
28.0	PUR SVC ADDRESS1	30	O	
29.0	PUR SVC ADDRESS2	30	O	
30.0	PUR SVC CITY	20	O	
31.0	PUR SVC ZIP	9	O	
32.0	PUR SVC PHONE	10	N	
33.0	FILLER-NATIONAL	5	N	
34.0	FILLER-LOCAL	2	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
FB1-Service Line Detail Record-Medicare				
1.0	RECORD ID "FB1"	3	R	
2.0	SEQUENCE NO	2	R	
3.0	PAT CONTROL NO	17	R	
4.0	LINE ITEM CONTROL NO	17	O	
5.0	PLACE OF SVC NAME	33	N	
6.0	ORDERNG PROV LAST	20	N	
7.0	ORDERING PROV FIRST	12	N	
8.0	ORDERING PROV MI	1	N	
9.0	ORDERING PROV UPIN	15	N	
10.0	REFERRING PROV LAST	20	C	
11.0	REFERRING PROV FIRST	12	C	
12.0	REFERRING PROV MI	1	O	
13.0	REFERRING PROV UPIN	15	N	
14.0	RENDERING PROV LAST	20	R*	
15.0	RENDERING PROV FIRST	12	R*	
16.0	RENDERING PROV MI	1	O	
17.0	RENDERING PROV UPIN	15	N	
18.0	SUPERVISING PROV LAST	20	N	
19.0	SUPERVISING PROV FIRST	12	N	
20.0	SUPERVISING PROV MI	1	N	
21.0	SUPERVISING PROV ID	15	N	
22.0	SUPERVISING PROV UPIN	15	N	
23.0	FILLER-NATIONAL	20	N	
24.0	FILLER-LOCAL	21	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
FD0-Service Line Detail Record-Dental				
1.0	RECORD ID "FD0"	3	R	
2.0	SEQUENCE NO	2	R	
3.0	PAT CONTROL NO	17	R	
4.0	DENTAL FILLER	238	O	
5.0	FILLER-NATIONAL	30	N	
6.0	FILLER-LOCAL	30	N	

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RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
XA0-Claim Trailer Record-Totals				
1.0	RECORD ID "XA0"	3	R	
2.0	RESERVED	2	N	
3.0	PAT CONTROL NO	17	R	
4.0	RECORD C _{xx} COUNT	2	R	
5.0	RECORD D _{xx} COUNT	2	R	
6.0	RECORD E _{xx} COUNT	2	R	
7.0	RECORD F _{xx} COUNT	2	R	
8.0	RECORD G _{xx} COUNT	2	N	
9.0	RECORD H _{xx} COUNT	2	N	
10.0	CLAIM RECORD COUNT	3	R	
11.0	RESERVED	40	N	
12.0	TOTAL CLAIM CHARGES	7	R	C
13.0	TOTAL DISAL COST CONT CHGS	7	O	
14.0	TOTAL DISAL OTHER CHARGES	7	O	
15.0	TOTAL ALLOWED AMOUNT	7	O	
16.0	TOTAL DEDUCTIBLE AMOUNT	7	O	
17.0	TOTAL COINSURANCE AMOUNT	7	O	
18.0	TOTAL PAYOR AMOUNT PAID	7	O	
19.0	PAT AMOUNT PAID	7	N	
20.0	TOTAL PURCHASE SVC CHARGES	7	N	
21.0	PROV DISCOUNT INFORMATION	16	N	
22.0	REMARKS	103	N	
23.0	FILLER-NATIONAL	31	N	
24.0	FILLER-LOCAL	30	N	

Encounter HMOIS Standard

RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
YA0-Batch Trailer Record-Batch Totals				
1.0	RECORD ID "YA0"	3	R	
2.0	EMC PROV ID	15	R	
3.0	BATCH TYPE	3	C	
4.0	BATCH NO	4	R	
5.0	BATCH ID	6	O	
6.0	PROV TAX ID	9	R	
7.0	RESERVED (YA0-07.0)	6	N	
8.0	BATCH SVC LINE COUNT	7	R	
9.0	BATCH RECORD COUNT	7	R	
10.0	BATCH CLAIM COUNT	7	R	
11.0	BATCH TOTAL CHARGES	9	R	
12.0	FILLER-NATIONAL	121	N	
13.0	FILLER-LOCAL	123	N	

RECORD	FIELD NAME	FIELD LENGTH	HMOIS	CALINX AGREEMENT
ZA0-File Trailer Record-File Totals				
1.0	RECORD ID "ZA0"	3	R	
2.0	SUB ID	16	R	
3.0	RESERVED (ZA0-03.0)	9	N	
4.0	RECEIVER ID	16	R	
5.0	FILE SVC LINE COUNT	7	R	
6.0	FILE RECORD COUNT	7	R	
7.0	FILE CLAIM COUNT	7	R	
8.0	BATCH COUNT	4	R	
9.0	FILE TOTAL CHARGES	11	R	
10.0	FILLER-NATIONAL	120	N	
11.0	FILLER-LOCAL	120	N	