

Data SnapShot - Claim

† Modified on 07/11/2025 5:43 pm EDT

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. 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.	<i>Alphanumeric - Up to 28 characters</i>
BOX19	The Additional Claim Information set on the claim.	<i>Alphanumeric - Up to 83 characters</i>
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')	<i>Numeric - 8 digits</i>
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.)	<i>Alphanumeric - Up to 80 characters</i>
CLAIMTYPE	The claim's type (professional or institutional)	P: Professional I: Institutional
CTRLNO1	The primary insurance Orig Claim # set on the claim.	<i>Alphanumeric - Up to 50 characters</i>
CTRLNO2	The secondary insurance Orig Claim # set on the claim.	<i>Alphanumeric - Up to 50 characters</i>
CTRLNO3	The tertiary insurance Orig Claim # set on the claim.	<i>Alphanumeric - Up to 50 characters</i>
ENTERED	The date/time that the claim was entered into CollaborateMD.	<i>Date/Time</i>
FACILITY	The ID of the facility set on the claim. Foreign key to the SEQNO column in Facility.	<i>Numeric - 8 digits</i>

FOLLOWUP	The Follow Up Date set on the claim.	<i>Date</i>
FROMDATE	The "From" date of service of the claim.	<i>Date</i>
INSGRPID1	The primary insurance Group Number set on the claim.	<i>Alphanumeric - Up to 29 characters</i>
INSGRPID2	The secondary insurance Group Number set on the claim.	<i>Alphanumeric - Up to 29 characters</i>
INSGRPID3	The tertiary insurance Group Number set on the claim.	<i>Alphanumeric - Up to 29 characters</i>
INITTREATMENT	The Initial Treatment Date set on the claim.	<i>Date</i>
INSID1	The primary insurance Member ID set on the claim.	<i>Alphanumeric - Up to 20 characters</i>
INSID2	The secondary insurance Member ID set on the claim.	<i>Alphanumeric - Up to 20 characters</i>
INSID3	The tertiary insurance Member ID set on the claim.	<i>Alphanumeric - Up to 20 characters</i>
LASTSEENDT	The Date Last Seen set on the claim.	<i>Date</i>
LMP	The Last Menstrual Period set on the claim.	<i>Date</i>

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.	<i>Date</i>
NONWORKTODT	The Unable to Work To Date set on the claim.	<i>Date</i>
ONSETDATE	The Accident/Illness Date set on the claim.	<i>Date</i>
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.	<i>Numeric - 8 digits</i>

PATIENT	The ID (account number) of the patient set on the claim. Foreign key to the PACCTNO column in Patient.	<i>Numeric - 8 or 9 digits</i>
PAYOR1	The ID of the primary payer set on the claim. Foreign key to the SEQNO column in Payer.	<i>Numeric - 8 digits</i>
PAYOR2	The ID of the secondary payer set on the claim. Foreign key to the SEQNO column in Payer.	<i>Numeric - 8 digits</i>
PAYOR3	The ID of the tertiary payer set on the claim. Foreign key to the SEQNO column in Payer.	<i>Numeric - 8 digits</i>
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.	<i>Numeric - 8 digits</i>
REFERRING	The ID of the referring provider set on the claim. Foreign key to the SEQNO column in Referring.	<i>Numeric - 8 digits</i>
RENDERING	The ID of the rendering provider set on the claim. <i>(This represents the attending provider on institutional claims.) Foreign key to the SEQNO column in Provider.</i>	<i>Numeric - 8 digits</i>
SALESREP	The ID of the sales rep set on the claim. <i>Foreign key to the SEQNO column in Provider. Foreign key to the SEQNO column in Referring.</i>	<i>Numeric - 8 digits</i>

SUPERVISING	The ID of the supervising provider set on the claim. <i>(This represents the operating provider on institutional claims.) Foreign key to the SEQNO column in Provider.</i>	Numeric - 8 digits
TODATE	The "To" date of service of the claim.	Date