

FCDS Alternative Claims Upload Layout

This document defines the format for an alternative file type which can be used in place of FCDS' preferred file format ANSI 837 5010a (standard claims submission). In order to use this format, the uploading entity must contact FCDS to coordinate its usage.

File format;

- The Encoding will be ASCII 8 bit.
- Fields will be variable length.
- Field Delimiters will be <tab>, ASCII code 9.
- Record terminators will be <carriage return>, <line feed>, ASCII codes 13, 10.
- Each record will contain a fixed number of fields as defined below, and empty field will be signified by <tab><tab>, two adjacent tabs.

Below is a table of fields required for each record in the transmission. The columns are defined as;

1. Field – Ordinal position of the field within the record.
2. Column Name – Name that we refer to the field as.
3. Description - English description of the field name.
4. Data Type;
 - a. Character - Any printable ASCII character.
 - b. Number - 0-9.
 - c. Date – Date in the format YYYYMMDD.
5. Length;
 - a. For String and Number data types, the maximum number of characters.
 - b. For Date data types, the number of characters required and allowed.
6. Special Instructions – Additional information about the field including allowable values and more verbose descriptions.
7. Required – Whether the field is required for every record.

Claims quite often have multiple “Services” associated with a single claim. When transmitting a claim with multiple services it is necessary to send multiple records. All other fields (1 through 24) need to be duplicated for each additional record.

Field	Column Name	Description	Data Type	Length	Special Instructions	Required
1	NPI	Npi	Character	10	NPI number of the rendering Physician	Y
2	MEDICAL_RECORD	Medical Record	Character	40	Medical record number assigned by the facility	N
3	PRIMARY_PAYOR	Primary Payor	Character	2	VA-ChampVA, FI-FECA/Black Lung, BL-Group Plan, MC-Medicaid, ME-Medicare, CH-TriCare/Champus, 11-Other	N
4	LAST_NAME	Last Name	Character	40		Y
5	FIRST_NAME	First Name	Character	40		Y
6	MIDDLE_NAME	Middle Name	Character	40		N
7	ADDRESS	Address	Character	60		Y
8	CITY	City	Character	50		Y
9	STATE	State	Character	2		Y
10	ZIP	Zip	Character	5		Y
11	PHONE	Phone	Number	10	Digits only	Y
12	DATE_OF_BIRTH	Date Of Birth	Date (YYYYMMDD)	8		Y
13	SEX	Sex	Character	1	2 - Female, 1 - Male, 3 - Other, 4 - Transexual, 0 - Undefined, 9 - Unknown/Not Stated	Y
14	SSN	Ssn	Character	9	If Unavailable make 999999999	Y
15	MARITAL_STATUS	Marital Status	Character	1	4 - Divorced, 2 - Married, 3 - Separated, 1 - Single, 9 - Unknown, 6 - Unmarried/Domestic Partner, 5 - Widowed	N
16	DX_DATE	Dx Date	Date (YYYYMMDD)	8	Diagnosis date, the date of the primary diagnosis	N
17	PRIMARY_SITE	Primary Site	Character	4	ICDO3 Primary Site	N
18	LATERALITY	Laterality	Number	1	Laterality of tumor, 0=Not a paired site, 1=Right, 2=Left, 3=Only one side, unspecified, 4=Bilateral, 9= Midline or paired, but unknown.	N
19	HISTOLOGY	Histology	Number	4		N
20	STAGE	Stage	Number	1	Values 0-4	N
21	CLINICAL_T	Clinical T	Character	4	Tumor	N
22	CLINICAL_N	Clinical N	Character	4	Node	N
23	CLINICAL_M	Clinical M	Character	4	Metasasis	N
24	ICD9_CODE_1	Icd9 Code 1	Character	6	Principal Cancer diagnosis	Y
25	SERVICE_DATE	Service Date	Date (YYYYMMDD)	8		Y
26	CPT_CODE_1	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 1	Y
27	QTY_1	Qty	Number	9	Quantity of service or drug 1	Y
28	CPT_CODE_2	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 2	N
29	QTY_2	Qty	Number	9	Quantity of service or drug 2	N
30	CPT_CODE_3	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 3	N
31	QTY_3	Qty	Number	9	Quantity of service or drug 3	N
32	CPT_CODE_4	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 4	N
33	QTY_4	Qty	Number	9	Quantity of service or drug 4	N
34	CPT_CODE_5	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 5	N
35	QTY_5	Qty	Number	9	Quantity of service or drug 5	N
36	CPT_CODE_6	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 6	N
37	QTY_6	Qty	Number	9	Quantity of service or drug 6	N
38	CPT_CODE_7	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 7	N
39	QTY_7	Qty	Number	9	Quantity of service or drug 7	N
40	CPT_CODE_8	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 8	N

Field	Column Name	Description	Data Type	Length	Special Instructions	Required
41	QTY_8	Qty	Number	9	Quantity of service or drug 8	N
42	CPT_CODE_9	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 9	N
43	QTY_9	Qty	Number	9	Quantity of service or drug 9	N
44	CPT_CODE_10	CPT/HCPCS Code	Character	5	Service code CPT/HCPCS 10	N
45	QTY_10	Qty	Number	9	Quantity of service or drug 10	N