FILE LAYOUT OF A NSF 2.0 ENVOY®(WebMD®) ELECTRONIC MEDICAL CLAIM

File Position →
Submitter Record → A A 0
Provider Records → B A 0, B A 1
Patient Record → C A 0
Payer Records → D A 0, D A 1, D A 2
Claim Records → E A 0, E A @
Service Line Detail Record → F A 0
Claim Summary Record → X A 0
Batch Trailer Record → Y A 0
File Trailer Record → Z A 0

File Position 1–66

Record	Fields
A A 0	Submitter ID (p.4)[fed tax ID or employer number] · Reserved Filler (spaces) · Reserved Filler (spaces) · Submission/Serial # (p.7) · Submitter Name (p.8)
B A 0	EMC Provider ID (p.5)[provider ID] · Batch Type · Batch Seq# · Batch ID (p.8) · Provider Tax ID (p.9) · Provider Site ID (p.10) · 4 · Provider Medicare Number (p.13) · Provider UPIN-
B A 1	EMC Provider ID (p.4)[provider ID] · Batch Type · Batch Seq# · Batch ID (p.7) · Org. Type · Provider Service Address 1 (p. 9) · Provid-
C A 0	6 · 7 · Patient Control Number (p.7) · Patient Last Name (p.8) · Patient First Name (p.8) · MI · Suffix · Patient DOB (p.11)
D A 0	Seq# · Patient Control Number (p.7) · 17 · 18 · 19 · Payer Organizaion ID · Claim Office# · Payer Name (p.16)
D A 1	Seq# · Patient Control Number (p.5) · Payer Address 1 (p.6) · Payer Address 2 (p.6)
D A 2	Seq# · Patient Control Number (p5) · Insured Address 1 (p.6) · Insured Address 2 (p.6)
E A 0	spaces · Patient Control Number (p.6) · 33 · 34 · 35 · Accident/Symptom Date (p.10) · Accident Cause ICD-9 · 36 · A.State · A. Hour · 37 · 38 · Release Of Information Date (p.17) · 39 · Same/Similar Symtom Date (p.19) · 40
E A @	spaces · Patient Control Number (p.6) · CHAMPUS Responsible Person Last Name (p.7) · CHAMPUS Responsible Person First Name (p.7) · MI · 55 · Non-Availability Statement #
F A 0	Seq# · Patient Control Number (p.6) · Line Item Control Number (p.7) · Service From Date (p.8) · Service To Date (p.10) · 68 · 69 · HCPCS Proced. Code · 70
X A 0	spaces · Patient Control Number (p.5) · 91 · 92 · 93 · 94 · 95 · 96 · Claim Rec. Count · Reserved Filler (spaces)
Y A 0	EMC Provider ID (p.4)[provider ID] · Batch Type · Batch Seq. # · Batch ID (p.7) · Provider Tax ID (p.8) · Reserved Filler (spaces) · Service Line Count · Batch Record Count · Batch Claim Count
Z A 0	Submitter ID (p.4)[fed tax ID or employer number] · Reserved Filler (spaces) · Receiver ID (p.6) · Receiver Sub-ID (p.6) · File Service Line Count · File Record Count · File Claim Count

File Position 67–129

Record	Fields
A A 0	Submitter Address 1 (p.9) · Submitter Address 2 (p.9)
B A 0	USIN ID · reserved (spaces) · Provider Medicaid Number (p.16) · Provider CHAMPUS Number (p.17) · Provider Blue Shield Number (p.18) · Provider Commercial Number (p.19)
B A 1	ider Service Address 2 (p.9) · Provider Service City (p.9) · State · Provider Zip Code (p.9) · Provider Service
C A 0	Sex · 8 · Patient Address 1 (p.14) · Patient Address 2 (p.14)
D A 0	Group Number (p.17) · Group Name (p.19) · 20 · PPO/HMO ID (p.21)
D A 1	Payer City (p.6) · State · Payer Zip Code (p.6) · Disallowed Cost Contain. Amt. · Disallowed Other Amt. (p.8)
D A 2	Insured City (p.6) · State · Insured Zip Code (p.6) · Insured Phone Number (p.7) · Insured Retirement Date
E A 0	Disability From Date · Disability To Date (p.21) · Referring Provider ID Number (p.22) · Reserved Filler (spaces) · 41 · Referring Provider Last Name (p.25)
E A @	56 · 57 · 58 · Filler (spaces) · 59 · 60 · 61 · Filler (spaces) · 62 · Reject Claim CRN (p.20) · 63 · 64
F A 0	71 · 72 · Line Charges (p.16) · 73 · 74 · 75 · 76 · Units of Service · 77 · 78 · 79 · 80 · Rendering Provider ID (p.23) · Referring Provider ID (p.24) · State · 81 · Disallowed Cost
X A 0	Total Claim Charges (p.9) · Total Disallowed Cost Containment Charges · Total Disallowed Other Charges · Total Allowed Amount · Total Deductible Amount · Total Co-Insurance Amount · Total Payer Amount Paid · Patient
Y A 0	Batch Total Charges (p.13) · Filler National (spaces)
Z A 0	Batch Count · File Total Charges (p.11) · Filler National (spaces)

File Position 130–192

Record	Fields
A A 0	Submitter City (p.9) · State · Submitter Zip Code (p.9) · Region (spaces only) · Submitter Contact (p.11)
B A 0	Provider Other Number 1 (p.20) · Provider Other Number 2 (p.21) · Provider Organization Name (p. 22)
B A 1	Phone Number (p.11) · Provider Pay-To Address 1 (p.12) · Provider Pay-To Address 2 (p.12)
C A 0	Patient City (p.14) · State · Patient Zip Code (p.14) · Patient Phone Number (p.15) · 9 · 10 · 11 · 12 · Patient Date of Death (p.20) · 13 · 14 · 15 · 16 · Origin Code (p.25)
D A 0	Prior Authorization Number (p.22) · 21 · 22 · 23 · Insured ID Number (p.27) · Insured Last Name (p.29)
D A 1	Allowed Amount · Deductible Amount (p.10) · Co-Insurance Amount (p.11) · Payer Amount Paid (p.12) · 26 · 27 · 28 · 29 · 30 · 31 · 32 · Insurance Card Effective Date · Insurance Card Termination Date · Balance Due (p.20)
D A 2	Insured Spouse Retirement Date · Insured Employer Name (p.10) · Insured Employer Address 1 (p.11)
E A 0	Referring Provider First Name (p.25) · 42 · State · Admission Date 1 (p.28) · Discharge Date 1 (p.28) · 43 · Laboratory Charges · Primary Diag. Code · Secondary Diag. Code · Tertiary Diag C.
E A @	Claim Processor Specific 1 · Claim Processor Specific 2 (p.23) · Claim Processor Specific 3 (p.23) · Filler (spaces) · Rendering Provider Tax ID (p.25) · 65 · Rendering Provider Organization or Last Name (p.27) · 66 · Rendering Provider First Name
F A 0	Containment · Disallowed Other (p.28) · 82 · 83 · Mammography Certification Number · Class Findings (p.32) · 84 · CLIA ID Number (p.34) · Primary Paid Amount · 85 · 86 · 87 · 88
X A 0	Amount Paid · Total Purchase Service Charges · Provider Discount Information (p.18) · Remarks (p.19)
Y A 0	
Z A 0	

File Position 193–255

Record	Fields
A A 0	Submitter Phone # (p.12) · Creation Date (p.13) · Submission Time (p.14) · Receiver ID (p.15) · Receiver Sub-ID (p.15) · 1 · Version Code-National · V-Code-Local · TEST/
B A 0	Provider Last name (p.23) · Provider First Name (p.23) · MI · Specialty · Specialty License Number (p.26) · State License Number (p.27)
B A 1	Provider Pay-To City (p.12) · State · Provider Pay-To Zip Code (p.12) · Provider Pay-To Phone Number (p.13) · Filler National (spaces)
C A 0	Payer Claim Control Number (p.26) · Provider Number (p.27) · Claim ID # (p.28) · Filler National (spaces)
D A 0	Insured First Name (p.29) · MI · Suffix · Sex · Insured DOB (p.33) · 24 · 25 · Insurance Location ID (p.36) · Medicaid ID Number (p.37)
D A 1	Filler National (spaces)
D A 2	Insured Employer Address 2 (p.11) · Insured Employer City (p.11) · State
E A 0	Other Diag. Code · 44 · 45 · Provider Signature Date (p.35) · Facility/Laboratory Name (p.36) · 46 · 47 · 48 · 49 · 50 · 51 · 52
E A @	MI · Specialty Code · Rendering Provider Network ID (p.32) · Referring Provider Network ID (p.33) · Referring Provider Phone# (p.34) · Referring Provider Referral Number (p.35)
F A 0	89 · HGB/HCT Date (p.41) · HGB Result · HCT Result · Patient Wgt. · Epoetin Dose. · Serum Creatine Date (p.46) · 90 · Obligated To Accept Amt. · Drug Discount Amount · Filler National (spaces)
X A 0	
Y A 0	Filler Local (spaces)
Z A 0	Filler Local (spaces)

File Position 256–321

Record	Fields
A A 0	PROD · Software Issuer ID (p.20) · 2 · Original Submitter ID (p.22) · 3 · Vend Soft. V. · V.S.V. · Soft. U · 2 space · Filler Local (spaces) · vbCRLF
B A 0	Dentist License Number (p.28) · Anesthesia License Number (p.29) · Filler National (spaces) · Filler Local (spaces) · sp · 5 · vbCRLF
B A 1	Filler Local (spaces) · vbCRLF
C A 0	Filler Local (spaces) · Claim Sequence Number (p.31) · Patient ID (p.32) · vbCRLF
D A 0	Filler National (spaces) · Filler Local (spaces) · vbCRLF
D A 1	Filler Local (spaces) · vbCRLF
D A 2	Insured Employer Zip Code (p.11) · Employer ID Number (p.12) · Filler National (spaces) · Filler Local (spaces) · vbCRLF
E A 0	Resubmission Reference Number (p.44) · Date Last Seen (p.45) · Date Documentation Sent · 53 · Filler National (spaces) · Filler Local (spaces) · 54 · vbCRLF
E A @	Referring Provider Authorization Number (p.36) · HMO Code · 67 · Filler (spaces) · vbCRLF
F A 0	RT-FA@ · vbCRLF
X A 0	Filler National (spaces) · Filler Local (spaces) · Clearinghouse ID (p.22) · vbCRLF
Y A 0	Original Submitter ID (p.16) · vbCRLF
Z A 0	vbCRLF

DIAGRAM KEY

- White fill = required field
- Gray fill = optional field
- (p.) = field details page in NSF Specification Guide.
- Amount fields are right justified with 0's used as padding characters.
- Most other fields are left justified with spaces as padding characters.

ADDITIONAL FIELD DESCRIPTIONS

1. Receiver Type Code (p.16)
2. (RE)Transmission Status (p.21)
3. Vendor Application Category (p.23)
4. Provider Tax ID Type (p.12)
5. Rendering Provider Flag (p.33)
6. TPO Participation Indicator (p.5)
7. Type of Transaction (p.6)
8. Patient Type of Residence (p.13)
9. Patient Marital Status (p.16)
10. Patient Student Status (p.17)
11. Patient Employment Status (p.18)
12. Patient Death Indicator (p.19)
13. Other Insurance Indicator (p.21)
14. Claim Adjudication Indicator-Receiver Type
15. Type of Claim Indicator (p.23)
16. Legal Representative Indicator (p.24)
17. Claim Filing Indicator (p.8)
18. Source of Payment (p.10)
19. Insurance Type Code (p.12)
20. PPO/HMO Indicator (p.20)
21. Assignment of Benefits Indicator (p.23)
22. Patient Signature Source (p.24)
23. Patient Relationship to Insured (p.25)
24. Insured Employment Status Code (p.34)
25. Supplemental Insurance Indicator (p.35)
26. Zero Payment Indicator (p.13)
27. Adjudication Indicator 1 (p.14)
28. Adjudication Indicator 2 (p.14)
29. Adjudication Indicator 3 (p.14)
30. CHAMPUS Sponsor Branch (p.15)
31. CHAMPUS Sponsor Grade (p.16)
32. CHAMPUS Sponsor Status (p.17)
33. Employment Related Indicator (p.7)
34. Accident Indicator (p.8)
35. Symptom Indicator (p.9)
36. Responsibility Indicator (p.12)
37. Abuse Indicator (p.15)

ADDITIONAL FIELD DESCRIPTIONS (continued)

38. Release of Information Indicator (p.16)
39. Same/Similar Symptom Indicator (p.18)
40. Disability Type (p.20)
41. Referring Provider ID Indicator (p.24)
42. Referring Provider Middle Initial (p.26)
43. Laboratory Indicator (p.29)
44. Provider Assignment Indicator (p.33)
45. Provider Signature Indicator (p.34)
46. Documentation Indicator (p.37)
47. Type of Documentation (p.38)
48. Functional Status Code (p.39)
49. Special Program Indicator (p.40)
50. CHAMPUS Non-Availability Indicator (p.41)
51. Supervising Provider Indicator (p.42)
52. Resubmission Code (p.43)
53. Homebound Indicator (p.47)
54. Emergency/Urgent Indicator (p.50)
55. Military Accident Indicator (p.9)
56. Special Process Indicator (p.11)
57. Zero Other Health Insurance Payment Reason
58. Program for Handicapped Indicator (p.13)
59. Provider Certification Statement Indicator
60. Claim Adjustment Code (p.16)
61. Billing Acception Code (p.17)
62. Type of Attachment (p.19)
63. Reject Claim RA (p.21)
64. Medicaid Type of Claim (p.22)
65. Rendering Provider Name Qualifier (p.26)
66. Rendering Provider Qualification Degree
67. Claim Type Indicator (p.38)
68. Place of Service (p.12)
69. Type of Service (p.13)
70. HCPCS Modifier 1 (p.15)
71. HCPCS Modifier 2 (p.15)
72. HCPCS Modifier 3 (p.15)
73. Diagnosis Code Pointer 1 (p.17)
74. Diagnosis Code Pointer 2 (p.17)
75. Diagnosis Code Pointer 3 (p.17)
76. Diagnosis Code Pointer 4 (p.17)
77. Anesthesia/Oxygen Minutes (p.19)
78. Emergency Indicator (p.20)
79. COB Indicator (p.21)
80. HPSA Indicator (p.22)
81. Purchase Service Indicator (p.26)
82. Review by Code Indicator (p.29)
83. Multiple Procedure Indicator (p.30)
84. Podiatry Service Condition (p.33)
85. HCPCS Modifier 4 (p.36)
86. Provider Specialty (p.37)
87. Podiatry Therapy Indicator (p.38)
88. Podiatry Type (p.39)
89. Hospice Employed Provider Indicator (p.40)
90. Creatine Results (p.47)
91. Total Record Type Cxx (p.6)
92. Total Record Type Dxx (p.6)
93. Total Record Type Exx (p.6)
94. Total Record Type Fxx (p.6)
95. Total Record Type Gxx (p.6)
96. Total Record Type Hxx (p.6)

©2003 Data Processing Solutions, Inc. All Rights Reserved.