)ata SnapShot

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)ata SnapShot - Activity

;cope The site documents the data tables pertaining to a custom data snapshot requested by a customer 'or their account. The requested data snapshot is inclusive of all your data excluding document imaging. ⁾lease note that while the data from all of your reports will be included within the snapshot, your actual ;tandard and custom report templates will not be included. Each data snapshot is exported in Tab)elimited (.DAT) data file format or a MySQL database, as specified in your original data snapshot request The data snapshot can be downloaded using the instructions sent to you within the secure message. The table below denotes the names of the files along with a file description associated with your custom lata snapshot. You can click on any of the applicable links below to review the description of the pertinent lata fields within each file for processing the data within the snapshot.

Activity

Jnlike many of the other files included in a Data Snapshot, the **Activity** file holds information related to **:wo** sets of records:

- Claim billing activity
- Patient statement activity

3ecause both of these sets of information are included in the same file, it is essential to use the TRANTYPE :olumn to distinguish the records related to **billed claims** from the records related to **patient statements**.

Field	Description	Values
TRANID	Unique identifier for each activity line.	*Numeric - 8 or 9 digits*
CLAIMID	The ID of the claim that was billed. *(Only applicable to rows associated with claim activity)*	*Numeric - 8 digits*
ENTERED	The date/time that the claim/statement activity occurred.	*Date/Time*

FROMDATE	The from date (DOS) of the claim that was billed. *(Only applicable to rows associated with claim activity)*	*Date*
PATIENT	The patient account number associated with the claim/statement.	*Numeric - 8 digits*
PAYOR	The payer that the claim was billed to. *(Only applicable to rows associated with claim activity)*	*Numeric - 8 digits*
PDATE	The date that the most recent claim processing status was received by the Clearinghouse. *(Only applicable to rows associated with claim activity)*	*Date/Time*
PSTATUS	The most recent status code returned by the Clearinghouse for the submitted claim. *(Only applicable to rows associated with claim activity)*	*Character* *(See Claim Tracking for code meanings)*
PTYPE	Represents whether or not a claim was successfully submitted to the clearinghouse. *(Only applicable to rows associated with claim activity)*	**A**: Accepted **X**: Unprocessed **E**: Error **B**: Sent on paper from Clearinghouse
RDATE	The date that the payer action was received for the submitted claim. *(Only applicable to rows associated with claim activity)*	*Date/Time*

RSTATUS	The payer action resulting from the claim submission. *(Only applicable to rows associated with claim activity)*	**1**: Processed as Primary **2**: Processed as Secondary **3**: Processed as Tertiary **4**: Denied **19**: Processed as Primary, Forwarded to Additional Payer(s **20**: Processed as Secondary, Forwarded to Additional Payer(s **21**: Processed as Tertiary, Forwarded to Additional Payer(s **22**: Reversal of Previous Paymen **23**: Not Our Claim, Forwarded to Additional Payer(s) **25**: Predetermination Pricing Only - No Payment
TOTAMT	Claim activity - The amount of the claim that was billed. Statement activity - The amount of the statement that was sent.	*Monetary*
TRANTYPE	Distinguishes the type of activity that a row represents.	Claim Activity • **E**: Clearinghouse sent electronically • **F**: Clearinghouse sent on paper • **P**: User printed claim Statement Activity • **S**: Automated statement • **T**: Plain text user printed statement • **U**: Enhanced user printed statement

)ata SnapShot - Charge

Charge

Denoted below are the specific **Charge** and **Debit** (claim line item) data items and their associated data types to assist with processing a data snapshot.

Field	Description	Values
TRANID	Unique identifier for the charge/debit	*Numeric - 8 or 9 digits*
AMOUNT	The amount (Unit Price multiplied by Units) of the charge/debit.	*Monetary*
BALANCE	The balance (how much is still owed) of the charge/debit.	*Monetary*
BILLTO	The current status of the charge or debit	**0**: On Hold **1**: Send to Insurance via Clearinghouse **2**: Claim at Insurance **3**: Balance Due Patient **5**: Paid **6**: Incomplete **7**: User Print and Mail to Insurance **A**: Deleted **C**: Pending Insurance **D**: Collection **E**: Pending Patient **F**: Appeal at Insurance **G**: Waiting for Review **H**: Denied at Insurance **J**: Pending Physician **L**: Rejected at Clearinghouse

CLAIMID	The claim # the charge/debit is associated with. **Note:** Account debits not associated with any particular claim will have '10000000' in this field.	*Numeric - 8 digits*
CLAIMLOC	The ID of the payer that the charge is currently being billed to.	*Numeric - 8 digits*
DELETED	Whether the charge/debit has been deleted	**0**: Not deleted **1**: Deleted
DRUG_CODE_FORMAT	Drug Code Format	**N1**: 4-4-2 **N2**: 5-3-2 **N3**: 5-4-1 **N4**: 5-4-2 **EN**: EAN/UCC - 13 **EO**: EAN/UCC - 8 **HI**: HIBC Supplier Labeling Standard Primary Data Message **ON**: Customer Order Number **UK**: GTIN 14-digit Data Structure **UP**: UCC-12
DRUGMEASURE	Drug Measurement Units	**0**: Unit (UN) **1**: Gram (GR) **2**: Milliliter (ML) **3**: International (F2 **4**: Milligram (ME)
ELECTRONIC	The unit price of the charge/debit.	*Monetary*

ENTERED	The date/time that the charge/debit was entered into the system.	*Date/Time*
FROMDATE	The "From" date of service of the charge/debit.	*Date*
MOD1	The first modifier on the charge (M1).	*Alphanumeric - Up to 2 characters*
MOD2	The second modifier on the charge (M2).	*Alphanumeric - Up to 2 characters*
MOD3	The third modifier on the charge (M3).	*Alphanumeric - Up to 2 characters*
MOD4	The fourth modifier on the charge (M4).	*Alphanumeric - Up to 2 characters*
PAYOR1	The ID of the primary payer set on the charge's claim. *(This is not necessarily the payer that the charge was billed to. See CLAIMLOC for the charge's current payer)*	*Numeric - 8 digits*
PAYOR2	The ID of the secondary payer set on the charge's claim. *(This is not necessarily the payer that the charge was billed to. See CLAIMLOC for the charge's current payer)*	*Numeric - 8 digits*

PAYOR3	The ID of the tertiary payer set on the charge's claim. *(This is not necessarily the payer that the charge was billed to. See CLAIMLOC for the charge's current payer)*	*Numeric - 8 digits*
TODATE	The "To" date of service of the charge/debit.	*Date*

Data SnapShot - Claim

Claim

Denoted below are the specific **Claim** data items and their associated data types to assist with processing a data snapshot.

Field	Description	Values
SEQNO	Unique identifier for the claim.	*Numeric - 8 or 9 digits*
AUTHNO1	The primary insurance **Authorization #** set on the claim.	*Alphanumeric - Up to 30 characters*
AUTHNO2	The secondary insurance **Authorization #** set on the claim.	*Alphanumeric - Up to 30 characters*
AUTHNO3	The tertiary insurance **Authorization #** set on the claim.	*Alphanumeric - Up to 30 characters*

BILLPROV	The ID of the billing provider set on the claim.	*Numeric - 8 digits*
BILLTO	The current status of the claim	**0**: On Hold **1**: Send to Insurance via Clearinghouse **2**: Claim at Insurance **3**: Balance Due Patient **5**: Paid **6**: Incomplete **7**: User Print and Mail to Insurance **A**: Deleted **C**: Pending Insurance **D**: Collection **E**: Pending Patient **F**: Appeal at Insurance **G**: Waiting for Review **H**: Denied at Insurance **J**: Pending Physician **L**: Rejected at Clearinghouse
BOX10D	The **Claim Codes** set on the claim.	*Alphanumeric - Up to 20 characters*
BOX11B	The **Other Claim ID** set on the claim.	*Alphanumeric - Up to 28 characters*
BOX19	The **Additional Claim Information** set on the claim.	*Alphanumeric - Up to 83 characters*
CLAIM_NOTE	The **Claim Note** set on the claim. (*This deals with the field under the Additional Info tab, not with patient notes added to claims.*)	*Alphanumeric - Up to 80 characters*
CLAIMTYPE	The claim's type (professional or institutional)	**P**: Professional **I**: Institutional

CTRLNO1	The primary insurance **Orig Claim #** set on the claim.	*Alphanumeric - Up to 50 characters*
CTRLNO2	The secondary insurance **Orig Claim #** set on the claim.	*Alphanumeric - Up to 50 characters*
CTRLNO3	The tertiary insurance **Orig Claim #** set on the claim.	*Alphanumeric - Up to 50 characters*
ENTERED	The date/time that the claim was entered into CollaborateMD.	*Date/Time*
FACILITY	The ID of the facility set on the claim.	*Numeric - 8 digits*
FOLLOWUP	The **Follow Up Date** set on the claim.	*Date*
FROMDATE	The "From" date of service of the claim.	*Date*
INSGRPID1	The primary insurance **Group Number** set on the claim.	*Alphanumeric - Up to 29 characters*
INSGRPID2	The secondary insurance **Group Number** set on the claim.	*Alphanumeric - Up to 29 characters*
INSGRPID3	The tertiary insurance **Group Number** set on the claim.	*Alphanumeric - Up to 29 characters*

INITTREATMENT	The **Initial Treatment Date** set on the claim.	*Date*
INSID1	The primary insurance **Member ID** set on the claim.	*Alphanumeric - Up to 20 characters*
INSID2	The secondary insurance **Member ID** set on the claim.	*Alphanumeric - Up to 20 characters*
INSID3	The tertiary insurance **Member ID** set on the claim.	*Alphanumeric - Up to 20 characters*
LASTSEENDT	The **Date Last Seen** set on the claim.	*Date*
LMP	The **Last Menstrual Period** set on the claim.	*Date*
MCAID90CODE	The **Delay Reason Code** set on the claim.	**1**: Proof of Eligibility Unknown or Unavailable **2**: Litigation **3**: Authorization Delays **4**: Delay in Certifying Provider **5**: Delay in Supplying Billing Forms **6**: Delay in Delivery of Custom-made Appliances **7**: Third Party Processing Delay **8**: Delay in Eligibility Determination **9**: Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules **10**: Administration Delay in the Prior Approval Process **12**: Other **15**: Natural Disaster

NONWORKFRDT	The **Unable to Work From Date**set on the claim.	*Date*
NONWORKTODT	The **Unable to Work To Date**set on the claim.	*Date*
ONSETDATE	The **Accident/Illness Date** set on the claim.	*Date*
ORDERING	The ID of the ordering provider set on the claim. *(This represents the other provider on institutional claims.)*	*Numeric - 8 digits*
PATIENT	The ID (account number) of the patient set on the claim.	*Numeric - 8 or 9 digits*
PAYOR1	The ID of the primary payer set on the claim.	*Numeric - 8 digits*
PAYOR2	The ID of the secondary payer set on the claim.	*Numeric - 8 digits*
PAYOR3	The ID of the tertiary payer set on the claim.	*Numeric - 8 digits*
REFERRING	The ID of the referring provider set on the claim.	*Numeric - 8 digits*

RENDERING	The ID of the rendering provider set on the claim. *(This represents the attending provider on institutional claims.)*	*Numeric - 8 digits*
SUPERVISING	The ID of the supervising provider set on the claim. *(This represents the operating provider on institutional claims.)*	*Numeric - 8 digits*
TODATE	The "To" date of service of the claim.	*Date*

Data SnapShot - Credit

Credit

Denoted below are the specific **Payment, Adjustment, and Account Credit** data items and their associated data types to assist with processing a data snapshot.

Field	Description	Values
TRANID	Unique identifier for the payment, adjustment, or credit entry.	*Numeric - 8 or 9 digits*

CREDITTYPE	The type of payment, adjustment, or credit that is represented by the record.	**0**: Unknown **1**: Insurance Paymen **2**: Patient Payment **3**: Patient Copay **5**: Insurance Adjustment **6**: Patient Adjustmen **I**: Information Line **A**: Account Credit **T**: Transfer
CUSTNO	The CMD customer number that the credit record is associated with.	*Numeric - 8 digits*
ENTERED	The date and time that the credit record was entered into the system.	*Date/Time*
PAYMENTTYPE	Represents the form in which a payment or adjustment was provided.	**0**: Cash **1**: Check **2**: Credit Card (Generic) **3**: Other **4**: Adjustment **10**: Visa **11**: Mastercard **12**: American Expres **13**: Discover **15**: EFT (Electronic Funds Transfer)
RECEIVED	The date that a payment or adjustment was received, as specified by the user. This is also known as the check date for insurance payments.	*Date*

SOURCE	Represents the source of the payment or adjustment.	**1**: Patient **2**: Other **########**: Payer Identifier
SUBTYPE	Deprecated field used to track the type of payment/adjustment. Use CREDITTYPE and PAYMENTTYPE instead.	
TRANTYPE	Represents whether a record is a credit (adjustment or acct credit) or a receipt (payment).	**C**: Credit **R**: Receipt

Data SnapShot - Patient

Patient

Denoted below are the specific **Patient Demographic** data items and their associated data types to assist with processing a data snapshot.

Field	Description	Values

ACCTTYPE	The patient's account type.	**0**: Other **1**: Insurance **2**: Worker's Comp **3**: Corporate **4**: Self Pay **5**: Courtesy **6**: Collection **7**: Pre-collection **8**: Type I **9**: Type II **10**: Payment Plan **11**: Payment Plan Collection **12**: Auto
ETHNICITY	The patient's ethnicity.	**0**: Unknown **1**: Hispanic or Latino **2**: Not Hispanic or Latino
GRNTORRELATION	The guarantor's relationship to the patient.	**N**: None **S**: Spouse **P**: Parent **C**: Child **R**: Relative **O**: Other
INSEMGCP1	Not Used / Ignore	N/A
INSEMGCP2	Not Used / Ignore	N/A
INSEMGCP3	Not Used / Ignore	N/A

ISSNO	Insured SSN	*Numeric Field*
MAILTOPATIENT	Mail To (Statements)	N: Insured Y: Patient O: Other Insured P: Primary Insurance S: Secondary Insurance G: Patient Guarantor
OADDR1	Other Insured Address Line 1	*Text Field*
OADDR2	Other Insured Address Line 2	*Text Field*
OBDATE	Other Insured Date of Birth	*Date Field*
OCITY	Other Insured City	*Text Field*
OEMPLOY	Other Insured Employment Status	0: Employed full-time 1: Employed part-time 2: Not employed 3: Self Employed 4: Retired 5: On active military duty

OEMPNAME	Other Insured Employer Name	*Text Field*
OFIRST	Other Insured First Name	*Text Field*
OHOMEPH	Other Insured Home Phone	*Numeric Field*
OLAST	Other Insured Last Name	*Text Field*
OMI	Other Insured Middle Name	*Text Field*
ORELATION	Other Insured Relationship to Patient	0: Unknown 1: Spouse 2: Child 3: Other 4: Self
OSEX	Other Insured Sex	0: Female 1: Male
OSSNO	Other Insured SSN	*Numeric Field*

OSTATE	Other Insured State	*Text Field*
OWORKPH	Other Insured Work Phone	*Numeric Field*
OZIPCODE	Other Insured Zip Code	*Numeric Field*
PATHASSEC	Internal flag used to differentiate patients with two (2) insurances under the same policy holder versus two (2) insurances under different individuals	*Boolean*
PEMPLOY	Employment Status	0: Employed full-time 1: Employed part-time 2: Not employed 3: Self employed 4: Retired 5: On active military duty 6: Unknown

PHYSREFEREDBY	Referral Type	00: None 01: Friend 02: Physician 03: Newspaper 04: Radio 05: Television 06: Driving By 07: Mailing 08: Internet 09: Phonebook 10: Other 11: Insurance Company 12: Family 13: Screening 14: Lecture
PLANG	Language	0: English 1: Spanish 2: Other
PMARITAL	Marital Status	0: Married 1: Single 2: Divorced 3: Widowed 4: Legally Separated 5: Unknown
POLICY1	Primary Payer Policy Type	0: Auto Insurance Policy 1: Group Policy 2: Individual Policy 3: Long Term Policy 4: Litigation 5: Unknown 6: Medicare Primary 7: Other 8: Self Payment (Cash) 9: Supplemental Policy

POLICY2	Secondary Payer Policy Type	00: Auto Insurance Policy 01: Group Policy 02 - Individual Policy 03 - Long Term Policy 04 - Litigation 05 - Medigap Policy 06 - Unknown 07 - Other 08 - Self Payment (Cash) 09 - Supplemental Policy 10 - MEDICARE SECONDARY - Working Ages beneficiary/spouse 11 - MEDICARE SECONDARY - ESRD beneficiary with group health plan 12 - MEDICARE SECONDARY - No fault insurance 13 - MEDICARE SECONDARY - Workers Compensation 14 - MEDICARE SECONDARY - PHS or other federal agency 15 - MEDICARE SECONDARY - Black Lung 16 - MEDICARE SECONDARY - VA 17 - MEDICARE SECONDARY - Disabled beneficiary under age 65 with LGHP 18 - MEDICARE SECONDARY - Any liability insurance

POLICY3	Tertiary Payer Policy Type	*See values above (Same as POLICY2)*
PRESIDENCE	Residence Type	0: Private Home 1: Nursing Home 2: Residential Treatmen Patient 3: Skilled Nursing Home
PSEX	Patient Sex	0: Female 1: Male
PSTUDENT	Student Status	0: Not a student 1: Full-time student 2: Part-time student
RACE	Race	0: Unknown 1: American Indian or Eskimo or Aleut 2: Asian or Native Hawaiian or Pacific Islander 3: Black or African American 4: White 5: Other Race 6: Refused to Answer
RADDR1	Insured Address Line 1	*Text Field*

RADDR2	Insured Address Line 2	*Text Field*
RCITY	Insured City	*Text Field*
RELATION	Insured Relationship to Patient	0: Unknown 1: Self 2: Spuse 3: Child 4: Other
RFIRST	Insured First Name	*Text Field*
RLAST	Insured Last Name	*Text Field*
RSTATE	Insured State	*Text Field*
RZIPCODE	Insured Zip Code	*Numeric Field*
STMTTYPE	Statement Type	0: Single 1: Family

)ata SnapShot - Patient Notes

ᴾatient Notes

)enoted below are the specific (patient) **notes** data items and their associated data types to assist with ›rocessing a data snapshot.

\ote: These data items are also inclusive of all types of notes found under the Patient section's Additional nfo - Notes tab.

Field	Description	Values
TYPE	Note Type	0: Patient Note 1: Appointment Note 2: Claim Note 3: Payment Note
DELETED	Whether the note is deleted	0: No 1: Yes

)ata SnapShot - Payor

ᴾayor

)enoted below are the specific **Insurance Demographic** data items and their associated data types to assis vith processing a data snapshot.

Field	Description	Values
SEQNO	Unique identifier for the payer.	*Numeric - 8 digits*

DEFAULTSTATUS	Default Billing Status	**0**: Send to Payer via Clearinghouse **1**: User Print and Mail to Payer **2**: Charges at Payer **3**: Charges on Hold **4**: Waiting for Review **5**: Due Patient
DONTPRINTADDR_0805	The **Do NOT print the payer address on the top of the form** option for the payer.	**0**: Disabled **1**: Enabled
H0805BOX24	The **Print the following supplemental info in Box 24** option for the payer.	**0**: Narrative Notes **2**: Anesthesia Start/Stop Times
OPTIONINS1A	The **Remove the insured's ID# from Box 1A** option for the payer.	**N**: Disabled **Y**: Enabled
OPTION3	The **Send anesthesia start/stop times in a line note** option for the payer.	**N**: Disabled **Y**: Enabled
OPTION4	The **Show separate configurations for each office location** option for the payer.	**N**: Enabled **Y**: Disabled
OPTION6	The **Use the office address as the pay-to address** option for the payer.	**N**: Disabled **Y**: Enabled
OPTION7	The **Only send the pay-to address** option for the payer.	**N**: Disabled **Y**: Enabled

OPTION1_0805	The **Print the license number in Box 31** option for the payer.	**N**: Disabled **Y**: Enabled
OPTION2_0805	The **Send minutes instead of units on anesthesia claims** option for the payer.	**N**: Disabled **Y**: Enabled
PAYORTYPE	Payer Type	**0**: Self Pay **1**: Worker's Compensation **2**: Medicare **3**: Medicaid **4**: Other Federal Program **5**: Commercial Insurance Company **6**: Blue Cross Blue Shield **7**: Tricare/Champus **8**: HMO **9**: Federal Employees Program **10**: Central Certification **11**: Self Administered Group **12**: Family or Friends **13**: Managed Care (non-HMO) **14**: Blue Cross **15**: Title V **16**: Veteran Administration Plan **17**: Corporate Account **18**: Other **19**: Vendor **20**: Aetna **21**: Humana **22**: Cigna **23**: United Healthcare **24**: Attorney **25**: Auto **26**: Other Non-Federal Programs

		27: Preferred Provider Organization (PPO) **28**: Point of Service (POS) **29**: Exclusive Provider Organization (EPO) **30**: Indemnity Insurance **31**: Health Maintenance Organization (HMO) Medicare Risk **32**: Automobile Medical **33**: Disability **34**: Liability **35**: Liability Medical
PROCESSMODE	Processing Mode	**0**: The clearinghouse will send the claims electronically **1**: The clearinghouse will print and mail the claims **2**: Do not send claims to the clearinghouse for processing
PROF_EXCLUDE_PAT_PAYMENTS	The **Exclude patient payments from Box 29** option for the payer.	**0**: Disabled **1**: Enabled
UB04BOX38	The **Print the following in Box 38** option for the payer.	**0**: Leave blank **1**: Print insured's addres **2**: Print payer's address
UB04BOX76	The **Print referring physician in Box 76** option for the payer.	**N**: Disabled **Y**: Enabled
UB04BOX80	The **Print the following in Box 80** option for the payer.	**0**: Print insured's addres **1**: Print payer's address **2**: Print remarks

ORBILLPRV	The **Override billing provider with rendering provider** option for the payer.	**N**: Disabled **Y**: Enabled

Data SnapShot - Provider

Provider

Denoted below are the specific **Provider Data** (not inclusive of referring providers) data items and their associated data types to assist with processing a data snapshot.

Field	Description	Values
BILLTYPE	Billing Mode	0:Individual 1: Group
INSTPROD	Professional Mode	*"TEST"* or *"PROD"*
TESTPROD	Institutional Mode	*"TEST"* or *"PROD"*

Data SnapShot - Remittance

Remittance

The **Remittance** file stores records representing remittance (remark, adjustment, and unpaid reason) code that were received on EOBs and applied to claims/charges.
To distinguish remarks, adjustments, and unpaid reasons in this file, a combination of the TYPE and ADJUSTMENT fields should be used as follows:
Remarks:

- TYPE = 'R'

Adjustments:

- TYPE = 'A'

- ADJUSTMENT = 'Y'

Jnpaid Reasons:

- TYPE = 'A'
- ADJUSTMENT = 'N'

Field	Description	Values
SEQNO	Unique identifier for the remittance line record.	*Numeric - 8 or 9 digits*
ACTIVITYID	The ID of the activity entry that represents the claim billing activity for which the remittance was received.	*Numeric - 8 or 9 digits*
ADJUSTMENT	Whether the remittance line represents an adjustment.	**N**: No, remittance is not an adjustment **Y**: Yes, remittance is an adjustment
CHARGE	The ID of the charge that the remittance was received for.	*Numeric - 8 or 9 digits*
CLAIM	The ID of the claim that the remittance was received for.	*Numeric - 8 or 9 digits*
CODE	The remittance code.	*Alphanumeric - Up to 5 characters*
CREDIT	The ID of the credit (payment/adjustment) record associated with this remittance line.	*Numeric - 8 or 9 digits*

DENIAL	Whether the EOB that the remittance code was received on was marked as denied.	**N**: No, EOB was not marked as denied. **Y**: Yes, EOB was marked as denied.
PAYOR	The ID of the payer that the remittance was received from.	*Numeric - 8 digits*
TYPE	The type of remittance line received.	**A**: Adjustment **R**: Remark