)ata SnapShot

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)ata SnapShot - Activity

Scope The site documents the data tables pertaining to a custom data snapshot requested by a customer for their account. The requested data snapshot is inclusive of all your data excluding document imaging. Please note that while the data from all of your reports will be included within the snapshot, your actual standard and custom report templates will not be included. Each data snapshot is exported in Tab Delimited (.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 data snapshot. You can click on any of the applicable links below to review the description of the pertinent data fields within each file for processing the data within the snapshot.

Activity

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

- Claim billing activity
- Patient statement activity

Because both of these sets of information are included in the same file, it is essential to use the TRANTYPE column 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) Foreign key to SEQNO from Claim.*	*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. Foreign key to PACCTNO from Patient.	*Numeric - 8 or 9 digits*
PAYOR	The payer that the claim was billed to. *(Only applicable to rows associated with claim activity) Foreign key to SEQNO from Payer.*	*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
RENDERING	For claim activity, the provider who rendered the services on the claim at the time it was billed. For statement activity, this is the provider associated with the latest charge on the statement. Foreign key to SEQNO from Provider.	*Numeric - 8 digits*
RDATE	The latest date that electronic remittance advice was received for this claim submission. *(Only applicable to rows associated with claim activity)*	*Date/Time*

RSTATUS	The latest payer action from the last electronic remittance advice received for this 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 Payment **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 o paper • **P**: User printed claim Statement Activity • **S**: Automated statement (paper or electronic) • **T**: Plain text user printed statement • **U**: Enhanced user printed statement • **M**: Manual electronic statement

)ata SnapShot - Charge

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)enoted below are the specific **Charge** and **Debit** (claim line item) data items and their associated data :ypes 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	For Default (BILLTO) Charge Statuses visit our Default Charge Statuses Help Article
CLAIMID	The claim # the charge/debit is associated with. **Note:** Account debits not associated with any particular claim will have '10000000' in this field. Foreign key to SEQNO in Claim.	*Numeric - 8 digits*
CLAIMLOC	The ID of the payer that the charge is currently being billed to. Foreign key to the SEQNO column in Payer (not applicable for claimloc '0')	*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) Foreign key to the SEQNO column in 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) Foreign key to the SEQNO column in 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) Foreign key to the SEQNO column in Payer.*	*Numeric - 8 digits*
STATUS	*The ID of the charge status, if the BILLTO value is Z. Foreign key to the STATUS column in Charge Status.*	*Numeric text - 8 digits*
TODATE	The "To" date of service of the charge/debit.	*Date*

)ata SnapShot - Claim

Claim

)enoted below are the specific **Claim** data items and their associated data types to assist with processing a
lata 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. Foreign key to the SEQNO column in Provider.	*Numeric - 8 digits*
BILLTO	The current status of the claim	For Default (BILLTO) Charge Statuses visit our Default Charge Statuses Help Article
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*
CLAIMLOC	The ID of the payer that the claim's status is currently associated to. Foreign key to the SEQNO column in Payer (not applicable for claimloc '0')	*Numeric - 8 digits*

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. Foreign key to the SEQNO column in Facility.	*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.) Foreign key to the SEQNO column in Referring.*	*Numeric - 8 digits*

PATIENT	The ID (account number) of the patient set on the claim. Foreign key to the PACCTNO column in Patient.	*Numeric - 8 or 9 digits*
PAYOR1	The ID of the primary payer set on the claim. Foreign key to the SEQNO column in Payer.	*Numeric - 8 digits*
PAYOR2	The ID of the secondary payer set on the claim. Foreign key to the SEQNO column in Payer.	*Numeric - 8 digits*
PAYOR3	The ID of the tertiary payer set on the claim. Foreign key to the SEQNO column in Payer.	*Numeric - 8 digits*
PRACTICE	The ID of the practice set on the claim (this will be the Rendering provider's Practice). Foreign key to the SEQNO column in Practice.	*Numeric - 8 digits*
REFERRING	The ID of the referring provider set on the claim. Foreign key to the SEQNO column in Referring.	*Numeric - 8 digits*
RENDERING	The ID of the rendering provider set on the claim. *(This represents the attending provider on institutional claims.) Foreign key to the SEQNO column in Provider.*	*Numeric - 8 digits*
SALESREP	The ID of the sales rep set on the claim. *Foreign key to the SEQNO column in Provider. Foreign key to the SEQNO column in Referring.*	*Numeric - 8 digits*

SUPERVISING	The ID of the supervising provider set on the claim. *(This represents the operating provider on institutional claims.) Foreign key to the SEQNO column in Provider.*	*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*
CHARGEID	The ID of the charge that the credit is applied to. Foreign key to the SEQNO column in Charge.	*Numeric - 8 digits*
CLAIMID	The ID of the claim that the credit is applied to. (Note 1: Credits applied to an account debit not associated with any particular claim will have '1000000' in this field) Foreign key to the SEQNO column in Claim.	*Numeric - 8 digits*

CREDITTYPE	The type of payment, adjustment, or credit that is represented by the record.	**0**: Unknown **1**: Insurance Payment **2**: Patient Payment **3**: Patient Copay **5**: Insurance Adjustmen **6**: Patient Adjustmen **I**: Informatio 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*
PATIENT	Represents the ID of the Patient. Foreign key to the PACCTNO column in Patient.	*Numeric - 8 digits*

PAYMENTTYPE	Represents the form in which a payment or adjustment was provided.	**0**: Cash **1**: Check **2**: Credit Card (Generic) **3**: Other **4**: Adjustmen **10**: Visa **11**: Mastercar **12**: American Express **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. If the value is greater than 100000, this is a foreign key to the SEQNO column in Payer.	**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 - Insured Party

Credit

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

Field	Description	Values
SEQNO	Unique identifier for the insured party.	*Numeric - 8 digits*
PATIENT	The ID of the Patient. Foreign key to the PACCTNO column in Patient.	*Numeric - 8 digits*
INSURED_PATIENT	The ID of the patient who owns the insurance (used for Family accounts). If set, always different from PATIENT. Foreign key to the PACCTNO column in Patient.	*Numeric - 8 digits*
RELATION	Relationship of the insured party to the patient.	**0**:Unknown **1**:Spouse **2**: Child **3**: Other **4**:Self

EMPSTATUS	Employment status of the insured party.	**0**:Employe full-time **1**: Employed part-time **2**: Not employed **3**:Self employed **4**:Retired **5**:On active military duty **6**:Unknow
INACTIVE	Whether the insured party has been inactivated.	**0**:Active **1**:Inactive

Data SnapShot - Insured Policy

Credit

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

Field	Description	Values
SEQNO	Unique identifier for the insurance policy.	*Numeric - 8 digits*
PATIENT	The ID of the Patient. Foreign key to the PACCTNO column in Patient.	*Numeric - 8 digits*
INSURED_PARTY	The ID of the party that the policy is for. Foreign key to the SEQNO column in Insured Party.	*Numeric - 8 digits*

INST_DEFAULT	Whether the policy is the default policy for institutional claims for the given priority.	**0**:Not default **1**:Default
PROF_DEFAULT	Whether the policy is the default policy for professional claims for the given priority.	**0**:Not default **1**:Default
Payer	ID of the payer the policy is for. Foreign key to the SEQNO column in Payer.	*Numeric - 8 digits*
PRIORITY	Whether the policy is Primary, Secondary, or Tertiary. Note: A patient (or insured party) can have multiple policies for each priority, but each priority will only have one professional default and one institutional default per patient.	**1**:Primary **2**:Secondary **3**:Tertiary
	The type of policy. The meaning of the value depends	**For Primary, values are**: **0**: Auto Insurance Policy **1**: Group Policy **2**: Individua Policy **3**: Long Term Policy **4**: Litigation **6**: Medicare Primary **7**: Other **8**: Self-Pay (Cash) **9**: Supplemental Policy **For Secondary, values are**: * **(0-9 Same as Primary)** **10**: MEDICARE SECONDARY - Working Ages **11**: MEDICARE SECONDARY - ESRD beneficiary with group health plan

POLICY_TYPE	on whether the policy is primary or not.	**12**: MEDICARE SECONDARY - No fault insurance **13**: MEDICARE SECONDARY - Worker's 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

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-collectior **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~~	*Not used anymore*

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~~	*Not used anymore*
~~OADDR2~~	~~Other Insured Address Line 2~~	*Not used anymore*
~~OBDATE~~	~~Other Insured Date of Birth~~	*Not used anymore*
~~OCITY~~	~~Other Insured City~~	*Not used anymore*
~~OEMPLOY~~	~~Other Insured Employment Status~~	*Not used anymore*
~~OEMPNAME~~	~~Other Insured Employer Name~~	*Not used anymore*

~~OFIRST~~	~~Other Insured First Name~~	*Not used anymore*
~~OHOMEPH~~	~~Other Insured Home Phone~~	*Not used anymore*
~~OLAST~~	~~Other Insured Last Name~~	*Not used anymore*
~~OMI~~	~~Other Insured Middle Name~~	*Not used anymore*
~~ORELATION~~	~~Other Insured Relationship to Patient~~	*Not used anymore*
~~OSEX~~	~~Other Insured Sex~~	*Not used anymore*
~~OSSNO~~	~~Other Insured SSN~~	*Not used anymore*
~~OSTATE~~	~~Other Insured State~~	*Not used anymore*

~~OWORKPH~~	~~Other Insured Work Phone~~	*Not used anymore*
~~OZIPCODE~~	~~Other Insured Zip Code~~	*Not used anymore*
PACCTNO	Unique identifier for the patient.	Numeric - 8 digits
~~PATHASSEC~~	~~Internal flag used to differentiate patients with two (2) insurances under the same policy holder versus two (2) insurances under different individuals~~	*Not used anymore*
PEMPLOY	Employment Status	0: Employed ful time 1: Employed part-time 2: Not employe 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~~	Not used anymore
~~POLICY2~~	~~Secondary Payer Policy Type~~	Not used anymore
~~POLICY3~~	Tertiary Payer Policy Type	Not used anymore
PRESIDENCE	Residence Type	0: Private Home 1: Nursing Home 2: Residential Treatment 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~~	Not used anymore
~~RADDR2~~	~~Insured Address Line 2~~	Not used anymore
RCITY	Insured City	*Text Field*
~~RELATION~~	~~Insured Relationship to Patient~~	Not used anymore
~~RFIRST~~	~~Insured First Name~~	Not used anymore

~~RLAST~~	~~Insured Last Name~~	Not used anymore
~~RSTATE~~	~~Insured State~~	Not used anymore
~~RZIPCODE~~	~~Insured Zip Code~~	*Not used anymore*
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 processing a data snapshot.

Note: 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

Data SnapShot - Payor

Payor

Denoted below are the specific **Insurance Demographic** data items and their associated data types to assis with 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
		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

PAYORTYPE	Payer Type	**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'

Unpaid 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

Data SnapShot - Charge Statuses

Charge Statuses

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

Status Field	Description	Values
Status	Unique ID for the custom charge statuses.	
Deleted	Whether the status has been deleted.	**0**: Not deleted **1**: Deleted
Dueto	Whether the status marks the charge as due patient, due insurance, or other..	**O**: Other **P**: Patient **I**:Insurance

Data SnapShot - Default Charge Statuses (BILLTO's)

Default BILLTO

Denoted below are are the default charge statuses, used in the **BILLTO** column in **Charge** and **Claim**.

BILLTO	Display	Due To
0	ON HOLD	O
1	SEND TO INSURANCE VIA CLEARINGHOUSE	I

2	CLAIM AT INSURANCE	I
3	BALANCE DUE PATIENT	P
5	PAID	P
7	USER PRINT & MAIL TO INSURANCE	I
A	DELETED	O
C	PENDING INSURANCE	I
D	COLLECTION	O
E	PENDING PATIENT	P
F	APPEAL AT INSURANCE	I
G	WAITING FOR REVIEW	O
H	DENIED AT INSURANCE	I
J	PENDING PHYSICIAN	O
L	REJECTED AT CLEARINGHOUSE	I
6	INCOMPLETE	O
R	REJECTED AT INSURANCE	I

Z	Custom Status	**See B_CHARGESTATUS**