

# **A p p e n d i x**

## **Q**

| Field Name                          | Length (bytes)                   | Remarks   |
|-------------------------------------|----------------------------------|---|
| Fund Number                         | 10                               | Unique ID assigned to each Fund.  |
| Group Number                        | 9                                | An identification number assigned by BCBSIL.  |
| Section Number                      | 4                                | A more specific identification number assigned by BCBSIL which comes after the group number.  |
| DCN Prefix                          | 4                                | Part of BCBSIL's document control number.   |
| DCN Number                          | 13                               | Part of BCBSIL's document control number.   |
| DCN Adjustment Suffix               | 2                                | Indicates the number of adjustments on the claim. Numbers range from 00 to 99.  |
| Provider Filler                     | 10                               | Reserved for future use.  |
| Provider Number                     | 10                               | For Illinois claims, this is a unique BCBSIL number which identifies an individual provider or provider group. BlueCross provider numbers will be 1-5 digits long and BlueShield provider numbers will be 6-8 digits long. For BlueCard claims, this number will contain an "X" in the first position, then the plan code followed by the BCBS provider number. |
| Claim Total Charge                  | 11                               | The total charge for all services rendered.   |
| Number of Days Old                  | 3                                | Age of claim since it has been transmitted to the Fund. This field will be in Julian Date format.   |
| Work Item Type                      | 3                                | A Work Item Type is a code which identifies the claim type. For example, the Work Item Type for an inpatient claim billed on a UB-92 is 084.  |
| Claim Type                          | 1                                | Indicator which identifies a claim as BlueShield (0), BlueCross inpatient (1) or BlueCross outpatient (2).  |
| Reject/No Response Code             | 1                                | Code which indicates whether a claim is no response (1), rejected (2), or pended (3).   |
| Number of Pend/Reject Days          | 3                                | The number of days that the claim has been pended or rejected. This field will be in Julian Date format.  |
| RFI/Reject Code<br>*Occurs 5 times. | 5                                | For pended claims (Claim Status=3) this field will contain the Pend Code and for rejected claims (Claim Status=2) this field will contain the Reject Reason Code. If the claim is no response (Claim Status=1) the field will be left blank.  |
| Claim Number (RCN)                  | 20                               | A BCBSIL claim number.  |
| Subscriber Number                   | 9                                | The insured individual's SSN or unique ID.  |
| *SCCF Serial Number                 | 17                               | For Illinois Local report, this field is blank. For BlueCard reports, this contains a unique control number which is assigned once a claim enters the ITS process.  |
| <b>Total:</b>                       | <b>138 (Local)<br/>*155 (BC)</b> |   |