

A p p e n d i x

C

Key Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
ETR3-KEY	62 BYTES	POSITION 1				
Etr3-Key-Group-No	PIC X(09)	1	Left	Spaces	R	An identification number assigned by BCBSIL.
Etr3-Key-Member-No	PIC X(16)	10	Left	Spaces	R	The insured's member ID.
Etr3-Key-Patient-Subscript	PIC X(02)	26	Left	Spaces	R	A numeric value assigned to each person having coverage under a subscriber's policy. Ex: Sub=01; Spouse=02; Child#1=03; Child#2=04
Etr3-Key-Clm-Claim-Type	PIC X(01)	28	Left	Spaces	R	Indicator identifying a claim as Blue Shield or Blue Cross inpatient/outpatient Values: 0=BlueShield; 1=BlueCross inpatient; 2=BlueCross outpatient
Etr3-Key-From-Dt-CC	PIC 9(02)	29	Right	Zeroes	R	Century value.
Etr3-Key-From-Dt	PIC S9(05)	31	Right	Zeroes	R	The date the first service for the claim was initiated (value: YYDDD=2 digit year + Julian date).
Etr3-Key-To-Dt-CC	PIC 9(02)	36	Right	Zeroes	R	Century value.
Etr3-Key-To-Dt	PIC S9(05)	38	Right	Zeroes	R	The date the services for the claim terminated (value: YYDDD=2 digit year + Julian date).
Etr3-Key-Claim-No-Prefix	PIC X(08)	43	Left	Spaces	R	Part of BCBSIL's claim number.
Etr3-Key-Claim-No-Gen	PIC X(09)	51	Left	Spaces	R	Part of BCBSIL's claim number.
Etr3-Key-Claim-No-Incr	PIC 9(01)	60	Right	Zeros	R	Indicator used to identify that an original claim submission has been split into multiple claims. The original will indicate zero.
Etr3-Key-Claim-Adj-Suffix	PIC 9(02)	61	Right	Zeros	R	Indicates the number of adjustments on the claim. Values = 00 to 99

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Version Number Data						
<u>Field Name</u>	<u>Cobol Picture</u>	<u>Column</u>	<u>Justify</u>	<u>Initial</u>	<u>Req/Opt</u>	<u>Definition</u>
ETR3-VERSION-NO	3 BYTES	POSITION 63				
Etr3-Key-Version-No	PIC X(03)	63	Left	Spaces	R	Identifies version of file being transmitted. Value = 001

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Payment Payee Code Data						
<u>Field Name</u>	<u>Cobol Picture</u>	<u>Column</u>	<u>Justify</u>	<u>Initial</u>	<u>Req/Opt</u>	<u>Definition</u>
ETR3-PAYMENT-PAYEE-CD	1 BYTE	POSITION 66				
Etr3-Key-Payment-Payee-Cd	PIC X(01)	66	n/a	Spaces	R	Identifies payment direction on the claim. Values: 0 = Payment to provider (BCBSIL to make payment) 1 = Payment to member (Fund to make payment)

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Provider Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
ETR3-PROVIDER-DATA	164 BYTES	POSITION 67				
Etr3-Pro-Provider-No-Filler	PIC X(10)	67	Left	Spaces	n/a	Reserved for future use.
Etr3-Pro-Provider-No	PIC X(10)	77	Left	Spaces	R	The number assigned to the provider for EMC identification purposes by the payer/receiver. This number is unique for Illinois claims. BlueCard claims, however, are transmitted with an "X" in the first character, plan code in the next three characters and the first 6 digits of the local provider number.
Etr3-Pro-Tax-Id	PIC X(13)	87	Left	Spaces	R	The federally assigned Tax Identification Number of the billing provider. This can be either the Employer Identification Number or the Social Security Number of the provider. May contain the letter "T" for BCBSIL purposes if the provider is not included in the BCBSIL provider database.
Etr3-Pro-PPO-Ind	PIC X(01)	100	n/a	Spaces	R	Value that indicates a provider's PPO status. If the DCN in position 465 = "C" or "X", the values are as follows: Y = yes; N = no; O = out of state. If the DCN in position 465 = "H", the values are as follows: 1 = Participating Provider; 2 = Non-Participating Provider; 3* = POS Participating Provider; 3* = Preferred Provider Option; 9 = Unsolicited Provider; 1 = Veteran's Administration Facility - Participating; 0 = Veteran's Administration Facility - Non-Participating; 1 = Military Facility - Participating; 0 = Military Facility - Non-Participating * Indicates that the Fund should code their system as "PPO"
Etr3-Pro-Type	PIC X(02)	101	Left	Spaces	R	Field indicating the category of a provider. See <i>Code Reference Manual</i> for listing.
Etr3-Pro-Name	PIC X(33)	103	Left	Spaces	R	Information on provider submitting claim for payment.
Etr3-Pro-Street1	PIC X(25)	136	Left	Spaces	R	The current street mailing address, city, state and zip code of the provider. Designates where payment is to be sent. It should be noted that for BlueCard claims, the structure of provider information is determined by the host BCBS plan as well as the provider. BCBSIL will pass this information to Funds as it was received from the host plan. This may not always be in the format as defined in the ETR3 layout.
Etr3-Pro-Street2	PIC X(25)	161	Left	Spaces	O	
Etr3-Pro-City	PIC X(18)	186	Left	Spaces	R	
Etr3-Pro-State	PIC X(02)	204	Left	Spaces	R	

Provider Data						
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Etr3-Pro-Zip	PIC S9(09)	206	Right	Zeroes	R	
Etr3-Pro-IRS-Withhold-Ind	PIC X(01)	215	n/a	Spaces	O	Indicates that the status of the provider requires further investigation and that the Payee Code has been changed from "0" or "pay provider" to "1" or "pay subscriber" when it has a value of "H". Otherwise, the field is left blank.
Etr3-Pro-ITS-No	PIC X(13)	216	Left	Spaces	O	BlueCard Only: This provider number is assigned by the host BCBS Plan. Plans may utilize the same provider number for different local providers, although it should be unique within that particular plan.
Etr3-Pro-835-Ind	PIC X(01)	229	n/a	Spaces	O	This field indicates whether or not an 835 electronic remittance advice is required. Values: Y=yes or N=no.
Etr3-Pro-Dup-Cov-Ind	PIC X(01)	230	n/a	Spaces	O	This indicator will provide both local (Illinois) and BlueCard claim information about other carriers as reported by the provider submitting the claim. Values: 0 = no, there is not another carrier; 1 = yes, there is another carrier or 9 = unknown, if there is another carrier

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Member Data						
<u>Field Name</u>	<u>Cobol Picture</u>	<u>Column</u>	<u>Justify</u>	<u>Initial</u>	<u>Req/Opt</u>	<u>Definition</u>
ETR3-MEMBER-DATA	108 BYTES	POSITION 231				
Etr3-Memb-First-Name	PIC X(10)	231	Left	Spaces	R	The first name of the insured individual.
Etr3-Memb-M-Initial	PIC X(01)	241	n/a	Spaces	O	The middle initial of the insured individual.
Etr3-Memb-Last-Name	PIC X(15)	242	Left	Spaces	R	The last name of the insured individual.
Etr3-Memb-Street1	PIC X(25)	257	Left	Spaces	O	The street of the current mailing address of the insured individual.
Etr3-Memb-City	PIC X(18)	282	Left	Spaces	O	The city of the current mailing address of the insured individual.
Etr3-Memb-State	PIC X(02)	300	Left	Spaces	O	The state of the current mailing address of the insured individual.
Etr3-Memb-Zip	PIC S9(09)	302	Right	Zeroes	O	The zip code of the current mailing address of the insured individual.
Etr3-Memb-Section-No	PIC X(04)	311	Left	Spaces	R	A 4-digit number assigned by BCBSIL that is used by both large groups and BCBSIL as a means of identifying sections of employees or payroll locations within these groups.
Etr3-Memb-Birth-Dt-CC	PIC 9(02)	315	Right	Zeroes	R	Century value.
Etr3-Memb-Birth-Dt	PIC S9(05)	317	Right	Zeroes	R	Date of birth of the insured (YYDDD).
Etr3-Memb-Sex	PIC X(01)	322	n/a	Spaces	R	Sex of the insured. Values: M=male; F=female; U =unknown
Etr3-Memb-Non-Ret-Ind	PIC X(01)	323	n/a	Spaces	R	This field indicates if membership is retained in BCBSIL's corporate membership files. Values: Y=membership is not retained; N=membership is retained
Etr3-Memb-Filler2	PIC X(01)	324	n/a	Spaces	n/a	Reserved for future use.
Etr3-Clm-Memb-Rec-Edit	PIC X(01)	325	n/a	n/a	R	This field indicates the results of the Soft Edits process. Values: 0=No Membership or Inactive Membership found /claim was not processed through Soft Edits process; 1=Full Membership found; 2=Multiple Memberships found.
Etr3-Clm-Memb-P-F-Name-Upd	PIC X(01)	326	n/a	Yor N	R	Patient first name updated. Field values are Y=Yes or N=No.

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Etr3-Clm-Memb-P-L-Name-Upd	PIC X(01)	327	n/a	Yor N	R	Patient last name updated. Field values are Y=Yes or N=No.
Etr3-Clm-Memb-P-M-Name-Upd	PIC X(01)	328	n/a	Yor N	R	Patient middle initial updated. Field values are Y=Yes or N=No.
Etr3-Clm-Memb-P-Sex-Upd	PIC X(01)	329	n/a	Yor N	R	Patient sex updated. Field values are Y=Yes or N=No.
Etr3-Clm-Memb-P-DOB-Upd	PIC X(01)	330	n/a	Yor N	R	Patient date of birth updated. Field values are Y=Yes or N=No.
Etr3-Clm-Memb-P-SubID-Upd	PIC X(01)	331	n/a	Yor N	R	Subscriber ID updated. Field values are Y=Yes or N=No.
Etr3-Memb-Alpha-Prefix	PIC X(03)	332	Left	Spaces	R	The account's alpha prefix is passed in this field.
Etr3-Memb-Filler	PIC X(04)	335	Left	Spaces	n/a	Reserved for future use.

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Patient Data						
<u>Field Name</u>	<u>Cobol Picture</u>	<u>Column</u>	<u>Justify</u>	<u>Initial</u>	<u>Req/Opt</u>	<u>Definition</u>
ETR3-PATIENT-DATA	110 BYTES	POSITION 339				
Etr3-Pat-First-Name	PIC X(10)	339	Left	Spaces	R	The first name of the actual patient.
Etr3-Pat-M-Initial	PIC X(01)	349	n/a	Spaces	O	The middle initial of the actual patient
Etr3-Pat-Last-Name	PIC X(15)	350	Left	Spaces	R	The last name of the actual patient.
Etr3-Pat-Sex	PIC X(01)	365	n/a	Spaces	R	The sex of the patient. Values: M=male; F=female; U=unknown
Etr3-Pat-Age	PIC S9(03)	366	Right	Zeroes	R	The age of the patient.
Etr3-Pat-Birth-Dt-CC	PIC 9(02)	369	Right	Zeroes	R	Century value.
Etr3-Pat-Birth-Dt	PIC S9(05)	371	Right	Zeroes	R	The date of birth of the patient (YYDDD).
Etr3-Pat-Expired-Dt-CC	PIC 9(02)	376	Right	Zeroes	O	Century value.
Etr3-Pat-Expired-Dt	PIC S9(05)	378	Right	Zeroes	O	The date the patient died (YYDDD).
Etr3-Pat-Relationship	PIC X(01)	383	n/a	Spaces	R	A code indicating the relationship of the patient to the insured. Values: 1 = member; 2 = spouse; 3 = dependent
Etr3-Pat-Control-No	PIC X(20)	384	Left	Spaces	O	A unique identifier assigned by the provider to identify the patient.
Etr3-Pat-Assign-Benefits	PIC X(01)	404	n/a	Spaces	O	Indicates that the provider accepted the Medicare Reasonable Amount as payment in full. Values: Y = benefits assigned or N = benefits not assigned
Etr3-Pat-Paid-Amt	PIC S9(09)V99	405	Right	Zeroes	O	Amount pre-paid by the patient to the provider.
Etr3-Pat-Medical-Rec-No	PIC X(17)	416	Left	Spaces	O	A number assigned to each claim by the hospital as a means of identification.
Etr3-Pat-Expected-Memb-Ind	PIC X(01)	433	n/a	Spaces	O	Reserved for future use.
Etr3-Pat-Filler	PIC X(15)	434	n/a	Spaces	n/a	Reserved for future use.

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Claim Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
ETR3-CLAIM-LEVEL-DATA	1309 BYTES	POSITION 449				
Etr3-Clm-DCN-Prefix	PIC X(04)	449	Left	Spaces	R	Part of BCBSIL's document control number.
Etr3-Clm-DCN-Year	PIC 9(01)	453	n/a	Zeroes	R	Part of BCBSIL's document control number.
Etr3-Clm-DCN-Date	PIC 9(03)	454	Right	Zeroes	R	Part of BCBSIL's document control number.
Etr3-Clm-DCN-Roll-No	PIC 9(02)	457	Right	Zeroes	R	Part of BCBSIL's document control number.
Etr3-Clm-DCN-Batch-No	PIC 9(03)	459	Right	Zeroes	R	Part of BCBSIL's document control number.
Etr3-Clm-DCN-Item-Ct	PIC 9(02)	462	Right	Zeroes	R	Part of BCBSIL's document control number.
Etr3-Clm-DCN-Incr	PIC 9(01)	464	n/a	Zeroes	R	Part of BCBSIL's document control number.
Etr3-Clm-DCN-Location	PIC X(01)	465	n/a	Spaces	R	Part of BCBSIL's document control number.
Etr3-Clm-Status	PIC X(02)	466	Left	Spaces	R	See <i>Code Reference Manual</i> for listing.
Etr3-Clm-FSS-Adjust-Rsn-Cd	PIC X(03)	468	Left	Spaces	RA	Indicates an adjustment made to the original entry for a returned payment. The field will be populated with a BCBSIL Adjustment Reason Code. See <i>Code Reference Manual</i> for listing.
Etr3-Clm-Procedure-Cd	PIC X(06)	471	Left	Spaces	RI	For Institutional claims, this field contains ICD-9 Procedure Codes. If none, the field will be left blank. For professional claims, procedure identified at line of service level.
Note: Occurs 3 times						
Etr3-Clm-Diagnosis-Cd	PIC X(06)	489	Left	Spaces	RI	For Institutional claims, the Principal Diagnosis Code must contain the ICD-9-CM Diagnosis Code describing the principal diagnosis (i.e. the condition established after study to be chiefly responsible for causing the accommodations and/or services billed on this record). Additional Diagnosis Codes must contain the ICD-9-CM Diagnosis Code of any condition other than the principal diagnosis which has an effect on the treatment received or the length of stay. For professional claims, diagnosis reported at line of service level.
Note: Occurs 5 times						
Etr3-Clm-Ext-Adjud-Id	PIC X(09)	519	Left	Spaces	R	Unique ID assigned to each Fund by BCBSIL (e.g., LABOR999).

Claim Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
Etr3-Clm-Streamline-Adj-Ind	PIC X(01)	528	n/a	Spaces	C	BlueCard Only: This field will be populated with a "Y" for all BlueCard Streamline adjustments. All other claims will be left blank.
Etr3-Clm-Work-Comp-Ind	PIC X(01)	529	n/a	Spaces	R	A code to indicate whether the patient's condition was a result of a work related accident. Values: Y = yes; N = no; U = unknown
Etr3-Clm-FSS-Ind	PIC X(01)	530	n/a	Spaces	RA	Indicates that there is a credit involved. Values: Y=yes (on adjustments only); N=no
Etr3-Clm-Cont-Stay-Ind	PIC X(01)	531	n/a	Spaces	OI	Field indicating patient is still hospitalized as of billing date. Values: Y = patient still hospitalized; N = patient no longer hospitalized; blank = not applicable
Etr3-Clm-Attachment-Ind	PIC X(01)	532	n/a	Spaces	O	Field indicating that an attachment was submitted with the claim. See <i>Code Reference Manual</i> for listing.
Etr3-Clm-Signature-Ind	PIC X(01)	533	n/a	Spaces	O	The signature of the provider of services reported on this claim which acknowledges the performance of the services and authorizes payment is on file on the provider's office. Values: Y = yes; N = no
Etr3-Clm-Discharge-Hour	PIC X(02)	534	Left	Spaces	OI	The time the patient was released from the hospital.
Etr3-Clm-Patient-Status	PIC X(02)	536	Left	Spaces	OI	This field contains the code indicating the patient as of the ending service date of the period covered through the date on the bill. See <i>Code Reference Manual</i> for listing.
Etr3-Clm-COB-Carr-Name	PIC X(40)	538	Left	Spaces	O	Other insurance name, if reported on the claim.
Etr3-Clm-COB-Carr-Street1	PIC X(30)	578	Left	Spaces	O	Part of the other insurance address, if reported on the claim.
Etr3-Clm-COB-Carr-City	PIC X(18)	608	Left	Spaces	O	Part of the other insurance address, if reported on the claim.
Etr3-Clm-COB-Carr-State	PIC X(02)	626	Left	Spaces	O	Part of the other insurance address, if reported on the claim.
Etr3-Clm-COB-Carr-Zip	PIC S9(09)	628	Right	Zeroes	O	Part of the other insurance address, if reported on the claim.
Etr3-Clm-Medicare-Case-No	PIC X(11)	637	Left	Spaces	O	The number that Medicare assigns to a claim.

Claim Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
Etr3-Clm-Type-Of-Bill	PIC X(03)	648	Left	Spaces	RI	A code indicating the specific type of bill (inpatient, outpatient, adjustment, voids, etc.). See <i>Code Reference Manual</i> for listing.
Etr3-Clm-Occurr-Cd	PIC X(03)	651	Left	Spaces	O	The code and associated date defining a significant event related to this bill that may affect payer processing. See <i>Code Reference Manual</i> for listing.
Note: Occurs 2 times						
Etr3-Clm-Occurr-Span-Cd	PIC X(02)	657	Left	Spaces	O	These codes identify occurrences that happened over a span of time. See <i>Code Reference Manual</i> for listing.
Note: Occurs 2 times						
Etr3-Clm-Cond-Cd	PIC X(02)	661	Left	Spaces	O	A code used to identify conditions related to this bill that may affect payer processing. See <i>Code Reference Manual</i> for listing.
Note: Occurs 2 times						
Etr3-Clm-Value-Cd	PIC X(02)	665	Left	Spaces	O	A code structure to relate amounts or values to identified data elements necessary to process this claim as qualified by the payer organization. See <i>Code Reference Manual</i> for listing.
Note: Occurs 4 times						
Etr3-Clm-Origin-Cd	PIC X(01)	673	n/a	Spaces	O	If this field is populated with an "H" (in conjunction with a Payee Code of "I") Funds need to return an Informational DF to BCBSIL.
Etr3-Clm-Prompt-Pay-Ind	PIC X(01)	674	n/a	Spaces	n/a	A value of "Y" will be populated to indicate that this is a prompt payment provider. If the field is left blank, there is no prompt payment requirement.
Etr3-Clm-Occurr-Cd-Ind	PIC X(01)	675	n/a	Spaces	O	Accounts receive 2 out of 11 possible Occurrence Codes. This indicator will notify accounts when more than 2 are available on a claim. Valid values are: . To view additional codes, accounts should refer to IMNU through path 17 on page 3.
Etr3-Clm-MSA-Ind	PIC X(01)	676	n/a	Spaces	O	Indicates that all Medical Services Advisory (the BCBSIL pre-certification program) requirements were met. Values: Y = requirements met; N = requirements not met
Etr3-Clm-Ext-Microfilm-No	PIC X(17)	677	Left	Spaces	O	Fund's internal microfilm reference number.
Etr3-Clm-Source-of-Pymt	PIC X(01)	694	n/a	Spaces	O	If third party payment is indicated on the claim, this value will be populated to indicate the source of that payment. See <i>Code Reference Manual</i> for listing.
Note: Occurs 3 times						
Etr3-Clm-Filler-Not-Used-2	PIC X(05)	697	n/a	Spaces	n/a	Reserved for future use.

Claim Level Data						
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Etr3-Clm-Upfront-Credit-Amt	PIC X(08)	702	Left	Spaces	OP	For R05 up-front credits, this field will contain the amount of the Fund's up-front credit (under \$500). This field will use no punctuation or symbols, only numeric values (e.g., \$147.50 will be 14750).
Etr3-Clm-SCCF-Serial No	PIC X(17)	710	Left	Spaces	R	BlueCard Only: A unique control number assigned when a claim enters the ITS process.
Etr3-Clm-Xref-SCCF-No	PIC X(17)	727	Left	Spaces	C	BlueCard Only: Adjusted SCCF number is assigned to claims where the Host Plan submitted an Adjustment SF for the purpose of reporting billing changes to a previously paid or rejected claim.
Etr3-Clm-Informational-Notes	PIC X(29)	744	Left	Spaces	O	Informational notes related to adjustments, U600 (possible fraudulent claim) or other information pertinent to claims payment.
Etr3-Clm-From-Dt-CC	PIC 9(02)	773	Right	Zeroes	O	Century value.
Etr3-Clm-From-Dt	PIC S9(05)	775	Right	Zeroes	O	This field must contain the beginning service date of the period covered by this bill (value: YYDDD=2 digit year + Julian date).
Etr3-Clm-To-Dt-CC	PIC 9(02)	780	Right	Zeroes	O	Century value.
Etr3-Clm-To-Dt	PIC S9(05)	782	Right	Zeroes	O	This field contains the ending service date of the period covered by this bill (value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Mcare-Coin-Days	PIC S9(05)	787	Right	Zeroes	O	Medicare coinsurance is defined as an amount equal to 25 percent of the Medicare inpatient deductible that is charged on a per diem basis for days 61 through 90 of an inpatient confinement. This field indicates how many of those days remain in benefit for a specific spell of illness. A value of "0000J" indicates that no data is available.
Etr3-Clm-Mcare-Ltr-Days	PIC S9(05)	792	Right	Zeroes	O	Medicare term. An additional 60 days of inpatient coverage which a beneficiary may use during their lifetime if he/she exhausts their inpatient coverage benefits within a benefit period. Lifetime Reserve Days are not renewable. A value of "0000J" indicates that no data is available.
Etr3-Clm-Bill-From-Dt-CC	PIC 9(02)	797	Right	Zeroes	OI	Century value.
Etr3-Clm-Bill-From-Dt	PIC S9(05)	799	Right	Zeroes	OI	This field contains the beginning service date of the period covered by this bill

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						(value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Bill-To-Dt-CC	PIC 9(02)	804	Right	Zeroes	OI	Century value.
Etr3-Clm-Bill-To-Dt	PIC S9(05)	806	Right	Zeroes	OI	This field contains the ending service date of the period covered by this bill (value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Adm-Dt-CC	PIC 9(02)	811	Right	Zeroes	OI	Century value.
Etr3-Clm-Adm-Dt	PIC S9(05)	813	Right	Zeroes	OI	This field contains the date the patient was admitted to the provider for inpatient care, outpatient service, or start of care(value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Discharge-Dt-CC	PIC 9(02)	818	Right	Zeroes	OI	Century value.
Etr3-Clm-Discharge-Dt	PIC S9(05)	820	Right	Zeroes	OI	This field contains the date the patient was discharged from the provider for inpatient care or outpatient service (value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Surgery-Dt-CC	PIC 9(02)	825	Right	Zeroes	O	Century value.
Etr3-Clm-Surgery-Dt	PIC S9(05)	827	Right	Zeroes	O	This field contains the date on which the principal procedure was performed according to the patient's medical record. If indicated, must be less than or equal to the current date (value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Occurr-Dt-CC	PIC 9(02)	832	Right	Zeroes	O	Century value.
Note: Occurs 2 times						
Etr3-Clm-Occurr-Dt	PIC S9(05)	834	Right	Zeroes	O	If the preceding Occurrence Code is present this field must contain the date associated with it (value: YYDDD=2 digit year + Julian date). Must be less than or equal to the current date. If none, zero fill.
Note: Occurs 2 times						
Etr3-Clm-Received-Dt-CC	PIC 9(02)	846	Right	Zeroes	R	Century value.
Etr3-Clm-Received-Dt	PIC S9(05)	848	Right	Zeroes	R	The date the claim was received by BCBSIL (value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Transmitted-Dt-CC	PIC 9(02)	853	Right	Zeroes	R	Century value.
Etr3-Clm-Transmitted-Dt	PIC S9(05)	855	Right	Zeroes	R	The date the Transmission File was sent to the Fund

Claim Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
						(value: YYDDD=2 digit year + Julian date).
Etr3-Clm-Filler-Dt-02	PIC S9(07)	860	Right	Zeroes	n/a	Reserved for future use.
Etr3-Clm-Filler-Dt-01	PIC S9(07)	867	Right	Zeroes	n/a	Reserved for future use.
Etr3-Clm-Total-Charge	PIC S9(09)V99	874	Right	Zeroes	R	The total charge for all services rendered.
Etr3-Clm-Ba-Elig-Amt	PIC S9(09)V99	885	Right	Zeroes	R	The eligible amount is the amount of the provider charge that is covered under the group's contract and eligible for payment. Eligible amount does not reflect payment reductions caused by interim discounting, subscriber liability, cost containment penalties and other carrier involvement.
Etr3-Clm-Ba-Inelig-Amt	PIC S9(09)V99	896	Right	Zeroes	O	The amount of provider charges considered not covered under a group's contract and not eligible for payment by BCBSIL.
Etr3-Clm-SF-Msg-Cd	PICX(04)	907	Left	Spaces	C	BlueCard Only: A code transmitted by the "Host" BCBS Plan to identify any situations that the processing site needs to consider in the adjudication of the claim. See <i>Code Reference Manual</i> for definitions.
Etr3-Clm-Secondary-Pay	PIC X(01)	927	n/a	Spaces	C	BlueCard Only: A code transmitted by the "Host" BCBS Plan to identify the availability of their discounts on the secondary payments. Values: 1 = Host discount is valid on secondary payments 2 = Host discount is not valid on secondary payments 3 = Host discount is conditional
ETR3-Clm-Filler-Not-Used-3	PIC X(01)	928	n/a	Spaces	n/a	Reserved for future use.
Etr3-Clm-Prior-Paid-Amt	PIC S9(09)V99	929	Right	Zeroes	RA	The prior amount paid on the claim.
Etr3-Clm-Mcare-Paid-Amt	PIC S9(09)V99	940	Right	Zeroes	O	Medicare payment amount as reflected on the Explanation of Benefits (EOB).
Etr3-Clm-FSS-Returned-Amt	PIC S9(09)V99	951	Right	Zeroes	OA	If FSS indicator is "Y", this amount is the provider returned payment.
Etr3-Clm-OI-Paid-Amt	PIC S9(09)V99	962	Right	Zeroes	O	Indicates amount paid on claim by another insurance carrier.
Etr3-Clm-Discount-Amt	PIC S9(09)V99	973	Right	Zeroes	RA	Informational field for use in adjustment processing. On adjustments, this field contains

Claim Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
						the discount taken on the original entry. On original entry claims, this field will contain zeroes.
Etr3-Clm-OI-Copay-Amt	PIC S9(09) V99	984	Right	Zeroes	O	BlueCard Only: This field can be populated for Medicare and other insurance claims. It represents the co-payment amount from Medicare or the other insurance carrier.
Etr3-Clm-Tot-No-Of-Svcs	PIC S9(03)	995	Right	Zeroes	R	The number of services/lines included on a claim.
Etr3-Clm-OI-Allowed-Amt	PIC S9(09) V99	998	Right	Zeroes	O	BlueCard Only: The total amount covered under the other carrier or Medicare's contract for payment.
Etr3-Clm-OI-Ded-Amt	PIC S9(09) V99	1009	Right	Zeroes	O	BlueCard Only: The total amount determined by the other carrier or Medicare which must be paid by the insured toward his own medical expenses before benefits under his contract will be paid.
Etr3-Clm-OI-Coins-Amt	PIC S9(09) V99	1020	Right	Zeroes	O	BlueCard Only: The total other carrier or Medicare coinsurance expense that the member is liable to pay under his contract.
Etr3-Clm-OI-Hld-Harmless-Amt	PIC S9(09) V99	1031	Right	Zeroes	O	BlueCard Only: The total amount determined by the other carrier or Medicare that the member is not responsible to pay.
Etr3-Clm-OI-Non-Cov-Amt	PIC S9(09) V99	1042	Right	Zeroes	O	BlueCard Only: The total other carrier or Medicare amount determined to be not covered under the member's contract.
Etr3-Clm-OI-Sub-Liab-Amt	PIC S9(09) V99	1053	Right	Zeroes	O	BlueCard Only: The total other carrier or Medicare amount determined to be the member's responsibility.
Etr3-Clm-OI-Withhld-Rsk-Amt	PIC S9(09) V99	1064	Right	Zeroes	O	BlueCard Only: This field will be populated only for Medicare claims. It represents the highest amount of money a beneficiary can be charged by doctors and other health care providers who do not accept assignment for a covered service. As of November 2002, the limit is 115%, not to exceed the providers billed charge of the Medicare Approved Amount which is called the "limiting charge". The limiting charge only applies to certain Part B services and does not apply to supplies or equipment.
Etr3-Clm-Filler-Amt-03	PIC S9(09)V99	1075	Right	Zeros	n/a	Reserved for future use.

Claim Level Data																					
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition															
Etr3-Clm-Filler-Amt-04	PIC S9(09) V99	1086	Right	Zeroes	n/a	Reserved for future use.															
Etr3-Clm-Filler-Amt-05	PIC S9(09) V99	1097	Right	Zeroes	n/a	Reserved for future use.															
Etr3-Clm-Filler-Amt-06	PIC S9(09) V99	1108	Right	Zeroes	n/a	Reserved for future use.															
Etr3-Clm-Filler-Dt-03	PIC S9(07)	1119	Right	Zeroes	n/a	Reserved for future use.															
Etr3-Clm-Filler-Dt-04	PIC S9(07)	1126	Right	Zeroes	n/a	Reserved for future use.															
Etr3-Clm-Status-Rsn-Code	PIC X(03)	1133	Left	Spaces	n/a	This field contains the BCBSIL Status Reason Code. See <i>Code Reference Manual</i> for listing.															
Etr3-Clm-MPPQ-A	PIC X(01)	1136	Left	Spaces	O	BlueCard Only: This field contains the Medicare Payer Pricing Qualifier (Assigned) information. Valid values are: <table border="0"> <tr> <td>Value:</td> <td>Medicare Allowed:</td> <td>Medicare Rejected/Not Allowed:</td> </tr> <tr> <td>1</td> <td>Medicare Allowance</td> <td>Host Allowance</td> </tr> <tr> <td>2</td> <td>Medicare Allowance</td> <td>Charge</td> </tr> <tr> <td>3</td> <td>Lesser of Host or Medicare Allowance</td> <td>Host Allowance</td> </tr> <tr> <td>4</td> <td>Lesser of Host or Medicare Allowance</td> <td>Charge</td> </tr> </table>	Value:	Medicare Allowed:	Medicare Rejected/Not Allowed:	1	Medicare Allowance	Host Allowance	2	Medicare Allowance	Charge	3	Lesser of Host or Medicare Allowance	Host Allowance	4	Lesser of Host or Medicare Allowance	Charge
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Etr3-Clm-MPPQ-U	PIC X(01)	1137	Left	Spaces	O	BlueCard Only: This field contains the Medicare Payer Pricing Qualifier (Unassigned) information. Valid values are: <table border="0"> <tr> <td>Value:</td> <td>Medicare Allowed:</td> <td>Medicare Rejected/Not Allowed:</td> </tr> <tr> <td>1</td> <td>Medicare Allowance</td> <td>Host Allowance</td> </tr> <tr> <td>2</td> <td>Medicare Allowance</td> <td>Charge</td> </tr> <tr> <td>3</td> <td>Lesser of Host or Medicare Allowance</td> <td>Host Allowance</td> </tr> <tr> <td>4</td> <td>Lesser of Host or Medicare Allowance</td> <td>Charge</td> </tr> </table>	Value:	Medicare Allowed:	Medicare Rejected/Not Allowed:	1	Medicare Allowance	Host Allowance	2	Medicare Allowance	Charge	3	Lesser of Host or Medicare Allowance	Host Allowance	4	Lesser of Host or Medicare Allowance	Charge
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Etr3-Clm-Pro-Specialty-Cd	PIC X(03)	1138	Left	Spaces		A code which further describes the Provider Type. See <i>Code Reference Manual</i> for listing.															
Etr3-Clm-Spc-Days	PIC S9(03)	1141	Left	Spaces	O	The total number of days associated with Prompt Payment.															
Etr3-Clm-NPI-Billing-Prov-No	PIC X(20)	1144	Left	Spaces	O	The National Provider Identifier is a 10-digit all numeric identifier that does not carry any information about the health care provider it represents and will stay with a provider regardless of job or location changes. This NPI field represents the provider who is actually billing the patient.															

Claim Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
ETR3-Pat-Control-No-UB	PIC X(04)	1164	n/a	Spaces	O	The expanded portion of ETR3-Pat-Control-No.
ETR3-Pat-Medical-Rec-No-UB	PIC X(07)	1168	n/a	Spaces	O	The expanded portion of ETR3-Pat-Medical-Rec-No.
ETR3-Clm-Type-Of-Bill-UB	PIC X(01)	1175	n/a	Spaces	RI	The expanded portion of ETR3-Clm-Type-Of-Bill.
Etr3-Clm-BDC-SF-Msg	PICX(04)	907	Left	Spaces	C	BlueCard Only: A code transmitted by the "Host" BCBS Plan to identify Blue Distinction Centers (BDC). <i>See Code Reference Manual</i> for definitions.
Note: Occurs 5 times						
Etr3-Clm-Procedure-Dt	PIC X(07)	1196	Left	Spaces	RI	For Institutional claims, this field contains ICD-9 Procedure Code Dates. If none, the field will be left blank. For professional claims, procedure identified at line of service level.
Note: Occurs 3 times						

"Req/Opt" Column Key:

R = Required for all claims; RI = Required for an institutional claim;
 RA = Required for an adjusted claim; O = Optional for all claims;
 OI = Optional for an institutional claim; OP = Optional for a professional claim;
 OA = Optional for an adjusted claim; C = Conditional

Service Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
ETR3-SVC-LEVEL-DATA	27,743 BYTES*	POSITION 1758*				
Etr3-Svc-No	PIC X(03)	1758	Left	Spaces	R	The line number associated with a service.
Etr3-Svc-From-Dt-CC	PIC 9(02)	1761	Right	Zeros	R	Century value.
Etr3-Svc-From-Dt	PIC S9(05)	1763	Right	Zeros	R	The date the service was initiated (value: YYDDD=2 digit year + Julian date).
Etr3-Svc-To-Dt-CC	PIC 9(02)	1768	Right	Zeros	R	Century value.
Etr3-Svc-To-Dt	PIC S9(05)	1770	Right	Zeros	R	Date the service extends through (value: YYDDD=2 digit year + Julian date).
Etr3-Svc-Filler-Not-Used7	PIC X(06)	1775	Left	Spaces	n/a	Reserved for future use.
Etr3-Svc-CPT-Modifier	PIC X(02)	1781	Left	Spaces	OP	The values passed in these fields are the national standard values, which can be found in CPT documentation. If none, leave blank.
Etr3-Svc-Proc-Cd-Method	PIC X(01)	1783	n/a	Spaces	OP	Reserved for future use.
Etr3-Svc-Diagnosis-Code1	PIC X(06)	1784	Left	Spaces	R	The Principal Diagnosis Code must contain the ICD-9-CM diagnosis code describing the principal diagnosis (i.e. the condition established after study to be chiefly responsible for causing the accommodations and/or services billed on this record).
Etr3-Svc-Diagnosis-Code2	PIC X(06)	1790	Left	Spaces	O	The Principal Diagnosis Code must contain the ICD-9-CM diagnosis code describing the principal diagnosis (i.e. the condition established after study to be chiefly responsible for causing the accommodations and/or services billed on this record).
Etr3-Svc-Diagnosis-Code3	PIC X(06)	1796	Left	Spaces	O	The Principal Diagnosis Code must contain the ICD-9-CM diagnosis code describing the principal diagnosis (i.e. the condition established after study to be chiefly responsible for causing the accommodations and/or services billed on this record).
Etr3-Svc-Filler-Not-Used8	PIC S9(03)	1802	Left	Spaces	n/a	Reserved for future use.
Etr3-Svc-Days	PIC S9(03)	1805	Right	Zeros	O	This field contains a numeric count of the days in accordance with the payer's instructions.
Etr3-Svc-Hours	PIC X(02)	1808	Left	Spaces	OP	Anesthesia time or miles.

*The column values assume only one line of service. A claim can have up to 39 lines of service.

Service Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
Etr3-Svc-Minutes	PIC X(02)	1810	Left	Spaces	OP	Anesthesia time or miles.
Etr3-Svc-Place-Of-Treatment	PIC X(01)	1812	n/a	Spaces	R	See <i>Code Reference Manual</i> for listing.
Etr3-Svc-Type-Of-Service	PIC X(02)	1813	Left	Spaces	R	See <i>Code Reference Manual</i> for listing.
Etr3-Svc-Provision-ID	PIC X(04)	1815	Left	Spaces	R	BCBSIL internal Provision ID. For a list of Provision IDs and descriptions, see the <i>Code Reference Manual</i> .
Etr3-Svc-HCPCS-CD	PIC X(05)	1819	Left	Spaces	O	Lists the HCPC code.
Etr3-Svc-Units	PIC S9 (05)	1824	Right	Zeroes	O	This field contains the quantitative measure of services rendered.
Etr3-Svc-Filler-Misc	PIC X(06)	1829	Left	Spaces	n/a	Reserved for future use.
Etr3-Svc-Total-Charge	PIC S9(09)V99	1835	Right	Zeroes	R	The total charge for all services rendered.
Etr3-Svc-Discount-Percent	PIC S9V9(04)	1846	Right	Zeroes	OI	The discount percentage applied to each line of service (institutional claims only).
Etr3-Svc-DME-Price	PIC S9(09)V99	1851	Right	Zeroes	O	If available, the DME purchase price is passed in this field for local and BlueCard claims.
Etr3-Svc-Filler-Amt-01	PIC S9(09)V99	1862	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-Ba-Elig-Amt	PIC S9(09)V99	1873	Right	Zeroes	R	Eligible amount is the amount of the provider charge that is covered under the group's contract and eligible for payment. Eligible amount does not reflect payment reductions caused by interim discounting, subscriber liability, cost containment penalties and other carrier involvement.
Etr3-Svc-Ba-Inelig-Amt	PIC S9(09)V99	1884	Right	Zeroes	R	The amount of provider charges considered not covered under a group's contract and not eligible for payment by BCBSIL.
Etr3-Svc-Sf-Msg-Cd	PIC X(04)	1895	Left	Spaces	C	BlueCard Only: A code transmitted by the "Host" BCBS Plan to identify any special situations that the processing site needs to consider in the adjudication of the claim. See <i>BlueCard Training Packet</i> for definitions.
Note: Occurs 5 times						
Etr3-Svc-Prov-Type	PIC X(02)	1915	Left	Spaces	O	Identifies type of provider for both hospital and professional claims. See <i>Code Reference Manual</i> for a listing.

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Service Level Data						
Field Name	Cobol Picture	Column	Justify	Initial	Req/Opt	Definition
Etr3-Svc-MM-Elig-Amt	PIC S9(09)V99	1917	Right	Zeroes	O	Reserved for future use.
Etr3-Svc-MM-Inelig-Amt	PIC S9(09)V99	1928	Right	Zeroes	O	Reserved for future use.
Etr3-Svc-MM-Filler-Amt-02	PIC S9(09)V99	1939	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-MM-Filler-Amt-01	PIC S9(09)V99	1950	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-Room-Board-Rate	PIC S9(09)V99	1961	Right	Zeroes	OI	This field contains the related accommodation rate.
Etr3-Svc-MCSP-Rate	PIC S9(09)V99	1972	Right	Zeroes	OI	Most common semi-private room rate.
Etr3-Svc-Basic-Inelg-Rsn	PIC X(03)	1983	Left	Spaces	O	A code used to describe why a service is ineligible. See <i>Code Reference Manual</i> for a list of Ineligible Codes.
Note: Occurs 2 times						
Etr3-Svc-Pro-Specialty-Cd	PIC X(03)	1989	Left	Spaces	O	A code which further describes the Provider Type. See <i>Code Reference Manual</i> for listing.
Etr3-Svc-Filler-Not-Used-5	PIC X(03)	1992	Left	Spaces	n/a	Reserved for future use.
Etr3-Svc-OI-Allowed-Amt	PIC S9(09)V99	1995	Right	Zeroes	O	BlueCard Only: The amount covered under the other carrier or Medicare's contract for payment.
Etr3-Svc-OI-Ded-Amt	PIC S9(09)V99	2006	Right	Zeroes	O	BlueCard Only: The amount determined by the other carrier or Medicare which must be paid by the insured toward their own medical expenses before benefits under their contract will be paid.
Etr3-Svc-OI-Coins-Amt	PIC S9(09)V99	2017	Right	Zeroes	O	BlueCard Only: The total other carrier or Medicare coinsurance expense that the member is liable to pay under their contract.
Etr3-Svc-OI-Paid-Amt	PIC S9(09)V99	2028	Right	Zeroes	O	BlueCard Only: The amount paid by the other carrier or Medicare.
Etr3-Svc-OI Copay-Amt	PIC S9(09)V99	2039	Right	Zeroes	O	BlueCard Only: This field can be populated for Medicare and other insurance claims. It represents the co-payment amount from Medicare or the other insurance carrier.
Etr3-Svc-Filler-Amt-04	PIC S9(09)V99	2050	Right	Zeroes	n/a	Reserved for future use.

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Service Level Data						
<u>Field Name</u>	<u>Cobol Picture</u>	<u>Column</u>	<u>Justify</u>	<u>Initial</u>	<u>Req/Opt</u>	<u>Definition</u>
Etr3-Svc-Filler-Amt-05	PIC S9(09)V99	2061	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-Filler-Amt-06	PIC S9(09)V99	2072	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-Filler-Amt-07	PIC S9(09)V99	2083	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-Filler-Dt-01	PIC S9(07)	2094	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-Filler-Dt-02	PIC S9(07)	2101	Right	Zeroes	n/a	Reserved for future use.
Etr3-Svc-CPT-Modifier-CD2	PIC X(02)	2108	Left	Spaces	OP	The values passed in these fields are the national standard values, which can be found in CPT documentation. If none, leave blank.
Etr3-Svc-CPT-Modifier-CD3	PIC X(02)	2110	Left	Spaces	OP	The values passed in these fields are the national standard values, which can be found in CPT documentation. If none, leave blank.
Etr3-Svc-NPI-Perf-Prov-No	PIC X(20)	2112	Left	Spaces	O	The National Provider Identifier is a 10-digit all numeric identifier that does not carry any information about the health care provider it represents and will stay with a provider regardless of job or location changes. This NPI field represents the provider who actually performed the service.
Etr3-Svc-Filler-Misc2	PIC X(363)	2132	n/a	Spaces	n/a	Reserved for future use.

"Req/Opt" Column Key:

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 RA = Required for an adjusted claim; O = Optional for all claims;
 OI = Optional for an institutional claim; OP = Optional for a professional claim;
 OA = Optional for an adjusted claim; C = Conditional

*The column values assume only one line of service. A claim can have up to 39 lines of service.